

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
29 JUNE 2017**

**QUALITY ACCOUNTS 2016/17
Assistant Chief Executive**

1 PURPOSE OF REPORT

- 1.1 This report invites the Health Overview and Scrutiny (O&S) Panel to note the comments on the Quality Accounts sent by the Panel to the four NHS Trusts providing most health services to Bracknell Forest residents, and two Trusts' responses to the Panel's comments.

2 RECOMMENDATION

That the Health Overview and Scrutiny Panel:

- 2.1 **Notes the comments on the Quality Accounts sent by the Panel to the four NHS Trusts providing most health services to Bracknell Forest residents, and the responses received.**

3 SUPPORTING INFORMATION

- 3.1 The Department of Health (DOH) requires NHS service providers to submit their final Quality Account to the Secretary of State by 30 June each year. The requirement is set out in the Health Act 2009, as amended. 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. Quality Accounts are seen to be an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. 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.
- 3.2 The DOH Publication '*Guidance To Support Local Authorities And Their Partners To Deliver Effective Health Scrutiny*', of June 2014 states that The Quality Accounts submitted by providers of NHS services should contain observations of Overview and Scrutiny committees.
- 3.3 One of the agreed recommendations of the Panel's Working Group on the implications of the Francis Report, in 2014 was that the Panel should formally comment on the Quality Accounts of the NHS Foundation Trusts providing most of the NHS services for Bracknell Forest residents.
- 3.4 The Panel's comments on the Quality Accounts of the four NHS Trusts are attached, together with the responses received from two of the Trusts.

Unrestricted

**ALTERNATIVE OPTIONS CONSIDERED / ADVICE RECEIVED FROM STATUTORY AND
OTHER OFFICERS / EQUALITIES IMPACT ASSESSMENT / STRATEGIC RISK
MANAGEMENT ISSUES / CONSULTATION – Not applicable**

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QUALITY ACCOUNTS 2016-17: COMMENTS BY BRACKNELL FOREST COUNCIL'S HEALTH OVERVIEW & SCRUTINY PANEL

Royal Berkshire NHS Foundation Trust

General comments

1. We welcome the opportunity to comment on the Trust's Quality Accounts (QA) Report for 2016-17.
2. The Health Overview & Scrutiny Panel appreciates the continuing good dialogue with the Trust. This has included a regular meeting every two years with the Trust's Chief Executive, in public, to review the Royal Berkshire Hospital's performance and plans.
3. With the national focus on the adequacy of resourcing of the NHS, it would be helpful if the QA gave some indication of whether the Trust is adequately resourced going forward, and if not, what measures are to be taken.
4. The QA should mention the Sustainability and Transformation Plans affecting Berkshire, and the changes these will bring to the delivery of the Trust's services.
5. Throughout the QA, many targets are imprecise, for example to refer to 'a reduction' without quantifying it, is not very meaningful. It would also be helpful if the QA could:
 - Set alongside each all of the Key Quality Improvement Measures what the current performance is, so the reader can understand the targets better;
 - Give information on numbers of patients, etc, alongside targets expressed as percentages; and
 - Describe how the Trust will monitor the achievement of its targets and its commitments to improve (e.g. the various 'Sign Up to Safety' initiatives).
6. The accessibility of the document would be improved if less well-known acronyms were spelt out, for example 'IVIg' and 'HCV' (page 18) are not well known.
7. Residents of Bracknell Forest have made increasing use of the Royal Berkshire Bracknell Healthspace. We would encourage the Trust to refer to this valuable and relatively novel facility in the QA report.

