

 <p>Lincolnshire COUNTY COUNCIL <i>Working for a better future</i></p>		<p>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</p>	
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

Report to	Health Scrutiny Committee for Lincolnshire
Date:	21 September 2016
Subject:	Quality Accounts 2015-16

Summary:

Each provider of NHS-funded services has to prepare an annual *Quality Account*, which includes priorities for improvement for the coming year and progress with previous priorities. The Committee may submit a statement on the *Quality Account* of each local provider. This report sets out how the 2015-16 *Quality Accounts* may be accessed; summarises the priorities of each provider for 2016-17; and includes the statements on the *Quality Accounts*. In three instances, joint statements were prepared with Healthwatch Lincolnshire; and six statements prepared on behalf of the Health Scrutiny Committee alone.

Actions Required:

(1) To consider the Quality Account priorities for 2016-17 of the following providers, together with the statement prepared on behalf of the Health Scrutiny Committee:

- Lincolnshire Community Health Services NHS Trust (Appendix A)
- Lincolnshire Partnership NHS Foundation Trust (Appendix B)
- United Lincolnshire Hospitals NHS Trust (Appendix C)
- Boston West Hospital (Appendix D)
- East Midlands Ambulance Service NHS Trust (Appendix E)
- Marie Curie (Appendix F)
- Northern Lincolnshire and Goole NHS Foundation Trust (Appendix G)
- Peterborough and Stamford Hospitals NHS Foundation Trust (Appendix H)
- St Barnabas Hospice (Appendix I).

(2) To consider whether the Committee's work programme should be informed by any aspect of the content of this report.

1. QUALITY ACCOUNTS 2016 - OVERVIEW

Legislative Requirements

Since 2010, each provider of NHS-funded services has been required to prepare an annual document entitled the *Quality Account*, which has to include three or more priorities for improvement for the coming year; and an account of the progress with the priorities for improvement in the previous year. Each provider also has to share their draft *Quality Account* with their local Health Overview and Scrutiny Committee; their local Healthwatch Organisation; and their relevant Clinical Commissioning Group. Each one of the above is entitled to prepare a statement of up to 1,000 words, which has to be included in the final published version of the *Quality Account*.

Arrangements for Making Statements on Quality Accounts 2016

The Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire have prepared a joint statement on the following draft quality accounts: Lincolnshire Community Health Services NHS Trust; Lincolnshire Partnership NHS Foundation Trust; and United Lincolnshire Hospitals NHS Trust.

Information on the Quality Accounts, including the priorities for improvement 2016/17 and the statements are set out in the attached appendices:

- Lincolnshire Community Health Services NHS Trust (Appendix A)
- Lincolnshire Partnership NHS Foundation Trust (Appendix B)
- United Lincolnshire Hospitals NHS Trust (Appendix C)
- Boston West Hospital (Appendix D)
- East Midlands Ambulance Service NHS Trust (Appendix E)
- Marie Curie (Appendix F)
- Northern Lincolnshire and Goole NHS Foundation Trust (Appendix G)
- Peterborough and Stamford Hospitals NHS Foundation Trust (Appendix H)
- St Barnabas Hospice (Appendix I)

2. CONCLUSION

This report outlines the key elements of the 2016 *Quality Account* process, and the Committee is invited to consider whether any additions are required to the Committee's work programme in the coming months.

3. CONSULTATION

The Health Scrutiny Committee is one of the three statutory entities (as cited in the *National Health Service (Quality Accounts) Regulations 2010*, as amended), to whom providers of NHS-funded services are required to submit their draft *Quality Account*. This is in effect a consultation process.

4. Appendices – These are listed below and attached at the end of the report.

Appendix A	<p>Lincolnshire Community Health Services NHS Trust</p> <ul style="list-style-type: none"> • Quality Account Access Information • Quality Account Priorities for 2016/17 • Joint Statement by the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire
Appendix B	<p>Lincolnshire Partnership NHS Foundation Trust</p> <ul style="list-style-type: none"> • Quality Account Access Information • Quality Account Priorities for 2016/17 • Joint Statement by the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire
Appendix C	<p>United Lincolnshire Hospitals NHS Trust</p> <ul style="list-style-type: none"> • Quality Account Access Information • Quality Account Priorities for 2016/17 • Joint Statement by the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire
Appendix D	<p>Boston West Hospital</p> <ul style="list-style-type: none"> • Quality Account Access Information • Quality Account Priorities for 2016/17 • Statement by the Health Scrutiny Committee for Lincolnshire
Appendix E	<p>East Midlands Ambulance Service NHS Trust</p> <ul style="list-style-type: none"> • Quality Account Access Information • Quality Account Priorities for 2016/17 • Statement by the Health Scrutiny Committee for Lincolnshire
Appendix F	<p>Marie Curie</p> <ul style="list-style-type: none"> • Quality Account Access Information • Quality Account Priorities for 2016/17 • Statement by the Health Scrutiny Committee for Lincolnshire
Appendix G	<p>Northern Lincolnshire and Goole NHS Foundation Trust</p> <ul style="list-style-type: none"> • Quality Account Access Information • Quality Account Priorities for 2016/17 • Statement by the Health Scrutiny Committee for Lincolnshire
Appendix H	<p>Peterborough and Stamford Hospitals NHS Foundation Trust</p> <ul style="list-style-type: none"> • Quality Account Access Information • Quality Account Priorities for 2016/17 • Statement by the Health Scrutiny Committee for Lincolnshire
Appendix I	<p>St Barnabas Hospice Trust</p> <ul style="list-style-type: none"> • Quality Account Access Information • Quality Account Priorities for 2016/17 • Statement by the Health Scrutiny Committee for Lincolnshire

5. 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

LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST

QUALITY ACCOUNT

The 2015-16 Quality Account of the Lincolnshire Community Health Services NHS Trust (LCHS) is available at the following link:

<http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=29671>

LCHS QUALITY ACCOUNT PRIORITIES

The Quality Account includes the following priorities for 2016/17:

Priority 1: Introduction and Implementation of the Edmonton Tool [a clinical assessment tool] Delivering Improved Patient Outcomes.

The introduction of the Edmonton Tool will be applied to patients over the age of 75 years on our Caseloads with long term and frail conditions - we will implement at the following quarterly rate achieving a total of 500 assessments at Quarter 4.

Quarter 1 (April to June 2016) - 50
 Quarter 2 (July to September 2016) - 150
 Quarter 3 (October to December 2016) - 300
 Quarter 4 (January to March 2017) - 500

Priority 2: Great Care Close to Home

Using a 2015 / 2016 baseline of 2359 patients with cardiovascular disease in receipt of our services - we will develop self-management plans in 2016/2017 at the following quarterly rate achieving a total of 95% at Quarter 4.

Quarter 1 (April to June 2016) – 25%
 Quarter 2 (July to September 2016) – 50%
 Quarter 3 (October to December 2016) – 75%
 Quarter 4 (January to March 2017) - 95%

Priority 3: How safe are you? Falls prevention

There will be a reduction in all falls in Community Hospitals of 10%, this will result in a target annual rate of 7.5 falls per 1000 occupied bed days (against the baseline of 8.39 in 2015/16).

Priority 4: Enhancing therapeutic relationships, 'Hello my name is.....'

We will introduce an additional question to the Friends and Family Test to ask patients whether staff introduced themselves. The target will be an increase in the percentage of patients and carers who reported that the person they spoke to introduced themselves, compared to the baseline determined in quarter one.

