

Clinical Commissioning Group

Governing Body

Paper Summary Sheet

For: PUBLIC session PRIVATE session

Date of Meeting: 25 July 2017

For: Decision Discussion Noting

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| Agenda Item and title: | GOV/17/07/11 Quality Account Summary |
| Author: | Wiltshire CCG Quality Team |
| Lead Director/GP from CCG: | Dina McAlpine – Director of Quality |
| Executive summary: | This report aims to brief the Governing Body on the 2016/17 Quality Accounts and the process that our providers have put in place to assure patients, public and commissioners that Trust boards are regularly scrutinising the quality of their services |
| Evidence in support of arguments: | Quality accounts are prepared by Providers annually |
| Who has been involved/contributed: | CCG Quality Team CSU Quality Leads (AWP & SWASFT) |
| Cross Reference to Strategic Objectives: | Enhance quality and safety of services by ensuring effective mechanisms are in place to set quality standards, assess performance, address concerns and drive continuous improvement. |
| Engagement and Involvement: | Provider organisations are expected to put in place arrangements for the involvement and the development of their Quality accounts. The Quality Account will be published on the providers' websites. |
| Communications Issues: | Not exempt under FOI. |
| Financial Implications: | Not applicable |

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| Review arrangements: | Annually |
| Risk Management: | All risks are managed through the CCG's risk register |
| National Policy/ Legislation: | The Care Act 2014 NHS Constitution rights and pledges NHS Outcomes Framework |
| Public Health Implications: | Not applicable |
| Equality & Diversity: | Not applicable |
| Other External Assessment: | Not applicable |
| What specific action re. the paper do you wish the Governing Body to take at the meeting? | This paper is for noting. |

1. Introduction

This paper informs the Governing Body of the Quality Accounts for 2016/17 and the NHS Wiltshire Clinical Commissioning Group (CCG) statements.

2. Background

Quality Accounts are annual reports to the public from providers of NHS healthcare services regarding the quality of services provided. The public, patients and others with an interest in healthcare, would look to a Quality Account to understand what an organisation is doing well; where improvements in service quality are required; what the priorities for improvement are during the coming year; and how involved users of services, staff, and others with an interest in the organisation, are in determining these priorities for improvement. Quality Accounts aim to enhance public accountability and engage the leaders of an organisation in their quality improvement agenda.

2.1 Roles and Responsibilities

Quality Accounts are required to demonstrate how provider organisations are developing quality improvement. As part of the published account, they are required to have a statement from the lead commissioner to support their priorities. Revised guidance for Foundation Trusts was published in February 2017 and describes the detailed requirements for NHS Foundation Trusts submitting their quality reports:

<https://improvement.nhs.uk/resources/nhs-foundation-trust-quality-reports-201617-requirements/>

Organisations are, in the main, required to produce Quality Accounts if they provide services under an NHS standard contract; have over 50 staff; and a turnover greater than £130k per annum.

3. Commissioner statement

NHS Wiltshire CCG has had the opportunity to review the Quality Accounts for:

- Salisbury NHS Foundation Trust
- Great Western Hospital NHS Foundation Trust
- Royal United Hospitals NHS Foundation Trust
- Wiltshire Health and Care
- BMI Bath Clinic

The CCG have provided input in to the following Quality Account Statements as a co-commissioner to the contract;

- Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)
- South West Ambulance Service NHS Foundation Trust (SWASFT)

Please note the draft Quality accounts for Virgin Care and Independent Health Group (IHG) have not yet been received and are therefore not included in this report. The CCG is currently discussing the accuracy and content of the Arriva and Ramsay New Hall Quality Account statements with the providers and at this point, are not able to provide a CCG statement.

Appendix 1; NHS Wiltshire CCG Statement for Salisbury NHS Foundation Trust.

Appendix 2; NHS Wiltshire CCG Statement for Great Western NHS Foundation Trust.

Appendix 3; NHS Wiltshire CCG Statement for Royal United Hospitals NHS Foundation Trust

Appendix 4; NHS Wiltshire CCG Statement for Wiltshire Health and Care

Appendix 5; NHS Wiltshire CCG Statement for BMI Bath Clinic

Appendix 6; Co-commissioner Statement for Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)

Appendix 7; Co-commissioner Statement for South West Ambulance Service NHS Foundation Trust (SWASFT)

Recommendations

To note the contents of this report.

