

## **Wiltshire Council**

### **Health Select Committee**

**25 June 2019**

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#### **Subject:     Review of Quality Accounts**

#### **Purpose**

1. This report provides information on the outcome of the review of the Quality Accounts which took place on 8 May 2019.

#### **Background**

2. A Quality Account is a report about the quality of services by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public.
3. Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.
4. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.
5. The Department of Health requires providers to submit their final Quality Account to the Secretary of State by uploading it to the NHS Choices website by June 30 each year.
6. It was agreed at the Health Select Committee on 5 March 2019 that a small group of committee members would meet to consider the Quality Accounts and would report their findings to the Health Select Committee.
7. Cllr Gordon King, Cllr Fred Westmoreland and Mrs Diane Gooch (WSUN) met on Wednesday 8 May 2019 to review the Quality Accounts which had been received. Cllr Clare Cape was unable to attend the meeting.
8. The following Quality Accounts were reviewed on 8 May 2019:
  - a. Avon and Wiltshire Mental Health Partnership (AWP)
  - b. Great Western Hospital (GWH) (NB – the quality accounts were incomplete at the time)
  - c. Salisbury Foundation Trust (SFT)
  - d. South Western Ambulance Service Foundation Trust (SWASFT)
  - e. Medvivo
  - f. Wiltshire Health and Care

## **Main considerations**

9. The Quality Accounts come in very different formats, with varying degrees of details. Members felt that it would be beneficial if all quality accounts were to have the same “executive summary”; a page or two summarising the key points for the previous year and listing the priorities for the following year.
10. This would improve accessibility for lay members and would also enable Health Select Committees to undertake a year on year comparison. This is currently difficult, given the size of the quality accounts, for example when put together the quality accounts considered this year came to over 360 pages.
11. Using “executive summaries” was suggested to the NHS healthcare providers but it could be beneficial to also raise this with the body overseeing the quality accounts.
12. Quality accounts provide information on the delivery of the key priorities that had been set for the previous year and on the key priorities selected for the year ahead (what the priorities are, how and why they were selected). For this reason, the members considered the quality accounts in two steps.
13. In Step 1 they focused on the review of performance for the previous year and commented accordingly, including suggestions on information which they felt would benefit the quality accounts (for example comparator data, i.e. how do the figures given compare with other equivalent bodies or nationally, etc.). These statements can be sent to members of the committee who wish to see them before publication of the quality accounts. It should be noted that it was the first year Medvivo was submitting quality accounts.
14. In Step 2 they focused on the priorities set for the following year. This highlighted the benefits there would be in the Health Select Committee receiving information from these NHS healthcare providers on progress to date in delivering their set priorities for the year. It was felt that 6 to 9 months after the publication of the quality accounts would allow for a reasonable amount of time to have passed for actions to have been implemented; yet allowing enough time for remedial actions should issues be identified when presenting to the committee. A detailed list is included in the proposal later in this report.

## **Proposal**

15. That the Health Select Committee considers how it may wish to approach Quality Accounts for 2019-20.
16. That the Health Select Committee agree for the Chairman and Vice-Chairman to contact the relevant body overseeing the quality accounts to suggest the use of a template Executive Summary.
17. That the Health Select Committee agrees to request the following information at its 5 November 2019, 14 January 2020 or 3 March 2020 meeting:

### **Avon and Wiltshire Mental Health Partnership (AWP)**

1. An explanation of the reason(s) for not meeting national average for follow up within seven days of discharge for Q1 (table 14 of Quality Accounts);
2. Further information on the monitoring of the impact of training for members of staff (implementation of changes) and the plan(s) for safeguarding training (one-off / regular training);
3. An explanation of the 75% target for patients to have a pharmacist involved in the discharge planning process (table 4 of Quality Accounts);
4. An explanation of the impact of the changes in legislation relating to s136 of the Mental Health Act on the number of serious incidents;
5. Learning from deaths – an update on the “quality” of the learning from Mortality Reviews following the decision to have structured selection of cases (rather than random) since Q4 in 2018-19;
6. Achieving regulatory compliance – progress to date.

