

Democratic Services

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# Quality Accounts Panel Report May 2016

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**Membership: Councillor Bramall (Chair)**  
**Councillors: I McCall and P Williams**  
**Healthwatch Representative: A Hancock**

**Overview and Scrutiny Officer: Elizabeth Richardson (Tel: 01908 252629)**

# Contents

	<b>Page No</b>
<b>What is a Quality Account?</b>	<b>3</b>
<b>Committee Summary</b>	<b>4</b>
<b>Milton Keynes University Hospital NHS Foundation Trust</b>	<b>5</b>
<b>Brook</b>	<b>7</b>
<b>South Central Ambulance Service NHS Foundation Trust</b>	<b>9</b>
<b>Central North West London NHS Foundation Trust</b>	<b>10</b>

## What is a Quality Account?

A Quality Account (QA) 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.

There is no obligation on local Quality Accounts Panels to review every Quality Account they receive; neither are they obliged to review Quality Accounts for organisations who may be providing local services, but whose registered office is not in a Panel's local authority area.

The Department for Health Guidance suggests that the Council should:

- (i) ensure that the provider's priorities reflect the local priorities and concerns of constituents;
- (ii) identify any omission of any major issues it believes have been made from the Quality Accounts;
- (iii) provide comment on local issues; and
- (iv) comment on how well the provider has demonstrated the involvement of patients and the public.

## Committee Summary

The Quality Accounts Panel is appointed each year by the Council's Health and Adult Social Care Committee, which has statutory responsibility for scrutiny of local health services.

Membership of the 2016 Panel was:

Councillor Bramall(Chair)  
Councillor I McCall  
Councillor P Williams  
Healthwatch MK representative

Hilda Kirkwood, the Healthwatch MK representative on the Council's Health and Adult Social Care Committee was unavailable to attend any meetings during May 2016. Healthwatch was therefore represented by Alan Hancock, Deputy Chair of Healthwatch MK.

The Panel met on 16 May 2016 to receive and comment upon the Quality Accounts from the following organisations:

1. Milton Keynes Hospital NHS Foundation Trust
2. Brook East of England
3. South Central Ambulance NHS Foundation Trust
4. Central North West London NHS Foundation Trust (Community & Mental Health Services)

Lisa Knight, Director of Patient Care and Chief Nurse, attended the meeting as an expert witness on behalf of the Milton Keynes University Hospital NHS Foundation Trust.

### **Disclosures of Interest**

Councillor P Williams declared an interest as an employee of Milton Keynes Hospital, although it was not in a role that had any input into the compilation of the Quality Account. He also asked for it to be noted that he was a trustee of STaSS (Shika Tamaa Support Services) a charity which provides support for those living with or closely affected by HIV and or Hepatitis.

Mr Hancock (Healthwatch) declared an interest as a member the Hospital's governing board.

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

# Milton Keynes University Hospital NHS Foundation Trust (MKUHFT)

*Oak House, Standing Way, Eaglestone, Milton Keynes, MK6 5LD*

Milton Keynes University Hospital NHS Foundation Trust is a district general hospital providing a broad range of general medical and surgical services, including A&E, maternity and paediatrics. It is developing its facilities to meet the needs of a fast-growing population and provides services for all medical, surgical, maternity 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 and achieved University Hospital status early in 2015.

**Witness:** Lisa Knight, Director of Patient Care and Chief Nurse at Milton Keynes University Hospital

## General Comments

The Panel was pleased to note the improvement in the overall presentation of this year's Quality Account over previous years and felt that it was a much more focussed document which would be more accessible to the general reader.

A glossary had not been included in the draft QA therefore the Panel had found some of the content difficult to follow as not all acronyms, abbreviations or technical terms used in the QA were explained in the text. However, Lisa Knight advised the Panel that, when the Quality Account is merged with the Hospital's Annual Plan as a single publication, a glossary will be included to cover both documents, which re-assured the Panel over this particular concern.

There were some very positive features in this year's QA which the Panel felt worthy of comment:

- The Statement on Quality from the Chief Executive gave a very good overview of what the Hospital had achieved over the past year and an analysis of where work still need to be done;
- The Statement of Assurance explaining the sources of data, how it is collected, analysed and used in the QA was particularly helpful as this is not always made clear in Quality Account documents;
- The use of comparative data was much clearer than in previous years and the way it was presented enabled the Panel to get a clear picture of what was being highlighted;
- The use of patient journals as evidence of patient participation in their care, monitoring outcomes and providing feedback was seen as a very positive move for all concerned;
- The Panel was particularly heartened to see the improvements in oncology care following the detailed scrutiny this had received at a meeting of the Health and Adult Social Care Committee in December 2014;

- The transparency of the 3 “Never Events” reported in the QA was commended, together with the clear detail as to what had been done to make sure these were not repeated;
- The Panel welcomed the securing of additional funding to support improvements to the Hospital’s Accident & Emergency facilities, including the co-location of the Urgent Care Centre with the Accident & Emergency Department, which was producing results as the Hospital had progressed from being one of the worst Accident & Emergency centres in the country to 35<sup>th</sup> out of 143 acute trusts.

