


Agenda Item 8

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|  | | THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE | |
| 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 Richard Wills, the Director responsible for Democratic Services

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| Report to | Health Scrutiny Committee for Lincolnshire |
| Date: | 16 March 2016 |
| Subject: | Arrangements for Consideration of Quality Accounts 2015-2016 |

Summary

The Health Scrutiny Committee for Lincolnshire is invited to make arrangements for the *Quality Account* process for 2016. In particular, the Committee is invited to consider a series of questions. Firstly, the Committee is asked to consider on which draft *Quality Accounts* of which local providers of NHS-funded services does the Committee wish to make a statement.

The Committee is also asked to consider the joint arrangements with Healthwatch Lincolnshire, which has indicated that it would wish to work with the Committee on the Quality Accounts of the three main Lincolnshire based providers (Lincolnshire Community Health Services NHS Trust; Lincolnshire Partnership NHS Foundation Trust; and United Lincolnshire Hospitals NHS Trust). The Committee are requested to establish a working group for the *Quality Account* process.

Finally, the Committee is asked to comment on the draft priorities for 2016/17 of the East Midlands Ambulance Service NHS Trust, which is seeking initial views in accordance with best practice.

- Actions Required:**
- (1) To determine which of the following local providers of NHS-funded services on whose draft *Quality Account* the Health Scrutiny Committee for Lincolnshire would wish to make a statement (Section 4 of the report):
 - Boston West Hospital
 - East Midlands Ambulance Service NHS Trust
 - Lincolnshire Community Health Services NHS Trust

- Lincolnshire Partnership NHS Foundation Trust
 - Northern Lincolnshire and Goole NHS Foundation Trust
 - Peterborough and Stamford Hospitals NHS Foundation Trust
 - St Barnabas Hospice
 - United Lincolnshire Hospitals NHS Trust
- (2) To consider whether to work jointly with Healthwatch Lincolnshire and prepare a joint statement on the following three Quality Accounts:
- Lincolnshire Community Health Services NHS Trust;
 - Lincolnshire Partnership NHS Foundation Trust; and
 - United Lincolnshire Hospitals NHS Trust
- (3) To consider whether establish a working group for the *Quality Account* process for 2016.
- (4) To provide some initial comments on the draft priorities of the East Midlands Ambulance Service, which are attached at Appendix A.

1. Legal Framework for Quality Accounts

The legal framework for *Quality Accounts* became effective on 1 April 2010, and has been amended since that time to reflect changes in NHS organisational structures and to further prescribe the content of each *Quality Account*. Each significant provider of NHS-funded services is required 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 definition of 'local' is the local authority area, in which the provider has their principal or registered office. Five providers of NHS-funded health care have their registered office in Lincolnshire.

Role of the Health and Wellbeing Board

The regulations do not include a formal role for health and wellbeing boards. However, providers may share their draft *Quality Account* with their local health and wellbeing board for comments, if they wish. NHS England has emphasised that any involvement of health and wellbeing boards is discretionary.

2. What is a *Quality Account*?

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

- three or more **priorities for improvement** for the coming year;

- an account of the progress with 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;
 - any Commissioning for Quality and Innovation (CQUIN) activities;
 - general performance and the number of complaints; and
 - mortality-indicator information.

In addition foundation trusts are required by Monitor (the financial regulator of foundation trusts) to prepare a Quality Report, which in effect must incorporate all the required elements of a *Quality Account*, together with additional requirements set by Monitor.

It should be noted that statements prepared should not be limited to a response to the content of the draft *Quality Account*, but should in addition reflect the views of the Committee on the quality of services provided during the course of the year by the provider.

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

The Department of Health has previously issued guidance to bodies making statement on *Quality Accounts*, which encourages these organisations to focus on the following questions: -

- Do the priorities included in the *Quality Account* reflect the priorities of the local population?
- Have any major issues been omitted from the *Quality Account*?
- Has the provider demonstrated that they have involved 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 local issues, which Healthwatch / the Health Scrutiny Committee have been involved with?

