

Paper Summary Sheet

Presented to:	Quality and Clinical Governance Committee
Date of Meeting:	3 July 2018
For:	To Note

Agenda Reference:	QCG/18/07/10
Title:	Quality Accounts
Executive summary:	
<p>This report aims to brief the Quality & Clinical Governance Committee on the 2017/18 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.</p> <p>Provider organisations are expected to put in place arrangements for the involvement and the development of their Quality accounts.</p>	
Recommendations:	The Committee is to note this paper.
Previously considered by:	
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Sponsoring Director / Clinical Lead/ Lay Member:	Dina McAlpine, Director of Nursing and Quality

Risk and Assurance:	All risks are managed through the CCG's risk register.
Financial / Resource Implications:	Not applicable
Legal, Policy and Regulatory Requirements:	The Care Act 2014 NHS Constitution rights and pledges NHS Outcomes Framework
Communications and Engagement:	<p>Involved: Wiltshire CCG Quality Team BNSSG CCG Quality Team (AWP) B&NES CCG Quality Team (RUH) Swindon CCG Quality Team (GWH, BMI Bath and BMI Ridgeway) CSU Quality Lead (SWASFT)</p> <p>The Quality Account will be published on the providers' websites. Not exempt under FOI.</p>
Equality & Diversity Assessment:	<input type="checkbox"/> N/A

1. Introduction

This paper informs the Quality & Clinical Governance Committee of the Quality Accounts for 2017/18 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
- Wiltshire Health and Care
- Virgin Care
- Independent Health Group
- Care UK

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

- Great Western Hospital NHS Foundation Trust
- Royal United Hospitals NHS Foundation Trust
- BMI Ridgeway
- BMI Bath Clinic
- Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)
- South West Ambulance Service NHS Foundation Trust (SWASFT)

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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 Wiltshire Health and Care

Appendix 3; NHS Wiltshire CCG Statement for Virgin Care

Appendix 4; NHS Wiltshire CCG Statement for Independent Health Group (IHG)

Appendix 5; NHS Wiltshire CCG Statement for Care UK

Appendix 6; NHS Swindon CCG and NHS Wiltshire CCG Statement for Great Western NHS Foundation Trust.

Appendix 7; NHS Bath and North East Somerset CCG and NHS Wiltshire CCG Statement for Royal United Hospitals NHS Foundation Trust

Appendix 8; NHS Swindon CCG and NHS Wiltshire CCG Statement for BMI Ridgeway

Appendix 9; NHS Swindon CCG and NHS Wiltshire CCG Statement for BMI Bath Clinic

Appendix 10; NHS Bristol, North Somerset and South Gloucestershire CCG's Statement for Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)

Appendix 11; NHS Dorset CCG 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) 2017-18 Quality Account. In doing so, the CCG reviewed the Account in light of key intelligence indicators and the assurances sought and given in the bi-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. The CCG supports the Trusts' identified quality priorities for 2018-19. To the best of our knowledge, the report appears to be factually correct.

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, as well as utilising the nationally set CQUIN schemes to support the achievement of many of the 2017-18 quality priorities. The Trust priorities for 2017-18 have outlined achievement in keeping patients safe from avoidable harm through the 'Sign Up To Safety' Quality Improvement work streams, and continue to demonstrate notable performance in the reduction of avoidable infections, particularly in *C.difficile* rates and zero (0) cases of MRSA for three consecutive years. The CCG welcomes the additional focus in 2018-19 on improving the recognition and management of deteriorating patients, through the planned implementation of NEWS2. We anticipate that through a focused work stream and supported through CQUIN monies, the Trust will improve its performance in screening and administering antibiotics within inpatient settings.

The CCG acknowledges the good work undertaken during 2017-18 to reduce the Hospital Standardised Mortality Ratio (HSMR) in 2017-18. The Trust has demonstrated that mortality reviews continue to be a priority area, further supported through the introduction of a review process for patients who have died in hospital. The CCG also welcome the Trusts' contribution to the national LeDeR programme.

The Trust has demonstrated it's continued to focus towards the elimination of mixed sex accommodation breaches. The CCG undertook a visit to AMU and was satisfied that the Trust had put appropriate mitigations in place when mixed sex breaches are unavoidable, during times of escalation and increased activity. During 2017-18, the Trust has seen a decrease in the number of patients who fell in hospital which resulted in a fracture, but have recognised that this needs to be a continued area of focus and will continue the improvement work as part of the frailty work stream in to 2018-19.

Wiltshire CCG acknowledges the increasing demand on the Trusts' Emergency Department (ED) and are keen to support the Trust in the implementation of the patient safety 'SHINE checklist' to ensure that the quality, safety and experience of patients in ED is maintained in periods of increased demand and throughout the year.

The CCG welcomes the continued focus on improving patients' experience; and in particular the emphasis on the experience of those who are frail, patients with dementia, carers, and people with Mental Health problems. The 2017-18 staff survey has identified a slight decline in the numbers of staff who would recommend the Trust as a provider of care to their friends and family. As a result of this, the Trust has responded by developing a number of actions, which include developing the staff health and wellbeing programme, and delivering quality improvement training to 10% of their staff. Recruitment of staff continues to be challenging for all providers, and the Trusts' effort to

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reduce the reliance on temporary and agency staff and increase the number of permanent staff employed by the Trust is welcomed.

The Trust has identified areas of improvement and learning required within serious incidents. Of particular relevance are those related to the timely diagnosis of cancer, and the Trust is providing the CCG with assurance on how they are addressing this area of improvement through both clinical governance and administrative process review.

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; NHS Wiltshire CCG Statement for Wiltshire Health and Care

NHS Wiltshire Clinical Commissioning Group (CCG) has reviewed the Wiltshire Health and Care (WHC) 2017-18 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 WHC and Commissioners. This evidence is also triangulated and further informed through Quality Assurance visits to WHC. To the best of our knowledge, the report appears to be factually correct.

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 WHC 'Values and Behaviours' and the implementation of the Home First pathway. The CCG looks forward to seeing the outputs of these work streams continue in to 2018/19, as well as continuing the quality improvement initiatives in relation to 'reducing falls' and 'designing the workforce for the future.'