Priority 5: End of Life Care, Preferred Place of Care

During 2015 / 2016 we received 2745 referrals for 'Palliative' or 'End of Life Care' The number of patients who had a clearly identified 'advance care plan' was 1275. Using these baselines we will increase the number of patients who develop self management plans in 2016 / 2017 to achieve the following quarterly rate achieving a total of 1475 at Quarter 4.

Quarter 1 (April to June 2016) - 1325

Quarter 2 (July to September 2016) - 1375

Quarter 3 (October to December 2016) - 1425

Quarter 4 (January to March 2017) - 1475

STATEMENT ON LCHS QUALITY ACCOUNT FOR 2015/16

This statement has been prepared jointly by the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire.

Review of Priorities for 2015-16

We note that the Trust's progress on its priority targets for 2015-16.

- *Increase in Clinical Supervision* – We accept that there were IT problems during the year that led to the data for this priority being incomplete. In terms of what was recorded, the level of achievement appears to be low, but this may be that not all examples of supervision have been captured. We urge the Trust to try to make recording supervision easier, by reinstating IT rather relying on manual recording.
- *Patient Facing Time* – We understand the definition of "patient facing time" may need to be revisited and a clearer alternative adopted. As this priority was not achieved, we look forward to the Trust implementing the IT, so that staff can enter patient details directly onto IT systems in real time, rather than needing to return to their office base to do so.
- *Reduction of Pressure Ulcers* – We are pleased that this priority has been achieved, with a 40% reduction in pressure ulcers.
- *Patient Assessment and Individual Plans of Care* – We note that the Trust has not achieved this priority, but it will continue as part of the Edmonton Tool priority for 2016/17.
- *Medication Errors* – We are pleased that the target for this priority has been achieved, but urge the Trust to continue with its efforts to reduce medication omissions and errors.
- *Safe Staffing Levels* – We note that the target for this priority has been achieved in most instances. We look forward to the Trust continuing its work to achieve safe staffing across its in-patient facilities.

Priorities for 2016-17

We support the Trust's selection of priorities for 2016-17 and would like to make the following comments:

- *Introduction and Implementation of the Edmonton Tool* – We note that this priority will be focused on those aged over 75 whose health has failed them, rather than embracing everyone over this age threshold. We acknowledge that IT systems to

support the delivery of this priority, which has been introduced on the basis of national evidence to confirm the success of the Edmonton Tool. We suggest that the role of any family carers is taken into account to complement the use of the Edmonton Tool.

- *Great Care Closer to Home* – We note the reasons for the Trust focusing on patients with cardio-vascular disease, with a view to reducing the need for the unnecessary admission into hospital. We acknowledge that the key worker role is essential to the success of this priority.
- *How Safe Are You?* – We note the Trust's plans for an overall reduction of 10% in the number of falls in community hospitals. The Trust has indicated that this is an achievable target and we look forward to this reduction being achieved.
- *Hello, My Name is...* – We note that this priority has been included as a result of comments by patients and we observe that an increasing number of trusts are adopting this national campaign. We believe that an introduction is a matter of common sense and courtesy. We note that the Trust will seek to measure this by seeking a ten per cent reduction in the number of relevant complaints.
- *End of Life Care, Preferred Place of Care* – We accept the rationale for this priority is that too many patients die in acute hospitals, when their preference would be to spend their final days at home. We understand initiatives are already being introduced to prevent end-of-life patients being admitted to acute hospitals. We recognise the contribution that community hospitals could make, if each hospital could undertake more complex procedures, for example the administration of intravenous antibiotics. We note the Trust will be employing an End-of-Life Pathway Lead to work with acute hospitals meeting patients' needs and wishes.

We urge the Trust to have regard to the need of carers, as required by the Care Act 2014, as 'partners in care' in the implementation of each of its priorities in the coming year.

We are assured that the Trust's priorities for 2016/17 will be monitored by the Quality and Risk Committee, which reports regularly to the Trust Board. We look forward to the Trust making progress during the course of the year on all these priorities.

Engaging the Public

We are pleased that the Trust has explained how it has engaged patients and the public over the last twelve months in various ways to develop the priorities for the coming year.

Engagement with the Health Scrutiny Committee

The Health Scrutiny Committee has continued to engage directly with the Trust, and in the last year reviewed the content of the Trust's clinical strategy. The Committee has also been updated on the progress with the Trust's application for foundation trust status, and looks forward to the Trust achieving this in the coming year.

Engagement with Healthwatch Lincolnshire

In September 2015, Healthwatch Lincolnshire published its enter and view report on Lincolnshire's out-of-hours services. Healthwatch made a total of 35 recommendations and observations. This included a conclusion that patients had found that the out-of-hours staff at Lincoln were caring and patients felt involved in their care and received with good explanations and support. Each out-of-hours service recorded high patient satisfaction scores. With regard to the Trust's response to the report, Healthwatch Lincolnshire feel

that the key issues have been embedded within the Trust's overall and workforce priorities. Healthwatch Lincolnshire will continue to seek assurance from the Trust on these areas during the coming year.

Compliments and Examples of Outstanding Practice

We urge the Trust to make sure that it is easy for patients and their families to record their compliments for the services provided. We commend the Trust on its successes and achievements highlighted in the *Examples of Outstanding Practice* section of the report, in particular a further 13 nurses being recognised by the Queen's Nurse Award.

Conclusion

We are grateful for the opportunity to make a statement on the Trust's draft Quality Account. Both the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire will be seeking more engagement with the Trust during the coming year on the progress with its priorities.

LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST

LPFT QUALITY ACCOUNT

The 2015-16 Quality Account of the Lincolnshire Partnership NHS Foundation Trust (LPFT) is available at the following link:

<http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=2730>

LPFT QUALITY ACCOUNT PRIORITIES

The LPFT Quality Account includes the following priorities for improvement for 2016-17:

Priority 1 – Evidence Improvement in Patient Safety

- Achieve quarterly targets set within the LPFT Safety Improvement Plan (Sign Up to Safety National Initiative). LPFT's identified target areas are: - 7 day follow-up, risk assessment in CRHT; and reduction in medication issues with harm and incidents in inpatient areas.
- Audit sample of closed serious incidents reports (1-2 years' post closure), evidencing that actions remain embedded in practice.
- Case records audits evidence service user/patient and/or carer involvement in a minimum of 85% of cases (evidenced through audit of clinical risk assessments).

Priority 2 - Evidence Improvement in Inpatient Experience

- Improvement in divisional survey results drawing from locally and nationally collected data (friends and family test, ward questionnaires, inpatient and community mental health surveys)
- Minimum 85% recruitment panels evidence service user/patient and/or carer involvement (direct or indirect)
- You Said We Did: Evidence of responsiveness to service user/patient and carer feedback displayed in a minimum of 85% of ward/unit/service user/patient community waiting areas inspected as part of the 15 Steps/quality governance visits
- A local quality priority metric to be selected and implemented by each division in each domain

Priority 3 – Evidence Improvement in Clinical Effectiveness

- AIMS accreditation (or equivalent) achieved and maintained within all inpatient areas and increase in AIMS accreditation (or equivalent) within community services (as compared to previous year)
- Evidence of continued active participation in service-focused research and audit (internally and externally led)
- Evidence of active staff engagement in LPFT leadership and development programmes
- LPFT maintain/improve upon previous years achievement in the Stonewall Workplace Equality Index (links to Equality Delivery system 2)

STATEMENT ON LPFT QUALITY ACCOUNT FOR 2015/16

This statement has been prepared jointly by the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire.

Progress with Priorities for 2015-16

We acknowledge the Trust's progress with its priorities for 2015/16. We commend the Trust for increasing its external accreditations and participation in research studies and national audit programmes, as well as all the other targets which the Trust has met.

