

Clinical Commissioning Group Governing Body

Paper Summary Sheet

Date of Meeting: 24 May 2016

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/16/05/11 Quality Accounts
Author:	Emma Higgins
Lead Director/GP from CCG:	Dina McAlpine, Director of Quality
Executive summary:	This report aims to brief the Governing Body on the Quality Accounts and the process that our lead providers have put in place to assure patients, the 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:	Information team members Quality Leads Commissioning Leads Associate Director of Quality
Cross Reference to Strategic Objectives:	To note the framework for providers and the role commissioners have in scrutinising Quality Accounts.
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' website on the 30 June 2016.
Communications Issues:	Not exempt under FOI.
Financial Implications:	Not applicable.
Review arrangements:	Monthly reviews of performance at Clinical Quality Review Meeting with providers.
Risk Management:	The Commissioning for Quality Cycle ensures that quality improvement is central to the business of the organisation. Patient experience, patient safety and effectiveness of care are key considerations in all aspects of this

	cycle.
National Policy/ Legislation:	NHS Constitution rights and pledges. NHS Outcomes Framework 2015/16 Five Year Forward View Forward View into Action; Planning for 2015/16 Public Health Outcomes Framework
Equality & Diversity:	No direct impact from the update in this paper
Other External Assessment:	Shared with NHS Swindon CCG, NHS Dorset CCG, NHS West Hampshire CCG and NHS Bristol CCG. SWAST and AWP shared statement prepared with co commissioners via CSU.
What specific action re. the paper do you wish the Governing Body to take at the meeting?	The Governing Body are asked to note these statements and note that they will be included in provider Quality Accounts.

1. Introduction

This paper informs the CCG Governing Body of the Quality Accounts for 2015/16 and the NHS Wiltshire Clinical Commissioning Group (CCG) statements.

As a lead commissioner we are required to provide a commissioner statement in the Quality Account for Salisbury Hospital Foundation Trust, Great Western Hospital NHS Foundation Trust and Royal United Hospital NHS Trust. We have in addition been asked to review South Western Ambulance Services NHS Foundation Trust and Avon Wiltshire Partnership NHS Trust.

Quality Accounts are also shared, in draft, with the local Health Watch and Health and Wellbeing Boards, this should be in the local authority area in which the provider has its registered or principal office located. NHS England and local Health Watch teams may wish to inform their responses to a provider's Quality Accounts by discussing it within their Quality Surveillance Group's.

2. Background

Quality Accounts are annual reports to the public from providers of NHS healthcare services regarding the quality of services supplied. The public, patients and others with an interest in healthcare, would refer to a Quality Account to understand where 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. Public accountability is gained through the presentation of honest, balanced and meaningful information regarding the quality of services provided within the public domain.

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 on 4 March 2015 set the format of the report:

<http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Documents/2015/quality-accounts-reporting-arrangements-2014-15.pdf>.

Providers were informed by NHS England, Monitor and the Trust Development Authority (the latter two organisations now joined and known as NHS Improvement) in February 2016 that reporting requirement for 2015/16 would remain as for the previous year :- (<http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Documents/2016/qa-reporting-arrangements.pdf>) but were asked to consider inclusion of the following information:-

- *How you are implementing the Duty of Candour;*
- *(where applicable) your patient safety improvement plan as part of the Sign Up To Safety campaign;*
- *your most recent NHS Staff Survey results for indicators KF21 (percentage of staff believing that the organisation provides equal opportunities for career progression or*

- promotion) and KF26 (percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months) for the Workforce Race Equality Standard¹ ; and*
- *your CQC ratings grid, alongside how you plan to address any areas that require improvement or are inadequate, and by when you expect it to improve. Where no rating exists yet, please set out your own view on the five key questions used by the Care Quality Commission in their inspections of services:*
 - *1. Are they safe?*
 - *2. Are they effective?*
 - *3. Are they caring?*
 - *4. Are they responsive to people's needs?*
 - *5. Are they well-led?*

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. Further information relating to non-NHS bodies can be found at <http://www.nhs.uk/quality-accounts> .

3. Commissioner statement

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

- Salisbury NHS Foundation Trust
- Great Western Hospital NHS Foundation Trust,
- Royal United Hospital Foundation Trust
- South Western Ambulance Services NHS Foundation Trust
- Avon Wiltshire Mental Health Partnership NHS Trust (the statement received is currently in a draft format. The CCG have provided comments on the draft statement to the CSU who are finalising a statement on behalf of all commissioners).

Comments from the following roles have been coordinated:

- Wiltshire CCG Director of Quality
- Wiltshire CCG Associate Director of Quality
- Wiltshire CCG Leads for Quality and Patient Safety
- Wiltshire CCG Associate Directors of Commissioning

Appendix 1 NHS Wiltshire CCG Statement for Salisbury Foundation Trust.