However there were still some areas of the QA where the Panel felt that either more detail or more clarity could have been provided:

- Better signposting on the Contents page to some of the detail would have been helpful. Section 2 had been broken down into smaller chunks, ie 2.1, 2.2 etc but this level of detail was lacking in Section 3 and needed to be reviewed, not only to ensure ease of navigation within the QA, but also to present a consistency of style and cohesion;
- Some of the issues highlighted in the introduction, such as maternity services which had generated a lot of public interest recently, were not followed up in the QA with a level of detail about the improvements being made which would serve to reassure the public;
- The Panel would have liked to have seen more information about partnership working across healthcare providers in Milton Keynes, particularly as this was an issue which had been discussed regularly at meetings of the Health and Adult Social Care Committee. They would have liked to have seen more information about the Hospital’s relationship with the Milton Keynes Clinical Commissioning Group and the South Central Ambulance Service;
- The figures for the statutory 18 weeks waiting time from referral to operation in some departments were a concern. Lisa Knight advised that this was a new problem which had been unfolding as the QA was being written and therefore not all relevant data was available. She further explained that the delays had been caused by a backlog earlier in the year which was now being cleared. The Panel noted however, that the main departments affected, ie Orthopaedics, Urology and Ear, Nose and Throat, tended to be non-urgent cases and although any sort of delay was undesirable, a short delay in providing treatment was not generally detrimental to the patient’s overall health.

## Summary

Overall the Panel felt that this QA was a big improvement on those submitted by the Hospital in previous years. It did not appear to be formula driven ‘as prescribed by Monitor’ which in previous years had limited its accessibility to the general reader. The Statement from the Chief Executive and the Introduction were particularly clear and with a check that all acronyms and technical/medical terms are either explained in the text or included in the final glossary (preferably both), the narrative will be accessible to most readers. Section 3 would benefit from numbering the sub-paragraphs and these being listed individually on the Contents page to match the presentation of Sections 1 and 2.

The Panel was pleased to note that the Hospital is making sustained progress in the delivery of service improvement, particularly in Oncology, Accident & Emergency and Maternity and Obstetrics but would have liked to have seen these improvements highlighted more positively in the QA.

## Brook Services

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

Brook provide free and confidential sexual health information, contraception, pregnancy testing, advice and counselling, screening and treatment for sexually transmitted infections, health and wellbeing interventions and education work from locations across the UK and Jersey.

### General

Once again the Panel considered the Quality Account submitted by Brook to be, on the whole, well thought out, well presented and very accessible to the general reader.

There was a clear explanation of what a Quality Account was and why they were produced, together with a description of the organisation, how it operated and the services it provided. It had been written in plain English with a lack of jargon and technical terms and was clearly designed to be read by service users and the general public, rather than just other healthcare professionals.

Progress against the 2015/16 priorities was clearly set out as were the proposed priorities for 2016/17, how these will be achieved and how progress will be measured.

There were some very positive features in this year's QA which the Panel felt worthy of individual comment:

- The separate updates from the local offices continue to highlight the Brook approach to tailoring its services to meeting local needs. Although its priorities each year apply across the organisation and operating procedures are standardised, it is also aware that one size does not fit all and that local circumstances apply;
- The Panel was pleased to note that in the 'local' Milton Keynes section of the report the work being done to reduce the number of late diagnoses of HIV by offering point of care testing to clients in high risk groups and those at increased risk was highlighted. There has been a positive increase in the uptake of this testing from 10 to 29%. The incidence of HIV in Milton Keynes had been discussed by the Health and Adult Social Care Committee in March 2015 and the Panel welcomed the progress being made;
- The Panel was also pleased to note the evidence of local partnership working in Milton Keynes, particularly in relation to safeguarding issues, working with the local Multi-Agency Safeguarding Hub and the Milton Keynes Child Sexual Exploitation Project;
- The use of client comments at the end was also good, particularly as negative comments were also included, highlighting Brooks' self-awareness of where improvements needed to be made;

However there were some areas of the QA where the Panel felt that either more detail or more clarity could have been provided:

- Not all acronyms or technical terms were clearly explained in the text, and the inclusion of a glossary to explain these would be beneficial;
- The Panel would have liked to have seen more evidence of patient involvement with their care plans;

- The number of patient safety incidents in Milton Keynes remains higher than average, particularly as a percentage of the number of client visits and the Panel would like to see a significant reduction in these during 2016/17. The Panel would have liked to have seen more explanation of the nature of the incidents and why they occurred;
- The number of vacancies in the Milton Keynes senior management team was a concern and the Panel hoped that these would be filled in the coming year. However, it was pleased to note that Brook was able to provide additional support to the Milton Keynes staff from its national safeguarding escalation team.