Appendix 1; NHS Wiltshire CCG Statement for Salisbury NHS Foundation Trust

NHS Wiltshire Clinical Commissioning Group (CCG) has reviewed Salisbury Hospital NHS Foundation Trusts' (SFT) 2016-17 Quality Account. In doing so, the CCG reviewed the Account in light of key intelligence indicators and the assurances sought and given in the monthly Clinical Quality Review Meetings attended by SFT and Commissioners. This evidence is triangulated with information and further informed through Quality Assurance visits to SFT, which encompass clinician to clinician feedback and reviews. Wiltshire CCG endorses the Trusts identified quality priorities for 2017-18, in particular the continued active engagement with the Sign Up to Safety Programme.

It is the view of the CCG that the Quality Account reflects the Trusts' on-going commitment to quality improvement and addressing key issues in a focused and innovative way. The Account summarises the achievements against the 2016-17 Trust quality priorities and identifies the 2017-18 priorities. The Trust priorities for 2016-17 have outlined achievement in the Sign Up To Safety Quality Improvement workstreams, which, has been evidenced through a reduction of avoidable infections, particularly in C.difficile rates and zero (0) cases of MRSA for two consecutive years. The CCG is committed to working with the Trust to reduce rates of Gram Negative Blood Stream Infections. Building on the accomplishments of 2016-17, the CCG anticipates that further improvement will be made through the embedding of early identification and treatment of Sepsis which has been supported through CQUIN funding since 2014-15 and will continue as a national CQUIN scheme in 2017-18.

The CCG welcomes the Trusts' focus on the Hospital Standardised Mortality Ratio (HSMR) in 2017-18 which, although above the expected range is monitored closely through the Mortality Surveillance Group, where the Trust have identified low levels of avoidable deaths.

The CCG welcomes a continued focus on the elimination of mixed sex accommodation breaches, and the ongoing work towards eliminating breaches in the 2017-18 priorities. During 2016-17 the Trust have experienced an increase in patient falls from the previous year and have recognised that this is an area that requires quality improvement through a focused education and implementation programme.

The CQC Inspection in December 2015 identified that the patient pathway for spinal patients required improvement to ensure continuity of care. The CCG are assured that the Trust has met the requirements of the CQC Warning Notice in relation to spinal services through subsequent re-inspection which evidenced that the Trust had met all requirements of the action plan. The CCG will continue to work closely with the Trust to ensure that these improvements continue to be embedded. The CCG commends the Trust in developing the Benson Bereavement Suite facilities and the sensitive care provided to the maternity and gynaecology patients experiencing loss. This was recognised as outstanding by the CQC.

Wiltshire CCG acknowledges that the Trust has experienced increasing demand on the Emergency Department (ED) which has resulted in not consistently achieving the 4 hour target. In response, the Trust is developing plans to ensure that the quality, safety and experience of patients in ED is maintained through a range of initiatives which will be initiated in 2017-18.

One of the Trusts' priorities in 2016-17 that 'patients have an outstanding experience of care' has shown results from real time feedback that 96% of patients reported they felt that they were treated with care and compassion. The CCG welcomes the Trusts' recognition of the strong link between satisfied, well-motivated and supported staff and a positive patient experience. The Trust has made progress in the NHS staff survey results from the previous year, showing an overall improved picture. However, specific key findings require further focus. In response, the Trust has committed to introduce a 'Freedom to Speak Up Guardian' who acts as an independent point of contact for staff about quality and safety concerns.

Wiltshire CCG is committed to ensuring collaborative working with Salisbury NHS Foundation Trust to achieve continuous improvement for patients in both their experience of care and outcomes.

Appendix 2; Statement from NHS Wiltshire Clinical Commissioning Group for Great Western Hospital NHS Foundation Trust

Wiltshire Clinical Commissioning Group (CCG) has reviewed the Great Western Hospital NHS Foundation Trust (GWH) Quality Accounts for 2016-17. In doing so, the CCG reviewed the Account in light of key intelligence indicators and the assurances sought and given in the monthly Clinical Quality Review Meetings attended by GWH and Commissioners. This evidence is triangulated with information and is further informed through Quality Assurance visits to GWH, which encompass clinician to clinician feedback and reviews. Wiltshire CCG endorses the Trusts identified quality priorities for 2017-18.

It is the view of the CCG that the Quality Account reflects the Trusts' on-going commitment to quality improvement and addressing key issues in a focused way. The Account summarises the achievements against the 2016-17 Trust quality priorities and identifies the 2017-18 priorities. The Trust priorities for 2016-17 have outlined achievement in the Sign Up To Safety Quality Improvement workstreams which has been evidenced through a reduction in the number of category III and IV pressure ulcers, and a reduction in the number of inpatient falls.

