

HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

QUALITY ACCOUNTS PANEL REPORT

8 MAY 2014

The Quality Accounts Panel was established by the Council's Health and Adult Social Care Select Committee, which has statutory responsibility for scrutiny of local health services.

What is a Quality Account?

A Quality Account is an annual report to the public from providers of NHS healthcare services about the quality of services they provide. This publication mirrors providers' publication of their financial accounts.

All providers of NHS healthcare services in England, whether they are NHS bodies, private or third sector organisations must publish an annual Quality Account.

What is the purpose of a Quality Account?

The primary purpose of a Quality Account 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. The visible product of this process – the Quality Account – is a document aimed at a local, public readership. This both reinforces transparency and helps persuade stakeholders that the organisation is committed to quality and improvement. Quality accounts therefore go above and beyond regulatory requirements, which focus on essential standards.

If designed well, the Account should assure commissioners, patients and the public that the healthcare provider is regularly scrutinising each and every one of their services, concentrating on those that need the most attention.

Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.

2014 Panel

Membership of the 2014 Panel was:

Councillor Long (Chair)
Councillor Brunning
Councillor Zealley
Mr Peter Lewis – Healthwatch MK representative

The Panel met on 8 May 2014 to receive and comment upon the Quality Accounts from the following organisations:

1. Brook East of England

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2. South Central Ambulance NHS Foundation Trust
3. Milton Keynes Community Health Service
4. Milton Keynes Hospital NHS Foundation Trust

The Panel's comments on each of the Quality Accounts submitted by the above organisations follow below.

Copies of the Quality Accounts Scrutinised by the Panel on 8 May are available on the Council's website at:

<http://cmis-internal/CmisWebPublic/Meeting.aspx?meetingID=10723>

Brook Services

624 South Fifth Street, Central Milton Keynes, MK9 2FX

Brook is the leading UK provider of contraception and sexual health services to young people under 25. The first Brook Centre was established in 1964 to provide contraception and advice to young, unmarried people. Brook provides free and confidential sexual health information, contraception, pregnancy testing, advice and counselling, screening and treatment for sexually transmitted infections and outreach and education work from locations in the UK and Jersey.

Panel Report

The Panel considered the Quality Account submitted by Brook to be a comprehensive and understandable document. They thought that the use of comparative data throughout the Account was positive and informative.

The Panel commented specifically on the table listing Patient Safety Incidents on page 31 as they were concerned to note the rise in incidents in Milton Keynes. The Panel noted that Brook was of the opinion that where a rise in the number of incidents was indicated, this was due to an increase in more consistent reporting, rather than a real rise in incidents. However, the Panel did not entirely accept the assertion that the indicated rise in the number of incidents was simply due to more effective reporting. The Panel understood that better reporting could explain away the year on year increase, but were concerned by the fact that the numbers themselves were higher than in comparative/reference areas.

An explanation of what constituted a Patient Safety Incident would have been helpful.

It was noted that Brook had now been commissioned by the Council's Public Health Department to provide Sexual Health Services in the area and the Panel suggested that a short (4 sides of A4) appendix specifically relating to the work being done and progress made in Milton Keynes would have been helpful. As Brook is a national organisation with regional offices across the country, a short local resume may well be of help to other local authorities reviewing the Quality Account.

The Panel welcomed the report as clear, well written and demonstrating an appropriate use of comparative data in a way which was meaningful to the general reader. There were no areas which gave the Panel real cause for concern and further comment was superfluous.

South Central Ambulance NHS Foundation Trust (SCAS)

7 & 8 Talisman Business Centre, Talisman Road, Bicester, Oxon, OX26 6HR

South Central Ambulance Service NHS Foundation Trust is part of the National Health Service (NHS) and provides emergency and non-emergency ambulance services in Berkshire, Buckinghamshire, Hampshire and Oxfordshire. It was established on the 1 July 2006 following the merger of four ambulance trusts in the above counties covering an area of approximately 3,554 square miles with a residential population of over four million. On 1 March 2012, it became a foundation trust. Its emergency operations centres handle around 500,000 emergency and urgent calls each year.

Panel Report

The Panel felt that the Quality Account presented by SCAS was a big improvement on previous years. However, even as a draft report, the Panel considered that too much information was missing and there was no explanation of the gaps or who was responsible for completing them.

SCAS covers a large area and the Panel felt that the use of average data across the region was not particularly helpful. It was difficult to identify any particular issues in local areas and the use of average data could be used to hide a poor performance in a particular locality.

The information in the Quality Account dealt with the organisation as a whole and once again the Panel commented on the lack of a local focus and felt that this must be an issue for all the local authorities in the SCAS region which had been asked to comment on the Quality Account. The Panel would like to see a short (4 sides of A4) appendix specifically relating to the work being done and progress made for each of the local authority areas in the SCAS region.

However, the Panel was not aware of any significant problems with the ambulance service provided by SCAS in Milton Keynes. Representatives of the Milton Keynes Hospital NHS Foundation Trust who were attending the meeting were able to give the Panel first-hand feedback on SCAS. They considered that they had a good relationship with SCAS and that at present there were no issues with either the emergency or non-emergency ambulance service in Milton Keynes. SCAS crews now alerted the hospital with an estimated time of arrival, which hospital staff were finding particularly helpful.

The representatives of the Milton Keynes Community Health Service commented that the SCAS response to 999 calls, and where appropriate linking to community health services, was very good and they had no complaints either.

The Panel was pleased to note the year on year improvements to the SCAS Quality Account and complimented SCAS on making the Account increasingly more accessible to the general reader.

