

Quality Accounts: Meeting with Providers - Health & Adult Care Scrutiny Standing Overview Group

Report of the Health & Adult Care Scrutiny Members

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

1) Recommendations

That the Committee be asked to share the learning from the most recent meeting with health providers to inform its ongoing role with the Quality Accounts process and future Scrutiny work programme.

2) Background

- 2.1. Healthcare trusts are required under the Health Act 2009 and subsequent Health and Social Care Act 2012 to produce and publish an annual Quality Account. Quality Accounts detail quality and safety improvements from the previous year as well as planned improvements for the year to come. The Department of Health and Social Care requires the publication of a Quality Account by 30 June each year.
- 2.2. NHS providers routinely deliver presentations to the Members of the Standing Overview Group, on their Quality Accounts and their priorities in terms of improvement, most recently in [February 2024](#). This process informs the Quality Account statements which are produced by the Health and Adult Care Scrutiny Committee and sent to the providers to be incorporated into their Quality Accounts.
- 2.3. On 13 February 2025 the Standing Overview Group of the Health and Adult Care Scrutiny Committee met with the following providers:
 - Devon Partnership NHS Trust
 - Torbay and South Devon Healthcare NHS Foundation Trust
 - University Hospitals Plymouth NHS Trust
 - South Western Ambulance Service NHS Foundation Trust
 - Royal Devon University Healthcare NHS Foundation Trust

Members in Attendance

- Cllr Sara Randall Johnson (Chair)
- Cllr Alan Connett (Vice Chair)
- Cllr Jess Bailey
- Cllr Pru Maskell

- Cllr Ron Peart
- Cllr Carol Whitton
- Cllr Claire Hodson (Devon District Councils)

3) Healthcare Trusts

3.1 Devon Partnership NHS Trust

- Shaun Alexander, Head of Experience, Safety and Risk
- Laura Hobbs, Director of Corporate Affairs
- Phillip Mantay, Chief Executive Officer

Devon Partnership NHS Trust (DPT) Annual Quality Account Improvement Priorities 2024/25

Safe, high quality information
 Restorative, Just and Learning Culture
 Safe from suicide
 Safe from unnecessary restriction
 Safe and effective use of medication
 Sexual safety
 Safe physical healthcare

Summary of the Trust's most recent Quality Account - [Quality Account 2023/24](#).

During discussion with Members reference was made to the following:

- 3.1.1. DPT continue to be rated 'Good' overall by the Care Quality Commission. There are challenges in some inpatient services, but improvements have been made.
- 3.1.2. DPT are forecasting achieving financial balance for 2024/25, which Members hugely welcomed and commended the Trust.
- 3.1.3. Continued pressure and long waits particularly on the urgent care pathway, specialist Gender, Autism Diagnostic, Eating Disorders services and on Dementia assessment and post-diagnostic pathway.
- 3.1.4. Members noted that CAMHS wait times was an issue often raised with them. Officers advised that there has been some progress but wait times are still too long. Across the County Council footprint 664 children and young people are currently on the waiting for initial assessment – 62% of whom will be seen with 18 weeks; 'good' would be 85%-90% being seen within 18 weeks, which is therefore not where DPT want to be.
- 3.1.5. Inpatient mental health and learning disability improvement programme launched in 2024.
- 3.1.6. The need to use technology and digital solutions to support care, but not replace it.

3.1.7. In terms of a question about meeting the NHS England financial targets as detailed in the [2025/26 Priorities and Operational Planning Guidance](#), the Trust recognised that it will be a challenge to meet the reductions of cost base by at least 1% and achieve the 4% overall improvement in productivity. DPT will seek to protect frontline services, focussing on reducing the reliance on agency staff and private providers in terms of beds which is another big area of spend. Members questioned whether there is an agreed premium across the South West like in Children's Social Care. Officers advised that there was some work regionally on this, but more that could be done.

3.1.8. DPT has a ratio of frontline to support staff of approximately 75% / 25%.

3.1.9. DPT does not provide an inpatient unit for young people with eating disorders, but other organisations such as Livewell Southwest do.

3.1.10. Unnecessary restrictions is an issue nationally. DPT only use restrictions where absolutely necessary, and these are always formally reported. CQC is very clear how seclusions and restraints are categorised. There is lots of work around alternatives.