The Trust has reported twenty one (21) cases of C.difficile in 2016-17 which has exceeded their trajectory of twenty (20), however, following investigation, only one (1) of the cases has been identified as avoidable, with a further nine (9) cases pending investigation outcome. The CCG welcomes the continued focus on the monitoring and reducing the risk factors of C.difficile including the promotion of antibiotic stewardship. The CCG is committed to working with the Trust to reduce rates of Gram Negative Blood Stream Infections. Building on the 2016-17 Sepsis workstream, which was supported through CQUIN funding, the CCG anticipates that further improvement will be made through the embedding of early identification and treatment of Sepsis. This will continue as national CQUIN scheme in 2017-18.

The CCG welcomes the Trusts' continued focus on the recognition and rescue of the deteriorating patient in 2017-18, and the further embedding of the standardised National Early Warning Score (NEWS) through the roll out the e-observation system and a focus on improving clinical handover.

Wiltshire CCG acknowledges that the Trust has experienced increasing demand on the Emergency Department (ED) which has resulted in the 4 hour target not consistently being achieved and some patients spending longer than 12 hours on a trolley before a decision has been made to admit. The Commissioners have requested that the Trust develop an ED quality dashboard to provide assurance of safety within the department, which is also aligned to the CQC Inspection recommendations. The CCG will continue to work with the Trust to support improvements.

One of the Trusts' priorities in 2016-17, 'improving patient experience and reducing complaints' has shown results from the national Friends and Family Test that 95-97% of patients would recommend the Trust services. The CCG welcome the development of the patient experience and engagement strategy in 2017-18, and look forward to receiving this in September 2017. It is positive to see that the Trust are keen to receive and respond to staff feedback. In particular, the 'Never OK' campaign will focus on addressing the findings within the national staff survey regarding bullying and harassment.

Wiltshire CCG is committed to ensuring collaborative working with Great Western Hospital NHS Foundation Trust to achieve continuous improvement for patients in both their experience of care and outcomes.

Appendix 3; Statement from NHS Wiltshire Clinical Commissioning Group for Royal United Hospitals NHS Foundation Trust

NHS Wiltshire Clinical Commissioning Group (CCG) has reviewed the Royal United Hospitals NHS Foundation Trusts' (RUH) 2016-17 Quality Account. In doing so, the CCG reviewed the Account against the key intelligence indicators and the assurances sought and given in the monthly Clinical Outcomes and Quality Assurance Meetings attended by RUH and Commissioners. This evidence is triangulated with information and is further informed through Quality Assurance visits to RUH, which encompass clinician to clinician feedback and reviews. Wiltshire CCG endorses the Trusts' identified quality priorities for 2017-18.

It is the view of Wiltshire CCG that the Quality Account reflects the Trusts' ongoing commitment to quality improvement and addressing key issues in a focused and proactive way. The Account summarises the achievements against the 2016-17 Trust quality priorities throughout the year and identifies the 2017-18 priorities. The Trust priorities for 2016-17 have demonstrated continued improvement in the identification and treatment of Acute Kidney Injury, which was supported by a second year of CQUIN funding in 2016-17; and the ongoing drive to continuously improve patient and carer experience as described in the Account. The CCG commends the Trust in achieving a CQC rating of 'Outstanding' for End of Life services in 2016, and monitors the Trusts' action plan in response to the inspection outcome.

The Trust has reported a high number of cases of C.difficile in 2016-17 which has exceeded their trajectory. However following a review of cases a proportion of these

were found to be 'not attributable to the Trust.' The CCG welcomes the continued focus on the monitoring and reducing the risk factors of C.difficile including strengthening antibiotic prescribing and stewardship. The CCG is committed to working with the Trust to reduce rates of Gram Negative Blood Stream Infections. Building on the 2016-17 Sepsis workstream, which was supported through CQUIN funding, the CCG anticipates that further improvement will be made through the embedding of early identification and treatment of Sepsis. This will continue as national CQUIN scheme in 2017-18.

The CCG endorsed the Trusts' values which it launched in 2016-17 (Everyone Matters, Working together and Making a Difference) and commends the Trust for the subsequent achievement in improved staff survey results and positive patient and carer feedback. The Trust commitment to introduce a standardised quality improvement methodology has been demonstrated through the Outpatient 15 Steps Challenge. The CCG participated in this event and notes the improvements made as a result of this extensive review.

Wiltshire CCG acknowledges that the Trust has experienced increasing demand on the Emergency Department (ED) which has resulted in not consistently achieving the 4 hour target. In response, the Trust is developing plans to ensure that the quality, safety and experience of patients in ED is maintained during 2017-18.

The CCG recognises the Trusts' work to improve Stroke service performance and supports their commitment to improve the pace of progress. In 2017-18 and beyond, the CCG pledges to work in collaboration with the Trust and other healthcare partners across the region to progress the vision for a safe, high performing and consistent stroke service for Wiltshire patients.