Central Northwest London NHS Foundation Trust (CNWL): Milton Keynes Community Health Service

Trust Headquarters, Stephenson House, 75 Hampstead Road, London, NW1 2PL

Central and North West London NHS Foundation Trust is one of the largest trusts in the UK, caring for people with a wide range of physical and mental health needs. It provides a wide range of services to treat people with a variety of health needs including common physical health problems, long-term conditions, mental health, learning disabilities, eating disorders, addictions and sexual health. The majority of these services are provided in the community, treating people in their homes or from clinics close to home.

CNWL have been responsible for the provision of community and mental healthcare services in Milton Keynes since April 2013.

Panel Report

Overall the Panel felt that that the Quality Account submitted by CNWL, despite its length, was comprehensive and easy to follow. They were pleased to note that once the Quality Account process was complete, a more succinct, summary version, highlighting the headline points, was produced which was more accessible for the lay reader.

In some areas the Panel would have liked to have seen more specific information relating to Milton Keynes, but acknowledged that this was the first year of operation in Milton Keynes for CNWL and that the priorities addressed in the account had been set before the merger with Milton Keynes Community Health Service.

The Panel was particularly concerned about the data presented in the table *A borough breakdown: Our mental health and allied specialties performance against national priorities and historical quality priorities* (pages 51 – 53). In many of the categories the Milton Keynes column was marked 'n/a'. The Panel felt that this, in the light of current issues relating to mental health services in Milton Keynes, in particular the Campbell Centre, could give a very negative impression of Milton Keynes. The Panel noted that the monitoring data used in the table had not been relevant to the Milton Keynes Community Health Service prior to the merger and therefore had not been collected locally. It was agreed that this point would be made clear in the final version of the Quality Account to enable a more complete understanding of why the data was being presented in this way.

The Panel welcomed *Measure 3: To improve on the 2012 CNWL-MK score based on the CQC national community mental health patient survey for responsiveness to patient needs in 2013* (page 18). This demonstrated a positive approach to improving the provision of mental health services in Milton Keynes. The Panel was encouraged by the prominence given in this section to the progress being made by Service User and Carer Improvement Group. It was a good use of resources and achievements were starting to have a positive effect, although there was still work to be done in this area.

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It was acknowledged that as this was the first year of Milton Keynes Community Health Service being part of the wider CNWL organisation and that CNWL-MK would have started from a lower base than the rest of the Trust, a significant difference would be seen in next year's Account.

The Panel appreciated the attendance of Ruth Weetman from the Milton Keynes Community Health Service and John Vaughan, Director of Strategic Planning and Community Services at CNWL, at the meeting and thanked them for their open and frank input and clarification of the queries raised by the panel.

Milton Keynes Hospital NHS Foundation Trust (MKHFT)

Milton Keynes Hospital NHS Foundation Trust, Oak House, Standing Way, Eaglestone, Milton Keynes, MK6 5LD

Milton Keynes Hospital is a medium sized district general hospital, serving Milton Keynes and surrounding areas. The hospital has approximately 400 in-patient beds, and provides a broad range of general medical and surgical services. Its busy Accident and Emergency Department manages all medical, surgical and child health emergency admissions.

In addition to providing general acute services, Milton Keynes Hospital increasingly provides more specialist services, including cancer care, cardiology and oral surgery. It also has responsibility for treating premature babies born locally.

The Hospital has been an NHS Foundation Trust since October 2007.

Panel Report

The Panel considered this to be a big improvement on last year's Quality Account, although they felt it still needed to be more accessible to the general reader.

The Panel was of the opinion that there were too many tables in the Account and would have liked to have seen more narrative, indicating the direction of travel following on from previous years. They would also have liked to have seen consistency of data so that year on year improvements could be monitored.

The Panel were advised that the tables were prerequisite to the approach to Quality Accounts proscribed by Monitor. However the Panel were of the opinion that the directions issued by Monitor were guidance only and not statute, and did not need to be followed to the letter if that made for a more comprehensible and readable Quality Account. The Panel also commented that it was not always clear what the units were which were being cited in tables and that this needed to be explained.

However, there were fewer graphs this year; those that had been included were much more understandable and the Panel commended the Trust for this approach.

The Account stated that the number one cause of death in hospital was sepsis, but there was no explanation as to what either the quantitative or percentage figure was compared to other causes of death in hospital and this needed to be clarified.

The Panel noted that although the number of serious incidents had risen, this may well be due to an increase in reporting which was being encouraged as part of the Hospital's commitment to be open and transparent. However the Panel did not entirely accept the assertions of the Trust's representatives that there was no cause for concern and that it was simply all due to more effective

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reporting. The Panel accepted that better reporting could explain some of the year on year increase, but were concerned that the rise in serious incidents continued to show a significant upwards trend.

There was no explanation as to what a 'serious incident' was, which the Panel thought was unhelpful.

The MKFT was represented at the meeting by Wedgwood Sweptson, Head of Development and Planning and Kate Falkner, Lead Nurse for Quality and Improvement. They undertook to review the graphs and tables in the Quality Account and how they were displayed to see if presentation could be improved or even if some of them could be dropped completely and the information presented in another format. The Panel was concerned that too many indicators could be confusing and may not actually tell the reader anything significant.

The Panel concluded that this year's Quality Account was an improvement on the 2013 edition, although there were issues with data connections, clear explanations and a lack of comparative data showing the direction of travel from last year.

The Panel thanked Mr Sweptson and Ms Falkner for their attendance and the positive approach they were taking to address the Panel's concern.