Specific comments

8. We support the Trust's Quality Priorities for 2017-18 (page 6), but would like to see a much stronger emphasis on what has and is being done to address the criticisms raised by the Care Quality Commission (page 38).
9. We are concerned at the increased staff vacancy rate in the Trust, despite this having been a priority action in 2016-17 (pages 7 and 24), though we are encouraged by the initiatives being taken by the Trust on recruitment and retention. The use of agency staff is a widespread concern across the NHS. We suggest that the QA should include information on the current cost of agency staff (in contrast to the target of 3% of total staff costs), and the distinction between 'Bank' and external agency staff. In that regard, it would be helpful to show actual numbers of people as well as percentages. Looking further ahead, it would be interesting to know whether the Trust has formulated any plans to address the possible impact of BREXIT.

10. On recruitment (page 7), we suggest that the QA says something about the links with local universities on work placements and training. Also, the QA states that the Trust aims to recruit non-EU nurses. We therefore repeat the concern we raised last year, that if those staff are paid less than the Government's minimum income threshold, they will be required to leave the UK.
11. We commend the Trust's initiative to share learning, and would encourage the Trust to emphasise the 'duty of candour' in that regard (page 8). We would also welcome more detail on how the Trust will ensure that learning is truly embedded. We commend the initiative to report excellent practice, through the 'Above and Beyond' project, and the measures to listen to staff more on their ideas for improvement.
12. The section on the Patient Experience (pages 11-12) could usefully refer to the improved patient feedback on the quality of food provided at the Royal Berkshire hospital.
13. We suggest that more information is given on the current extent of delayed discharges (page 11) and the actions being taken to avoid re-admissions (see also page 47). We also suggest that the key quality improvement measure for bed days lost is quantified.
14. We suggest that the pressure on car parking might be eased by providing better signage to nearby public car parks (page 13).
15. On the issue of End of Life Care (page 15), we suggest the QA gives a timescale for the recruitment of an end of life care facilitator, which we see as being important.
16. We commend the Trust's innovative work during the year (page 16), specifically on paediatric transition (which we can see would be of great benefit to the children concerned) and improving mobilisation following hip surgery (which is of direct benefit to the patients and to the hospital's efficiency).
17. We were concerned to read that the Information Governance Assessment Report Score overall score for 2016-17 was 67% and was graded red. We would welcome some details of the practical effect of the low rating, and what the Trust is doing to improve its governance (page 20).
18. We congratulate the Trust on the rate of achievement of its quality priorities for 2016-17, which we agree were ambitious (page 23), particularly on cancer treatment waiting times which is hugely important to patients.
19. We would be interested to know whether the innovative solutions on dementia (page 23) also apply to other mental health conditions. In that regard, there have been media reports of inadequate follow-up of mental health patients' well-being after discharge from hospital. It would be helpful if the QA could comment on that, including whether it is the responsibility of the hospital or the Community Mental Health team, and what is being done to improve any inadequacies in the follow-up process.
20. On the cancer-related targets (page 28), it would be helpful to add details on the causes for delays and the under-achievement of the targets.
21. The Panel welcomes the Trust's priority attention to patients with dementia, given the prevalence of that condition (page 33).
22. It is good to see the reduction in the percentage of staff who report that they have been subjected to harassment, bullying or abuse from other staff, and that the Trust's position is better than the average for all NHS Trusts (page 37). Nevertheless, we regard the

23% rate to be unacceptably high in any organisation, and feel sure that this must be harming staff morale and performance. We suggest that the QA should describe how the Trust will bring the rate down. For example, do the whistleblowing and staff support arrangements need to be improved, and how often is the grievance procedure invoked and acted upon?

23. We do not believe that the QA gives sufficient prominence to the current assessment by the Care Quality Commission, that the Trust 'Requires Improvement' overall (page 38). We would particularly wish to see what improvements the Trust is making to address the weaker areas identified by the CQC of: Safety; Responsiveness; and Leadership.
24. We congratulate the Trust on their Accident and Emergency waiting time performance, achieved during a time of great and growing demands on the Emergency Department (page 39).
25. The Panel would welcome an assurance that the Mortality Review processes include recording and considering all relevant matters raised by Coroners (page 40).
26. Serious Untoward Incidents/ 'Never Events' are prime learning opportunities for any NHS Trust. We would welcome an assurance in the QA that the Trust approaches these with an open mind and candour, and is not over-defensive in looking for lessons to be learnt.

