


# Agenda Item 8

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

**Open Report on behalf of Andrew Crookham,  
Deputy Chief Executive and Executive Director - Resources**

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>20 March 2024</b>
Subject:	<b>Arrangements for the Quality Accounts 2023-2024</b>

**Summary**

The Health Scrutiny Committee for Lincolnshire is invited to consider its approach to the *Quality Accounts* for 2023-24 and to identify its preferred option for responding to the draft *Quality Accounts*, which will be shared with the Committee by local providers of NHS-funded services.

**Actions Required:**

- (1) To determine which draft *Quality Accounts* for 2023-24 from the local providers of NHS-funded services where the Committee would wish to make a statement.
- (2) To consider the arrangements for drafting statements in response to *Quality Accounts* for 2024.

## 1. Legal Framework for *Quality Accounts*

The legal framework for *Quality Accounts* requires each significant provider of NHS-funded services to submit their draft *Quality Account* to:

- their local health overview and scrutiny committee;
- their local healthwatch organisation; and
- their relevant clinical commissioning group.

The regulations define 'local' as the local authority area, in which the provider has their principal or registered office. Whilst there is a requirement for local providers to submit their draft *Quality Account* to their local health overview and scrutiny committee, there is no obligation on such a committee to make a statement in response.

## 2. **What is a *Quality Account*?**

The content of a *Quality Account* is prescribed by regulations and must include:

- three or more **priorities for improvement** for the coming year;
- progress on the **priorities for improvement** in the previous year; and
- details of:
  - the types of NHS funded services provided;
  - any Care Quality Commission inspections;
  - any national clinical audits;
  - general performance and the number of complaints; and
  - mortality-indicator information.

Statements need not be limited to the content of the draft *Quality Account*, but could also reflect the views of the Committee on the quality of services provided during the course of the year by the provider. Each provider's final *Quality Account* has to be published by 30 June each year.

### No Financial Content

The term *Quality Account* has been used by the Department of Health and Social Care since 2010 and has caused some confusion. For the purposes of clarity, a *Quality Account* does not focus on finances, but represents an account of the quality, as opposed to an account of the finances, of a particular organisation. Overall financial information on a particular trust is found in their annual report and accounts.

### Organisations Required to Prepare a *Quality Account*

Organisations are required under the Health Act 2009 and the Health and Social Care Act 2012 to produce *Quality Accounts* if they:

- deliver services under a standard NHS contract, commissioned by an integrated care board or by NHS England; OR
- have over 50 members of staff and income from the NHS greater than £130,000 per annum.

Organisations providing primary care, such as GP practices, NHS dentists, community pharmacies and high street optometrists, are specifically excluded from this requirement. Providers of NHS continuing care are also exempt.

### 3. **What Should a Statement on a *Quality Account* Cover?**

The Department of Health and Social Care has previously issued guidance to those making statements to focus on the following questions: -

- Do the priorities in the *Quality Account* reflect the priorities of local people?
- Have any major issues been omitted from the *Quality Account*?
- Has the provider demonstrated involvement of patients and the public in the production of the *Quality Account*?
- Is the *Quality Account* clearly presented for patients and the public?
- Are there any comments on specific issues, where the Committee has been involved?

The Health Scrutiny Committee is entitled to make a statement (up to 1,000 words) on the draft *Quality Account*, which has to be included in the final published version of the *Quality Account*.

### 4. **National Review of Arrangements**

In 2023, NHS England commissioned a review of *Quality Accounts* to determine how they could be improved and updated. The outcome of this review has not been published, so the previous arrangements are expected to continue for the *Quality Accounts* for 2023/24.

### 5. ***Quality Account* Arrangements in 2023**

In 2023, the Committee agreed to provide statements on the draft *Quality Accounts* for the following four providers and established a working group for this purpose:

- East Midlands Ambulance Service NHS Trust
- Lincolnshire Community Health Services NHS Trust
- Northern Lincolnshire and Goole NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust

As the requirement to share the draft *Quality Account* is stated in the regulations, other local providers have continued to share them, and their receipt is acknowledged by the Chairman on behalf of the Committee. A summary of the 2023/24 priorities in the *Quality Accounts* of the local NHS providers is set out in Appendix A.

### 6. **Handling *Quality Accounts* in 2024**

In previous years, the Committee has referred to information on Care Quality Commission (CQC) inspections and overall ratings as a guide on whether to select a particular provider's *Quality Account* for consideration. However, the CQC is currently introducing its new single assessment framework for all providers. This has meant that while CQC activity and monitoring of NHS providers has continued, there have been no changes to the overall heading inspection rating. This is included for the Committee's information in Appendix B.

