

PERFORMANCE REVIEW OF THE LOCAL NHS TRUSTS

Officer Contact

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Papers with report

Appendix A - Royal Brompton & Harefield NHS Foundation Trust
Quality Account Report
Appendix B - The Hillingdon Hospital NHS Foundation Trust
Quality Account Report

REASON FOR ITEM

To enable the Committee to submit comments to the Care Quality Commission (CQC) on the performance of local NHS Trusts and to comment on the Trusts' Quality Accounts.

OPTIONS AVAILABLE TO THE COMMITTEE

1. Members question the Trusts on their Quality Account reports for 2010/11
2. Members use information from their work this year to question the Trusts on issues measured by the CQC
3. Members decide whether to use this information to submit a commentary to the CQC

INFORMATION

Introduction/background

CQC Assessment

1. The Care Quality Commission (CQC) is the regulator for health, adult social care and mental health services. The organisation helps to ensure that residents get better care by:
 - I. driving improvements across health and adult social care
 - II. putting people first and championing their rights
 - III. acting swiftly to remedy bad practice
2. The CQC is committed to gathering and using knowledge and expertise and working with others, particularly with people who use services and their representatives. In June 2009, the CQC launched Voices into Action which is a plan for involving and consulting individuals, groups and organisations so that they have an impact on decisions made.
3. The CQC expects the services it regulates to demonstrate that they involve people and respond to what people tell them. Providers have told the CQC that engaging with people can benefit all aspects of care, including how services are planned, organised and provided, how services are used, the outcomes of care, and wider benefits for those who are involved, for their staff, as well as for the public. The public, including people who use services and carers have said that effective involvement can give them a voice in services, recognise their right to be heard, and can increase their understanding, trust and confidence in services and their knowledge about their local services, and lead to improvements in their health and wellbeing.

4. Local authorities are being encouraged to send evidence to the CQC about the quality of local NHS services to help inform decisions about providers' compliance with the core standards assessment (previously known as the Annual Health Check). Unlike the Annual Health Check, Councils can now send evidence to the CQC on an ad hoc basis. The assessment now covers adult social care as well as health and mental health services.
5. From April 2010, new essential standards of quality and safety were introduced gradually across all health and adult social care services. Providers of health and adult social care are registered with the CQC if they meet essential standards and are constantly monitored by the CQC to ensure that they comply with new legislation.
6. Under the Health and Social Care Act 2008, NHS Trusts were the first providers that were incorporated into the new system which started on 1 April 2010. Providers of adult social care and independent health care started in October 2010. Primary dental care providers must be registered by the Care Quality Commission from 1 April 2011 - this includes NHS and private dentists, and those who work in both sectors. GPs must be registered by April 2012.
7. Any feedback received from the External Services Scrutiny Committee will help the CQC decide whether the health services provided within the Borough meet the essential standards of quality and safety.
8. The CQC will use a judgement framework to help make judgements about compliance and to promote consistency. The framework explains how a decision should be reached by considering evidence about compliance. It focuses on 16 of the 28 regulations and associated outcomes that most directly relate to the quality and safety of care. The framework is split into four stages:
 - i. Determining whether there is enough evidence to make a judgement.
 - ii. Checking whether the evidence demonstrates compliance or whether there are concerns about the provider's compliance with the regulations.
 - iii. If concerns are found at stage ii, making a judgement about the impact on people using services and the likelihood of the impact occurring.
 - iv. Validating the judgement.
9. A copy of the *Summary of regulations, outcomes and judgement framework* document has been attached at Appendix A. The 16 core quality and safety standards included in this document that are relevant to this Committee are Outcomes 1-2, 4-14, 16-17 and 21. These are summarised as:

Section	Outcome	Regulation*	Title
Information and involvement	1	17	Respecting and involving people who use services
	2	18	Consent to care and treatment
Personalised care, treatment and support	4	9	Care and welfare of people who use services
	5	14	Meeting nutritional needs
	6	24	Cooperating with other providers
Safeguarding and safety	7	11	Safeguarding people who use services from abuse
	8	12	Cleanliness and infection control
	9	13	Management of medicines

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Section	Outcome	Regulation*	Title
	10	15	Safety and suitability of premises
	11	16	Safety, availability and suitability of equipment
Suitability of staffing	12	21	Requirements relating to workers
	13	22	Staffing
	14	23	Supporting workers
Quality management	16	10	Assessing and monitoring the quality of service provision
	17	19	Complaints
	21	20	Records
Suitability of management	N/A		

* Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

10. The Committee is tasked with submitting evidence that demonstrates compliance or non-compliance with these outcomes. This evidence can be submitted online or to the CQC Area Manager and could potentially look at:
- what matters most to the people in your community?
 - examples of good practice, as well as areas that should be improved.
 - recent experiences of care and whether these are common among the people using a service or in a community.
 - notes from meetings or visits to a service, the results of a local survey, or a set of personal stories from individuals with dates and supporting documents.