The Trust has identified priorities for 2017-18 which align with national and local system-wide key areas of focus. Building on the accomplishments of 2016-17, the CCG anticipates that further achievements can be made in care for Frail Elderly patients following the 2016-17 CQUIN which supported the Trust's own review and improvement program.

Wiltshire CCG is committed to ensuring collaborative working with the Royal United Hospitals NHS Trust to achieve continuous improvement for patients in both their experience of care and outcomes.

Appendix 4; NHS Wiltshire CCG Statement for Wiltshire Health and Care

NHS Wiltshire Clinical Commissioning Group (CCG) has reviewed the Wiltshire Health and Care (WHC) 2016-17 Quality Account, the first Quality Account since the commencement of the organisations' contract to provide Adult Community Services in Wiltshire. In doing so, the CCG reviewed the Account in light of key intelligence indicators and the assurances sought and given in the monthly Clinical Quality Review Meetings attended by WHC and Commissioners. The CCG welcomes the quality priorities identified by WHC for 2017-18, in particular designing the workforce for the future, implementing the Home First Pathway and delivering Harm Free Care with a focus on reducing falls in community wards. This is the first Quality Account completed by WHC, as such it would have been helpful if WHC had provided an overview of the services they deliver and the locations these

services are provided from, as well as how they work in partnership and are constituted of the three acute Trusts commissioned by Wilshire CCG.

It is the view of the CCG that the Quality Account reflects WHC's on-going commitment to quality improvement. It also outlines the achievements made in-year which includes the development of the 'Quality Dashboard.' This enables WHC to benchmark their own quality performance with other similar community providers. The CCG anticipates that the utilisation of this tool will enable WHC to clearly identify areas where improvement is required. The CCG encourages WHC to specifically investigate the rate of 'avoidable' pressure ulcers and welcomes the actions identified, such as Tissue Viability Consultant Nurse review of every 'hotspot' area. The CCG is committed to working with WHC to improve the robustness and outcomes of Root Cause Analysis (RCA) investigations, not just for pressure ulcers, but for all serious incidents.

The CCG welcomes the description within the Account of each of the five key workstreams, which include; Mobile Working, Home First, High Intensity Care, Early Supported Discharge for Stroke, and Health Coaching. During 2017-18, the CCG will work to receive assurance on the quality impact of these projects, in terms of patient safety, experience and effectiveness and look forward to seeing the anticipated progress in each of these projects during 2017/18.

Although the Quality Account includes some detail about service user experience through the Friends and Family Test and complaints, it is not clear what WHC will do as an outcome of this feedback and what lessons have been learnt. It is important that this valuable feedback and resulting actions are shared with members of the public. The Quality Account also includes an overview of staff feedback as an outcome of the NHS Staff Survey. It is positive to see that the majority of staff report that they are able to do their job to a standard they are personally pleased with and that the majority of staff report that their job makes a difference to patients. However the survey identifies specific feedback which the CCG would value further focus by the provider. These areas include a number of staff who reported not feeling that there is enough staff in the organisation to do their job properly and 4% of staff who reported that they have experience of bullying and harassment. The CCG seek assurance from WHC to understand how WHC plan to address these areas during 2017/18.

The CCG welcomes a continued focus on Harm Free Care, with a particular emphasis on reducing falls. During 2016-17 WHC experienced an increase in patient falls and are currently an outlier when compared to other community providers nationally. The CCG looks supports the implementation of a new falls strategy in 2017/18 and the commitment from WHC to learn from other providers through 'Sign Up To Safety.'

WHC have experienced a number of staff vacancies across teams in 2016/17 and the CCG welcomes sight of the new workforce strategy in July this year, as well as the continued focus on workforce through the identified priorities for 2017/18. The CCG recognises the workforce challenges faced by WHC which are reflective of national healthcare staffing and will work to support WHC to establish a method of monitoring and managing community caseloads to ensure that effective and appropriate patient outcomes are achieved in a timely way through best use of resource.

It is positive to see that delivering against the Home First Pathway has been identified as a quality priority for 2017/18. Successful delivery of this project is fundamental to maximising the opportunities for simple and effective discharge and aligns to local system-wide areas of focus.

Building on the accomplishments of 2016/17, the CCG is committed to ensuring collaborative working with Wiltshire Health and Care to achieve continuous improvement for patients in both their experience of care and outcomes, through effective working with acute partners and primary care.