The development of the quality dashboard has enabled the CCG to review and seek assurance on some key quality indicators, identifying areas where improvement is required or best practice can be shared, as well as identifying where WHC benchmark against other community providers.

The CCG commends the CQC rating of 'Good,' and particularly those areas in community health services for adults that were rated 'Outstanding.' Commissioners look forward to seeing the continued focus on improving the quality of services provided throughout 2018/19.

The CCG welcomes the description within the Account of the key areas of focus, including clinical audit, dementia care, end of life care, safeguarding and avoidable pressure ulcers. The CCG also welcomes the review of clinical and serious incident reporting and review, and anticipates that the updated processes and increased scrutiny will enhance the learning opportunities identified.

The Account also identifies the quality priorities for 2018/19. These priorities include the expansion of the Home First project, developing the MSK pathway and embedding the Public and Patient Engagement Plan. Whilst the CCG recognises these are key areas of service delivery in 2018/19, we request that the provider develops a process of identifying key quality outcome measures to support the assessment of how well they have progressed these areas of improvement. Other priority areas include the development and implementation of a new clinical risk system (DatixIQ), undertaking a safety culture self-assessment and commencing an 'Ailesbury ward transformation project,' with expansion to other community wards. Commissioners look forward to reviewing the

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outcomes of each of these areas throughout the year, as well as seeing the frailty strategy finalised and embedded in to practice.

WHC have experienced a number of staff vacancies across teams and inpatient wards in 2017/18. The CCG recognises the workforce challenges faced by WHC, which are reflective of national healthcare staffing and will work with WHC to review the current management of caseloads to ensure that effective and appropriate patient outcomes are achieved in a timely way through best use of resource.

Building on the accomplishments of 2017/18, 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 their outcomes.

Appendix 3; NHS Wiltshire CCG Statement for Virgin Care

NHS Wiltshire Clinical Commissioning Group (CCG) has reviewed Virgin Care Services 2017-18 Quality Account. In doing so, the CCG assessed the Account in light of key intelligence indicators and the assurances sought and given in the monthly Clinical Quality Review Meetings (CQRM) attended by Virgin Care and Commissioners. This evidence is triangulated with information and further informed through Quality Assurance visits to Virgin Care services. The Account summarises the accomplishments against quality priorities throughout the year, and where metrics and measurements are available, these appear to be factually correct.

The Quality Account outlines Virgin Care's on-going commitment to quality improvement and addressing key issues; the CCG would request that the provider develops a process of identifying key outcome measures to support the assessment of how well they have progressed these key areas of improvement. It is clear from the Account that during 2017/18 Virgin Care has undertaken a significant piece of work to transform their estate. Commissioners look forward to seeing improvements made in terms of patient experience as a result of this change. The CCG recognises the continued work undertaken by Virgin Care Services, in particular the sustained focus on developing integrated therapies, the implementation of the Estates and technology strategy, and the continuous commitment to deliver multidisciplinary hubs and dedicated clinical space across Wiltshire. The transition and relocation was managed through a phased approach and provided opportunities for Virgin Care to share learning at each stage. Communication and telephony have been identified as the key learning opportunities during this time and the CCG welcomes continued dialogue with Virgin Care regarding the improvements being made in these areas.

Whilst establishing the new estate, the CCG recognises the challenges Virgin Care have encountered in terms of securing a substantive Community Paediatrician workforce as well as the transitioning the whole workforce in to three clinical hubs. The CCG recognises that during 2017 Virgin Care maintained their commitment to the transformation plans for Wiltshire and have successfully completed the introduction of the 'electronic record' across all services.

During quarter 4, Virgin Care established the 'Single Point of Access' (SPA), which will be the only point of contact to access child health guidance and support from Wiltshire Children's Community Services. Commissioners will closely review the continued roll out of this and are particularly interested in understanding feedback from both health professionals, service users and their parents or carers with regards to this service re-design.

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The CCG look forward to working with Virgin Care as the impact of this transformation continues and monitoring the impact for Wiltshire Children's Services

The CCG acknowledges the routine inspection of Virgin Care services by the Care Quality Commission (CQC) in April 2017 and the achievement of an overall rating for the service of 'Good,' with 'are services caring' achieving 'Outstanding.'

Virgin Care has identified priorities for 2018-2019 as part of their annual process, having reflected upon the feedback provided by people who use services and other stakeholders. Virgin Care seeks to strengthen interactions with GP partners and the Local Authority whilst maintaining and developing existing strong relationships with Wiltshire Parent Carers Voice. The areas identified are;

- Priority 1: Ensuring service quality, safety and enhancing user experience: Providing excellent clinical outcomes, meeting and exceeding relevant standards and regulatory requirements.
- Priority 2: Robust governance: fostering safeguarding and quality assurance processes which are standardised across the business.
- Priority 3: Continue to be recognised as an outstanding employer

The CCG acknowledges Virgin Care priorities for 2018-2019, but recommends that Virgin Care continues to develop clear outcome based reporting measures to be able to demonstrate continued progress within their services and describe the impact on Wiltshire children and young people. As part of this, commissioners encourage Virgin Care to continue to closely monitor clinical incidents and the process for learning and embedding changes in practice. The CCG also suggests that whilst elements of Virgin Care's workforce are included within the account, further focus is put on the areas of decline in the 'Have Your Say' annual workforce survey.

The CCG would like to recognise during 2017-2018 the improvement in the reporting against the Quality Schedule and look forward to working collaboratively with Virgin Care to progress this work in to 2018-19.

The CCG strongly recommends that Virgin Care sign up to the 'Sign up to Safety' programme in 2018/19 to ensure there is a consistent focus on quality improvement throughout the organisation.