The Committee is also asked to consider the summary of 2023/24 priorities in Appendix A, in order to inform its decision on which *Quality Accounts* to make a statement in 2024.

### Other Health Overview and Scrutiny Committees

Three of the providers have their principal office located outside the administrative county of Lincolnshire. Two of the acute hospital providers, Northern Lincolnshire and Goole NHS Foundation Trust and North West Anglia NHS Foundation Trust, have been and continue to be willing to share their draft *Quality Accounts* with this Committee. Northern Lincolnshire and Goole NHS Foundation Trust would also expect statements on their draft *Quality Account* to be provided by the health overview and scrutiny committees from North Lincolnshire, North East Lincolnshire and the East Riding of Yorkshire. Similarly, North West Anglia NHS Foundation Trust would expect statements on their draft *Quality Accounts* to be provided by the health overview and scrutiny committees from Cambridgeshire and Peterborough.

Although the principal office of the East Midlands Ambulance Service (EMAS) is located in the City of Nottingham, EMAS shares its draft *Quality Accounts* with all twelve health overview and scrutiny committees in the area where it operates.

### **7. Arrangements for Making Statements in Response to Draft *Quality Accounts***

If the Committee were to choose to make statements on draft *Quality Accounts*, it could use one or both of the following options:

- working group arrangements (held virtually, potentially with representatives of the provider in attendance); or
- the circulation of draft *Quality Accounts* on email, with a request for comments to be sent by email.

### **8. Conclusion**

The Committee is invited to consider the arrangements for the *Quality Account* process for 2023-24. This includes the Committee making a decision on which *Quality Accounts* it would wish to review, and to consider whether to set up a working group.

### **9. Consultation**

This is not a consultation item. However, as part of the annual *Quality Account* process, the Health Scrutiny Committee for Lincolnshire is entitled to make a statement up to 1,000 words on the content of each local provider's draft *Quality Account*.

**10. Appendices**

These are listed below and attached to this report.

Appendix A	Quality Accounts 2022-23 – Summary of the Priorities of the Main Providers of NHS-Funded Services for Lincolnshire Residents
Appendix B	Table of Recent Care Quality Commission Ratings for Main Local Providers

**11. Background Papers** - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, who can be contacted on 07717 868930 or [Simon.Evans@lincolnshire.gov.uk](mailto:Simon.Evans@lincolnshire.gov.uk)

**SUMMARY OF THE PRIORITIES FOR IMPROVEMENT FOR 2023/24  
OF THE MAIN PROVIDERS OF NHS-FUNDED SERVICES IN THE QUALITY  
ACCOUNTS**

**East Midlands Ambulance Service NHS Trust**

Priorities for Improvement for 2023/24

- (1) To work with the National Ambulance Service Patient Experience Group to develop a **metric to enable measurement of dignity and compassion**.
- (2) To continue to promote the safe and appropriate use of **alternatives to emergency departments** by ensuring that our staff have the necessary knowledge, skills, experience and confidence to do so. This will include ensuring that staff have digital access to shared records and to senior clinical support where required.
- (3) To improve performance against the nationally reported **ambulance system indicators and clinical outcomes**, with a particular focus on cardiac arrest. This will be done via a robust audit programme, effective clinical leadership, sharing learning and implementing improvement strategies.
- (4) To continue to **learn from when things go well as well as when they go wrong**, ensuring that learning is shared both internally and externally to improve the quality of care provided to patients. The Trust will work collaboratively with partners to identify and mitigate risks across the system, in particular those associated with hospital handover delays and resulting delayed responses and implement the Patient Safety Incident Response Framework, once published.
- (5) To improve the timeliness and efficiency of **managing safeguarding referrals** raised by staff, by fully automating the referrals process ensuring that relevant third parties are alerted in real time.

The quality account for 2022/23 is available at the following link:

<https://www.emas.nhs.uk/about-us/trust-documents/>

## Lincolnshire Community Health Services NHS Trust

### Priorities for Improvement for 2023/24

- (1) **Delegation of Insulin Administration** - To increase the number of suitable healthcare support workers competent to administer insulin safely within community settings. The numbers of healthcare support workers undertaking and successfully completing the competency training will be monitored by a working group which will set a trajectory for the implementation of this priority.