Frimley Health NHS Foundation Trust Quality Accounts 2015-16: Comments by Bracknell Forest Council's Health Overview & Scrutiny Panel

General comments

1. We welcome the opportunity to comment on the Trust's Quality Accounts (QA) Report for 2016-17. This shows that – despite various challenges and an increased workload - the Trust has been innovative, energetic and successful throughout the year, enabling it to sustain its outstanding performance record. We note particularly the exceptionally good feedback from patients on the quality of care they received (page 79). On behalf of the residents of Bracknell Forest, the Panel thanks the Trust for its very high quality services.
2. We appreciate that the production of the QA involves a lot of data collection and other work, to a demanding timescale. The early draft QA sent to us in April (in order that we could meet your response deadline) has numerous pieces of very important information yet to be inserted, particularly on the Trust's forward plans. Consequently, our comments are incomplete and provisional. We would ask for earlier availability of a complete QA, so that we can provide full comments before your deadline for Overview and Scrutiny comments.
3. The Health Overview & Scrutiny Panel appreciates the continuing good dialogue with the Trust. This has included a regular meeting at least every two years with the Trust's Chief Executive, in public, to review the Trust's performance and plans. Most recently, this has concentrated on the redevelopment of Heatherwood Hospital.
4. With the national focus on the adequacy of resourcing of the NHS, it would be helpful if the QA gave some indication of whether the Trust is adequately resourced going forward, and if not, what measures are to be taken. We note that on page 17 there is a statement that says that the overspend must be reduced and the books balanced, but the figure of the overspend is not given.
5. The Trust does seem to have lots of good initiatives to empower staff and also to commend them publicly. The Trust also recognises the importance of staff well-being and listens to its staff and welcomes their suggestions on improvements.

Specific comments

6. It is understandable that the Trust under-achieved the 95% target for timely treatment of people presenting at the Emergency Department, given the huge increase in demand. It would be helpful if the QA could expand on what a realistic target would be, alternatively how and when the 95% target will be met (pages 3 and 14).
7. The Panel congratulates the Trust on its awards and advances in the all-important aspect of patient safety (pages 5-7), and in embedding an improved culture across all the Trust's staff (pages 9-10).
8. It would be helpful if the report could state the consequences of (the significant number of) staff appraisals not having been completed. For example, good performance may not always be recognised, whereas under-performance may go unnoticed and uncorrected (page 10)?

9. The Trust compares favourably to the average NHS Trust concerning staff reporting that they have experienced harassment, bullying or abuse from other staff (page 11). Nevertheless, we regard the 21% rate to be unacceptably high in any organisation, and feel sure that this must be harming staff morale and performance. It would be helpful if the report stated what action the Trust will be taking on this. We suggest that the QA should describe how the Trust will bring the rate down. For example, do the whistleblowing and staff support arrangements need to be improved, and how often is the grievance procedure invoked and acted upon?
10. The substantial reduction in the staff vacancy rate (page 12) is commendable, given the difficulties in recruitment and retention experienced by the NHS - and hence the heavy reliance on agency staff - particularly in southern England.
11. We congratulate the Trust on its achievement of most of its quality priorities in 2016/17 (Section 2, page 21 onward), which had a strong bearing on patient care and on the efficient running of the three hospitals. We particularly commend the Trust's sensitive and valuable handling of end of life care (pages 35 - 38).
12. We commend the 11% increase reported on involving carers with discharge (page 33). The work to start progressing for discharge as soon as the patient enters the hospital is also to be commended.
13. We support the Trust's Quality Priorities for 2017-18 (page 39 onwards). We would welcome some more information in the QA on the partnership work with local authorities relating to patient discharge.
14. We commend the Trust's performance in reducing avoidable harm to patients (pages 54- 56), particularly the 'Sign up to Safety' campaign (page 58), and the minimisation of medication errors (page 69). Serious Untoward Incidents/ 'Never Events' are prime learning opportunities for any NHS Trust. We would welcome an assurance in the QA that the Trust approaches these with an open mind and candour, and is not over-defensive in looking for lessons to be learnt.
15. We are impressed by the very fast treatment on strokes (page 72) and Acute Myocardial Infarction (page 75), which must make the difference between life and death for some patients.
16. The Panel is concerned that only 41% of complaints were answered within the national target of 25 days (page 81), and consider that this requires some explanation and remediation. We also think it would be helpful if the report included details of how many complaints were made to the Health Service Ombudsman, and offer some examples of learning from complaints.
17. There have been media reports of inadequate follow-up of mental health patients' well-being after discharge from hospital. It would be helpful if the QA could comment on that, including whether it is the responsibility of the hospital or the Community Mental Health team, and what is being done to improve any inadequacies in the follow-up process.