Appendix 5; NHS Wiltshire CCG Statement for BMI Bath Clinic

Wiltshire Clinical Commissioning Group (CCG) has reviewed BMI Bath Clinic 2016-17 Quality Account for 2016/2017. In so doing, the CCG reviewed the Account in light of key intelligence indicators and the assurances sought and given in the clinical outcomes and quality assurance aspects of Contract Review Meetings attended by BMI and Commissioners. Wiltshire CCG therefore confirms that the Quality Account appears to be accurate and fairly interpreted.

The Account summarises the achievements made towards quality priorities throughout the year and the CCG acknowledges the progress made by the organisation as demonstrated by the introduction of a new reporting system which supports a proactive approach to incident reporting and management. Also of note is the Enhanced Recovery Programme enabling patients to return to their usual place of residence quickly and safely.

BMI's successful application to the "Sign up to Safety" campaign in March 2016 and the pledges to put safety first through learning, openness, collaborating with other teams and organisations and supporting staff, align with the patient led environment improvement work (PLACE) that is already progressing. The CCG is also pleased to acknowledge BMI's successful campaign for staff uptake of the flu vaccine.

Significant progress has been made with their safer surgery initiatives, anti-microbial stewardship and no cases of C.difficile, MRSA, MSSA or E.Coli have been identified during the year.

The final report of BMI's CQC inspection was published in November 2016. The CCG will work with BMI and co-commissioners to review and monitor progress against the areas identified within the formal action plan including maintaining comprehensive patient care records and conducting timely risk assessments.

The CCG support the priorities identified by BMI, of the patient diaries initiative, preparations for the general medicine project, working toward JAG accreditation and ambulatory care improvements along with a focus on NHS e-referrals and preventing risky behaviours through alcohol and smoking support. Good work is demonstrated in Health and wellbeing of staff and is ongoing through the CQUIN schemes.

The Quality Account demonstrates BMI's commitment to continuous Quality Improvement and Wiltshire CCG will look forward to supporting BMI during 2017/18 to embed learning and achieve the identified Quality Priorities.

Appendix 6; Co-commissioner Statement for Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)

The six Clinical Commissioning Groups (CCGs) welcome the opportunity to review the Quality Accounts 2016/17 for Avon and Wiltshire Mental Health Partnership NHS Trust.

This response is an amalgamation of their views. The CCGs note the Quality Account is largely accurate and in the format required by NHS England noting the absence of formal equality and diversity reporting aligned to the contractual requirements of EDS 2 and WRES.

The Quality Account provides information across a wide range of quality measures in relation to patient experience, clinical effectiveness and patient safety and Commissioners have monitored these domains within the service provided by AWP during 2016/17. The Trust's engagement in the quality contract monitoring process provides the basis for commissioners to comment on the quality account including performance against quality improvement priorities and the quality of the data included.

The report reflects some of the good work undertaken by the organisation, sets out the quality ambitions and achievements of 2016/17 and the direction for 2017/18. It is pleasing to note for example, the success of the 'Bright Ideas' project in B&NES, which supports innovative ideas presented by staff with small financial investment and to learn that future improvements are planned for 2017/18 to further support this approach to innovation and quality improvement. However, the Quality Account states in the 'about the Trust' section that AWP have a 'first of its kind, highly specialised residential service,' but there is nothing specific in the account about 'The Daisy' in Wiltshire. This could have been a good opportunity for the Trust to describe this specialised residential service model and even though the registration is currently within the main hospital registration the model of care is based upon a residential one.

Although some progress appears to have been made implementing the chosen priority areas for 2016-2017 progress was slower than expected and it is disappointing to see that several of those priorities have been only partially achieved or not achieved for the year. It is expected that the Trust will take forward these actions in 2017/18 to ensure they are not lost and it is positive to see that some of those indicators have been included within the priorities for 2017/18.

From the 2016/17 priorities the CCGs have specifically identified the following:

- The CCG acknowledge the improvements made to observations following rapid tranquilisation, which are currently at 93%. The CCG urges the Trust to continue this good work to ensure that the trajectory of 95% is consistently met in 2017/18.
- Acute Care Pathway was identified as 'green' and states that the Trust has 'successfully implemented a patient flow bundle. Standards have been developed and embedded for all inpatients services.' The CCGs would like to see within the 2017-18 priorities detail on the next steps of the Acute Care Pathway, and how these will be embedded.

- Only 50% of the Sign up to Safety actions being delivered. The CCGs hope the Trust will focus on this work in 2017/18.
- The aim to improve mortality governance was not achieved in 2016/17. However the CCGs are supportive of the Trusts' 2017/18 priority to improve mortality governance. This will support the requirement for the trust to collect and publish data on a quarterly basis in line with the National Quality Board (NQB) guidance.
- CCGs are pleased to note the improvement in the number of service users on CPA with a crisis plan and having an annual review undertaken.