Wiltshire CCG is committed to ensuring collaborative working with Virgin Care to achieve continuous improvement for patients in both their experience of care and outcomes

Appendix 4; NHS Wiltshire CCG and NHS Swindon CCG Statement for the Independent Health Group

NHS Wiltshire Clinical Commissioning Group (WCCG) has reviewed Independent Health Group's (IHG) Quality Account 2017-2018. In doing so, WCCG has reviewed the Account collaboratively with NHS Swindon CCG in line with the contractual coordinating commissioner arrangement, utilising key intelligence indicators and the assurances sought and given in the quarterly Contract Review Meetings attended by IHG and Commissioners. The CCG supports IHG's identified quality priorities for 2018-19. To the best of our knowledge, the report appears to be factually correct.

It is the view of the CCGs that the Quality Account reflects IHG's on-going commitment to quality improvement and addressing key issues in a focused and innovative way, as well as utilising the

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nationally set CQUIN schemes to support the achievement of many of the 2017-18 quality priorities.

IHG's priorities for 2017-18 have outlined achievements in 7 specific areas, such as; reduction in surgical site infections, improved access to clinical information, and implementation and achievement in line with the agreed national CQUINs. The CCGs welcome the quality priorities for 2018-19, which will drive and improve IT systems, further develop staff engagement and, improve incident reporting to enhance learning, which WCCG recognises and supports in consideration of the Serious Incidents which IHG reported for Wiltshire patients during 2017-18. Additionally, IHG will also continue to work on their five 'Sign up to Safety' safety pledges which the CCGs fully support.

The CCGs welcome the continued focus on improving patients' experience; and in particular the principle that patients always come first.

In future Quality Accounts, the CCGs would welcome local updates of specific outcomes and improvement made from areas such as; audits in relation to IHG's local audit programme for 2018-19.

Wiltshire CCG is committed to ensuring collaborative working with IHG to achieve continuous improvement for patients in both their experience of care and outcomes. The CCGs look forward to working with IHG on the 2018-19 local STP CQUIN which focuses on 'Always Events'.

Appendix 5; NHS Wiltshire CCG and NHS Swindon CCG Statement for Care UK's Secondary Care

NHS Wiltshire Clinical Commissioning Group (WCCG) has reviewed Care UK's Secondary Care Quality Account 2017-2018. In doing so, WCCG has reviewed the Account collaboratively with NHS Swindon CCG in line with the contractual coordinating commissioner arrangement, utilising key intelligence indicators and the assurances sought and given in the quarterly Contract Review Meetings attended by Care UK and Commissioners. The CCG supports Care UK's identified quality priorities for 2018-19. To the best of our knowledge, the report appears to be factually correct.

It is the view of the CCG that the Quality Account reflects Care UK's on-going commitment to quality improvement and addressing key issues in a focused and innovative way, as well as utilising the nationally set CQUIN schemes to support the achievement of many of the 2017-18 quality priorities.

Care UK's priorities for 2017-18 have outlined achievements in each of the key quality priority areas; Safe, Caring, Responsive, Effective and Well-led. Examples of quality priorities achieved during 17-18 include; identification of dignity champions, development of a shared learning page on the Care UK intranet page for staff and implementation of an electronic audit tool for cleaning standards. The CCGs welcome the additional focus in 2018-19, which will build on work from 2017/18, by revisiting the dignity audit and action plans and further work to improve uptake of flu vaccination in healthcare workers – an area which is also aligned to 2018/19 CQUINs. The CCGs also support the 2018/19 priorities that focus on new areas of quality improvement such as; implementation of the National Reporting and Learning System (NRLS) to measure incident rates and outcomes in relation to other NHS services and providers.

The CCGs welcome the continued focus on improving patients' experience; and in particular the development of new websites for each treatment centre and improvement of complaints acknowledgement rate within 3 days. Commissioners would also welcome improvements in the

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timescales within which complaint responses are sent to the complainant, although it is noted that response timescales from the small number of complaints received from Wiltshire and Swindon patients are good.

In future Quality Accounts, the CCGs would welcome specific local updates on the Emersons Green and Devizes Treatment Centres.

Wiltshire CCG is committed to ensuring collaborative working with Care UK to achieve continuous improvement for patients in both their experience of care and outcomes.

Appendix 6; NHS Swindon CCG and NHS Wiltshire CCG Statement for Great Western Hospital NHS Foundation Trust

Swindon Clinical Commissioning Group (CCG), as lead co-ordinating commissioner for the Great Western Hospitals NHS Foundation Trust (GWHFT) welcomes the opportunity to review and comment on the GWHFT Quality Account for 2017/2018. Swindon CCG has also sought the view of NHS Wiltshire CCG in order to provide a joint commissioner response. In so far as the CCG has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the CCG via contractual monitoring and quality visits and is presented in the format required by NHS Improvement 2017/2018 presentation guidance

In June 2017, the GWHFT were commissioned to provide community health services for the population of Swindon (SCHS) and this has resulted in the Trust reporting data for additional services within its quality accounts for 2017/18.

A key priority for the Trust during 2017/2018 was to build on the success of the Sign up to Safety programme. The CCG acknowledges the sustained progress that has been made within these important quality improvement workstreams, focusing on the key priorities relating to inpatient falls; pressure ulcers; reduction in the number of deaths relating to acute kidney injury (AKI), management of sepsis and recognition of the deteriorating patient. The CCG's have a sepsis commissioning for quality and innovation (CQUIN) scheme in contract for 2017-2019 which will support continued focus on reducing the sepsis 30-day mortality rate.

Although the Trust has reported an increase in the number inpatient falls, the CCG notes the reported 50% reduction in the level of harm experienced. During 2017/18 the Trust also reports it has exceeded its target to reduce the number of avoidable pressure ulcers to less than 5 per month. The CCG will continue to monitor the quality improvement workstreams aimed at preventing inpatient falls and pressure ulcers, including the SCHS inpatient wards, but would also welcome more detailed information within the quality accounts of the lessons learned as a result of the individual and thematic reviews of the Trust's investigations into all reported falls and pressure ulcers.

As identified in both national and local learning from incidents, the Trust has continued to build on education and training plans aimed at recognising the deteriorating patient and ensuring timely treatment. The Trust has fully implemented and embedded the standardised National Early Warning Score (NEWS) Trust Wide (including community areas). The CCG notes the delay in the Trust being able to introduce the E-Observations system during 2017/18, but now awaits the outcomes of its planned introduction in the summer of 2018.