Appendix 2 NHS Wiltshire CCG Statement for Great Western Foundation Trust

Appendix 3 NHS Wiltshire CCG Statement for Royal United Hospital Foundation Trust

Appendix 4 Joint Commissioner Statement for South Western Ambulance Services NHS Foundation Trust.

A statement has not been provided for Avon and Wiltshire Mental Health Partnership.

The Governing Body are asked to note these statements.

Appendix 1

NHS Wiltshire CCG Statement for Salisbury NHS Foundation Trust

NHS Wiltshire Clinical Commissioning Group (CCG) has reviewed Salisbury Hospital NHS Foundation Trust's (SFT) 2015-16 Quality Account. In doing so, the CCG reviewed the Quality Account in light of information presented through intelligence indicators and the assurances sought and given at monthly Clinical Quality Review Meetings. Wiltshire CCG therefore confirms that the Quality Account is a representative account.

It is the view of the CCG that the Quality Account reflects the ongoing commitment from Salisbury Foundation Trust to quality improvement by tackling key areas of improvement in a focused and innovative way. It is evident that the Trust has reflected the NHS Outcomes Framework in their Trust priorities, and the account summarises the achievements against quality priorities throughout the year. The CCG acknowledges and commends the improvement in the reduction of avoidable infections, particularly in *C.difficile*. The CCG has worked with the Trust to eliminate mixed sex accommodation breaches, and is pleased to see a reduction in numbers of breaches reported and the continuation of working towards the elimination of breaches in the 2016-17 priorities.

The Trust has recently been rated by the CQC as 'Requires Improvement.' Within the report published by the CQC, the Trust was commended for the kind and compassionate care delivered by staff with examples of outstanding practice. The CCG will work with the Trust to review and monitor progress against the areas identified within the formal action plan.

The CCG are supportive of the priorities identified by the Trust for 2016-17, which align to many of CQUIN schemes for this year. The CCG values the work which the Trust completes in reviewing mortality and hopes to see a continued focus in 16/17 from the Trust on the review, monitoring and investigation of the Hospital Standardised Mortality Ratio (HSMR), which is currently above the expected range.

In response to the warning notice raised by the CQC in relation to spinal services provided by Salisbury Foundation Trust, the Trust has identified actions to reduce the numbers of spinal cord injured patients who are waiting for video-urodynamic testing and/or an outpatient appointment, which the CCG supports and will monitor progress against with the Trust. The CCG will also continue to monitor spinal services as a whole, and the environment the services provides, to ensure the welfare and safety of its patients. In addition, the CCG is supportive of planned work to address workforce concerns to improve recruitment and retention in the Trust.

The Trust has identified priorities for 2016-17, which align with system-wide objectives to improve quality and patient safety. Building on the accomplishments of 2015-16, the CCG anticipates that considerable achievements can be made in Sepsis and Acute Kidney Injury. The CCG looks forward to working collaboratively with the Trust and other partners towards achievement of improved patient outcomes and experience and the Trust's identified priorities for the coming year.

Yours sincerely

Deborah Fielding
Accountable officer, Wiltshire CCG

Appendix 2

NHS Wiltshire Clinical Commissioning Group statement for:- Great Western Hospital NHS Foundation Trust.

Wiltshire Clinical Commissioning Group (CCG) has reviewed the Great Western Hospital (GWH) Quality Accounts for 2015/2016. In so doing, the CCG reviewed the Account in light of key intelligence indicators and the assurances sought and given in the monthly Clinical Outcomes and Quality Assurance (CQRM) meetings attended by the GWH and Commissioners. This evidence is triangulated with information from Quality Assurance Visits to GWH which encompass clinician to clinician feedback and reviews. Wiltshire CCG therefore confirms that the Quality Account appears to be accurate and fairly interpreted.

It is the view of Wiltshire CCG that the 2015/16 Quality Account reflects the ongoing commitment of GWH to quality improvement by tackling key risks and areas of development in a focused and collaborative way. The Account summarises the achievements against quality priorities throughout the year and the CCG acknowledges the progress made by the Trust in these areas. Linked to the 15/16 Quality Priorities, the Trusts 'Sign Up to Safety' improvement plan is on target. The CCG commends the Trust's significant progress in reducing sepsis related deaths which was supported by a 'Sepsis CQUIN' in 2015/16, and congratulates the GWH sepsis team on their National Patient Safety Award in Dec 2015.