3.2 Torbay and South Devon Healthcare NHS Foundation Trust

- Maria Patterson, Associate Director of Patient Safety and Quality

Torbay and South Devon Healthcare NHS Foundation Trust Annual Quality Account Improvement Priorities 2024/25

Reduce health inequalities
Continuously seek out and reduce harm
Excellence in clinical outcomes
Deliver what matters most to people

Summary of the Trust's most recent Quality Account - [Quality Account 2023/24](#)

During discussion with Members reference was made to the following:

3.2.1 The need to reduce the elective care backlog. Members welcomed the focus on reducing waits for planned care, and the impact that will have on reducing patient harm and improving outcomes.

3.2.2 Ophthalmology remains a challenge in terms of the length of the waiting list. The Standing Overview Group questioned whether there is more work that the Trust can do to support patients from Torbay accessing treatment at the Nightingale Hospital Exeter such as in terms of transport.

3.2.3 The positive steps to improve quality and safety for patients, with the work the Trust is undertaking reducing wait times for emergency care.

3.2.4 The Trust recognises the need to do better in terms of engaging patients. Work is underway to involve patients and families in safety reviews and investigations.

- 3.2.5 Members welcomed the progress on cancer performance.
- 3.2.6 The work the Trust is doing to make patient pathways more effective, helps to improve the quality of care as patients recover quicker, they spend less time in hospital and this reduces costs.
- 3.2.7 The Trust is focussed on trying to improve issues around delayed discharge. It is complex and inextricably linked to the availability of social care beds. Twice weekly meetings are held with Integrated Adult Social Care to try to ensure safe discharges take place so patients do not come straight back in.
- 3.2.8 Members were advised that main areas of concern for the Trust relate to patient flow and ambulance delays. These are national challenges too, the Trust is committed to reducing ambulance delays and the length of time patients are waiting within the emergency department and some improvements have been noted and this work remains ongoing.
- 3.2.9 Members expressed concern that stroke and cardiac patients were now going to be seen at the Royal Devon and Exeter Hospital. Issues around the travel arrangements, in particular the time it would take to take people to Exeter given the existing challenges around ambulances responding and patient access to RDE. The Trust recognised these as valid points that need to be explored in terms of this proposal alongside the advantages of having a centre of excellence in the region.
- 3.2.10 Members noted the disappointing news about the delay to building works at the Torbay Hospital site. The Trust recognise it is an old estate, with the various challenges noted on the risk register, but staff will continue to do their utmost for patients.

3.3 University Hospitals Plymouth NHS Trust

- Jayne Glynn, Head of Regulatory Compliance & Assurance
- Rachel O'Connor, Director of Integrated Care, Partnerships & Strategy

University Hospitals Plymouth NHS Trust Annual Quality Account Improvement Priorities 2024/25

Admission avoidance
Dynamic flow
Timely discharge

Summary of the Trust's most recent Quality Account - [Quality Account 2023/24](#)

During discussion with Members reference was made to the following:

- 3.3.1 The Trust is proud of its partnership working with community provider Livewell Southwest, primary care and other providers.

- 3.3.2 Invested nearly £5 million hospital funding to community to help support people at home including the community X-ray car and the rapidly expanding community virtual frailty ward.
- 3.3.3 Focus on supporting intermediate care, increase in domiciliary and reablement care – 60 more patients a month are going home rather going into residential homes.
- 3.3.4 Significant improvement in end of life care in terms of earlier identification with a reduction in the number of people dying in the Emergency Department. Members welcomed this work in particular following their recent [End of Life Care Task Group](#).
- 3.3.5 Derriford was the 4th most improved Emergency Department hospital in England last month. Members welcomed these significant improvements.
- 3.3.6 Improvements in urgent care helps electives in terms of tackling waiting lists. The Trust has a much improved plan, which will be greatly helped by the new builds at the site, which will provide state of the art facilities, and resolve the issues with overcrowding. All predicated on quality improvement. Members congratulated the Trust about the announcement of the building works.
- 3.3.7 New Urgent Treatment Centre opening in the Spring which will make a difference in terms of Emergency Department flow and will include a new outpatient and fracture clinic.
- 3.3.8 Next year's Quality Account will be focussing on similar areas including patients whose condition is deteriorating and infection control, where there are some challenges in that area with the overcrowding issues on the site. There is also a need to realign some focus on medication.
- 3.3.9 The new Patient Experience Strategy is due to be signed off in March 2025 and this needs to be an integral part of every decision, bringing those individuals in at an earlier stage of discussion of improvement and change. It needs to be patient focused and clinically led.
- 3.3.10 In terms of a question about meeting the NHS England financial targets as detailed in the [2025/26 Priorities and Operational Planning Guidance](#), officers advised that the Trust always has financial targets to achieve and they were very conscious of financial envelope they need to work in. There will be a focus on where efficiencies can be made, as reducing patient stay by one day alone is significant with patient flow through the system being key to this. Putting through as many improvements in quality that will reduce costs and crucially improve the quality of patient care.
- 3.3.11 University Hospitals Plymouth NHS Trust has 12,643 staff in organisation 3,294 of whom are non-clinical.