We note the reasons given for those negative results from the 2015 staff survey and support the actions proposed to address, in particular introducing staff suggestion schemes and forums.

The Trust states that there has been a response to 100% of the patient feedback from Healthwatch Lincolnshire. Healthwatch notes the evidence provided by the *You Said, We Did* initiative, but would like to explore further with the Trust the extent to which the Trust's responses to their feedback have led to positive improvements for patients across all services.

We note that the Trust has partially achieved the targets for the *Sign Up To Safety* national initiative and would like to see further improvements in the engagement of service users and carers within individual focus groups in the future.

Priorities for 2016-17

The Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire support the Trust's three priorities for 2016/17 and note that the Council of Governors and patient groups have been consulted on the draft priorities, with opportunities for members of the public to put forward their views via the Trust's website. We also accept the rationale for the nationally mandated elements of the indicators, as well as the selection of the local indicators.

We would like to stress the importance of achieving the following priority measures in the coming year:

- a minimum of 85% of recruitment panels will show evidence of service user/ patient and / or carer involvement (direct or indirect); and
- a minimum of 85% of the feedback as part of the *You Said, We Did* should be displayed for patients.

We are satisfied that the Trust will continue to monitor progress on these priorities via its Quality and Safety Team and reported three times a year to the Quality Committee, which in turn reports to the Trust Board.

Care Quality Commission Inspection Report

We note the overall rating for the Trust, following the publication of the Care Quality Commission's reports, published on 21 April 2016, together with eleven further reports on the Trust's range of services. We commend the Trust for achieving an *Outstanding* rating for community mental health services for children and young people.

We understand that the Care Quality Commission was most concerned about the *Are Services Safe?* domain. Essentially these concerns focussed on the child and adolescent in-patient unit, which was classed by the Care Quality Commission as mixed-sex accommodation; and about ligature points and other risks in some in-patient facilities.

We note the Trust will be bringing forward its action plans in response to the above concerns. We understand that these action plans will address topics such as improving patient engagement and involvement, as well as improving engagement with staff, and these are reflected in the Trust's priorities for the coming year.

Engagement with the Health Scrutiny Committee for Lincolnshire

The Trust has regularly engaged with the Health Scrutiny Committee during the year. In particular, the Committee has been involved in the development of the Trust's clinical strategy. The Trust has also reassured the Committee that has taken forward actions in response to the report on *Review of Suicides and Deliberate Self-Harm with Intent to Die*. We also note that the Trust has developed a *Suicide Prevention Strategy 2016-2019*, which includes a number of actions to reduce suicide.

We look forward to this engagement continuing in the coming year, in particular considering how the Trust is responding to the Care Quality Commission.

Engagement with Healthwatch Lincolnshire

Healthwatch Lincolnshire published its report on *Service User, Patient and Carer Views on Mental Health Services* in November 2015 and several issues in this report have also been highlighted by the Care Quality Commission. Healthwatch Lincolnshire also published an 'enter and view' report on the *Drug and Alcohol Recovery Team* in November 2015. Healthwatch Lincolnshire will continue to engage with the Trust on these reports. It will specifically seek action plans to address the following issues:

- waiting times for patients to access services;
- discharge planning and subsequent support;
- out-of-hours services and support for patients;
- liaison with and the involvement of GPs, including raising awareness of mental health issues with GPs;
- transition arrangements from children and young people services to adult services;
- patient safety issues; and
- the equity of service provision throughout the county.

Healthwatch Lincolnshire's report on *Service User, Patient and Carer Views on Mental Health Services* (November 2015) found that some patients and carers were not satisfied with the way in which complaints were handled. Healthwatch does not consider a rate of over 50% complaints upheld fully or partially upheld is good. Healthwatch is keen to know what work the Trust is planning that provides better support for complainants.

Other Items

We support the Trust's plans for introducing a no-smoking policy across all its premises from June 2016.

Accreditations and Achievements

We commend the Trust on its achievements, as identified in the Quality Account. We would like to highlight the patient improvement rates achieved by Steps2Change, particularly in Grantham and Sleaford.

Conclusion

We are grateful for representatives from the Trust taking the time to present the draft Quality Account to us. This provided us with an opportunity to provide immediate feedback on certain aspects of clarity and presentation of the document. This also enabled us to seek clarification of particular points, which was welcome.

We recognise that the year ahead will be a challenge for the Trust, as it seeks to balance the required improvements set by the Care Quality Commission, with the increasing emphasis on financial rigour within the Sustainability and Transformation Plan regime. The Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire look forward to continuing engagement with the Trust, and its continued improvement in the services provided to patients.

UNITED LINCOLNSHIRE HOSPITALS NHS TRUST

ULHT QUALITY ACCOUNT

The 2015-16 Quality Account of the United Lincolnshire Hospitals Partnership NHS Trust (ULHT) is available at the following link:

<http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=1990>

ULHT QUALITY ACCOUNT PRIORITIES 2016-17

The ULHT Quality Account includes the following priorities for improvement for 2016-17:

Priority 1 – Reducing Hospital Mortality with a Key Focus on Septicaemia

Though HSMR and crude mortality are within expected limits, the Trust wishes to continue to reduce mortality levels. Our goals to support this in the coming year include:

- Aiming to review all deaths in specialities by independent clinicians. We now use a detailed and standardised review process and we are able to aggregate lessons learned.
- Carry out detailed Retrospective Case Record Reviews where we find indications that quality of care can be improved.
- Ensuring through our monthly Trust Mortality Report that the Board is fully sighted on mortality data, lessons learned, areas to focus on and what this means for the care of our patients.

During the coming year, our work on sepsis will be managed through a multi-disciplinary clinical team chaired by a senior clinician. Our focus will be on:

- Improving the early identification of Sepsis in patients in Hospital
- Raising sepsis awareness throughout the Trust through education and training
- Continue to deploy the Sepsis Six care bundle
- Use the *Red Flag Sepsis* methodology to identify those patients most at risk of Severe Sepsis and Septic Shock.

During 2016/17 we expect to raise sepsis early assessment to 90% and antibiotics within one hour to 90%.

Priority 2 – Reducing Harmful Falls

Our overarching goal is to reduce falls by 30%. This will be measured by reported incidents on Datix and per 1000 occupied bed days. The Trust's Falls Group are leading the improvement work and the key objectives for 2016/2017 are: to develop education programme on falls prevention, to review different models of one to one care and to undertake falls prevention improvements on pilot wards using PDSA methodology (a quality improvement cycle built around Plan-Do-Study-Act). Using this methodology enables local improvement to be implemented and then shared widely across other areas.

Priority 3 – Increasing the Reliability of Checking and Charting

During the coming year, we aim to:

- Improve the reliability of patient observations to above 90% on all wards
- See all wards rise through a ward accreditation and evaluation programme
- Continue to roll-out and utilise an electronic observation system to manage patient care and identify deterioration

Priority 4 – Reducing Harmful Infections

The Trust has a comprehensive programme in place to prevent infections, including the following key initiatives.

Undertaking an NHS Improvement 90 day collaborative improvement programme. Focusing on the management of GDH+ve patients (C.difficile carriers)

- The Infection Control Team regularly undertake ward compliance assessment visits and the results are fed back at the time to the ward manager/ shift coordinator. The results are also formally fed back by email to the ward manager, Matron and Head of Nursing, with a requirement to develop action plans and feedback progress at site Infection Control Meetings
- Saving Lives audits are undertaken monthly. The audits are based on validated toolkits which assess compliance with peripheral cannulas, urinary catheters and cleaning of patient equipment.
- Our infection prevention and control (IPC) strategy is to achieve front line ownership. Clinical teams are supported by IPC to develop improvements in their areas.