AWP agreed to a number of national and locally agreed Commissioning for Quality and Innovation (CQUIN) schemes in 2016/17 and made generally good overall progress with each of the schemes, however it should be noted that full compliance has not been achieved. The Quality Account has identified that further work is needed to evidence progress towards making positive improvements in service users' physical health. In 2017/18 there will be further CQUIN schemes to improve support for people who smoke and who misuse alcohol, which the CCG anticipates the Trust will be in a position to demonstrate an improvement in this area.

The 2017/18 improvement priorities are welcomed. However, the success measures of 75% of all service users to have a risk assessment/crisis/contingency plan and 75% evidence of family/carer engagement requires further stretch for assurance based on previous serious incident themes and trends.

The CCGs would also endorse an increased focus on the rate of suicide and attempted suicide through suicide prevention initiatives. The CCGs are supportive of the priority to improve compliance with safe wards and look forward to seeing improvements in the reduction of all restrictive practices, reduction in the use of seclusion and a reduction in avoidable falls on later life units.

CQC Inspections

Commissioners recognise the work undertaken by AWP to address both the Warning Notice and 76 actions required following the CQC inspection in May/June 2016 where the Trust was rated as 'requires improvement' overall. The CCGs acknowledge the improvements AWP have made to address the 'must do' and 'should do' actions, specifically those to address the leadership and governance to support quality improvement. The CCGs will continue to monitor improvements via the Quality sub group and supports the development of an integrated reporting model to ensure quality is aligned with performance and financial management.

Safe Care

It is positive to see the Trust move away from reactive task lists, to a Quality Improvement Plan (QIP) approach. The CCGs support this and awaits sight of how this will be evidenced and presented to commissioners.

The CCG's acknowledge the rate of patient safety incident data reported by the Trust to the National Reporting and Learning Service as a key indicator of a positive safety culture. However, commissioners would encourage AWP to provide an

analysis of themes and trends, including examples of learning in future quality accounts.

The CCGs welcome the Trusts plan to add all actions arising from serious incident investigations to the relevant Quality Improvement Plans allowing the Trust to review data by themes to understand areas of concern. The CCGs also support the involvement of Trust Executives to ensure that the Duty of Candour is met. However the CCGs note there is further work required to support the development of a robust serious incident investigation process and the identification of remedial quality improvements to prevent future recurrence and reflect recommendations from the Mazar's report.

In terms of other concerns regarding recruitment safety, Wiltshire CCG is experiencing significant workforce challenges, with a vacancy rate of 22% and a turnover rate of 19%. It is disappointing that the Quality Account does not include any detail about the impact these vacancies are having on the Trusts' ability to provide a safe and sustainable service. Wiltshire CCG requests that the Trust ensures that there is a focus on the workforce challenges specific to Wiltshire, as part of the Trusts' 2017/18 priorities and that this is included within the Wiltshire Quality Improvement Plan.

Effective Care

The CCGs commend the Trusts' participation in research as an essential part of improving clinical outcomes for service users. Their participation in 100% of national clinical audits and national confidential enquires; including evidencing quality improvements implemented as a result of findings is also commendable. This provides assurance in terms of monitoring and improving the outcomes for people using the service both now and in the future. It is noted that AWP need to continue to focus on delivering a comprehensive clinical audit plan, and the commissioners are pleased to note the development of a central process for monitoring actions aligned with the Quality Improvement Plans.

Patient Experience

CCGs acknowledge the Trusts' progress and commitment to improving the experience of patients and carers, and the ambition to collate meaningful information to improve experience. The CCGs also note the increase in response rates for the Friends and Family Test, specifically for inpatient areas and notes the trust's plans to improve community FFT response rate in 2017/18. Commissioners are pleased to see that the AWP response rate was higher than average in the Annual National Community Mental Health Survey. However, patient feedback is noted as an area requiring improvement based on the in-patient mental health survey, particularly in relation to service users feeling safe on the ward and enough care being focused on their physical health. Commissioners would like assurance that the Trust has an explicit priority relating to meeting needs of mental health patients in physical healthcare settings e.g. Emergency Departments.

The CCGs note that complaint themes documented will require action assurance throughout 2017/18, and will be monitored particularly with regards to known staffing challenges that have also have impacted training compliance.