4. Previous *Quality Account* Arrangements 2010 - 2015

From the first year of the introduction of Quality Accounts in 2010 until 2012, the Health Scrutiny Committee for Lincolnshire and the Lincolnshire Local Involvement Network worked jointly. Healthwatch Lincolnshire was established on 1 April 2013 and a joint arrangement operated for 2013, 2014 and 2015.

A working group arrangement has always been adopted, whereby representatives of the provider organisation present their draft *Quality Account* to a working group of Committee members and representatives from Healthwatch Lincolnshire. The output from the working group is 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*.

The main points for 2015 were as follows:

- The first draft *Quality Account* was received on 10 March 2015 (The East Midlands Ambulance Service NHS Trust) and the last one was received on 12 June 2015 (St Barnabas Hospice), a period of three months. This 'phased' approach is beneficial and does not overwhelm the working group with too many *Quality Accounts* in a short period of time.
- Healthwatch Lincolnshire had indicated that it would not participate in preparing statements on the draft *Quality Accounts* of Northern Lincolnshire and Goole NHS Foundation Trust and Peterborough and Stamford Hospitals NHS Foundation Trust on the basis that the Healthwatch organisations in the respective areas would be preparing statements.
- Two working group meetings took place, each considering two draft *Quality Accounts*.
- The Health Scrutiny Committee and Healthwatch Lincolnshire prepared joint statements on four draft *Quality Accounts*.
- The Health Scrutiny Committee had indicated that it would prepare statements on the draft *Quality Accounts* of Northern Lincolnshire and Goole NHS Foundation Trust and Peterborough and Stamford Hospitals NHS Foundation Trust. Statements were not submitted owing to the limited time available.
- Healthwatch Lincolnshire indicated that it would prepare a statement on the draft *Quality Account* of Boston West Hospital and accordingly made a statement, but the Health Scrutiny Committee declined to do so.

4. Which Providers Should be Involved?

Lincolnshire Based Providers

It should be noted that the regulations enable the "relevant overview and scrutiny committee" to make a statement on the *Quality Account* of a local provider. This is defined as the overview and scrutiny committee of the local authority in whose area the provider has its registered or principal office". The following providers have headquarters in Lincolnshire and therefore they would be required to include a statement on their *Quality Account*: -

- Lincolnshire Community Health Services NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- Boston West Hospital (Ramsay Healthcare)
- St Barnabas Hospice
- United Lincolnshire Hospitals NHS Trust

There is regular engagement between the Health Scrutiny Committee and three of the above providers (Lincolnshire Community Health Services NHS Trust; Lincolnshire Partnership NHS Foundation Trust; and United Lincolnshire Hospitals NHS Trust). Boston West Hospital and St Barnabas Hospice are due to present items to the Committee on 20 April 2015.

Providers with Head Offices Outside Lincolnshire

The following providers do not have their registered office in Lincolnshire, but have in the past voluntarily agreed to the inclusion of a statement on their draft *Quality Account*:

- East Midlands Ambulance Service NHS Trust
- Northern Lincolnshire and Goole NHS Foundation Trust
- Peterborough and Stamford Hospitals NHS Foundation Trust

Each of the above trusts provides a significant number of services to Lincolnshire residents. The Health Scrutiny Committee is requested to consider on which of the above three providers' draft *Quality Account* it would wish to make a statement.

6. Working with Healthwatch

The Health Scrutiny Committee for Lincolnshire has worked jointly with Healthwatch Lincolnshire for the last three years. Healthwatch has indicated that it would wish to continue working with the Committee on three *Quality Accounts*:

- Lincolnshire Community Health Services NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust

Healthwatch has indicated that it would be working with other Healthwatch organisations in the East Midlands on the preparation of a joint statement on the draft *Quality Account* of the East Midlands Ambulance Service NHS Trust.