Priority 5 – Improving the Patient Experience in Out-Patients

The 2016/17 Outpatient Transformation Programme has five work streams focused upon:

- (1) Environment – addressing clinical facilities that not fit for purpose / do not provide a good patient experience.
- (2) Workforce – focused upon: (a) establishing a well led, single point of accountability and single management team for outpatients; (b) providing a fit for purpose workforce
- (3) Management of Follow-Up (FU) Patients – focused on reduction of overdue FU patients and risk mitigation of delayed appointments.
- (4) Outpatient Department (OPD) Systems and Process – focused upon delivery and establishment of responsive, effective and efficient systems and processes to address objectives associated with quality of service and activity data/ income capture.
- (5) OPD Utilisation – addressing capacity and scheduling issues to support the delivery of clinically safe and responsive services and the efficient provision of timely outpatient appointments.

Priority 6 – Achieve our Constitutional Standards in Cancer, Referral to Treatment and Emergency Access

4 Hour Emergency Access Standard

- Increasing availability of beds at Lincoln and Pilgrim sites
- Implementation of 7 day therapies and pharmacy
- Mainstream an integrated discharge hub to work year-round as opposed to just winter months
- Review the frailty pathway and future ways of working in partnership with community and commissioning colleagues
- Implement the SAFER bundle to increase discharges
- Work with community and commissioning colleagues to implement new schemes to reduce length of stay and attendances (including the Clinical Assessment Service)

18 Week Referral to Treatment Standard

- Speciality recovery plans in place to meet expected levels of demand
- Service redesign in specialities where problems have been identified with meeting the expected levels of demand
- Extensive activity modelling and monitoring throughout the year to ensure capacity and demand levels are managed and are transparent
- Increase levels of support for the operational business units to provide realistic and achievable trajectories and remedial action
- Increase levels of support for clinicians and business managers in identifying issues outside of their control, and facilitating the dialogue with commissioners to rectify issues in a proactive manner
- Ongoing data quality improvement, training and validation

National Cancer Waiting Times

- Utilise capacity and more effective activity planning to mitigate demand increases.
- Clearer escalation and breach analysis
- Dedicated pathway work in areas with most challenge – lower GI, Urology and Skin

STATEMENT ON ULHT QUALITY ACCOUNT FOR 2015/16

This statement has been jointly prepared by the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire.

Review of Progress on Priorities for 2015-16

We note that there has been some progress on the six priorities for last year, for example Priority 1 (Reducing Hospital Mortality) and Priority 3 (Improving the response to Complaints) have led to improvements in patient experience. We are pleased that some of the progress on Priority 4 (Improving Outpatient Services) will be consolidated by a priority in the coming year seeking further improvements to the patient experience in outpatient services. Similarly the progress with the constitutional standards (Priority 6) relating to cancer and urgent care has been mixed, and we are pleased that the priority to achieve these constitutional standards is being carried forward into the coming year.

Priorities for 2016-17

We strongly support the selection of the Trust's six priorities for the 2016/17. We would like to make the following specific comments: -

- Priority 1 (*Reducing Hospital Mortality and Reducing Septicaemia*) – We hope the Trust will seek to work with other providers so that end-of-life patients are able to receive intravenous antibiotics in an appropriate setting rather than being moved to an acute hospital, as this is better patient care. As a secondary consideration, we hope that the Trust's mortality figures are not skewed by the inclusion of end-of-life patients. With regard to reducing septicaemia, we strongly support the target that 90% of patients requiring intravenous antibiotics receive these within the hour.
- Priority 2 (*Reducing Harmful Falls*) – We note that a number of harmful falls occur with patients who are medically fit for discharge. Improving discharge arrangements is clearly a challenge for the wider health system, where the options available in the community need to be increased. We support the aim for a target of 0.19 falls per thousand bed days. We note the Trust's progress in making its hospitals dementia-friendly, but we would also comment that falls for patients with dementia are particularly distressing and we would urge that all staff are trained on how to meet the particular needs of patients with dementia.
- Priority 3 (*Increasing the Reliability of Checking and Charting*) – We note that a pilot that has taken place at Pilgrim Hospital introducing electronic recording of observations, which we welcome. Patient records remain a concern, and the move away from paper-based records is overdue. We strongly urge that there is co-ordination between departments so that patient information is always available, as appointments should not be cancelled, because information on a patient is held somewhere else within the Trust, but is not available to the clinician.
- Priority 4 (*Reducing Harmful Infections*) – We support the retention of a priority reducing infections. Increasing the rates of hand washing is important on entry and exit to patient areas. We also feel that the dress policy is important too, as staff should be appropriately dressed in clinical settings. Similarly, we also strongly urge that uniforms are not worn outside the hospital, as this is an infection risk.
- Priority 5 (*Improving the Patient Experience in Outpatient Services*) – We are pleased to see the inclusion of this priority, which will build on progress in the last year. We look forward to improvements in communications with patients in the way appointments are made: too often appointments are cancelled at short notice, which does not lead to a good patient experience. Services to patients should be integrated throughout the Trust's three main sites.
- Priority 6 (*Achieving Constitutional Standards in Cancer, Referral to Treatment and Emergency Access*) - We are pleased to see the retention of this priority. We understand that the Trust is one of the main providers of cancer care in the country in terms of the number of patients treated, and achieving higher standards should be explicit.

We understand that the Trust's Quality Governance Assurance Committee, which meets monthly, will monitor progress with these priorities and submit its minutes each month to the Trust Board.

Engagement with the Health Scrutiny Committee and Healthwatch Lincolnshire

The Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire are grateful to the Trust for being provided an opportunity to provide direct feedback on the Trust's proposed priorities for 2016-17. We are pleased that our comments have led to two additional priorities being included.

During 2015-16, representatives from the Trust attended the Health Scrutiny Committee for Lincolnshire on five occasions, including presentations on the Trust's improvement programmes.

Healthwatch Lincolnshire believes they and the Trust have continued to have a mutually respectful working relationship during the year. The Trust's timely and where relevant comprehensive responses to the monthly requests made by Healthwatch, which relate to patient and carer experiences, demonstrate this. In addition to the various joint meetings, in which Healthwatch has already been involved, Healthwatch was also pleased during the year to take up a non-voting observer seat at the Trust's monthly board meetings. This also demonstrates a more positive and open relationship between the two organisations.

Lincolnshire Sustainability and Transformation Plan

The development and implementation of the Lincolnshire Sustainability and Transformation Plan (STP) is likely to see significant changes in health service provision by the Trust, as part of the overall delivery of services within Lincolnshire. We look forward to the full participation of the Trust in the STP. We stress the importance of maintaining high standards of patient care during periods of change.

Carers

As a general theme, we urge that there is recognition of the role of carers and respect for their dedication supporting a close relative or friend. The importance of carers is being recognised in national policy and we would like this reflected in the Trust's policies and approaches.

Care Quality Commission

We note that the Quality Account includes the most recent ratings from the Care Quality Commission (CQC), which are based on evaluations undertaken in 2015. We understand a further full inspection is programmed for October 2016. We look forward to the Trust improving its ratings, in particular for outpatient services at Lincoln County Hospital, although we note the progress made in this area.

Conclusion

The Health Scrutiny Committee for Lincolnshire and Lincolnshire Healthwatch are pleased for their opportunity to make a statement on the draft Quality Account. We are particularly impressed by the opportunity to provide direct feedback on the content of the priorities. Both the Health Scrutiny Committee and Healthwatch Lincolnshire look forward to continued engagement with the Trust in the coming year.