3.4 South Western Ambulance Service NHS Foundation Trust

- Lisa Vogwill, Deputy Director of Nursing and Quality

South Western Ambulance Service NHS Foundation Trust Quality Improvement Priorities 2024/25

Patient safety
Patient experience and engagement
Clinical effectiveness

Summary of the Trust's most recent Quality Account - [Quality Account 2023/24](#)

During discussion with Members reference was made to the following:

- 3.4.1. 6 engagements event with hospitals across the South West working to engage patients on the Trust's priorities related to the Patient Safety Incident Response Plan (PSIRP).
- 3.4.2. South Western Ambulance Service recognise they are not getting to patients always quickly enough.
- 3.4.3. Work is underway to offer more support to patients with learning disabilities and autism. Good progress is being made and this is likely to continue to be included in the Trust's Quality Account priorities next year.
- 3.4.4. Members welcomed the Cardiac Arrest Feedback Project, and the various work underway including on CPR feedback and a process to enable easier identification of defibrillators.
- 3.4.5. In terms of a question raised about meeting the NHS England financial targets as detailed in the [2025/26 Priorities and Operational Planning Guidance](#), the Trust is working at pace to respond to the guidance, but as they only received this in the last couple of weeks they are still at the planning stage.
- 3.4.6. Most South Western Ambulance Service staff are frontline. The Trust is committed to providing 52,000 hours of frontline resource a month, but as part of ongoing focus on efficiency will continue to monitor the relationship between frontline delivery and back office support.
- 3.4.7. Continue to work with Devon Fire and Rescue including on Community First Responders.
- 3.4.8. The appointment of a Specialist Nurse for Learning Disability and Autism was welcomed by Members.
- 3.4.9. The Trust is checking constantly to see if the model of care they are operating is the right for the population. There are many ways to support patients beyond a 999 response and there is a need to continue to look at the wider population and different pathways. A percentage of patients are assessed on the phone as 'hear and treat', while others are 'see and treat', who also do not need to be conveyed to hospital.
- 3.4.10. Paramedics on an ambulance have access to patient summary care records, which includes a significant part of someone's medical history which is

very useful and this access to information is continuing to improve. There are issues with poor broadband and connectivity in some parts of the County which can adversely impact access to IT.

- 3.4.11. Members expressed concern about falls and people waiting long periods on the floor. The Trust advised that there is likely to be something on fallers as a priority for their next Quality Account and it does feature as an area of focus in the PSIRP due to be published in April 2025. Work with Community First Responders to help ensure patients are supported in getting up from the floor, but much more work needs to continue there. The Trust has a quality performance indicator on falls with considerable work in this area being triangulated to hopefully improve this.

3.5. Royal Devon University Healthcare NHS Foundation Trust

- Carolyn Mills, Chief Nursing Officer

Royal Devon University Healthcare NHS Foundation Trust Annual Quality Account Improvement Priorities 2024/25

Improving patient communication
Out of hospital care: admission avoidance
Involving patients in patient safety
Improving our insight of health inequalities for patient safety and experience
Delivering our patient safety and improvement plan

Summary of the Trust's most recent Quality Account - [Quality Account 2023/24](#)

During discussion with Members reference was made to the following:

- 3.5.1. The significant Devon wide project on delivering one electronic record system with Epic. Devon is the first ICS to implement Epic and it is expected to be hugely impactful in resolving issues around continuity of care and quality in terms of patient records. It is expected that Epic will be an enabler on patient safety and therefore quality. Epic's state of the art system will help prevent human errors with a strong alert system and so many checks and balances such as in terms of prescriptions.
- 3.5.2. However, the implementation of the Devon wide EPR has impacted on the delivery of the 2024/25 priority *Improving our Insight of Health Inequalities for Patient Safety and Experience* due to a reprioritisation of resource. Reducing health inequalities remains central to the delivery of the Trust's Patient Safety Incident Response Policy and Plan, with a structured programme of work on health inequalities being undertaken to ensure there is effective insight. Though not achieved this year, this is likely to remain an improvement priority for next year to ensure that it is fully progressed. All other quality priorities remain on track.
- 3.5.3. Members questioned whether it had been harder for the Trust to meet their targets around the Quality Account priorities following the merger between Royal Devon & Exeter Hospital NHS Foundation Trust and Northern Devon Healthcare Trust. The Chief Nursing Officer advised that on the contrary there was a commitment from the Trust to provide the same level of quality across both sites, and it adds

more value, shared learning and critical mass check and challenge. The merger can only be seen as being beneficial and adding value in terms of patient safety and quality.

- 3.5.4. The big challenge of getting the care for mental health patients in the right place at the right time.
- 3.5.5. Delays in Emergency Departments is another big issue with people being held for an extended period of time particularly in winter.
- 3.5.6. Members congratulated the Trust on its work on Type 2 Diabetes.
- 3.5.7. There has been a significant piece of work on Never Events and Wrong Surgery Site. This is complex where some of those instances were due to human factors where checks and balances were not followed. There was often some correlation between the appointment of temporary staff and incidences of Never Events / Wrong Surgery Sites however the Trust is now in a much better place in terms of recruitment and retention so there is no longer such a reliance on temporary staff.
- 3.5.8. In terms of a question about meeting the NHS England financial targets as detailed in the [2025/26 Priorities and Operational Planning Guidance](#), the Trust has a 4% savings target. It is likely to be one of the most challenging financial years for the Trust. Independent sector commissioning will be an area where the Trust may look to make savings though all options will be evaluated fully.
- 3.5.9. The Nightingale Hospital Exeter has been very successful. It is significant having a 'cold site' that does not get effected by the pressures of urgent care. While there are some transport issues effecting the site, the Nightingale offers a model of care that needs to be preserved. The Committee offered to support the Trust with reexploring the potential options available to improve patient parking.

4) Conclusion

- 4.1. The Committee thanked the Trusts for attending and recognised the work that they are undertaking to develop and sustain a culture of continuous improvement to the quality of health services in the County ensuring that patients are always at the centre of the process. Members also expressed enormous thanks to staff from the Trusts for their work though what has continued to be an extraordinarily challenging time.
- 4.2. This light touch review of the Trusts' Quality Account priorities is intended to pave the way for further Scrutiny moving forward on the 2024/25 Quality Accounts through the Committee's formal response to these and also potentially with a further session with providers later in the year to look in more detail at progress against these priorities.

5) Options / Alternatives

The report is the summary of a Scrutiny Standing Overview Group meeting. Scrutiny does not make decisions and this report does not propose any alternatives.

6) Consultations / Representations / Technical Data

As above, there are no specific considerations in regard to consultations, representations and technical data in this report.

7) Strategic Plan

The alignment of all Scrutiny activity with the Strategic Plan is detailed on the Scrutiny work programme. The issues raised in the report and the benefit of developing member knowledge, and the 'critical friend' challenge of Scrutiny contribute to the Council achieving its strategic plan. Improving Member knowledge on key issues contributes to the Council's commitment to being a trust, inclusive and innovative Council. It ensures good decision making and that the Council listens and learns.

8) Financial Considerations

There are no specific financial considerations in this report.

9) Legal Considerations

There are no specific legal considerations in this report.

10) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

There are no specific environmental impact considerations in this report.

11) Equality Considerations

There are no specific equality considerations in this report.

12) Risk Management Considerations

The activity of Scrutiny Standing Overview Groups contributes to the mitigations for:

- Ineffective Member Scrutiny defined as: 'Due to ineffective scrutiny, the level and quality of service management may drop, leading to financial mismanagement or harm to staff and/or citizens and reputational damage e.g. Grenfell.
- Member Effectiveness defined as: 'Inadequate member effectiveness due to a lack of training, support and knowledge leads to a lack of challenge to corporate officers and/or poor decision making, resulting in a negative effect on the County's citizens (poor value for money, poor service delivery, harm, etc).

Name:

Director of Legal and Democratic Services, Maria Price

Electoral Divisions: All

Cabinet Member for Organisational Development, Workforce & Digital Transformation,
Councillor Andrew Saywell.

Local Government Act 1972: List of background papers – Nil

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