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During 2017/18, the Trust experienced a sustained increase in elective and non-elective demand, resulting in delays within the Emergency Department (ED) and the Trust having continued difficulties in achieving the 18-week referral to treatment target. These NHS constitutional targets continue to be a national challenge across NHS organisations and are regularly monitored by the CCG. The CCG will continue to work with the Trust to monitor the quality of care and treatment for patients, including outcomes of plans to improve performance, safety and patient experience and quality assurance visits.

The Trust reported a breach in the numbers of Clostridium difficile infections reported during 2017/18 (25 against a trajectory of no more than 20) but was able to demonstrate no outbreaks of infection during this period. 5 of the 25 cases were assessed as avoidable and learning has been shared with the relevant CCGs and infection prevention and control committees, in order to support year on year reductions. Of note, no hospital acquired methicillin resistant staphylococcus aureus blood stream infections (MRSA) were reported during the year. The CCG welcomes the Trusts' continued focus on reducing reported gram negative bloodstream infections (GNBSI) across the wider hospital and community settings during 2018/19, where there is now a national initiative aimed at ensuring a 50% reduction in the number of GNBSIs reported by 2021.

The CCG is aware that during 2017/18 the Trust has introduced a new process for mortality reviews, which has been developed as part of a collaborative with all hospitals in the West of England. The Trusts have all worked with the Royal College of Physicians (RCP) as pilot sites for the introduction of the Structured Judgement Review (SJR) methodology for undertaking mortality reviews. The CCG welcomes the priority for 2018/19 to now increase the number of reviews taking place, whereby thematic analysis and narrative collected for each case will be used to ensure learning from deaths continues to be shared within the organisation and more widely.

We recognise the ongoing work by the Trust to monitor and improve patient experience and note the outcomes of the 2017 patient survey, demonstrating that a number of survey questions have had an improved score from the previous year. Going forward, the CCG will continue to work with the Trust to gain assurance on actions being taken to improve those areas where feedback scoring has worsened, particularly regarding discharge planning.

The results of the NHS Staff Survey for 2017, demonstrates the Trusts overall position in the region has declined compared with last year. A total of 2446 employees returned a completed questionnaire giving the Trust a response rate of 46.5%. This was a decrease in last years (49%) but above the average response rate for Combined Acute and Community Trusts in England (43%). With 75% of GWH staff continuing to remain enthusiastic about their job and 85% feeling that the organisation acts fairly regarding career progression, it is recognised that these scores are significantly better than other similar organisations. However, overall, the staff engagement score shows the Trust is marginally below the national average. The areas used to measure the staff engagement score is based on staff recommending the organisation as a place to work or receive treatment, staff motivation at work and staff ability to contribute towards improvements at work. The CCG welcomes the Trust's commitment to achieving its identified short and long term priorities aimed at improving staff engagement and morale and will work with the Trust to monitor progress during 2018/19.

The CCG is pleased to note that the Trust has reported progress within the field of research and development and that the Trust successfully met its set target for 2017/18. To support these statements further, the CCG would welcome additional information with regards to the positive

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impact and outcomes that are being achieved through the research and development workstreams.

Swindon CCG welcomes the quality priorities outlined by GWHFT for 2018/19, including the commitment to increase quality improvement (QI) capability within the organisation and incorporate all community services into all current and future improvement workstreams. In addition, the CCG will be seeking further assurances during 2018/19 in relation to the quality impact of any cost improvement plans (CIPs), including impact on workforce. Monitoring of the actions identified within both the Trust's sepsis workstreams and patient experience feedback regarding discharge will also be a key focus for the CCG.

Going forward, NHS Swindon CCG would request that more detailed information is provided for all community services as part of future GWHFT Quality Accounts.

As the lead co-ordinating commissioner, Swindon CCG is committed to sustaining its strong working relationship with GWHFT, together with local clinical commissioning groups and wider stakeholders, ensuring continued collaborative working that can support achievement of the identified priorities for 2018/19 across the whole health and social care system.

Appendix 7: NHS Bath and North East Somerset CCG and NHS Wiltshire CCG Statement for Royal United Hospitals NHS Foundation Trust

NHS Bath and North East Somerset Clinical Commissioning Group welcome the opportunity to review and respond to the Quality Accounts for 2017/18 for the Royal United Hospitals Bath NHS Foundation Trust (RUH).

The account provides an accurate representation of the Trust's quality programme which highlights the positive aspects of innovative ways of working whilst also explaining where things have not progressed as well as planned or where quality indicators have not been met.

There are robust arrangements in place with the RUH to agree, monitor and review the quality of services, covering the key domains of quality, patient safety, clinical effectiveness and patient experience.

We acknowledge the Trust's commitment to supporting and developing their staff's skills and knowledge in quality through training and coaching in order to increase and enhance quality improvement expertise across the organisation.

The Trust has shown an increased focus on their five patient safety priorities in 2017/18. Through the implementation of a Trust-wide falls programme and falls prevention pathway the Trust has been able to begin to demonstrate a reduction in the number of inpatient falls.

Commissioners recognise the work undertaken to reduce the incidence of Clostridium Difficile Infections (CDI) and the support provided to the Trust from NHS Improvement. However, it is disappointing to see that this has not yet had a significant impact with the year-end position of cases being at or potentially above the annual target. There has been one case of Trust attributable MRSA.

The work undertaken on the early detection of patients with Acute Kidney Injury (AKI) is also notable. However, it is not clear if the objectives for AKI have been fully achieved. We look forward

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to working with the Trust in 2018/19 to develop a format to fully measure improvement in this area.

The Trust has detailed the work they have undertaken against their four quality priorities for 2017/18 and they have made effective progress against these. It is encouraging to see the quality improvement work on frailty and the notable impact that this has had on patient outcomes in particular with the Frailty Flying Squad.

We acknowledge the work that has been undertaken on management of jaundice in babies and the significant reduction in re-admittance for jaundice treatment.

Commissioners are pleased to note that improving the patient experience at discharge is a priority and that there have been significant improvements in this area through the implementation of various initiatives. However, we would welcome working in partnership with the Trust to continue to focus on this area particularly in relation to the expansion of Home First and Continuing HealthCare Fast Track.