Frimley Health NHS Foundation Trust responded on 26 April:

'Thank you for the comments from BFC Health Overview & Scrutiny Committee on the Trust Quality Report 2016/17.'

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Your feedback is extremely useful and will be considered as we finalise the report.

Many thanks again

Candice Carstairs

Clinical Governance Facilitator'

Berkshire Healthcare NHS Foundation Trust

General comments

1. We welcome the opportunity to comment on the Trust's Quality Accounts (QA) for 2016-17. We also welcome the increased attention being given by the Government and NHS England to mental health issues.
2. The Health Overview & Scrutiny Panel appreciates the continuing good dialogue with the Trust. This included a meeting with the Trust's Chief Executive at our meeting in April 2017, when we reviewed the Trust's performance and plans.
3. With the national focus on the adequacy of resourcing of the NHS, it would be helpful if the QA gave some indication of whether the Trust is adequately resourced going forward, and if not, what measures are to be taken.
4. The QA should mention the Sustainability and Transformation Plans affecting Berkshire, and the changes these will bring to the delivery of the Trust's services.
5. Perhaps the QA could include a comment by the Trust on any implications from NHS England allowing NICE to speed up or delay the approval of new drugs?

Specific comments

6. We repeat our concern on last year's QA, about compliance with NICE guidelines (page 4). Specifically, it would be helpful if the QA could spell out the impact of 20% of NICE guidelines not being complied with, and the circumstances in which the Trust considers that non-compliance is the correct thing to do (Page 18).
7. We are pleased to see the improvement in Friends and Family (FFT) responses from mental health inpatients, but we are concerned about the marked decline in FFT response rates (page 7).
8. It is encouraging to see the sustained rise in the number of compliments received (page 11).
9. We are concerned at the continuing below-average response to the survey question on crisis care. We look forward to hearing the outcome of the 'deep dive' review of that service (page 11).
10. The performance against the patient safety priorities (pressure ulcers and falls prevention) is to be applauded. Both these are important aspects of patient care (pages 13-15).
11. We suggest that more information is given on the reasons for delayed discharges and the actions being taken/to be taken on it (page 17).
12. The use of agency staff is a widespread concern across the NHS. We suggest that the QA should include information on what the Trust sees as an acceptable level of agency staff usage, and the measures being taken to ensure that there is not excessive reliance on agency staff (page 17). Looking further ahead, it would be interesting to know whether the Trust has formulated any plans to address the possible impact of BREXIT.