Staffing

Although the Annual Staff Satisfaction survey has demonstrated a slight improvement for 2016/17, AWP recognise that scores remain below the national average. This is also highlighted within the staff friends and family test with only 53% of staff recommending the Trust for treatment and 48% recommending the Trust as a place to work. However, it should be noted that the Friends and Family Test results for Swindon locality reported that 60% of staff would recommend the Trust for treatment. The Trust have participated in and delivered a national CQUIN during 2016/17 focusing on the introduction of staff health and wellbeing initiatives which will continue during 2017/18.

Sustaining compliance with mandatory training has been noted as a challenge across the Trust in year, particularly level 2 and 3 safeguarding children's training. The Commissioners have continued to challenge this in year and would recommend AWP provide appropriate resource to address this as soon as possible, although assurance had been provided of mitigating actions whilst training compliance is improved.

Overall Commissioners note this Quality Account and commend AWP for its continuous focus on quality of care. CCGs looks forward to continuing to work in partnership with the Trust during 2017/18 and developing further relationships to help deliver their vision of healthy people, living healthy lives, in healthy communities.

Appendix 7; Co-commissioner Statement for South West Ambulance Service NHS Foundation Trust (SWASFT)

Thank you for sharing the South Western Ambulance Service NHS Foundation Trust (SWASFT) draft Quality Account for 2016/17. The purpose of the Quality Account is to help the general public understand how their local health services are performing. We understand that the Trust is required to submit the final version of this report to NHS Improvement by 31 May 2017. As part of their reporting requirements, NHS providers are asked to share the report with commissioners for their review and comment.

In light of this, NHS Dorset Clinical Commissioning Group (CCG) is pleased to provide a combined commentary on the SWASFT 2016/17 Quality Account on behalf of the 12 CCGs who commission 999 services from the Trust. It is noted that SWASFT also provide some local NHS111 services. However, this commentary relates solely to the 999 element of the provider portfolio.

CCGs recognise that SWASFT is a responsive, dynamic and innovative organisation, and we thank you for your continued hard work to develop and maintain excellent working relationships with commissioners. In addition, you work closely with the South Central and West Commissioning Support Unit (SCWCSU)

to put routine processes in place to agree, monitor and review the quality of services throughout the year, across the key domains of safety, effectiveness and experience of care.

The document outlines SWASFT's approach to delivering quality care and quality improvements within its service in an open and transparent way in terms of patient safety, patient experience and clinical effectiveness.

Commissioners have reviewed the Quality Account, and were pleased to see that SWASFT have provided an easy to understand and comprehensive report. The achievements identified in the report reflect SWASFT's important contribution to the health and wellbeing of CCG populations, and reflect the Trust's commitment to providing safe, high quality and clinically effective patient care. We can confirm that the information presented appears to be accurate and summarise the organisation's quality ambitions, challenges and achievements from 2016/17, as well as outlining the future direction for 2017/18.

As the lead commissioner for the SWASFT 999 contract, NHS Dorset CCG has collated the comments received from the commissioners on the report as per the below. As you will appreciate, this letter focuses on the quality element, although performance aspects will be referenced where appropriate.

General Comments

- 1) It has been a challenging year in relation to the increasing number of incidents. Commissioners warmly support the culture of quality that the Trust are encouraging based on 'learning and improvement rather than blame'. However, we feel that greater emphasis needs to be given to the increase in the number of serious incidents in 2016/17 compared to the previous year, and would like to understand better the themes and trends. Further analysis of these incidents would be welcomed, as would the learning which has flowed from these patient safety incidents.
- 2) It has been noted that the Ambulance Response Programme has stabilised aggregate performance; however, this is not universal across all geographical areas. It is noted that the planned changes to the rota following the rota review exercise are intended to improve performance further. However there are risks as this improvement is predicated on filling 98% of rotas.
- 3) Commissioners congratulate the trust on the Right Care initiative which has led to the Trust 'consistently achieving the highest non-conveyance rate of any ambulance trust in the UK' and 'the highest rates of admission for patients we do convey to ED, demonstrating appropriate clinical decision-making.'
- 4) Commissioners wish to commend the Trust on the results of their staff survey, in particular for the first indicator 'focusing on staff advocating the Trust as a place to work or receive treatment' for which, the Trust was the leading Ambulance Trust nationally. Staff welfare remains an important

focus for the Trust, and we were pleased to see the ongoing commitment to making SWASFT a great organisation to work for.

