

# HEALTH AND COMMUNITY WELLBEING SELECT COMMITTEE

## QUALITY ACCOUNTS PANEL

17 JUNE 2011

The Panel established by the Council's Health and Community Wellbeing Select Committee, the Council's committee with the statutory responsibility for scrutiny of local health services, reviewed the Quality Accounts and made the following comments:

(a) Milton Keynes Hospital NHS Foundation Trust

The Panel was pleased to see the significant improvements which had been made in the provision of maternity services and in reducing infection rates, although the Panel considered that some benchmarking of infection rates with other comparable hospitals would have been useful.

However, the Panel would have wished to have seen the following areas given more prominence in the Quality Accounts:

- (i) the potential impact of the Acute Services Review;
- (ii) the impact of budget pressures on the range and quality of services provided;
- (iii) an indication of the number of patients treated;
- (iv) Equality and diversity issues;
- (v) Measures for safeguarding vulnerable service users;
- (vi) the ratio between permanent staff and agency staff employed and levels of staff turnover; and
- (vii) how the Hospital was integrating and interfacing with other services, including the Council's Housing service.

The Panel expressed concern that the Hospital had failed to achieve 4 of the CQUIN Schemes, which it believed were easily achievable, and as a result failed to attract significant additional funding which would have gone towards reducing its budget deficit.

The Panel also noted that there had been a significant number of changes at a senior management level, resulting in the Hospital currently having an interim chief executive and other staff covering more than one job. The Panel was accordingly concerned that this could have a destabilising effect for the organisation and also suggested that there could be a lack of capacity at the senior management level to manage the level of change facing the Health Service.

Lastly the Panel believed that the presentation of the document could be improved to make it more accessible for members of the public.

Generally the Panel believed that, to help the public to understand and use Quality Accounts, it would be helpful if there was a standard template / format used by all health providers.

(b) Milton Keynes Community Health Services

The Panel welcomed the document, which it believed was readable and easy to access by members of the public and as well as giving a fair and frank assessment of performance, included examples of the patient experience.

The Panel noted that the Service had conducted / been part of a number of detailed audits and recognised where improvements needed to be made, although in places the document failed to detail the actual areas to be improved. Specific examples identified by the Panel of where improvements were being made were in communications, both between prescribers and administrators of medication and between different service providers.

The Panel also welcomed the attention being given to the issues around prescribing antipsychotic medication and that a checklist was being introduced to ensure that physical checks were undertaken to quickly detect any harmful side-effects.

The Panel recognised the apparent success in implementing the Productive Ward initiative and the success in achieving all of the CQUIN Standards. However, the Panel suggested that the 5 patient Experience Strategy Campaigns (CS2) could have been named for clarity and information.

The Panel particularly welcomed the work being done to reduce the number of injuries caused by falls.

The Panel would have liked to have seen greater emphasis being given to how engagement between different services was being taken forward to ensure that the transfer of care was handled smoothly. It was noted that the role of the GP in the transfer of care was not mentioned.

With regard to the outsourcing of services the Panel would expect to see details of how service quality was monitored and maintained at a required standard.

Also the Panel noted the concerns of users at apparent reductions in the podiatry service, which had seen not only a reduction in services available, but also longer waiting times. It was also believed that the changes to the service had been poorly communicated.

The Panel believed that the document would be even more useful and informative if further contextual details were provided such as patient numbers, together with benchmarking information and trend data.

On a more minor note the Panel found the use of the abbreviation N/A and thought that was a general rule abbreviations should be avoided.

Generally the Panel believed that, to help the public to understand and use Quality Accounts, it would be helpful if there was a standard template / format used by all health providers.

(c) Blakelands Treatment Centre

The Panel welcomed the document, which it believed was clearly presented, well put together, well written and very readable.

The Panel believed that the document could have been further enhanced if more details of staffing structures were given, so giving a greater idea of what skills and specialities were available, and the experience of the staff employed.

It appeared to the Panel that there was a high degree of commitment to internal scrutiny and identifying improvements which were then implemented, which it commended.

However, the Panel would have liked to have seen an assessment included of the potential impact on the Clinic of the financial situation at Milton Keynes Hospital.

The Panel particularly noted the high patient satisfaction levels and believed that clinics, such as the Blakelands Treatment Centre, meant that waiting times for patients were potentially reduced and therefore, as far as patients were concerned, had become an important part of the health economy.

However, the comments on the dissatisfaction of some cataract patients about the discharge process were noted, together with the measures put in place to try to overcome the concerns.

Generally the Panel believed that, to help the public to understand and use Quality Accounts, it would be helpful if there was a standard template / format used by all health providers.