BOSTON WEST HOSPITAL

BOSTON WEST QUALITY ACCOUNT

The 2015-16 Quality Account of Boston West Hospital (Ramsay Healthcare) is available at the following link:

<http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Documents/2015/boston-west-hospital-ramsey-qa-2015.pdf>

BOSTON WEST QUALITY ACCOUNT PRIORITIES FOR 2016/17

Boston West Hospital's *Quality Account* sets out its priorities for improvement for 2016-17:

Patient Experience Priority

We would like to further develop our Patient and Public Involvement Group (PPIG). We aim to continue to foster a healthy relationship whereby feedback can be used to provide the best possible patient experience.

Clinical Effectiveness Priorities

We aim to introduce Patient Recorded Outcome Measures forms, allowing further measurement of the intended outcomes of the procedures undertaken.

We will introduce display boards in each department to highlight key governance activity and performance. The boards will be regularly updated to encourage continuous learning and improvement.

We also hope to set up some shared learning sessions for all staff to raise awareness of the themes and trends of complaints and incidents at the Hospital.

Patient Safety Priorities

We will continue to audit theatre safety culture. The average compliance rate for these audits during 2015/16 was 99.25% and we would like to build on this.

We will use a national tool to measure medication errors and harm from medication errors in order to review current process and make changes where necessary if appropriate.

STATEMENT ON BOSTON WEST HOSPITAL QUALITY ACCOUNT 2015/16

This statement has been prepared by the Health Scrutiny Committee for Lincolnshire.

Progress on Priorities for 2015-16

We are pleased with the progress by Boston West Hospital on its priorities for 2015-16. In particular we would like to highlight the reductions to waiting times for patients by aiming to

avoid 'wasted' slots, as well as improvements to advice to patients on their pain management, following their operations.

We are pleased that the organisation is committed to the learning and development of all staff and we also welcome the Hospital's commitment to respond to feedback from patients received via the friends and family test.

Priorities for 2016-17

We support Boston West Hospital's priorities for 2016-17, and look forward to progress on these priorities leading to improvements in clinical effectiveness and patient safety. We reiterate our support for the continuous development and training of all staff. We encourage Boston West Hospital to undertake the shared learning sessions for staff, as part of its clinical effectiveness priority.

We look forward to Boston West Hospital delivering these priorities, but we would seek clarity on how progress with priorities is going to be monitored in the coming year.

Performance and Achievements

We congratulate Boston West Hospital on the following achievements during the last year:

- the Hospital's achievement a 'good' rating overall following its inspection by the Care Quality Commission (CQC) in 2015;
- the expansion of orthopaedic services to provide in-house ultra-sonography;
- the achievement of patient satisfaction scores of 97.4 per cent; and
- keeping infection rates lower than the national average (despite a small increase in 2015-16 compared to 2014-15).

We also strongly support the development of a dementia-friendly environment, as a result of the Patient-Led Assessments of Care Environment (PLACE).

Presentation of Information

The Quality Account includes information on Patient-Led Assessments of Care Environment (PLACE), which enables comparisons to be made between 2014 and 2015 as well the national average for 2014. We suggest that the Quality Account in future is clearer on the presentation of PLACE information. We note that the PLACE information for food in 2015 was 33.33%, but it was not clear in the draft Quality Account whether this refers to the level of patient satisfaction with food or simply refers to the collection of data from patients on their food. If it is the former, this would be a concern, although we acknowledge that as a day-case hospital, the provision of food would not be a significant priority.

Aside from the above concern, we are satisfied that the Quality Account is presented clearly so that the casual reader can develop an understanding of key services provided by Boston West Hospital.

Engagement with the Health Scrutiny Committee for Lincolnshire

We were pleased that a representative from Boston West Hospital presented to the Health Scrutiny Committee for Lincolnshire during the last year. This has helped the Committee develop its understanding of the operation of the Hospital. The Committee confirmed the following: the level of NHS-funded patients using the Hospital; the application of the NHS

tariff arrangements; the limited use of agency staffing and high levels of staff retention; and the focus on patients who were suitable for a day-case approach.

Conclusion

We are grateful for the opportunity to make a statement on Boston West Hospital's Quality Account. We congratulate the Hospital on its improvements and achievements during the last year. The Committee would like to continue maintaining links with the Hospital during the coming year.

EAST MIDLANDS AMBULANCE SERVICE NHS TRUST

EMAS QUALITY ACCOUNT

The 2015-16 Quality Account of the East Midlands Ambulance Service NHS Trust (EMAS) is available at the following link:

<http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=29233>

EMAS QUALITY ACCOUNT PRIORITIES 2016/17

The EMAS Quality Account includes the following five priorities for improvement for 2016-17:

Priority 1: 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 we will:

- Continue to develop and improve our cardiac arrest outcomes.
- Continue to see our Ambulance Quality Indicators and outcomes around stroke, COPD and asthma improve.
- Also see an increase in the presence of frontline clinical supervision to all active resuscitation attempts.

Priority 2: Sepsis is a worldwide public health issue. In developing nations, Sepsis is the leading cause of mortality, accounting for nearly 80% of deaths. Sepsis kills far more citizens than AIDS, prostate cancer and breast cancer combined. During 2016/17 particular focus will be to:

- Identify and treat Sepsis within our patients.
- Ensure the formalisation of the EMAS Sepsis Lead, including documented objectives and performance measures.
- Appoint divisional Sepsis champions (one per division) on a volunteer basis.
- Develop a robust action plan to ensure the availability of waveform capnography on a minimum of 95% of frontline operational resources (double crewed ambulance & fast response vehicle).
- Work with a partner acute trust to explore the increased prehospital use of IV antibiotics in the treatment of Sepsis.

Priority 3: To identify the common themes of all maternity related incidents, and to reduce patient related incidents:

- We will aim to see a reduction in severity of all maternity related incidents within our care.
- Receive an improvement on aspects of clinical care from maternity units.
- Educate all operational workforces in maternity related training.

Priority 4: To explore the use of alternative pathways in each division by using the pathfinder leads to develop the pathways in each EMAS commissioning area.

Priority 5: Having signed up to the Mental Health Crisis Care Concordat, we will work collaboratively with local commissioners and relevant stakeholders to implement the agreed priorities within the mental health steering group. We will:

- Continue to build mental health pathways in all divisions
- Embed parity of esteem in EMAS for all patients presenting with mental health issues.
- Ensure that these patient groups receive an appropriate response and are signposted to the appropriate receiving facility.
- Improve the awareness of mental health conditions with our staff.

STATEMENT ON EMAS QUALITY ACCOUNT FOR 2015/16

Introduction

This statement has been made by the Health Scrutiny Committee for Lincolnshire, which scrutinises NHS-funded health services in the administrative county of Lincolnshire. This county forms a large part, but not all, of the Trust's Lincolnshire Division.

The Lincolnshire Division is a key part of the Trust's region, but it is unfortunate that the draft Quality Account makes a statement on the importance of the M1 motorway to the region's 'county towns'. Lincoln, as the 'county town' of Lincolnshire, is at least one hour's drive to the nearest point on the M1. On this theme, we would like to see more information on each Division, as this would give the document more local flavour.

Progress on Priorities for 2015-16

Whilst progress and activities are described on each priority, there is no clear statement in the draft Quality Account on whether each priority has been achieved. We urge that this is done in future years, for the sake of simplicity and the casual reader. Taking priority 1 as an example, we would like to have seen more information on how in practice patients have benefited from the development of the paramedic pathways.

