

**Clinical Commissioning Group Governing Body**  
**Paper Summary Sheet**  
**Date of Meeting: 20 May 2014**

For: PUBLIC session  PRIVATE Session

For: Decision  Discussion  Noting

<b>Agenda Item and title:</b>	<b>GOV/14/05/16 Quality Accounts</b>
<b>Author/s:</b>	Deborah Rigby, Deputy Director Quality and Patient Safety  James Slater , Associate Director of Commissioning (on behalf of Ted Wilson (Group Director)  Beatrix Maynard, Associate Director of Commissioning (on behalf of Mark Harris ( Group director)  Patrick Mulcahy , Associate Director of Commissioning (on behalf of Jo Cullen ( Group director)
<b>Lead Director/GP from CCG:</b>	Jacqui Chidgey-Clark, Director of Quality and Patient Safety
<b>Executive summary:</b>	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, public and commissioners that Trust Boards are regularly scrutinising the quality of their services.
<b>Evidence in support of arguments:</b>	Quality accounts are prepared by providers annually in June of each year.
<b>Who has been involved/contributed:</b>	Information team members Director of Quality and Patient Safety Commissioning Leads
<b>Cross Reference to Strategic Objectives:</b>	To note the framework for providers and the role commissioners have in scrutinising Quality Accounts.
<b>Engagement and Involvement:</b>	Provider organisations are expected to put in place arrangements for the involvement and the development of their Quality Accounts.  The Quality Accounts will be published on the providers' websites on 30 June 2014.

<b>Communications Issues:</b>	Not exempt under FOI.
<b>Financial Implications:</b>	N/A
<b>Review arrangements:</b>	Monthly reviews of performance at Clinical Quality review meetings with providers.
<b>Risk Management:</b>	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.
<b>National Policy/ Legislation:</b>	NHS Constitution rights and pledges 20011-12 NHS Operating Framework NHS Outcomes Framework Public Health Outcomes Framework
<b>Equality &amp; Diversity:</b>	No direct impact from the update in this paper.
<b>Other External Assessment:</b>	Shared with NHS Swindon CCG.
<b>What specific action re. the paper do you wish the Governing Body to take at the meeting?</b>	The Governing Body is asked to discuss 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 2013/14 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 also need to be 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 Groups.

## 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 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. 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 9 January 2014 set the format of the report: <http://www.england.nhs.uk/wp-content/uploads/2014/01/qual-accs-rep-lett.pdf> The National Quality Board, which has steered the policy underpinning Quality Accounts since their introduction, is evaluating how Quality Accounts can begin to provide a more comprehensive and balanced assessment of quality in the 2014/15 Quality Accounts. This is a key ambition of the Keogh Mortality Review, as well as Monitor, NHS TDA and NHS England.

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,
- South Western Ambulance Services NHS Foundation Trust
- Avon Wiltshire Mental Health Partnership NHS trust

Please note the draft Quality accounts for the Royal United Hospital NHS Trust have not yet been received and are therefore not included in this report.

Comments from the following roles have been coordinated :

- Wiltshire CCG Director of Quality and Patient Safety
- Wiltshire CCG Deputy Director of Quality and Patient Safety
- Wiltshire CCG Associate Directors of Commissioning
- Wiltshire CCG Head of Information

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 South Western Ambulance Services NHS Foundation Trust.

Appendix 4 NHS Wiltshire Clinical Commissioning Group for Avon Wiltshire Partnership

The Governing Body are asked to approve these statements and note that they will be included in provider Quality accounts.

## **Appendix 1 NHS Wiltshire CCG Statement for Salisbury NHS Foundation Trust**

NHS Wiltshire CCG has reviewed the information provided by Salisbury Hospital Foundation Trust in this report. In so far as we have been able to check the factual details, our view is that the report is materially accurate and is clearly presented in the format required by the Department of Health Toolkit and the information it contains accurately represents the Trust's quality profile.

Our view is that Salisbury Hospital FT provides, overall, high-quality care for patients. The results from the National Inpatient Survey have remained fairly static over the last year but both the National Maternity and the National Staff survey have shown a significantly improved position.

In the last year a number of seminal reports and recommendations have influenced the quality and safety agenda, most notably the Winterbourne View Concordat, the report of Robert Francis QC, the Government's response "Hard Truths Patients first and foremost" and the Berwick Review of patient safety: "A promise to learn – a commitment to act: Improving the safety of Patients in England".

The Trust has embraced the recommendations of the Francis Report, from its development of a Customer Care Service, the identification and monitoring of trends and early warning signs of changes and staffing levels. The workforce with robust clinical leadership is key to delivering services effectively. Emphasis will be placed on monitoring nursing and clinical skill mix and the impact that staff shortages have on patient experience and outcomes.

We will continue to support Salisbury to drive improvements in patient safety through projects such as Harm Free Care and the National Safety thermometer with a particular focus on local priorities and clinical risks. We have a structured monthly quality review meeting with Salisbury Hospital using a range of indicators and metrics from a number of sources.

NHS Wiltshire CCG welcomes the specific priorities for 2014/15 which the Trust has highlighted in this report, all are appropriate areas to target for continued improvement and link with the Clinical Commissioning priorities.

## **Appendix 2 Statement from NHS Wiltshire Clinical Commissioning Group for Great Western Hospital NHS Foundation Trust. Quality Account**

NHS Wiltshire CCG has reviewed the information provided by Great Western Hospital NHS Foundation Trust in this report. In so far as we have been able to check the factual details, our view is that the report is materially accurate and is clearly presented in the format required by the Department of Health Toolkit and the information it contains accurately represents the Trust's quality profile. Our contract with Great Western Hospital Foundation Trust covers three key areas: Acute service, Community services in Wiltshire and Maternity services. The Quality report while providing data across the key areas predominantly focuses on the Inpatient services at Great Western Hospital.