It is disappointing to note that the Trust has not achieved their quality priority to improve sepsis management in 2017/18. However, the range of quality improvement measures which have been implemented is noted and we are encouraged that with continued focus the percentage of patients screened for sepsis will increase.

Other quality improvements of note are the reduction in pressure ulcers and the continued focus on providing patients with the opportunity to provide feedback on their experiences.

It is notable that the Trust has participated in the full range of national and local clinical audits and that this has resulted in actions to improve quality. Commissioners are pleased to see that the Trust has made improvements in the Sentinel Stroke National Audit Programme with the current audit performance available showing the Trust having achieved the highest level of audit standards.

During 2017/18 the Trust has implemented and participated in the national CQUIN (Commissioning for Quality and Innovation) programme. The Trust has demonstrated collaborative working with other providers to implement and meet the required CQUIN targets. Overall, the Trust has performed well against the national CQUIN targets. A key area for 2018/19 is the CQUIN on 'Reducing the impact of serious infections' as the Trust has had variable performance during 2017/18.

When reviewing the Trust's 2017/18 Quality Account, Commissioners note the inclusion of learning from deaths which is a new requirement for this year. Commissioners note that the Trust are in the early phases of completing mortality reviews and this area will continue to be monitored in 2018/19 through the quality contract meetings.

Commissioners acknowledge the priorities for improvement planned for 2018/19 and that these continue to focus on quality improvement initiatives which are across the lifespan of the population. There is limited information provided within the Quality Accounts on how these will be achieved in 2018/19 and we look forward to supporting the Trust in developing more definitive measures of what success will look like for these priority areas.

It is important to acknowledge that the RUH as with many other acute Trusts in England and Wales, have experienced on-going challenges again this year with pressures on the urgent and

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emergency care treatment. The Trust's failure during 2017/18 to meet the Referral to Treatment standards and the Emergency Department four hour waiting times standard impacts on patient experience significantly and we look forward to continuing to work collaboratively to identify system wide solutions to manage demand and implement more effective treatment pathways during 2018/19.

It is clear that the Trust has demonstrated numerous areas of effective improvement in patient safety and quality initiatives. The CCG recognises the Trust's commitment to working in partnership with commissioners, the public and other key stakeholders and we look forward to again working with the Trust in the forthcoming year.

Appendix 8; NHS Swindon CCG and NHS Wiltshire CCG Statement for BMI Ridgeway Hospital

Swindon Clinical Commissioning Group (CCG) has reviewed the information provided by the BMI Ridgeway Hospital in the 2017-2018 Quality Account collaboratively with Wiltshire CCG, in line with the co-ordinating commissioner contractual arrangements. In so far as we have been able to check the factual details, our view is that the Quality Account is materially accurate. The Quality Account provides information across a wide range of quality measures which are monitored through regular Contract Review Meetings, with which the Ridgeway Hospital have been fully engaged and gives a comprehensive view of the quality of care provided by the organisation.

The commissioners note the Ridgeway Hospital's service and quality priorities for 2018-19 which include replacing all carpets in patient bedrooms with wipeable flooring and non-compliant clinical hand wash sinks, revised ward layout to allow an improved Ambulatory Care patient pathway and continued upgrade from computerized radiography to digital radiography. In future quality accounts, commissioners would request more detail to be included in the quality priorities, including the rationale for selection and outcomes expected from the improvements.

Commissioners note the Ridgeway Hospital received an unannounced CQC inspection in March 2018 and that the reported outcome is awaited.

The commissioners note and commend The Ridgeway Hospital for the continued focus on infection prevention and control and for continuing to report no cases of MRSA bacteraemia, Clostridium difficile and E.coli bacteraemia and the hospital reports low surgical site infection rates. However, the CCGs acknowledge that recent audits demonstrate some areas of low compliance due to non-compliance with hand hygiene standards. This will be monitored during 2018-19 to ensure actions are undertaken to improve compliance.

The Ridgeway Hospital has reported a decline in the staff recommendation results during 2017/18. Improvements in this area will be supported by the national staff health and wellbeing CQUIN which is in contract for 2017-19. Commissioners monitor CQUIN progress on a quarterly basis to ensure actions are taken to improve the health and wellbeing of staff within the organisation.

Commissioners recognise the work undertaken with the CQUIN schemes for 2017-18 and would welcome the inclusion of the CQUIN outcomes in future Quality Accounts. Additionally, commissioners would request that the Ridgeway Hospital reflect on the outcomes achieved in year against the previous year's priorities in future accounts, to outline progress and improvements made to patient safety, clinical effectiveness and patient experience.

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Commissioners are committed to ensuring collaborative working with the Ridgeway hospital to achieve continuous improvement for patients in both their experience of care and outcomes.

Appendix 9; NHS Swindon CCG, NHS Wiltshire CCG and BaNES CCG Statement for BMI Bath Clinic

Swindon Clinical Commissioning Group (CCG) has reviewed the information provided by the BMI Bath Clinic in the 2017-2018 Quality Account collaboratively with BaNES and Wiltshire CCGs, in line with the co-ordinating commissioner contractual arrangements. In so far as we have been able to check the factual details, our view is that the Quality Account is materially accurate. The Quality Account provides information across a wide range of quality measures which are monitored through regular Contract Review Meetings, with which the BMI Bath Clinic have been fully engaged and gives a comprehensive view of the quality of care provided by the organisation.

The CCGs support BMI Bath Clinic's identified service and quality priorities for 2018-19 that includes: patient diaries, general medicine project, development of endoscopy unit, Hb optimization, cardiology pathways and theatre heating and cooling system. CCG's will monitor progress against these priorities during 2018-19, particularly the achievement JAG accreditation to ensure endoscopy procedures are delivered in line with nationally agreed standards.

Commissioners note the BMI Bath Clinic received an unannounced CQC inspection in May 2018 and that the reported outcomes are awaited.