The Trust has rightly identified their continued 'better than expected' Hospital Standardised Mortality Ratio (HSMR) as an area of strong performance. As a Trust with one of the lowest HSMR scores in Southern England, the CCG will work with the Trust and the National Mortality Review to identify and share more widely the Trust's good practice in this area.

The CCG recognises the ongoing work by the Trust to monitor and improve patient experience and key to good patient experience are satisfied and engaged staff. The Trust has reviewed feedback from patients and staff and has identified areas of reported improvement during 15/16 (such as 'Management Communication') and other areas requiring further action; this includes 'bullying, harassment and whistleblowing' which staff report as occurring more frequently and being under recorded.

The final report of the Trust's CQC inspection was published in January. The Acute Trust received an overall rating of 'requires improvement'. A warning notice was issued in respect of some aspects of regulated activity, requiring significant improvement. Community Health Services received an overall rating of 'good', with Community Health Services for Children and Young People and Families being rated as 'outstanding'. Within the report Trust staff were described as "committed and passionate". The CCG will work with the Trust and co-commissioners to review and monitor progress against the areas identified within the Trust's formal action plan. The CCG is assured that the Quality Priorities set by the Trust for 16/17 align both to the areas the CCG would wish to see addressed and to the key findings within the CQC report.

The CCG confirms that we believe the accounts are accurate in regard to the service provided to Wiltshire patients and will support the Trust in 2016/17 to embed learning and achieve the identified Quality Priorities. The CCG would be keen to see the GWH further develop its Quality Account into 2016/17 to include more information on work to ensure patient safety during periods of high demand and challenge, collaborative working with community and primary health providers, actions to specifically address patient and staff feedback, and how improvement work is linked to the NHS Outcomes Framework.

Yours sincerely

Deborah Fielding
Accountable officer, Wiltshire CCG

Appendix 3

Wiltshire Clinical Commissioning Group statement for:- Royal United Hospital Foundation Trust

“Wiltshire Clinical Commissioning Group (CCG) has reviewed the Royal United Hospital (RUH) Quality Accounts for 2015/2016. In so doing, the CCG reviewed the Account in light of key intelligence indicators and the assurances sought and given in the monthly Clinical Outcomes and Quality Assurance meetings attended by the RUH and Commissioners. This evidence is triangulated with information from Quality Assurance Visits to RUH which encompass clinician to clinician feedback and reviews. Wiltshire CCG therefore confirms that the Quality Account appears to be accurate and fairly interpreted.

It is the view of Wiltshire CCG that the Quality Account reflects the ongoing commitment from RUH to quality improvement and addressing key issues in a focused and innovative way. The Account summarises the achievements against quality priorities throughout the year and the CCG acknowledges and commends this, in particular the significant improvement in the identification and treatment of Acute Kidney Injury, which was supported by a CQUIN in 2015/16. As a continued priority for the Trust into 16/17, the CCG is supportive of the Trust in its’ ambition to embed quality improvement in AKI and to ensure this work is rolled out trust-wide.

The CCG endorses the values that the Trust has launched this year (Everyone Matters, Working together and Making a Difference) and anticipates that they will continue to be demonstrated consistently and reflected in patient and staff feedback. Similarly, the CCG is keen to see the resulting outcomes from the introduction of the Trust’s standardised improvement methodology to support their Quality Strategy.

The CCG recognises the ongoing work by the Trust to monitor and improve patient experience. Patient feedback has identified some key areas of improvement over the year and others for further action; this is inclusive of Maternity services. The CCG will work with the Trust in 16/17 to progress the vision set out in Better Births (the Maternity 5 Year Forward View).

The Trust has identified priorities for 2016/2017 which align with system-wide key areas of focus. Building on the accomplishments of 2015/16, the CCG anticipates that considerable achievements can be made in Sepsis and Acute Kidney Injury. The CCG also looks forward to working collaboratively with the Trust and other partners on Stroke care as part of the CCG’s drive to improve patient outcomes and experience in this area.

The CCG confirms that we believe the accounts are accurate in regard to the service provided to Wiltshire patients and will support the Trust in 2016/17 to embed learning and achieve the identified Quality Priorities. The CCG would be keen to see the RUH further develop its Quality Account into 2016/2017 to include more information on the following:-

- Collaborative working with community health providers and primary care.
- Work to ensure patient safety during periods of high demand and challenge
- Having the right staff with the right skills in the right place.
- Frailty assessment and linking with community teams
- Linking improvement work to the NHS Outcomes Framework.