Last year we commented on the arrangements for the involvement of service users in the development of their Quality accounts and evidence of this in the Quality report for GWHFT, this still needs to be addressed.

In 2013/14 there have been a number of national seminal reports and recommendations that have influenced the quality and safety agenda, most notably the report of Robert Francis QC, the Government's response "Hard Truths Patients first and foremost" and the Berwick Review of patient safety: "A promise to learn – a commitment to act: Improving the safety of Patients in England".

The Trust has embraced the recommendations of the Francis Report, from the implementation of the Friends and Family Test, the identification and monitoring of trends and early warning signs of changes and workforce review. The participation rate on the Friends and Family test across specific areas in the Trust continues to be a challenge as the targets will increase in 2014/15.

A workforce with robust clinical leadership is key to delivering services effectively therefore in 2014/15 greater emphasis will be placed on monitoring nursing and clinical skill mix and the impact that staff shortages have on patient experience and outcomes.

The Community Transformation Programme has been a significant local priority for Wiltshire in 2013/14 in terms of developing a model of care for community health services ensuring the right clinical balance of services between primary care, hospital care, community settings and patients' homes. Great Western Hospital foundation Trust has been pivotal in the development of Care Coordinators and the appointment of 23 new roles.

We will continue to support Great Western Hospital to drive improvements in patient safety through projects such as Pressure ulcer Reduction and Harm Free Care. We have a structured monthly quality review meeting with Great Western Hospital using a range of indicators and metrics from a number of sources.

NHS Wiltshire CCG welcomes the specific priorities for 2014/15 which the Trust has highlighted in this report all are appropriate areas to target for continued improvement and link with the Clinical Commissioning priorities

### **Appendix 3 Statement from NHS Wiltshire Clinical Commissioning Group for South Western Ambulance Services NHS Foundation Trust**

NHS Wiltshire CCG has reviewed the information provided by South Western Ambulance NHS Foundation Trust in this report. In so far as we have been able to check the factual details, our view is that the report is materially accurate and is clearly presented in the format required by the Department of Health Toolkit and the information it contains accurately represents the Trust's quality profile.

We fully support the clinical strategies being implemented to improve patient outcomes in the area of ST Elevation Myocardial Infarction (a treatment for patients suffering from a heart attack). Patients who have suffered a cardiac arrest and have a return of spontaneous circulation (ROSC) and the timely conveyance of stroke patients have been two of the areas where quality improvement work has focused this year. Although the data presented shows an improving position within the Trust, we remain concerned that within Wiltshire this improvement does not seem to be evident when compared with the 2012/13 outturn.

Whilst we recognise the challenges that a rural locality presents and we will continue to work collaboratively to improve patient outcomes we are disappointed that Red 1 performance for Wiltshire was only 59.05%

NHS Wiltshire CCG welcome the Trusts commitment to improving Infection prevention and control monitoring, in particular the use of adenosine triphosphate (ATP) monitoring as part of the assurance process during vehicle inspections. Furthermore SWAST are extending ATP swabbing during 2014-15, to include ambulance stations, which will undoubtedly assist in raising staff awareness and the importance of following best practice. Additionally, SWAST have identified Sepsis as a patient safety priority for 2014-15 and have committed to using the Sepsis 6 care bundle approach to ensure early recognition and treatment of children with sepsis across all SWAST geographical areas. This has been fully supported by commissioners via the CQUIN scheme.

NHS Wiltshire CCG supports the specific priorities for 2014/15 which the Trust has highlighted in this report all are appropriate areas to target for continued improvement and link with the Clinical Commissioning priorities.

#### Appendix 4 **Statement from NHS Wiltshire Clinical Commissioning Group for Avon Wiltshire Partnership Quality Accounts**

NHS Wiltshire CCG has reviewed the information provided by AWP in this report. In so far as we have been able to check the factual details, our view is that the report is materially accurate and is presented in the format required by the Department of Health Toolkit and the information it contains accurately represents the Trust's quality profile.

AWP has taken three key steps in the past year which have had a significant impact on quality: strengthening clinical leadership, introducing a real time quality monitoring system and setting up a quality academy.

During early 2014 the Care Quality Commission undertook inspections on a range of AWP services highlighting some good and bad practice. In Wiltshire the visit was a follow up visit to review recovery teams and checks were made to see whether further improvements had been made. In summary, based on feedback from staff and service users, it was felt that, in general, staffing levels had improved, caseloads were more manageable but there were still improvements that could be made. There were mixed reviews from service users, whilst some users were very happy with their visits/contacts and felt that the service was reliable, others were dissatisfied with infrequent or irregular contact with the service and the lack of continuity. AWP have produced an action plan to address the issues and includes a re-profiling of the Recovery Teams to allow more localised focus, better case management supported by a new case management system, stronger leadership and alignment with CCG community teams. Wiltshire CCG fully supports the recovery plan and the effectiveness will be monitored within the CCG performance and quality process.

Delayed transfers of care remain a challenge for AWP in Wiltshire despite the Trust overall meeting the upper limit target of 7.5%. The position locally throughout 2013/14 has ranged from 10% to 14% for all Wiltshire beds, remaining very high at 22.8% in older people's beds. This represents a health/social care whole-system problem which has insufficient specialist dementia care providers in the county. The CCG is working with AWP and Wiltshire Council to reduce delayed transfers of care.

We have struggled this year to seek assurance on the actions and learning from Serious Untoward Incidents: the Trust was issued a Contract Notice in January 2014 to release documents: this situation is resolving.

The poor performance of the staff survey indicator is a key concern of the CCG & Trust Board recognising that this is a key indicator of the quality of service and an improvement trajectory is in place for 2014/15.