The commissioners note and commend the BMI Bath Clinic for the continued focus on infection prevention and control and for continuing to report no cases of MRSA bacteraemia, Clostridium difficile or E.coli bacteraemia and a 0.0 surgical site infection rate for hip and knee surgery. The commissioners commend BMI Bath Clinic for achieving 100% compliance with Venous Thromboembolism risk assessment.

The BMI Bath Clinic has reported a decline in the staff recommendation results during 2017-18. Improvements in this area will be supported by the national staff health and wellbeing CQUIN which is in contract for 2017-19 and commissioners are assured that the BMI Bath Clinic have a programme in place to improve this. The commissioners take note of workforce information and the evidence is strong regarding staff morale and safe care. Commissioners review and monitor CQUIN progress on a quarterly basis to ensure actions are taken to improve the health and wellbeing of staff within the organisation.

Commissioners acknowledge how the BMI Bath Clinic continually monitors patient satisfaction and the 2017-18 results are detailed within the Quality Account. However, the commissioners would welcome seeing the response numbers included with these results.

Commissioners welcome BMI Bath Clinic's commitment to safer surgery and have been monitoring progress with the implementation of the National Safety Standards for Invasive Procedures (NatSSIPs) during 2017-18 and will continue to do so during 2018-19 to assure the safety of patients within the theatre setting. Commissioners await the Serious Incident investigation report in relation to hip replacements and shoulder surgery, and will continue to work with the provider to seek assurance that any appropriate actions identified through the investigation are learned from and embedded in to future practice.

Commissioners recognise the work undertaken with the CQUIN schemes for 2017-18 and would welcome the inclusion of the CQUIN outcomes in future Quality Accounts. Additionally,

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commissioners would request that the BMI Bath Clinic reflect on the outcomes achieved in year against the previous year's priorities in future accounts, to outline progress and improvements made to patient safety, clinical effectiveness and patient experience.

Commissioners are committed to ensuring collaborative working with the BMI Bath Clinic to achieve continuous improvement for patients in both their experience of care and outcomes. The CCGs look forward to working with the BMI Bath Clinic on the 2018-19 local STP CQUIN which focuses on 'Always Events'.

Appendix 10; NHS Bristol, North Somerset and South Gloucestershire CCG's Statement for Avon & Wiltshire Mental Health Partnership NHS Trust

This statement on the Avon & Wiltshire Mental Health Partnership NHS Trust's Quality Account 2017/18 is made by Bristol, North Somerset & South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) as the co-ordinating commissioner on behalf of and with contributions from Bath & North East Somerset, Swindon and Wiltshire CCGs.

The commissioners welcome the opportunity to comment on Avon & Wiltshire Mental Health Partnership NHS Trust's quality account, which provides a comprehensive reflection on the quality performance during 2017/18. The data presented has been reviewed and is in line with data provided and reviewed through the monthly contract quality performance meetings.

The report reflects some of the good work undertaken by the organisation, sets out the quality ambitions and achievements of 2017/18 and the direction for 2018/19.

2017/18 Quality priority review

The commissioners note the work undertaken on the three quality priorities for 2017/18. A wide range of activities were planned for these priorities and this is evident in the achievements, however we note that some priorities have had more success than others.

- For priority 1 the commissioners noted that quality improvements in risk assessments was not achieved and believe a continued focus on this is imperative to support patient safety and achievement of the suicide prevention priority in 2018/19.
- The commissioners acknowledge the achievements in priority 2 noting positively the collaborative working with other providers and primary care to achieve elements of this priority.
- For priority 3 the commissioners would encourage the Trust to ensure service user involvement in crisis/contingency planning is a high priority in 2018/19 as this was not progressed this year due to conflicting priorities.

The commissioners support the chosen areas for quality improvement identified within the 2018/19 priorities. The information is limited within the Quality Account on how these will be achieved and monitored throughout the year and we therefore look forward to working with the Trust in 2018/19 to develop these further. We welcome, in particular, the plans for suicide prevention as a key priority for 2018/19 and the recent launch of the Suicide Prevention Strategy. We also encourage the Trust in working with partners to support this objective across the broader health and social care community.

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We support a renewed focus on improving risk assessments and associated risk management/care planning as this supports the learning identified from incidents during 2017/18. The commissioners look forward to improvement in this area. It is also positive to see the plans to improve service users' involvement in developing care plans as this is a priority for the CCGs and will be monitored during 2018/19.

Commissioners note that the desired improvements in medicines management were not fully achieved in 2017/18 and we will closely monitor this as a priority for 2018/19 to ensure enhanced medicines safety.

The commissioners are pleased to note the continued participation in the relevant national audits, confidential enquiries, and local audits. Commissioners particularly commend the Trust on the reported progress within the field of research and development. To support these statements further, the CCGs would welcome additional information with regards to the positive impact and outcomes that are being achieved through the research and development work streams.

Commissioners note the positive outcomes reported via the community mental health survey, including that 80.7% of service users felt listened to and 75.3% said that they were given enough time to discuss their needs. Although these areas are positive, the Trust overall was in the lowest 20% of mental health and learning disability trusts for care planning. This links with the 2018/19 priority and commissioners support plans to improve on this.

There has been continued engagement with service users with the use of the Friends and Family Test, volunteer co-ordinators and a relaunch of the Trust's Family, Friends and Carers Charter. However, the Quality Account does not explain how these engagement activities have led to any changes, therefore commissioners would welcome this information in future quality accounts.

The commissioners note the improved Information Governance Toolkit scores for level 2 compliance from last year's position and support continued improvement in this for 2018/19.

The commissioners note that there was no mention of the improvement work required during 2017/18 to support the management and learning from serious incidents. Even though there was slight improvement in performance towards the end the year, commissioners would like to see this work taken forward as a priority for the Trust to ensure learning is identified, actioned and embedded into practice and in a timely manner to support quality improvement during 2018/19.

Linked with this, the commissioners note the increase in incident reporting identified during 2017/18 and recognise that higher levels of reporting support an improved learning and safety culture. Whilst we commend this we would like to see the Trust focus on the trends and themes identified from these incidents to support learning in 2018/19.