13. It would be useful to include some description of the outcome of the whistle blowing concerns (page 17).
14. The Panel agrees with the focus on suicide prevention and we suggest that this section of the QA should include data on the number of suicides (by cross referencing to Figure 25 on page 41) and successful prevention cases (page 19).
15. We welcome the initiative to provide a psychological service for people who frequently attend hospital emergency departments. We consider there is a strong case to extend this service to people who frequently contact the ambulance service (page 27).
16. We strongly support the progress being made to improve Child and Adolescent Mental Health Services (CAMHS). This has been a constant concern of ours for many years, and the improvements being made to waiting times and other aspects are very welcome (pages 30-31).
17. We would welcome details of progress on medicines optimisation (page 31) following our comments last year on the QA.
18. We commend the proactive measures taken by the Trust on pharmacy safety improvements (page 31).
19. We are supportive of the Trust's priorities for improvement in 2017/18, and note that we responded separately earlier in 2017 to the Trust's on-line survey about its future priorities (page 32).
20. On last year's QA, following our comments, the medication errors section was expanded to show the ratio of harm to non-harm errors. We suggest this useful information should also be included in this year's QA (page 43).
21. Given that the number of patient to patient physical assaults is worse than the target level, it would be helpful if the QA could summarise what training and other action is being taken to bring down the number of assaults (page 44).

Berkshire Healthcare NHS Foundation Trust responded on 17 May:

'Many thanks for submitting your response to the Berkshire Healthcare NHS Foundation Trust Quality Account for 2016/17. We are grateful for both your feedback and for the suggestions made to improve our Quality Account this year.'

We have now considered the comments and questions raised, and enclose a document [below] detailing both your feedback and our response. Please note that this document will be included in the appendices of the final version of our Quality Account, to be published on NHS Choices in June 2017.'

*Best wishes
Jason Hibbitt
Clinical Effectiveness Facilitator- NICE
Clinical Audit Department
Berkshire Healthcare NHS Foundation Trust*

Berkshire Healthcare NHS Foundation Trust Response:

The Trust welcomes the feedback from Bracknell Forest Council Health Overview and Scrutiny Panel and for the suggestions to help improve the final report.

The balancing of the quality account is always a challenge to meet both our mandated requirements and to make the document meaningful without exceeding its current length. In relation to specific points made, the Trust responds as follows:

3. With regards to adequacy of resourcing, and where this impacts on the delivery of quality it is discussed within the quality concerns section of the quality account.
4. The Sustainability and Transformation Plans affecting Berkshire are not included currently, we will ensure that the impact of these plans will be considered in the development of future priorities and any impact they have on our current priorities will be included in future reports.
5. Any significant impact on our patients with regards to NICE approval of medicines would be included if it posed a significant risk to our patients.
6. We have listened to your comments and reviewed the section of the Quality Account on NICE, to explain the risk assessment process we conduct if we are not fully compliant on a piece of guidance, we are working to ensure that all non-compliant guidance has an action plan in place to enable compliance.
7. Response rates on the friends and family survey will be a specific area of focus this year with an aim to achieve a minimum of 15% response rate (in line with the national expectation)
11. Delayed discharges and the impact to provide beds for patients when required is a current focus and the chief operating officer is leading a piece of work specifically looking at this to improve.
12. The Trust has led a significant programme of work over the last year specifically on reducing the use of agency staff, to increase the use of bank staff where we have vacancies and to try and use the same bank staff for continuity of care.
13. Of the three whistle blowing cases reported two are currently still open and therefore it would not be appropriate to report outcomes, we will look to summarise any learning identified in future quality accounts.
14. We have added in some cross references to make this section clearer.
17. Following your comments last year we included a section on improvements in pharmacy and medicines optimisation this can be found in section 1.1.12
20. Thank you for your comments this has now been included within the quality account.
21. Thank you for your comments this has now been included within the quality account.