### **Great Western Hospital (GWH)**

1. progress on the priorities for Quality Improvement identified by the trust for 2019-20, with a particular focus on discharge and communication(s) related to discharge:
  - a. Improving effectiveness of nursing handover and timely discharge communication,
  - b. Improve patient experience and engagement and improve complaint response timescales,
  - c. Increase Quality Improvement capacity through implementing a trust-wide programme of Quality Improvement training,
  - d. Develop the support provided to carers of a person living with dementia,
  - e. Reduce the rates of Clostridium Difficile infection.
2. Actions implemented to address issues highlighted by the December 2018 CQC inspection, in particular for:
  - a. Urgent & Emergency Care,
  - b. Medical care (including older people’s care), and
  - c. Surgery
3. Implementation of key learning points and actions taken with regards to Never Events (if possible number of Never Events reported to date) and serious incidents.
4. Developments to the Emergency Department and integrated front door service (£30M funding awarded).

### **Medvivo**

An update to inform the committee of the progress made or plans in place to deliver the five priorities for 2019-20:

1. Early detection and treatment of sepsis to save lives

2. Improve service user engagement and understanding of the patient journey throughout integrated urgent care
3. Develop and continually review Antimicrobial Stewardship and prescribing to improve patient outcomes
4. Improve patient safety through telephone triage and develop the multi-professional team within the Clinical Assessment Service
5. Improve the health and wellbeing of staff and continue to develop them with the right skills for the right people in the right place at the right time.

## **Salisbury Foundation Trust**

1. Progress achieved to date for the five quality priorities identified by the trust for 2019/20, with particular interest in (page numbers refer to the quality accounts):
  - a. Improving patient flow through the hospital, including measurements of the impact of the SAFER care bundle (Priority 3) and measurements of emergency re-admissions within 28 days of discharge as this has been slightly increasing for patients aged 16 and over since 2016 (page 70);
  - b. Increasing the number of patients who are able to be discharged to their preferred place of care at the end of their life, including working collaboratively with the community and social care partners to develop an older persons' pathway (Priority 3);
  - c. Organisational development strategy with regards to improving staff health and wellbeing;
2. Progress on expanding parking provision for both staff and visitors.
3. An update on the following areas from the priorities identified for 2018/19 (page numbers refer to the quality accounts):
  - a. Continued efforts to reduce the number of patients who fall and injure themselves (page 11);
  - b. Identify patients with delirium (page 11);
  - c. Ensure a rapid discharge for patients at the end of their life who wish to die at home (page 11);
  - d. Outcome of the audit of the delirium care bundle (page 12);
  - e. Performance of the frailty pathway against the discharged within 72 hours measure (pages 12 and 13);
  - f. Maintaining 90% standard of patients receiving hip fracture surgery within 36 hours (page 15);
  - g. Monitoring of improvements (education and training) in understanding whether a patient meets the eligibility criteria for fast track Continuing Health Care funding (page 16) (NB - Please note this is of particular interest);
  - h. Navigator performance with regards to patients being seen within 15 minutes of arrival in the emergency department, as well as any additional development of skills offered to navigators;
  - i. Trusted assessors, development of the concept and impact on speeding up discharges (page 24)

## **South Western Ambulance Service NHS Foundation Trust (SWASFT)**

Bearing in mind that the committee was scheduled to receive a performance update from the SWASFT at its meeting on 25 June 2019:

1. Evaluation of the effectiveness of the Enhanced Hear and Treat process (as implemented since 23/04/2019);
2. Update on the development and implementation of Mortality Reviews;
3. Improvements achieved for patients' experience using Always Events methodology in end of life care (and measurements used);
4. Update on the improvements made or actions taken to improve on the main topic for complaints in 2018-19 (access and waiting)

## **Wiltshire Health and Care**

An update to inform the committee of the progress made or plans in place to deliver the priorities identified for 2019-20:

- **Safe** - people are protected from abuse and avoidable harm;
- **Effective** – people's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidence based where possible
- **Caring / experience** – staff involve and treat people with compassion, kindness, dignity and respect
- **Responsive** – services are organised so they meet people's needs
- **Well-led** – leadership, management and governance of the organisation assure the delivery of high quality person centred care, supports learning and innovation and promotes an open and fair culture

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### **Paul Kelly**

Head of Democracy (Designated Scrutiny Officer)

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### **Background papers**

None

### **Appendices**

None