The CCGs note that there is limited information within the Quality Account on workforce challenges. From the outline of the staff survey this shows that the Trust is performing significantly below the MH trust average, but no actions are included to address this. The commissioners will continue to work with the Trust during 2018/19 to monitor actions to improve this and how they intend to support their staff.

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Commissioners note that AWP have engaged in the national CQUIN schemes during 2017/18, which were closely aligned to the Trust's clinical effectiveness priorities. This has included examples of good collaborative working with partner organisations to improve the transition experience of young people moving from child to adult mental health services, enhanced collaborative working with the acute emergency departments to improve proactive and collaborative care planning for patients and engagement with primary care colleagues to support physical health monitoring of patients. The commissioners note the overall performance with the CQUIN schemes for 2017/18 and support continued work on these in 2018/19, especially on schemes where achievements were not met this year.

The Commissioners are aware that the Trust is currently rated as Requires Improvement by the Care Quality Commission. Commissioners will work collaboratively with AWP to monitor the quality of care provided as improvements are made to rectify areas identified as requiring improvement.

The commissioners acknowledge the quality improvements achieved by the Trust and the quality account clearly demonstrates this. The commissioners note that AWP are currently updating their Quality Strategy and we look forward to reviewing this through the Quality Sub-Group meetings when it is published.

Going forward the commissioners will continue to work closely with the Trust in areas which need either further improvement or development to support patient safety and quality improvement.

Appendix11; NHS Dorset CCG Statement for South West Ambulance Service NHS Foundation Trust (SWASFT)

Thank you for asking NHS Dorset Clinical Commissioning Group (CCG) to review and comment on your Quality Accounts for 2017/18. Please find below the statement on behalf of all Clinical Commissioning Groups across the South West in relation to 999 services for inclusion in the final document:

The 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 2017/18 and defines the future direction for 2018/19.

SWASFT is a responsive, dynamic and innovative organisation, and has continued to work hard to develop excellent working relationships with commissioners. The Trust 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 from 2017/18 noted in the quality account reflect this.

There have been challenges in respect to achievement of the ambulance response times which may have impacted on patient safety and experience during the year. It is recognised that the Trust is not achieving the local performance threshold however as commissioners the action being taken to improve these percentages is welcomed and is reflected in the new priorities.

The Commissioners support the Trust's open and transparent communication of their involvement with the CQC during 2017/18 within the quality account and the steps taken to improve the current Requires Improvement rating. The Commissioners also confirm that registration with the CQC has been maintained with no conditions and recognise that the caring attitude of the workforce, rated outstanding by CQC, remains evident.

SWASFT has produced an easy to understand and comprehensive report that helps the general public understand how their local health services are performing. The document outlines the Trust'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.

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. The information presented within the quality account is consistent with quality, safety and performance information supplied to the CCGs throughout the year through contract reporting and discussions at meetings with the Trust.

The Commissioners can therefore confirm that we have no reason to believe this Quality Account is not an accurate representation of the performance of the organisation during 2017/18.

General Comments and Feedback

Dorset CCG has been working closely with all the regional CCGs as well as SCWCSU throughout the year as the lead commissioner, gaining assurance of the delivery of safe and effective services.

It is noted that the Trust has included Safeguarding within the Quality Account. This demonstrates not only the Trust's learning on identification and referring of concerns but also their professional collaborative working relationships and involvement with external investigations. Commissioners recognise concerns have been identified in year regarding the management of non-accidental injury in non-mobile babies and will await the learning and associated improvements following completion of the investigations.

Over the last year the commissioners have been impressed with the caring attitude of the Trust's workforce, especially ambulance crews on the road. Staffing challenges are not addressed within the report with the exception of the 'fatigue' line in the Quality Improvement Plan. It would have been helpful to share how these are being addressed and mitigated.

The commissioners have been pleased with the partnership approach the Trust has taken to develop services. The delivery of front line training achievement remains high despite capacity challenges and the Trust is commended for this.

Although statements confirm engagement with patients, staff and governors there is no specific detail of how this occurred and the level of engagement it is hoped this will be improved upon in the future. "Information, Choice and Control" was not referenced within the account though it is noted that actions to improve data quality were included, the account could be strengthened with a direct reference to the "Information, Choice and Control" consultation publication.

The account provides a clear insight into how the trust has managed and reported on Duty of candour and this is acknowledged.

The Trust undertook an extensive staff rota and vehicle review to ensure its resources are better co-ordinated around periods of high demand but recruitment challenges in the area prevents full roll-out of the recommended rota to meet performance standards.

SWAST has finalised their process of re-organising their fleet to enable their response times for Cat1 calls to improve. The re-organisation has staggered crew start times to better match service demands over the 24 hour period. It is understood that in the absence of this realignment the performance is estimated to have further deteriorated and would show a worsened position.

Good participation by SWAST in the newly developed quarterly Quality Sub-Group. This continues to develop and the CCGs look forward to receiving more in-depth papers (in line with SWAST's Quality Committee) in addition to summary high level reports. QSG provides a useful forum for challenge and to learn more about some of the initiatives SWAST is contributing to including: clinical validation; delays action plan; No Send Policy; QPIP; mental health needs for under 16 years of age; Non-recognition of stroke symptoms in nursing and care homes. The latter presentation has assisted support offered by Somerset CCG in particular via Care Home Support Team (including delivery of relevant training) and the feedback has linked in with ongoing work within Somerset CCG around Treatment Escalation Plans (TEPs) and liaison between nursing / care homes and Somerset's NHS 111 service (not SWAST provided).

Areas for improvement and consideration

Performance

There have been challenges in respect to achievement of the response times which may have impacted on patient safety & patient experience. It is disappointing that the Trust is not achieving the local performance threshold however as commissioners we welcome the action being taken to improve these percentages.