Selection of Priorities for 2016-17

The Health Scrutiny Committee for Lincolnshire acknowledges that it was given an opportunity to comment on the draft priorities early in 2016 and recognises this early engagement across the East Midlands on the content of the priorities is best practice. After giving the priorities further consideration we would urge that the Trust does not lose sight of its core activities: responding to and stabilising patients in need of an emergency response and then conveying them to hospital for treatment. Other initiatives should be secondary to and supportive of this core aim. Elsewhere in the document there is reference to the Trust's participation in 17 research studies. We would like to have seen more information on how these research studies have led to improvements for patients.

The Health Scrutiny Committee for Lincolnshire has been concerned about responses to life-threatening and serious emergency calls for many years. Whilst the Committee acknowledges that certain initiatives lead to the freeing up of emergency ambulances to deal with these calls, we would like to have seen the national requirements for response times reflected in some way in the Quality Account priorities.

We understand that the Board's Quality and Governance Committee has a role in monitoring the detailed performance with these priorities, with the Board also receiving reports at each meeting.

Contribution of First Responders

We acknowledge that the Quality Account by necessity refers to the services provided by the Trust, rather than any other organisation. However, we would like to record the valuable contribution of volunteers: Lincolnshire Integrated Voluntary Emergency Service, operating throughout the Lincolnshire Division, with over 700 volunteers; and Lincolnshire Emergency Medical Response, comprising 30 serving and former military personnel acting as volunteers. Similarly, Lincolnshire Fire and Rescue also provides first responder services. All these services complement those of the East Midlands Ambulance Service and contribute to certain response time measures.

Engagement with the Health Scrutiny Committee for Lincolnshire

We are pleased that managers from the Trust's Lincolnshire Division have regularly attended meetings of the Health Scrutiny Committee for Lincolnshire over the last year. As stated above, the Committee's main focus has been the response times for life-threatening and serious emergency calls in Lincolnshire. The Committee has reviewed detailed information on response times and welcomes improvements in this performance, which have largely resulted from direct engagement between the Lincolnshire Division and the clinical commissioning groups in the county. The introduction of the mental health triage cars is cited as a key development improving outcomes for patients.

Other Initiatives in Lincolnshire

We would like it recorded that the joint ambulance conveyance project, involving Lincolnshire Fire and Rescue, had proved a success in the three towns selected for the pilot: Long Sutton; Stamford and Woodhall Spa. The pilot has won innovation awards and we look forward to the continuation of this service.

Care Quality Commission Inspection

At the time of our review of the draft Quality Account, the Care Quality Commission had not published its report on the outcomes of its inspection, which took place in November 2015. Whatever the findings, the Committee looks forward the Trust to be making improvements to meet the Care Quality Commission's requirements.

Leadership and Management

At the time of consideration of the draft Quality Account, the Trust was without a permanent chief executive. We would like to stress the importance of the Trust making a permanent appointment to this role as soon as possible.

Presentation of Information

We are grateful for the opportunity to review the draft Quality Account. We understand that the final document will have numbered pages. To ease our review of the draft, we would request that pages are numbered in the draft documents circulated for comment.

We understand that owing to timescales a draft Quality Account cannot contain all the required information, as data is still being collected. We suggest in future years that the

draft contains the latest available information, for example up to the end of Quarter 3, to enable us to make comments on items such as complaints and compliments.

Conclusion

We recognise that the Trust has made considerable progress in the last few years in Lincolnshire, introducing initiatives to improve response times to life-threatening and serious calls and we acknowledge more work is required in this area, which will require due support from commissioners. We look forward to continued engagement with the Trust in the coming year and expect to see further improvements.

MARIE CURIE

MARIE CURIE QUALITY ACCOUNT

The Marie Curie Quality Account for 2015/16 is available at the following link:

<http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Documents/2016/marie-curie-quality-account-june-2016.pdf>

MARIE CURIE QUALITY ACCOUNT PRIORITIES FOR 2016-17

Priority 1 – Patient Experience

We will continue to monitor incidents that are considered a 'notifiable safety incident' – any incident that results in or appears to have resulted in death, severe harm, moderate harm or prolonged psychological harm of the patient.

We will record and report on those incidents that fall into the 'notifiable safety incident' category and ensure we have been open and honest with our patients and their families.

Priority 2 – Patient Safety

We will implement and embed a tissue viability link nurse framework.

We will implement an embed an infection prevention and control link nurse framework.

We will improve our understanding of grade 2 pressure ulcers.

We will develop community of practice to promote safeguarding and best practice.

Priority 3 – Clinical Effectiveness

We will ensure all services participate in the annual data for National Council for Palliative Care (NCPC) minimum data set. The data set is collected by the NCPC each year to provide an accurate picture of hospice and specialist palliative care services.

STATEMENT ON MARIE CURIE QUALITY ACCOUNT FOR 2015/16

Introduction

The context for this statement is that whilst Marie Curie is a national organisation providing services throughout the United Kingdom, including nine hospices, more people in Lincolnshire receive care from Marie Curie's community nursing service than in any other local authority area. The Health Scrutiny Committee for Lincolnshire recognises that none of Marie Curie's hospices are located in the county.

Progress on Priorities for 2015-16

The Quality Account clearly sets out the progress and achievements on each priority, which is clear to the casual reader. We would in particular highlight the following:

- We welcome the success of the volunteer helper service, which supported 979 people affected by terminal illness during 2015/16.
- The in-depth semi-structured interviews with patients should continue.

Priorities for 2016-17

The Health Scrutiny Committee for Lincolnshire supports Marie Curie's chosen priorities for the coming year. The Committee is always keen to see reductions in pressure ulcers, so any activity aiming to reduce pressure ulcers is particularly supported. The Committee notes that some of the inpatient units have recorded high numbers of pressure ulcers during 2015-16, but accepts that Marie Curie will be seeking to reduce this in the coming year.

The Health Scrutiny Committee for Lincolnshire suggests that in future years Marie Curie might consider performance measures to support its chosen priorities. For example, the priority on pressure ulcers could be supported by a target to reduce the number of such ulcers.

The Health Scrutiny Committee for Lincolnshire notes references in the Quality Account to Marie Curie's Clinical Governance and Executive Committee and assumes this Committee will undertake the required monitoring of progress with the priorities during the course of the coming year. On the basis of the information submitted, all the priorities will support improvements to patients.

Presentation

The information throughout the document is clearly presented and the priorities are well-presented for the casual reader.

Conclusion

We acknowledge that Marie Curie perform a considerable amount of their work within Lincolnshire, which is widely appreciated. We welcome the opportunity to comment briefly on the draft Quality Account of an organisation which is a key element in the health services in our county. We would like to engage further with Marie Curie in the coming year.

NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST

NLAG QUALITY ACCCOUNT

The 2015-16 Quality Account of Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) is available at the following link:

<http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=1726>

NLAG QUALITY ACCOUNT PRIORITIES FOR 2016/17

The NLAG Quality Account contains the following priorities for improvement for 2016-17, which are grouped under three headings:

Priority 1 – Clinical Effectiveness

- Deliver mortality performance within 'expected range' and improving quarter on quarter, until reported SHMI is 95 or better.
- 90% of patients are screened for sepsis on admission/attendance
- 90% of patients with sepsis receive antibiotics within 1 hour of attendance
- Dementia – 90 per cent of patients aged 75 and over admitted as an emergency to be asked the dementia case finding question.
- 100% of Technology Appraisal Guidelines to be fully compliant within 3 months of publication
- 90% of Clinical Guidelines/NICE Guidelines to be fully compliant within 3 years of publication
- Transfer of patients for non-clinical reasons (capacity) to not exceed 10% of the total.