This priority was included because Diabetes UK has stated that these are challenging times and now more than ever, entrusting insulin administration to others will give the frontline workforce greater flexibility and promote skill mix. Safely delegating the administration of insulin to healthcare support workers will release registered nurses elsewhere. Delays in delivering insulin can thus be avoided.

- (2) **Care of Falls Patients with Possible or Evident Head Injury** - To review and refresh the pathway of care for patients with a possible or evident head injury following a fall to make sure this follows the most current evidence-based guidance. Datasets will be developed to monitor whether patients who fall and sustain a potential or evident head injury are receiving the appropriate care and where this is not the case, mitigating actions will be put in place.

This priority was included because falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year. Although most falls result in no serious injury, the incidence of falls in hospitals is two to three times greater than that in the community. Head injury most commonly occurs as a result of falls from standing height in older adults who are often frail and multi-morbid.

- (3) **Patient Engagement in the Patient Incident Investigative Process** - To develop a range of options to increase informed involvement of patients and their families/carers in incident investigation. The Trust will measure whether patients/carers have been offered the opportunity to take part in the early investigative process. This will be done by assessment of the investigations recorded.

This priority was included because involving the people is fundamental to bringing about patient safety improvements and this is a priority across the NHS. People now have a greater expectation that they will be involved in their care and in ensuring it is safe but are not always aware of how this can be done.

The quality account for 2022/23 is available at the following link:

<https://www.lincolnshirecommunityhealthservices.nhs.uk/about-us/our-publications/quality-accounts>

## Lincolnshire Partnership NHS Foundation Trust

### Priorities for Improvement for 2023/24

- (1) **Safer Management of Self Injury and Suicide**
- (2) **Improving Physical Healthcare, including Falls**
- (3) **Safe and Appropriate Restrictive Practice**
- (4) **Improving Patient Experience and Safety**
- (5) **Improving Carer Involvement.**

Each of the above has one or more mandated indicator, for example for (3) there is a mandated indicator to reduce the number of physical restraints across all in-patient wards by 10%.

The five quality improvement priorities were selected by taking account of several sources of information, which included the following:

- CQC inspection 2020 and Mental Health Act Visits feedback.
- National patient and staff surveys.
- NHS England reporting requirements.
- Commissioner requirements and feedback.
- Serious incidents, complaints, coroner and serious case review feedback (local and national).

Progress to achieve the quality priorities for 2023/2024 will be monitored through the Operational Performance and Governance Group; and reported quarterly in their Divisional reports to the Patient Safety and Experience Committee.

The quality account for 2022/23 is available at the following link:

<https://www.lpft.nhs.uk/about-us/accessing-our-information/annual-reports-and-accounts>



## Northern Lincolnshire and Goole NHS Foundation Trust

### Priorities for Improvement for 2023/24

- (1) **End of Life:** To improve personalised palliative and end of life care to ensure patients are supported to have a good death.
- (2) **Deteriorating Patient:** Improved recognition and responding to the deteriorating patient in patients age 16+.
- (3) **Sepsis:** Improved recognition and responding to sepsis in patients.
- (4) **Medication safety:** To improve the safety of prescribing weight dependent medication to adults.
- (5) **Mental capacity:** Increase the compliance and quality of Mental Capacity Act (MCA) assessments and best interest recording.

Quality priorities for 2023/24 were developed in accordance with the Trust's quality strategy and drawing on information from a wide range of data sources including complaints, incidents, inquests, litigations, structured judgment reviews, clinical audit, risk registers, staff, and patient surveys. A long list of potential quality priority topics was developed and formed the basis of a survey that was shared with all staff, the Trust Governors, stakeholders including Healthwatch, Humber and North Yorkshire Integrated Care Board and local residents and service users through the Trust's communications and social media channels.

Analysis of the survey feedback resulted in a short-list of quality topics, which were considered by a workshop, which engaged with people from all disciplines. The outcomes were refined by the Trust's Quality and Safet Committee, and the Trust Board.