Response Delays

It is recognised that since the introduction of ARP there has been an increase focus on the subject of response delays to ambulance incidents and the Commissioners will continue to work with the trust and other CCGs to improve response times. In this emerging area more focus on the outcome of patients that experience a delay would be welcome. Whilst it is acknowledged that no Serious Incident has been identified as a result of a delay, the experience, potential distress and longer term impact of the delay on the patient/s remains an area that requires further assurance. There are particular groups of patients where a delay could have a greater impact than others, for example Strokes, and Myocardial Infarctions and it has been noted that in some commissioning areas this is of concern based on the information currently available. The Commissioners look forward to further work during 2018/19 in respect to identifying any potential harm for lower acuity delays, (Category 2 & 3). This is mirrored in the healthcare professional feedback received by various CCGs, with a number of HCPs expressing concern over delays in response for a variety of patients who require an ambulance response.

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Handover Delays

Hours lost to handover delays and long waits continue to be a challenge and as commissioners of secondary care services the commissioners continue to work closely with our acute colleagues in order to address this, including a continued focus on the safety impact of non-availability of ambulances to respond due to handover delays. The Commissioners recognise also that the Trust works extremely closely with NHS commissioners and the acute hospitals to help manage the flow of patients into the hospital with the aim of increasing the availability of ambulance resources wherever possible to deliver the best service for patients.

Call Stacking

The commissioners continue to monitor the situation regarding call stacking noting revised SWAST risk score of 25 (March 2018). During recent period of snow, region-wide call stack reached up to

The Trust has advised the CCG that it continually monitors the call stack when high and is aware of the clinical risk. The CCGs, however, seek better assurance of the process. SWAST has revised its Welfare Call procedure but as yet the CCGs understand that the Trust does not have an audit process in place to test embeddedness. Commissioners, including Somerset CCG, have noted that recent adverse weather saw significant increased 'Hear and Treat' rates. A paper providing assurance on the process around this is currently awaited from the Trust.

Recruitment

It is noted that this continues to be a challenge especially for the East division in particular. Although graduates are likely to start in post October 2018, new recruits are seeking to work in other geographical areas of the Trust. The hubs are also currently recruiting as attrition matches recruitment rates and it is understood that this is being mitigated through overtime.

NHS Staff Survey 2017

The CCGs have noted the recent results of the NHS Staff Survey 2017 (published March 2016). In summary, the CCG notes that percentage of staff recommending the Trust as a place to work / receive treatment has reduced since 2016. Less staff felt the Trust acted on patient concerns compared to 2016, though this result was average, when compared with peer group. WRES results shows a marked decline with significantly more BME staff reporting harassment, bullying and abuse plus discrimination (including from fellow staff) since 2016 survey. The Trust has sought advice from national WRES lead and the CCGs will be requesting an update at the next Quality-Sub-Group meeting.

Priorities 2017/18

Progress on the 3 priorities identified in 2017/18 demonstrates the Trust commitment to Quality Improvement. Below are some specific CCG comments regarding the above priorities. Analysis of the success and impact of some these initiatives would be welcome moving forwards.

The trust achieved its aims and implemented the frailty score and have worked collaboratively with other health and social care services in Dorset increase awareness and improve management of older people

The introduction of welfare calls has also reduced the impact of delays on patient safety.

BaNES, Wilts & Swindon CCGs would also like to commend the Trust on its work with on the community-based rapid-response service for people over the age of 65 years who fall at home.

Reduction in admissions to Hospital Emergency Department: non-conveyance of patients who don't require an ED admission has seen a more appropriate management of 999 calls.

Awareness and Improving the Management of the Older Patient: the provider has supported the raising of awareness of issues of frailty and vulnerability with all frontline staff, with over 94% receiving training so far.

Patient Experience: Improving the quality and timeliness of responses to patients. The CCGs and the Trust both recognise the importance of the achievement of this priority and their ongoing commitment to improve on the timeliness of responses to patients.

Learning from Incidents and Complaints: SWASFT is able to demonstrate commitment to ensuring learning is taken forward appropriately, as such a range of areas and themes have been developed as part of the programme including: Delirium, Comprehensive Geriatric Assessment, Sarcopenia and Informed Consent.

Patient Experience: 2,653 compliments were received during 2017/18; an increase of 18.7% on the previous year which is an impressive result.

The Somerset CCG GP 999 car scheme was launched on 12 November 2016 and acts as a mobile treatment service where GPs provide primary care support to paramedics, specialist paramedics and other ambulance clinicians to manage patients at home and thus avoid admissions to hospital unless clinically appropriate. Results for November 2016 – February 2018 show that 78% patients were treated in the community and this equates to 982 patients over the period. The service receives very positive feedback from both GPs and ambulance crews and from 15 December 2017 the car has increased to a seven day service with a second car continuing to run on Saturdays and Sundays.

New priorities 2018/19

The Commissioners welcome the quality improvement plan priorities however it would have been helpful to have seen some narrative to support the identification of these quality issues as priorities for 2018/19.

The new priorities to improve triage in the clinical hubs and focus on the experience for mental health patient accessing the service will support continuing quality improvement in the ARP.

The trust has identified that continuing work is needed to achieve their aims in the quality and timeliness of complaint responses. This links to the new priority identified for 2018/19 in patient safety to develop and implement 'Always Events' in practice. The CCG supports the proactive approach involving patients to identify what matters to them and what their expectations are of the service. Although an improvement has been noted, commissioners will continue to focus on

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complaint response times to ensure this is consistently achieved in line with contractual requirements.

Improving the experience of mental health patients who use the Trust's services. The opportunity to support this often very vulnerable patient group is welcomed by the CCGs and Commissioners look forward to seeing this work gain momentum during the coming year.

The Commissioners continue to support SWASFT in ensuring that where complaints and incidents occur across a 'system' (and therefore a number of healthcare providers), that all parties involved in supporting and contributing to the investigation process.

The Commissioners are clear about the need to see improvements to call audit assurances review of SIs by the CCG shows that there is often learning associated with call handling. It is disappointing that the Trust have not identified call audits in this account as a risk area or quality improvement priority.

Care Quality Commission (CQC) involvement

The Commissioners welcome and support the Trust's open and transparent communication of their involvement with the CQC during 2017/18 within the quality account. The Commissioners also confirm and recognise that they have maintained their registration with the CQC with no conditions.

The Commissioners have worked closely with the Trust and SCWSCU during 2017/18 and we look forward to doing so in the future in respect to any further CQC reviews being undertaken.