- 5) Commissioners note that the Trust received an overall rating of 'Requires Improvement' from the 2016 CQC inspections. Commissioners will continue to monitor the Trust's quality improvement plan, which relates to the CQC's "must dos". In addition to this, we would be keen to understand how the Trust is incorporating the other feedback from the inspections into its ongoing quality improvement work, and how this feedback has informed its 2017/18 quality priorities.
- 6) Commissioners note and welcome the Trust's plans to engage further with local CCGs, particularly in developing their role as 'critical friends'. We would also like to commend the Trust on its work with specific CCGs. In Swindon, for example, the Trust has engaged well with the commissioner's Falls & Bone Health Collaborative and Urgent Care Working Group.
- 7) Commissioners note the work carried out around human factors in 2015/16. We share your commitment to maintain the focus on these human factors, specifically where they result in errors made during the telephone triage process.
- 8) Regarding Ambulance Clinical Quality Indicators (Stroke & STEMI), it is noted that there may well be a difference in measuring these moving forward given the Ambulance Response Programme. Commissioners are keen to ensure that going forward they will be able to compare year on year performance for these quality metric. Commissioners have also asked that this information is presented by CCG area in the coming year.
- 9) Throughout the year the Commissioners have noted delays in closing a number of Central Alert System (CAS) alerts. As of the 13 April 2017, two are reported nationally as remaining outstanding for the Trust.
- 10) The Commissioners note the Trust's specific achievements in the year, specifically its work towards supporting staff health and wellbeing, key role in the student paramedic conference, and frequent caller work (as presented at the last Quality Workshop). It would be useful to include some of this within a response letter to demonstrate the valuable progress that the Trust is making in supporting both staff and patients throughout 2016/17.
- 11) In future quality accounts we would encourage the Trust to include a response around safeguarding in order to ensure the public that the Trust is meeting its obligations in this regard.

Quality Priorities 2016/17

Cardiac Arrest: The Trust has reported on progress within this priority but then later in the document (p20 and p31) the Trust reports a decrease in the associated ACQI metrics compared to the previous year. In addition, the Trust reports that it has

achieved this priority with all initiatives being actioned. It would be useful to have further explanation within the narrative to provide greater consistency between these varying sections of the accounts.

Accessible Information: Commissioners note that the Trust, along with other ambulance services, has submitted feedback in relation to the appropriateness of the Accessible Information Standard for ambulance services. The Commissioners note that NHS England published the Implementation Plan for the standard in July 2015 and the requirements builds on reasonable adjustment-related aspects (in relation to disability) that are incorporated within equality legislation. In light of this it would be useful to have further elaboration within the narrative as to why the envisaged actions were not viable (as listed on p9), along with assurance to commissioners and the public that the Trust's services are accessible to all.

The Commissioners welcome the ongoing engagement planned (as noted on p9) and encourages the Trust to link in with existing engagement conduits that have been developed locally by CCGs, such as Somerset CCG's Somerset Engagement Advisory Group.

Looking Forward 2017- 2018

The Commissioners support the Trust's chosen quality priorities for the coming year; it is felt that these accurately reflect learning identified from serious incidents that have arisen in the past two years. These are:

- 1) Awareness and improving management of Older Patients: this usefully aligns with STP priorities in the Bath and North East Somerset, Swindon and Wiltshire Sustainability and Transformation Plan (STP) area
- 2) Improving the Quality and Timeliness of Response to Patients: this is particularly welcomed, given that the 'current performance of the Trust is 26.4% of complaints closed within timescales'.
- 3) Impact of delays on Patient Safety: Commissioners welcome the renewed emphasis and reporting planned for Long Waiters (delays), especially in the context of impact on clinical outcomes. Ambulance delays (as well as A&E call stacking) has remained an ongoing concern for the Commissioners throughout 2016/17. However, given the concerns raised through healthcare professional feedback as well as the issue of delays (linked with resource demands) arising as recurring themes in both SIs and complaints, we are keen to ensure that the priority (and underpinning initiatives) is sufficiently robust to tackle the patient safety / quality aspects of these current challenges.

In particular, one of the initiatives noted is to examine the effectiveness of the welfare call Standard Operating Procedure. We strongly encourage the Trust to look beyond SI themes, e.g. undertaking audits, to ensure that this is implemented effectively throughout the service for all delays. We would also like to see that the Trust embeds this as 'business as usual'. P36 of the document notes that it is still challenging to complete welfare calls during periods of high demands and that a deep dive is currently being carried out. It would be helpful for the quality priority to acknowledge such current

challenges as part of its rationale and build measures into the year's initiatives to work towards improvements.

The Commissioners note that the Trust has a Council of Governors, but would like to understand how wider engagement efforts, such as the various public relation events mentioned later in the document, plus any information received via Healthwatch, have helped provide the patient / carer voice in identifying this year's Quality Priorities.

Overall we are happy to endorse this Quality Account and comment SWASFT for its continued focus on the quality of care. We thank you for your hard work in 2016/17, and look forward to continuing to work in partnership with you in 2017/18.