Accountable officer, Wiltshire CCG

Appendix 4

Joint Commissioners statement (including Wiltshire Clinical Commissioning Group) for South Western Ambulance Services NHS Foundation Trust. Lead Commissioner: Gloucestershire Clinical Commissioning Group

NHS Gloucestershire CCG is pleased to provide a combined commentary on South Western Ambulance Service NHS Foundation Trust (SWASFT) Quality Account on behalf of all Clinical Commissioning Groups across the South West in relation to 999 services. South Central and West Commissioning Support Unit (SCWCSU) have put routine processes in place with SWASFT to agree, monitor and review the quality of services throughout the year covering the key quality domains of safety, effectiveness and experience of care.

SWASFT is a responsive, dynamic and innovative organisation, and has continued to work hard to develop excellent working relationships with commissioners. SWASFT provides 111, Out of Hours and 999 services however this commentary is based on knowledge of SWASFT as a provider of 999 services.

SWASFT fulfils an important contribution to the health and wellbeing of the population within CCG localities through the services it provides and is committed to providing safe, high quality clinically effective patient care. The achievements noted in the quality account reflect this.

Quality Accounts are produced to help the general public understand how their local health services are performing and are written with that in mind. SWASFT has produced an easy to understand and comprehensive report. 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 can confirm that the information presented appears to be accurate and demonstrates a successful organisation and a high level of commitment to quality. This is to be commended. It contains the undertakings of the organisation with regards to the quality ambitions, challenges and achievements from 2015/16 and defines the future direction for 2016/17.

The main body of this letter will pertain to the quality aspect and although performance will be commented on it will be in a very broad sense.

NHS Gloucestershire CCG has taken all the comments received from the commissioners and has combined them into the response below.

General Comments

It has been a challenging year for SWASFT in terms of growth and number of incidents. Red 1 and Red 2 performance targets have not been met, however it is recognised that Dispatch on Disposition and the Ambulance Response Programme along with the new Ambulance Quality Indicators (Jan 2016) are all factors that have impacted on this and the steps taken in

conjunction with SCWCSU and the commissioners could improve performance moving forward. It should be noted that Commissioners are fully supportive of the Trust's actions to improve this.

The Commissioners welcome local support of the "Urgent Care commissioning agenda" and engagement to deliver the "RightCare 2" programme and the improvements this delivers to those patients who do not require conveyance to the Emergency department.

The report highlights the work the trust has done to support a culture to deliver a safe service. The work done on "Sign up To Safety" in the main has achieved its objectives. SWASFT's attendance at "Patient Safety Collaborative" is to be commended. However one CCG commented that a narrative and plan would be welcomed for 2016/17 due to the previous year's partial success with regards to this element.

It was noted that the report highlighted the Trust's continued focus on paediatric illness management, focusing on the "Big Six". The Commissioners recognise the work achieved by SWASFT in addressing this patient groups' clinical needs in an alternative method rather than an attendance at an Emergency Department. Whilst committing to this it is recognised that SWASFT is still prioritising Child Sepsis identification. A number of Commissioners expressed that they felt they would like a closer working relationship for this Patient Group. It is felt the work done by the Commissioners and the work done by SWASFT would be complimentary. More audit data on this patient group would be welcome.

SWASFT has shown that they are committed to seeking feedback from the users of its service and engages with those with learning disabilities through the "patient reference group" and continually contributes to public events.

The Commissioners also credit the work achieved by SWASFT in managing "Frequent Callers" whilst always ensuring they are managed in a safe and effective manner, and it is noted that SWASFT also achieved their targets in this area. It is recognised that more work could be achieved in this area, despite the success of last year.

The "Reflect" newsletter to share learning from Serious Incidents is commended as well as the offer to patients to tell their stories at Board meetings. More detail around the implementation of "Duty of Candour" within SWASFT would be welcome.

Staff welfare remains an important issue for Commissioners and greater detail regarding the support being offered to staff in a highly pressured environment would be appreciated. It is recognised that the work done in this area will improve the patient experience; however it was felt that the support of those on Long Term Sick could have been elaborated upon.

The commissioners wished to commend the Trust for being the leading ambulance Trust for the final indicator regarding equal opportunities to career progression.

Looking Forward

The Commissioners broadly support the priorities of:

- Clinical Effectiveness- Cardiac Arrest
- Patient Engagement- Accessible Information
- Patient Experience – Human Factors

A little narrative around the above choices would be welcome. Especially surrounding the choice of “accessible information” and the difference between that and business as usual?

Overall the Commissioners are happy to commend this Quality Account and SWASFT for its continued focus on the quality of care. They look forward to continuing to work in partnership with SWASFT during 2016/17 and developing further relationships to help deliver their vision.

Please contact me if you require further clarification of the above comments.

Yours sincerely



Dr Marion Andrews Evans
Executive Nurse and Quality Lead
NHS Gloucestershire CCG (Lead Commissioner)
May 2016

Copies CCG Quality Leads for all 12 South West CCGs