The quality account for 2022/23 is available at the following link:

<https://www.nlg.nhs.uk/resources/quality-accounts/>

## North West Anglia NHS Foundation Trust

### Priorities for Improvement for 2023/24

- (1) **Promoting Equality and Addressing Health Inequalities** – To increase use of remote interpreting throughout the Trust by 5%
- (2) **Emergency Preparedness, Resilience and Response** - To meet National Minimum Occupational Standards.
- (3) **Mortality** – To improve the Hospital-Standardised Mortality Ratio at Peterborough City Hospital.
- (4) **Patient Safety Incident Response Framework** –
  - To implement and embed Patient Safety Incident Response Framework.
  - To ensure all staff have completed the Patient Safety Syllabus training.
- (5) **Infection Prevention and Control**
  - To reduce MRSA with the aim of zero infections.
  - To reduce hospital apportioned clostridium difficile cases by 10%.
- (6) **Safer Maternity Care** - To improve staff rates by substantive recruitment to vacancies by end of quarter 3.
- (7) **Patient, Staff and Family Engagement following a Patient Safety Incident** – To engage patients, staff and families following any patient safety incident
- (8) **Maternity** – To embed the woman’s voice in all care.
- (9) **Feedback from Minority Groups** – To increase feedback from under-represented groups, such as the blind patients, deaf patients, and patients with learning disabilities.
- (10) **Care Quality Commission**
  - To embed the CQC’s single assessment framework.
  - To deliver actions from CQC inspection of maternity services in 2023.

The quality account for 2022/23 is available at the following link:

[Publications Schemes and Documents | NW Anglia Website \(nwangliaft.nhs.uk\)](#)

## United Lincolnshire Hospitals NHS Trust

### Priorities for Improvement for 2023/24

- (1) **Implementation of our ‘you care, we care to call’ programme across 38 wards** - an initiative for proactively calling relatives to update them, to demonstrate how the Trust listens to patients and improve care based on feedback of lived experience, and to ensure the Trust makes carers and patients feel valued as partners in care.

This priority was selected as part of the strategic objective to enhance the patient experience by learning from patient feedback, with a specific focus on access, flow and the discharge of patients.

- (2) **Improve clinical effectiveness and best practice principles by prioritising cardiovascular pathways** – The Trust has had a significant echocardiography backlog, so by choosing to focus on cardiovascular pathways it is hoped that this can be improved.

This priority was selected because it is part of the strategic objective to enhance clinical effectiveness by ensuring that care delivered to patients is evidence based, best practice leading to improved clinical outcomes, ensuring that we prioritise those areas with higher harmful incident rates. In addition to the echocardiography backlog, the first specialty review completed was cardiology, and also stroke is a core part of the Acute Service Review. Furthermore, echocardiography backlogs have been listed on the Trust’s risk register.

- (3) **Maximise safety of patients in our care, through learning from incidents** – This priority aims to:

- reduce incidents resulting in harm relating to medication incidents/omission.
- reduce incidents resulting in harm relating to diabetic keto-acidosis
- reduce incidents resulting in harm which occur in emergency departments
- reduce incidents resulting in harm relating to falls.

This priority was selected because it aligns with the strategic objective of enhancing patient safety by learning from incidents, ensuring alignment to those areas highlighted by the Clinical Governance Team. Some of these areas are priorities outlined in divisional integrated improvement Plans or have seen an increase in the number of incidents causing harm in the specific area, and are aligned to areas which have been highlighted as a Trust priority, such as medication management and diabetic ketoacidosis.

The quality account for 2022/23 is available at the following link:  
[Annual reports and plans - United Lincolnshire Hospitals \(ulh.nhs.uk\)](https://www.ulh.nhs.uk/annual-reports-and-plans)

## CARE QUALITY COMMISSION – OVERALL RATINGS

In the table below is a list of the main local providers of NHS-funded services, with the latest CQC rating and the date of the most recent CQC report. The CQC is currently introducing its new assessment framework for all providers. This has meant that while CQC activity and monitoring of NHS providers has continued, there have been no changes to the overall heading inspection rating. As a result, several of the latest ratings are from 2019 or earlier.

<b>Provider</b>	<b>Current CQC Rating</b>	<b>Date of Latest CQC Rating</b>
East Midlands Ambulance Service NHS Trust	<b>Good</b>	17 July 2019
Lincolnshire Community Health Services NHS Trust	<b>Outstanding</b>	27 Sept 2018
Lincolnshire Partnership NHS Foundation Trust	<b>Good</b>	22 June 2020
Northern Lincolnshire and Goole NHS Foundation Trust	<b>Requires Improvement</b>	2 Dec 2022
North West Anglia NHS Foundation Trust	<b>Requires Improvement</b>	20 Dec 2019 <sup>1</sup>
St Barnabas Hospice	<b>Outstanding</b>	7 Nov 2019
United Lincolnshire Hospitals NHS Trust	<b>Requires Improvement</b>	8 Feb 2022

<sup>1</sup> Peterborough City Hospital's urgent and emergency care services were inspected on 28 February and 1 March 2022, with the report published on 24 June 2022. As this was a focused (and therefore partial) inspection the services were not rated.