## **Summary**

The Panel thought that this was a well presented, well laid out Quality Account with a lot of interesting information which would be accessible to the general reader. The document was easy to navigate with a comprehensive list of contents and clearly labelled sections which were easy to find. Although most acronyms and technical terms were explained in the text, a few were missed and needed to be picked up in the final edit. Even though explained in the text, the inclusion of a glossary listing these acronyms and technical terms would be beneficial and would be seen as an example of Best Practice in the preparation of Quality Accounts.



# South Central Ambulance Service NHS Foundation Trust (SCAS)

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

South Central Ambulance Service NHS Foundation Trust 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.

## **General**

The Panel was very disappointed with the general standard of this Quality Account, which it considered would not be easy reading for a lay person. The Panel felt SCAS did not really understand what a Quality Account was or what they were for. The overall impression was that it had been completed as a top-down, box ticking exercise.

The Panel was particularly concerned about the following aspects of the QA:

- There was no local detail; the Panel had reviewed Quality Accounts presented by other healthcare organisations providing services across geographically disparate areas which had been able to provide local detail for the individual locations they serve;
- There was too much technical jargon (what is a “Limb Fracture Care Bundle”?) with very little explanation as to its meaning; a comprehensive glossary should be a mandatory part of every Quality Account;
- There was very little evidence of stakeholder / partnership working; how do the services provided by SCAS link into those at the hospitals it serves? What are its relations with local clinical commissioning groups and NHS England Area Teams?
- There was no evidence of patient involvement in the data;
- The lack of the Chief Executive’s Quality Statement was disappointing as this can set the tone for the rest of the document and provide a useful summary of the issues to be explored in the QA;
- The QA came over as far too self-congratulatory, with no evidence of how any deficiencies would be addressed.

## **Summary**

Overall the Panel considered that, as a document which should be presenting a health service provider’s progress over the last year to a general readership that may not have an understanding of in-service jargon and technicalities, this particular QA had failed. It was difficult to navigate, with a very poor list of contents that lacked any real detail as to what was in each section, or any page numbers. The Statement of Assurance from the Board was particularly poorly laid out, with the lines between the paragraphs being more distracting than helpful.

## Central and North West London NHS Foundation Trust (CNWL)

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

Central and North West London NHS Foundation Trust is one of the largest healthcare 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.

CNWL has been responsible for providing Community and Mental Health Services to the residents of Milton Keynes since April 2014. It is also responsible for the provision of both Primary and Mental Health services at HMP Woodhill.

### General

This was an excellent example of how a Quality Account should be set out and presented to the public. It was well laid out, easy to read and presented in such a way that would not be daunting to the general reader.

The Panel were pleased to note that the following had been included / addressed in the QA:

- A glossary of acronyms and technical terms provided at the beginning;
- It started by commenting on last year's CQC assessment, and what needed to be done to address the areas which required improvement;
- Evidence of patient involvement and other positive initiatives, such as the establishment of the Carers' Forum, ran throughout the document;
- The Trust was also very honest in setting out how it responded when things did not go as planned and in discussing how it performed against its 2015/16 Quality priorities in each section / area;
- It was clear that CNWL was focussed on staff-led improvements in patient care and encouraged its staff to use their initiative, innovate and bring forward ideas which, if successful, could be shared across the Trust in order to continue the improvement process;
- There were sections on local detail for all the disparate geographical areas where CNWL provided healthcare services;
- The Panel noted the level of transparency displayed by the Trust in relation to the work it was doing to reduce the level of Self-inflicted Deaths in Custody at HMP Woodhill and the positive measures it was putting into place to achieve this.

The Panel only had a couple of less positive points to make:

- A more detailed index, which included listing the local detail sections would have made navigation of the document easier;
- The Community Health services provided by CNWL in Milton Keynes had received a better rating in the CQC's 2015 inspection than the Trust average as a whole. The Panel would have liked to have seen this mentioned in the section on service provision in Milton Keynes as it reflected well on the work being done by the Trust locally.

## **Summary**

Given the range of services provided by the Central North West London NHS Foundation Trust and the number of different geographic locations in which it operates, the Trust should be commended for producing a Quality Account, that was well laid out, easy to read, honest and transparent about where things were not as good as they should be, but which also gave credit to both its staff and patients for being involved in the process of continually trying to improve the standard of care being delivered.

## Democratic Services

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### **Overview and Scrutiny**

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