Priority 2 – Patient Safety

- MRSA - 0 MRSA bacteraemia developing after 48 hours into the inpatient stay (hospital acquired).
- C. Difficile - achieve a level of no more than 10 hospital acquired C. Difficile cases due to a 'lapse in care' over the financial year 2016/17.
- Community Safety Thermometer - provide harm free community care to 95 per cent or more patients - as measured by the Safety Thermometer.
- Hospital acquired pressure ulcers, specific targets for higher incidence/reporting ward areas to enable further reductions of 'avoidable' pressure ulcers over time. The specific target wording and areas of focus are to be agreed during the early part of 16/17 financial year, as part of the monthly quality report.
- Patient falls - Eliminate all avoidable repeat falls (as measured via the root cause analysis undertaken for every repeat faller).
- Pressure ulcers - a 50 per cent reduction in avoidable grades 2, 3 and 4 pressure ulcers (as measured via the root cause analysis undertaken for every grade 2, 3 and 4 pressure ulcer).
- Nutrition – 100 per cent of patients the care pathway was followed.
- Nutrition – 100 per cent of patients identified as requiring it will have their food record chart completed accurately and fully in line with the care pathway.
- Hydration – 100 per cent of patients identified as requiring it will have their fluid management chart completed accurately and fully in line with the care pathway.

Priority 3 – Patient Experience

- 98% of feedback from the Friends and Family Test is positive (this will be supported with, for context, response rate information)
- Re-opened complaints to not exceed 20% of total closed complaints.
- Complaints: Reduction of complaints relating to communication.
- 90% of patients feel that medical and nursing staff did everything they could to help control pain.
- 90% of patients received pain relief when they needed it in a timely manner.
- Patients should not have more than 2 omitted doses of medications.
- 90% of patients should have appropriate action taken in relation to any medication omissions.

STATEMENT ON NLAG QUALITY ACCOUNT 2015-16

Introduction

The context for this statement is that the Health Scrutiny Committee for Lincolnshire acknowledges that the Trust provides significant services to patients from Lincolnshire East and Lincolnshire West Clinical Commissioning Group areas, particularly with people from the Louth and surrounding area attending Diana Princess of Wales Hospital in Grimsby. Lincolnshire East and Lincolnshire West Clinical Commissioning Groups between them invested over £38 million in the services provided by the Trust during 2015-16.

Presentation and Content

There is comprehensive information throughout the Quality Account and the graphs are clear and easy to understand. The document is cross-referenced and allows readers to take an overview of services or, if they wish, to focus on specific details.

Progress on Priorities for 2015-16

We commend the Trust for clearly indicating whether it has met its targets and for providing this information for each of its three hospital sites. Of particular note is the Trust's progress reducing avoidable pressure ulcers and the number of patients who fall repeatedly and the achievements in significantly reducing MRSA and clostridium difficile. There has also been progress in implementing the NICE guidelines.

We note that the Trust has seen a reduction in the number of complaints that have been reopened, but we would like to see as many complaints as possible resolved in the first instance.

Priorities for 2016-17

We support the Trust's 23 priorities for improvement in 2016-17, and recognise that in most instances these priorities are continuation of previous priorities. This approach is welcomed, particularly in areas where the Trust has not met the previously set targets. We compliment the Trust on its wide consultation that took place prior to the identification of the priorities. This included the public, the Council of Governor and the commissioners.

We believe that the target to screen 90% of patient on admission for sepsis is ambitious, but we look forward to the Trust making progress in this area.

As highlighted above, the continuation of targets to reduce pressure ulcers and prevent patients from falling repeatedly is welcome, as the continued targets for elimination MRSA and clostridium difficile.

We are satisfied that the progress against the priority indicators will be monitored by the Quality and Patient Experience Committee and the Trust Board on a monthly basis.

Never Events

There have been four never events in 2015-16 (there were none in 2014-15). We note the statement by the Trust on its learning from these never events and how this learning is shared with the wider organisation and elsewhere.

Care Quality Commission

We acknowledge that the report by the Care Quality Commission was published at the same time as the draft Quality Account was being prepared. Their specific findings, for example on Scunthorpe General Hospital, will motivate the Trust to pursue further actions in this regard.

Engagement with the Health Scrutiny Committee for Lincolnshire

We note that there has been no direct engagement by the Trust at meetings of the Health Scrutiny Committee for Lincolnshire, and accept that the Trust by necessity has more focus on the health overview and scrutiny committees in North Lincolnshire, North East Lincolnshire and the East Riding of Yorkshire. However, we are grateful for the information updates provided by the Trust. The Health Scrutiny Committee for Lincolnshire would like to explore the possibility of direct engagement in the coming year.

Conclusion

Owing to the timetable set for the receipt of this statement, we were not able to meet a representative of the Trust to provide direct feedback on the content of this Quality Account.

The Health Scrutiny Committee for Lincolnshire looks forward to the Trust making progress across all its priorities, as well as meeting the requirements of the Care Quality Commission, so that services to patients in Lincolnshire continue to improve.

PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST

QUALITY ACCOUNT

The Quality Peterborough and Stamford Hospitals NHS Foundation Trust is available at the following link:

<http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=2008>

QUALITY ACCOUNT PRIORITIES FOR 2016/17

The Peterborough and Stamford NHS Foundation Trust's *Quality Account* sets out the following priorities for improvement for 2016-17:

Trust Wide Priority - To develop the CREWS ward accreditation scheme to assess/ monitor wards aligned to the CQC domains.

Patient Safety Priorities

- Documentation Compliance: 90% compliance with documentation audit by all Directorates
- Safe Discharge: Introduce monitoring of patients with a safe discharge / transfer from Peterborough City Hospital - Q1 - Agree measure with Matrons/ Ward Managers re discharge checklist and monitoring; Q2 – Benchmark to define level of improvement in Q3 and Q4; Monitor details during Q1 to benchmark improvements by year end.
- MUST / Nutrition Assessment Compliance: Achieve 95% completed accurate MUST assessments within 24 hours of admission. 100% of completed assessments with MUST components accurately calculated 100% of completed assessments with correct MUST care plan in place.
- E Observations: 100% roll out of the e-observation programme.

Clinical Effectiveness Priorities

- Upper Quartile HSMR for all Trusts nationally: (1) Consultant led review of at least 50% of all hospital deaths; (2) Respond to Dr Foster alerts within 45 days of them being raised.
- Safe Staffing Levels with Reduced Reliance on Agency and Locum Cover: (1) 85% of adult inpatient wards have a minimum 90% registered nurse fill rate on days and nights; (2) Paediatric inpatient areas have a minimum 90% registered nurse fill rate per month; (3) Implement Healthroster SafeCare Live module; (4) 70% retention of nursing students commissioned through Health Education East of England.
- Increase involvement in clinical trials: Year on year increase in the number of patients in clinical trials by 10%.

Patient Experience Priorities

- Improve Responsiveness to Complaints: (1) Increase the response rate to a minimum of 90% of complaints being responded to within the 30 day timescale or agreed timeframe with complainant ; (2) Ensure that all complainants (100%) receive an acknowledgement letter within 3 days of receipt of the complaint; (3) 80% of complainants 'extremely satisfied' or 'satisfied' with their complainant response
- National Patient Survey: Increase the responses to questions in the inpatient National Patient Survey (NPS) in the 'best performing category'.

STATEMENT ON THE PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST QUALITY ACCOUNT

Introduction

This statement has been prepared by the Health Scrutiny Committee for Lincolnshire. The context for the Committee's statement is that the Trust is the main provider of acute hospital services to patients from the South Lincolnshire Clinical Commissioning Group area. The Trust also provides services to patients in other parts of the county. During 2015-16, over £50 million of acute hospital services were provided by the Trust to South Lincolnshire residents.