Healthwatch Lincolnshire has again indicated that it will not be preparing statements on the draft *Quality Accounts* of Northern Lincolnshire and Goole NHS Foundation Trust and Peterborough and Stamford Hospitals NHS Foundation Trust on the basis that the Healthwatch organisations in the respective areas would be preparing statements.

7. Working Group Arrangements

If the Committee were to adopt a working group arrangement, it is requested that the Committee indicate whether it they would wish to volunteer for this activity. This would involve meeting three or four times in total during April, May and early June.

8. East Midlands Ambulance Service NHS Trust

The East Midlands Ambulance Service NHS Trust (EMAS) is seeking comments on its draft priorities for 2016/17. These are set out in Appendix A. There will still be an opportunity to consider the full EMAS *Quality Account*, when it is available.

9. Conclusion

The Committee is invited to make arrangements for the *Quality Account* process for 2015-16.

10. 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*. This process is detailed throughout this report.

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 01522 553607 or simon.evans@lincolnshire.gov.uk

East Midlands Ambulance Service NHS Trust

Draft Quality Account Priorities for 2016/17

| Priority Classification | Priority Description |
|-------------------------|---|
| Clinical Effectiveness | <p><u>Priority 1</u></p> <p>Cardiac arrest – return of spontaneous circulation (ROSC) and survival outcomes. EMAS has continued to focus its attention upon the improvement of successful ROSC rates in cardiac arrest. During 2016/17:</p> <ul style="list-style-type: none"> • To continue to develop and improve our cardiac arrest outcomes. • To see our Ambulance Quality Indicators and outcomes around stroke, chronic obstructive pulmonary disease, and asthma improve. • Increase the presence of frontline clinical supervision to all active resuscitation attempts. |
| Patient Safety | <p><u>Priority 2</u></p> <p>Sepsis is a worldwide public health issue. In developing nations, sepsis accounts for nearly 80% of deaths. Sepsis kills far more citizens than AIDS, prostate cancer and breast cancer combined. It is the leading cause of death and has a high mortality in the developed world.</p> <ul style="list-style-type: none"> • To identify and treat sepsis within our patients. • Ensure the formalisation of the Trust Sepsis Lead, including documented objectives and performance measures. • Appoint divisional Sepsis champions (1 per division) on a volunteer basis. • Develop a robust action plan to achieve element J which will ensure the availability of waveform capnography on a minimum of 95% of front line operational resources (Double Crewed Ambulances and Fast Response Vehicles). • Work with a partner Acute Trust to explore the increased pre-hospital use of intravenous antibiotics in the treatment of sepsis. This will require cross boundary working and collaboration across Clinical Commissioning Groups and other key stakeholders. • To improve patient outcomes whilst seeing a reduction in the maternal related incidents in the Trust. |

| Priority Classification | Priority Description |
|-------------------------|---|
| Patient Experience | <p><u>Priority 3</u></p> <p>Having signed up to the National Mental Health Crisis Concordant, we will work collaboratively with local commissioners and relevant stakeholders to implement the agreed priorities within the mental health action group.</p> <ul style="list-style-type: none"> • To build on mental health pathways in all divisions. • To embed Parity of Esteem in the Trust for all patients and to ensure Patients presenting with mental health conditions receive an appropriate response and are signposted to the appropriate service. • To improve awareness of mental health conditions in our Trust. • This will require cross boundary working and collaboration across Clinical Commissioning Groups and other key stakeholders. |
| Patient Safety | <p><u>Priority 4</u></p> <ul style="list-style-type: none"> • To identify the common themes of all maternity related incidents and to reduce patient related incidents. • Reduction in severity of all maternity related incidents within our care. • To receive an improvement on aspects of clinical care from maternity units. • To educate all operational workforce in maternity related training. |
| Patient Safety | <p><u>Priority 5</u></p> <p>To explore the usage of alternative pathways in the division by using the pathfinder leads to develop the pathways in the Trust and in each commissioning region.</p> |