


Agenda Item 8

		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 Andrew Crookham
Executive Director - Resources**

Report to	Health Scrutiny Committee for Lincolnshire
Date:	16 March 2022
Subject:	Arrangements for the Quality Accounts 2021-2022

Summary

The Health Scrutiny Committee for Lincolnshire is invited to consider its approach to the *Quality Accounts* for 2021-22 and to identify its preferred option for responding to the draft *Quality Accounts*, which will be shared with the Committee, by local providers of NHS-funded services.

Actions Required:

- (1) To determine which draft *Quality Accounts for 2021-22* from the local providers of NHS-funded services where the Committee would wish to make a statement.
- (2) To consider the arrangements for drafting statements in response to *Quality Accounts* for 2022.

1. Legal Framework for Quality Accounts

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

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. Any involvement of health and wellbeing boards would be discretionary.

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

The content of a *Quality Account* is prescribed by regulations, with additional requirements for NHS bodies. The *Quality Account* 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.

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

No Financial Content

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

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

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

- Do the priorities in the *Quality Account* reflect the priorities of local people?

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

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

4. **Quality Account Arrangements in 2021**

In 2021, the Committee agreed to provide statements on the draft *quality accounts* for the following two providers:

- East Midlands Ambulance Service NHS Trust
- United Lincolnshire Hospitals NHS Trust

As the requirement to share the draft quality account is stated in the regulations, other local providers have continued to share them and their receipt is acknowledged by the Chairman on behalf of the Committee.

Each provider's final *Quality Account* has to be published by 30 June each year.

5. **Handling Quality Accounts in 2022**

In the table below is a list of providers of NHS-funded services, on which the Committee has previously made a statement. In recent years the Committee has concentrated on those providers, with identified quality issues, by principally focusing on the overall Care Quality Commission (CQC) rating of the provider. The table below includes the latest CQC rating and the date of the most recent CQC report. As the CQC has changed its approach to inspections as a result of the pandemic, it should be noted that several of the latest ratings are from 2019 or earlier.

Provider	Current CQC Rating	Date of Latest CQC Report
East Midlands Ambulance Service NHS Trust	Good	17 July 2019
Lincolnshire Community Health Services NHS Trust	Outstanding	27 Sept 2018
Lincolnshire Partnership NHS Foundation Trust	Good	22 June 2020
Northern Lincolnshire and Goole NHS Foundation Trust	Requires Improvement	7 Feb 2020

Provider	Current CQC Rating	Date of Latest CQC Report
North West Anglia NHS Foundation Trust	Requires Improvement	20 Dec 2019
St Barnabas Hospice	Outstanding	7 Nov 2019
United Lincolnshire Hospitals NHS Trust	Requires Improvement	8 Feb 2022

Other Health Overview and Scrutiny Committees

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

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

6. Arrangements for Making Statements in Response to Draft Quality Accounts

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

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

7. Conclusion

The Committee is invited to consider the arrangements for the *Quality Account* process for 2021-22. This includes the Committee making a decision on which quality accounts it would wish to review, via a working group arrangement.

8. 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*.

9. Appendices

These are listed below and attached to this report.

Appendix A	Quality Accounts 2020-21 – Summary of the Priorities of the Main Providers of NHS-Funded Services for Lincolnshire Residents
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10. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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**QUALITY ACCOUNTS 2020-21 – SUMMARY OF THE PRIORITIES FOR IMPROVEMENT
OF THE MAIN PROVIDERS OF NHS-FUNDED SERVICES FOR LINCOLNSHIRE RESIDENTS**

East Midlands Ambulance Service NHS Trust

Priorities for Improvement

- (1) We will improve the way in which we listen to and use feedback from our patients, carers and families to continually improve our services.
- (2) We will continue to promote the safe and appropriate use of alternatives to ED by ensuring that our staff have the necessary knowledge, skills, experience and confidence to do so. This will include ensuring that staff have digital access to shared records and to senior clinical support where required.
- (3) We will improve our performance against the nationally reported Ambulance System Indicators and Clinical Outcomes, with a particular focus on cardiac arrest.
- (4) We will continue to learn from when things go well as well as when they go wrong, ensuring that learning is shared both internally and externally to improve the quality of care we provide to our patients.
- (5) We will improve the timeliness of managing safeguarding referrals raised by our staff by fully automating the referrals process ensuring that relevant third parties are alerted in real-time.