Review of Priorities for 2015-16

The Health Scrutiny Committee for Lincolnshire welcomes the fact that the Trust has met 21 of the 27 targets which have supported its priorities for 2015-16. Whilst the Trust did not achieve all its targets on pressure ulcers, there has been progress, with reductions overall, as a result of the 'six steps' campaign.

We are also supportive of the Trust's programme of providing foundation degree programmes, flexible nursing opportunities and its work with Health Education England and other partners to develop the Trust's own workforce. We are pleased that the Trust has achieved high 'nurse-fill' rates, which is an outcome of the Trust's efforts to retain nursing staff recruited from overseas.

We also commend the Trust as it has achieved all its targets in relation to the handling of complaints. The Quality Account also sets out how the Trust has responded to and learned from the investigations and follow-up to complaints.

All the performance information is well-presented, whether graphically or lexically, clearly indicating whether the Trust has met each target. This makes the report easier to understand for all types of reader. Setting out the progress on 2015-16 priorities sets the context for the selection of the priorities for 2016-17.

Priorities for 2016-17

We support all the Trust's priorities for 2016-17 and note that in many instances the priorities are continuation of the priorities from 2015-16. We are also assured that the priorities have been developed with input from appropriate stakeholders.

We note that the Trust Board's Quality Assurance Committee will continue with its in-depth monitoring of performance against the targets to deliver these priorities and each month a detailed performance report is submitted to the Board.

Other Quality Improvements

We are pleased that the Trust has made changes to wards and departments to make them dementia-friendly. Similarly we welcome the introduction of children and young people friendly areas.

The involvement of patients in clinical trials is noted, and the Trust's commitment to increasing the number of patients involved in such trials is also welcome.

Care Quality Commission Rating

We note the Trust's current rating of 'good' from the Care Quality Commission and we are pleased with all the Trust's work in securing this. We congratulate the Trust on its active approach in seeking an 'outstanding' rating from its next inspection.

Challenges for the Future

We understand that the Trust will be exploring options on how it can work with a neighbouring acute hospital trust in Cambridgeshire, for example by sharing back office functions or even a merger. Whatever the outcome of this initiative, it is important that the focus remains on maintaining high levels of patient care and treatment. We would not wish to see the treatment and the services provided to Lincolnshire residents being adversely affected.

Stamford and Rutland Hospital

We would also like to reiterate our support for Stamford and Rutland Hospital and the services it provides for Lincolnshire patients. The Committee looks forward to exploring with the Trust in the coming year how it will be developing its plans for the Hospital.

Engagement with the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire acknowledges that most of the Trust's engagement with the health overview and scrutiny function will be with Peterborough City Council's Scrutiny Commission for Health Issues. However, given the extent of services provided to Lincolnshire residents, it is important that there is engagement in the coming year.

Whilst we accept the short timescales for drafting and finalising the Quality Account, we would request that in future years there is more time available to consider the draft document.

ST BARNABAS HOSPICE TRUST

ST BARNABAS QUALITY ACCOUNT

The 2015-16 Quality Account of St Barnabas Hospice Trust is available at the following link:

<http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Documents/2016/St-Barnabas-Hospice-Quality-Account-June-2016.pdf>

ST BARNABAS QUALITY ACCOUNT PRIORITIES 2016/17

The St Barnabas Quality Account includes the following three priorities for 2016-17:

Priority 1: Clinical Effectiveness - All Staff are Prepared to Care

Every professional needs to be competent and up to date in the knowledge and practice that enables them to play their part in good end of life care. It is vital that every locality and every profession has a framework for their education, training and continuing professional development to achieve and maintain this competence. The framework must allow expertise and professionalism to flourish in the culture of every organisation and every caring contact. This priority will be achieved by: (a) training and support for external healthcare providers; and (b) sustaining a skilled and competent workforce.

Priority 2: Patient Safety

- (a) Falls Prevention - The aim of the falls prevention strategy will be the prevention of, and the reduction in, the number of patient falls whilst as far as possible maintaining patient independence. The work will include designation of a falls prevention link nurse within the Inpatient unit to be a point of advice and support for staff. The link nurse role will be adapted to include community and day therapy services once the role has been developed in the inpatient unit.
- (b) Pressure Damage - The complexity of our patient group heightens the risk of skin damage. However the organisation is committed to reducing the incidences of pressure damage as far as possible with a plan to undertake an in-depth audit to identify any trends or further measures that may be required to maintain skin integrity for dying patients.

Priority 3: Information Management and Technology Systems Review - This priority will be achieved by: (1) electronic clinical record keeping system; (2) electronic reporting system; and (3) review of information management technology resources.

STATEMENT ON ST BARNABAS QUALITY ACCOUNT

This statement has been prepared by the Health Scrutiny Committee for Lincolnshire.

Priorities for 2015-16

We welcome the progress by St Barnabas Hospice on its improvement priorities for 2015-16. In relation to Priority One (*Cognitive Behavioural Therapy Training for Hospice Nursing Staff*), we are pleased that the staff who have been trained are already using their skills, with the result that there is evidence that patient anxiety levels are being reduced.

We are pleased that there has been progress with Priority Two (*Advance Care Planning in Other Settings*) to further support palliative care provision for prisoners.

On Priority Three (*Developing a Resource Pack to Support the Care of Patients with Learning Disabilities*), we note that the resource pack is due to be launched during July 2016.

Priorities for 2016-17

We support St Barnabas's four priorities for 2016-17 and make the following comment on each: -

- We note that Priority One (*Clinical Effectiveness – Continuing Professional Development*) applies both to St Barnabas's own staff and to the staff of other health care providers. We particularly welcome the initiative whereby three end-of-life care facilitators will be located in the three main hospitals. We look forward to this leading to improvements in patient care in all settings for Lincolnshire patients.
- We strongly support Priority Two (*Falls Prevention and Reducing Pressure Damage*). Any progress in these areas will be of benefit to end of life patients.
- We accept that Priority Three (*Information Management and Technology Systems Review*) will lead to improved data and reporting, improving the clinical effectiveness of the organisation.
- We strongly support Priority Four (*Implementation of a Dementia Strategy*). Addressing the particular needs of patients with dementia at the end of their life is welcome and we welcome any progress in this area.

Achievements During 2015-16

We note that the Care Quality Commission (CQC) inspected the in-patient palliative care unit in Lincoln on 29 March 2016. We are pleased that the CQC found that the unit in Lincoln was rated good overall and we are particularly impressed by the summary in the CQC's report, which recorded people being unanimously positive about the care they have received; high levels of respect for people's dignity and privacy; and the high level of care provided by staff, as well as their expertise. We congratulate St Barnabas on this CQC report.

We would also like to congratulate St Barnabas's Welfare Benefits Service on supporting over 3,800 people to claim benefits of over £7.7 million in the last year, which represents an average monetary gain per patient of just over £2,000. The importance of ensuring patients do not suffer undue financial hardship cannot be stressed enough.

Engagement with the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee has continued to engage with St Barnabas Hospice during the last year and looks forward to further engagement in the coming year. The Committee continues to recognise the contribution of St Barnabas to innovation in palliative care.

Presentation and Accessibility of Information to the Public

We believe that the Quality Account includes clear statements on progress with each of last year's priorities; and a clear rationale for the selection of priorities for 2016/17. We understand that the final version of the Quality Account will clearly separate its chapters, so it is clear for all readers.

We also note that St Barnabas has put in place arrangements for monitoring progress with priorities in the Quality Account in the coming year.

Conclusion

We would like to congratulate St Barnabas Hospice on its achievements over the last year and the outstanding work undertaken by the organisation.