Quality Accounts

11. The Department of Health's *High Quality Care for All* (June 2008) set the vision for quality to be at the heart of everything the NHS does, and defined quality as centered around three domains: patient safety, clinical effectiveness and patient experience. *High Quality Care for All* proposed that all providers of NHS healthcare services should produce a Quality Account: an annual report to the public about the quality of services delivered. The Health Act 2009 placed this requirement onto a statutory footing.
12. Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda. The details surrounding the form and content of Quality Accounts were designed over a year long period in partnership between the Department of Health, Monitor, the Care Quality Commission and NHS East of England. This involved a wide range of people from the NHS, patient organisations and the public, representatives of professional organisations and of the independent and voluntary sector.
13. For the first year of Quality Accounts (2009/2010), providers were exempt from reporting on any primary care or community healthcare services. This year, the community healthcare service exemption has been removed. In this second year of Quality Accounts, providers will report on activities in the financial year 2010/2011 and publish their Quality Accounts by the end of June 2011.
14. Healthcare providers publishing Quality Accounts have a legal duty to send their Quality Account to the overview and scrutiny committee (OSC) in the local authority area in which the provider has a registered office and invite comments prior to publication. This gives

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OSCs the opportunity to review the information contained in the report and provide a statement of no more than 1,000 words indicating whether they believe that the report is a fair reflection of the healthcare services provided (this limit was 500 words in 2009/2010 to allow for those OSCs and LINKs that was to submit a joint statement). Scrutiny Committee's can also comment on the following areas:

- whether the Quality Account is representative
- whether it gives a comprehensive coverage of the provider's services
- whether they believe that there are significant omissions of issues of concern that had previously been discussed with providers in relation to Quality Accounts.

15. The OSC should return the statement to the provider within 30 days of receipt of the Quality Account to allow time for the provider to prepare the report for publication. Providers are legally obliged to publish this statement as part of their Quality Account.
16. Providers must send their Quality Account to the appropriate OSC by 30 April each year. This gives the provider up to 30 days following the end of the financial year to finalise its Quality Account ready for review by its stakeholders.
17. The primary purpose of Quality Accounts is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer and encourage them to engage in the wider processes of continuous quality improvement. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness. If designed well, the Accounts should assure commissioners, patients and the public that healthcare providers are regularly scrutinising each and every one of their services, concentrating on those that need the most attention.
18. It should be noted that Quality Accounts and statements made by commissioners, LINKs and OSCs will be an additional source of information for the CQC that may be of use operationally in helping to inform their local dialogues with providers and commissioners.
19. Where possible, draft copies of the Trusts' Quality Accounts have been appended to this report for consideration.

Dental Service Provision in Harefield

20. It has been previously noted by Members of the Committee that Dr Robert Melhuish will soon be retiring and closing his dental practice in Harefield. Members have requested that representatives from NHS Hillingdon and the Local Dental Committee be invited to attend this meeting to update them on what action is being undertaken to ensure that the dental needs of the residents of Harefield are measured. Members are also seeking assurances of what action will be taken if it is established that the needs of these residents will not be met by current provisions within the area.

Witnesses

21. Senior officers from each Trust will attending and will be able to explain the likely contents of their Trust's draft report. Representatives have been invited from the following organisations:
 - Care Quality Commission (CQC)
 - NHS Hillingdon
 - The Hillingdon Hospital NHS Foundation Trust

- Central & North West London NHS Foundation Trust
- Royal Brompton & Harefield NHS Foundation Trust
- London Ambulance Service
- Local Dental Committee

22. Members of the Social Services, Health and Housing Policy Overview Committee have also been invited to attend this meeting.

SUGGESTED SCRUTINY ACTIVITY

23. Members review the evidence collected during the year and, following further questioning of the witnesses, decide whether to submit commentaries to the CQC.

BACKGROUND INFORMATION

None.

SUGGESTED KEY QUESTIONS/LINES OF ENQUIRY

All

1. What factors have led to the non-achievement of targets? What has been done to address failed targets?
2. What is latest financial position of the PCT and the Trusts? What is the forecast for the financial year end?
3. What initiatives have been implemented during the course of the last year? What had been the impact of these initiatives? What has been the feedback from patients on these initiatives?
4. What plans are there for Trusts to improve their facilities in Hillingdon?
5. How do the Trusts ensure that learning and innovation continues and is filtered through the organisation?

The Hillingdon Hospital NHS Foundation Trust

6. In the recent annual staff survey undertaken by THH, it is noted that 81% of staff were satisfied with the quality of work and patient care that they delivered (compared to a national average of 70%). How does this compare to the percentage of patients that are happy with the care that they receive?

NHS Hillingdon

7. How much does the PCT currently spend on the provision of public health services in the Borough (including the commissioning of public health services)?
8. How is the PCT proposing to tackle health inequalities in the Borough? What investment will be made on this, and on what services? What action is being taken to ensure that work to tackle health inequalities continues after the PCT has gone?
9. What impact has the creation of the cluster had on services in the Borough?
10. What action is being taken to ensure that the dental needs of residents in Harefield will be met following the closure of the local dental surgery?

Royal Brompton & Harefield NHS Foundation Trust

11. The Safe and Sustainable consultation includes options which would see the withdrawal of children's congenital heart surgery from RBH. If this were to go ahead, what impact would it have on the services that the FT provides?

Central & North West London NHS Foundation Trust

12. Following the realisation of the vertical integration of provider services on 1 February 2011, have any challenges have been identified? If so, what action has been taken to address them?

London Ambulance Service (LAS)

13. Has the Service managed to transport all stroke patients to the nearest HASU within 30 minutes since the introduction of the new care pathway? What have the challenges been (if any)?
14. Given that the has advised that it expects to make 890 job cuts over the next five years in an attempt to reduce costs and realise savings of £53m, what impact is expected on the service delivery in the Borough?