The quality account for 2020/21 is available at the following link:

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

Lincolnshire Community Health Services NHS Trust

Priorities for Improvement

- (1) Patient involvement and patient partners:
 - Patient panel members will share their views via surveys with the Trust.
 - Service specific interest groups will be established around specific service lines and work on specific projects, sharing views via surveys or consultation.
 - There will be patient partners, a core group of trained patient panel members, who participate in visits, appropriate Trust committees and recruitment panels.
- (2) Embed the principles of the safety culture (National Patient Safety Strategy):
 - During quarter 1, the 'Just Culture Guide' will be embedded into Trust policy.
 - During quarter 2, a gap analysis will be completed on stakeholder engagement.
 - During quarters 3 and 4, the new Patient Safety Incidences Response Framework will be implemented.
- (3) Personalised Care and Support Planning (PCSP)
 - There will be a baseline check of the number of personalised care plans in place.
 - Evidence will be gathered on patient involvement in the planning of their care.
 - Information will be shared with the personalisation board.

The quality account for 2020/21 is available at the following link:

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

Lincolnshire Partnership NHS Foundation Trust

Priorities for Improvement

- (1) To improve the involvement of carers and families in patient/service user care. This builds on previous work to improve carer and family involvement in relation to the adult inpatient care pathways and particularly leave and discharge arrangements.
- (2) To develop and implement robust dual diagnosis (alcohol/substance use and mental ill health) pathway. This will address the challenges faced by patients and service users who have a dual diagnosis, as Lincolnshire's dual diagnosis pathway has been found to fall short of the standard required to deliver safe and effective care.
- (3) To make it easier for people who use our services to share their experiences of care by providing a range of methods to provide feedback across the services. This feedback will inform service development and improvement. There will be opportunities for people to give real time feedback, to ensure they are listened to.
- (4) To deliver a home treatment service in Lincoln and Boston Hubs for people living with dementia. These would prevent admission and support discharge by delivering care as close to home as possible for people, require intensive support to maintain as much independence as possible.

The quality account for 2020/21 is available at the following link:

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

Northern Lincolnshire and Goole NHS Foundation Trust

Priorities for Improvement

- (1) Improve end of life care and reduce mortality rates
- (2) Improve care for deteriorating patients and improve the treatment of sepsis
- (3) Increase medication safety
- (4) Improve safety of discharge
- (5) Improve the management of diabetes

The quality priorities for 2021/22 were aligned with the Trust's quality strategy longer term objectives. Some of the above quality priorities and the underpinning measures link to Trust performance indicators.

The quality account for 2020/21 is available at the following link:

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

North West Anglia NHS Foundation Trust

Priorities for Improvement

- (1) To continue to improve position to regain top quartile status for HSMR and Standardised Hospital Mortality Indicator (SHMI)
- (2) To implement the principles of the NHS Patient Safety Strategy Framework.
- (3) To reduce pressure ulcers arising from hospital acquired infections.
- (4) To improve sepsis recognition and management.
- (5) To maximise safety through the implementation of the Ockenden Recommendations for maternity services and to enhance women's birth experience.
- (6) To implement the new legislation on liberty protection safeguards.
- (7) Health Inequalities: to enhance patient experience through the engagement of minority patient groups; to improve targeted health promotion that focus on minority ethnic groups; to support improvement of health inequalities in women and children; and to improve outcomes for women and babies who are from either a minority ethnic group or are vulnerable.
- (8) To enhance patient experience through the use of volunteers within the chaplaincy.
- (9) To improve patient experience, safety and quality by streamlining patient flow in Peterborough City Hospital's A&E.
- (10) To reduce hospital acquired *Clostridium difficile* infections
- (11) To embed new CQC strategy following publication in May 2021; to Improve internal governance processes, the accuracy and use of data from CQC insight reports and to complete outstanding actions on CQC action plan.

The quality account for 2020/21 is available at the following link:

[file:///C:/Users/Simon.Evans/Downloads/Quality%20Account%202020-21%20v16%2029.06.21%20FINAL%20\(1\).pdf](file:///C:/Users/Simon.Evans/Downloads/Quality%20Account%202020-21%20v16%2029.06.21%20FINAL%20(1).pdf)

United Lincolnshire Hospitals NHS Trust

Priorities for Improvement

- (1) Improving Respiratory Services, where success measures include:
 - total elapsed time from suspicion of type 2 respiratory failure to non-invasive ventilation less than 120 minutes;
 - start for non-invasive ventilation less than 60 minutes from arterial blood gas;
 - non-invasive ventilation progress for all patients to be reviewed every four hours;
 - 90% of patients to have continuous observations for the first 15 minutes after having received a chest drain
- (2) Developing a Safety Culture, where success measures include:
 - developing dedicated intranet for safety culture, including monthly newsletters;
 - developing a faculty of 'train the trainers' to deliver training on *Human Factors*.
 - recruitment of all vacant posts in the safety Culture team by September 2021; and
 - a programme of visits to theatres to consider systems and processes.
- (3) Improving Patient Experience, where success measures include:
 - communication using *Objective Structured Clinical Examination* methodology;
 - a reduction in poor communication and lack of dignity and respect being cited in the Friends and Family Test; and
 - a reduction in complaints and concerns raised by patients, where poor communication and a lack of involvement in decisions are cited.