**South Central Ambulance Service NHS Foundation Trust Quality Accounts 2015-16:
Comments by Bracknell Forest Council's Health Overview & Scrutiny Panel**

General comments

1. We welcome the opportunity to comment on the Trust's Quality Accounts (QA) Report for 2016-17.
2. The Health Overview & Scrutiny Panel appreciates the continuing good dialogue with the Trust. This has included a regular meeting every two years with the Trust's Chief Executive, in public, to review the Ambulance Service's performance and plans.
3. With the national focus on the adequacy of resourcing of the NHS, it would be helpful if the QA gave some indication of whether the Trust is adequately resourced going forward, and if not, what measures are to be taken.
4. We are impressed by the good innovations made by the Trust, for example piloting NHS 111 online, the use of Skype for high intensity care homes (page 38), and the management of high intensity users (page 57), and would like to know whether SCAS share these innovations with other Ambulance Trusts?

Specific comments

5. The Panel congratulates the Trust on its overall 'Good' rating from the Care Quality Commission (CQC), achieved during the year, which reflects much credit on the way the Trust is run for the benefit of patients. We particularly welcome the significant improvement in the Non-Emergency Patient Transport Service (previously identified as being weak) and the way that the Trust is responding to other opportunities for further improvement identified by the CQC (pages 3-4).
6. We support the Trust's strategic aims (page 18 onwards) and would welcome some more detail on these, for example on '*To transform our cost base*' some indication of how this will be done and the desired outcome; and '*winning viable contracts*' would presumably be confined to those which are consistent with the Trust's statutory duties as an Ambulance Service?
7. It would be interesting to know whether the new specialist paramedic role (page 20) is a national or local initiative, and how this will impact on staff retention in this vital area.
8. The statement '*SCAS will enable people to travel safely between home and health care settings*' should not be so broad, as many people visit health care settings (e.g. their GP surgery) with no involvement of SCAS.
9. Having a mental health nurse available in the Clinical Contact Centre seems to be a valuable innovation (page 21). It would be helpful to comment on whether this partnership endeavour is to be extended to the Berkshire Healthcare Trust.
10. The QA makes a brief mention of the Sustainability and Transformation Plans on page 22. It would be helpful to add whether (and if so, how) this major development will entail any changes to the delivery of the Trust's services. In that regard, it would be interesting to know the current position in relation to delayed transfers of patients from ambulances to hospitals' Emergency departments, which has continued to be reported in the national media.

11. The improved feedback from staff in the annual staff survey is to be commended (page 26).
12. The Panel is supportive of the Quality Priorities for 2017-18 (page 32), and we contributed our views on the draft priorities earlier in 2017.
13. Could the call abandonment rate be improved by publicising the number of unnecessary calls received, so as to discourage undue demands on the Trust's time (page 37)?
14. We could not see any reference to the staff vacancy rate in the Trust, despite this having been a priority action previously. We suggest the QA comments on this, particularly in relation to paramedics. Looking further ahead, it would be interesting to know whether the Trust has formulated any plans to address the possible impact of BREXIT.
15. The use of private ambulances is mentioned on page 45. It would be helpful to have a statement on the Trust's policy on using private ambulances, and the extent of their usage, particularly as they are seen to be more costly than the Trust's own ambulances.
16. We appreciate that meeting the national time targets to attend emergencies have become increasingly challenging due to growing demands on the Trust. Nevertheless, as the targets have been underachieved slightly, we suggest that the report states the targets (75% for Red calls, and 95% for 19 Minute calls) and comments on the reasons for the performance levels as well as any further actions (page 49).
17. The Panel commends the level of achievement of the Trust's quality priorities for 2016-17 (page 53).
18. We suggest that the report describes what is being done to speed up the response to complaints, to meet the 25 days target (page 59).
19. The Panel commends the leading work by the Trust in relation to Dementia awareness (page 62).
20. We suggest the QA includes more information on the effect on the Trust's work of falls by elderly people.

South Central Ambulance Service responded on 8 May:

'Thank you so much for your valuable input. I will work through it.

I will include it as stated/mandated by NHSi in our QA.

Very much appreciated.

Regards

Debbie Marrs

Assistant Director of Quality and Patient Care'