

LDS/24/15
Health & Adult Care Scrutiny Committee
21 March 2024

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

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

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.

Background

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.

Prior to the Covid-19 pandemic in 2020, NHS providers had routinely delivered presentations to the members of the Standing Overview Group, on their Quality Accounts and their priorities in terms of improvement. This process informed 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.

The reporting of Quality Accounts was significantly disrupted during the pandemic which made a single evidence session impractical – due to timeframes and frontline availability. The Committee has always been mindful of not adding additional pressures to stretched services, but in getting back to normal working it was agreed in September 2023 to reinstate sessions with the providers to discuss their Quality Accounts and overall performance, and report back to Committee.

On 8 February 2024 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 Jess Bailey
- Cllr Richard Chesterton
- Cllr Ian Hall
- Cllr Linda Hellyer
- Cllr Claire Hodson
- Cllr Pru Maskell
- Cllr Martin Wrigley

Providers

Devon Partnership NHS Trust

- Chris Burford, Chief Nurse & Allied Professions
- Shaun Alexander, Head of Experience, Safety and Risk
- Phillip Mantay, Chief Executive Officer (Acting) / Chief Finance Officer

Devon Partnership NHS Trust (DPT) Annual Quality Account Improvement Priorities 2023/24

1. Safe, high-quality information
2. Restorative just and learning culture
3. Safe from suicide
4. Safe from unnecessary restriction
5. Safe and effective use of medication
6. Sexual safety
7. Safe physical healthcare

Summary of the Trust's most recent Quality Account - [Quality Account 2022/23](#).

During discussion with Members reference was made to the following:

- Historically, there has been insufficient funding allocated to mental health provision; and there remains a gap to meet the prevalence of need. It is increasingly challenging to meet demand; a national conversation is needed with a focus on additional resources. There are unprecedented levels of demand, particularly in inpatient wards, emergency departments and older people, as well as diagnostics and services for children. Members highlighted prevention and the need to reduce wait times. DPT has transformed its community mental health offer but caseloads remain high in respect of virtual wards where people are treated at home.
- DPT's new Patient Safety Incident Response Framework (PSIRF) has gone live. The PSIRF sets out a new approach in the way that the NHS responds to patient safety incidents which increases the effectiveness of the learning that is gathered and support the improvement of patient safety across all services. DPT's PSIRF plan will be published shortly and will be reviewed over the next 12 months.
- DPT are continually looking at patient experience, and co-design their services with patients.
- DPT know all the individuals with a learning disability engaged in their services, and in the wider community. Work with in-patient hospitals and their community services are quickly aware if there are issues around safe physical healthcare. Improvements have been made but there is still work still to be done.
- DPT's electronic patient record was affected by a provider having a computer virus. Now moved to System 1, confident in arrangements for record system.
- The number of people placed in out of area placements has reduced which is positive but Devon has a low number of beds per head of population. It is suboptimal to have people placed away from family and DPT continue to work in this area.
- The introduction of [Right Care, Right Person](#) in January 2024 provides a framework for assisting the police with decision-making including when they should be involved in responding to reported incidents involving people with mental health needs. It is early days but it brings opportunities to help to reduce inappropriate police involvement in care and support and better access to mental health specialists.
- The drain in experienced staff is an issue across the whole health system. Members highlighted the renewed emphasis on apprenticeships. The numbers of people in apprenticeships is increasing but it will take 5 years to realise the investment. There needs to be the right infrastructure in the organisation to support staff retention. It is essential to engage earlier with schools and colleges to promote and support young people to consider apprenticeships. DPT have had 60 international recruits over the last 12 months.

Torbay and South Devon Healthcare NHS Foundation Trust

- Liz Davenport, Chief Executive
- Nicola McMinn, Interim Chief Nurse

Torbay and South Devon Healthcare NHS Foundation Trust Annual Quality Account Improvement Priorities 2023/24

1. Zero avoidable deaths
2. Continuously seek out and reduce harm
3. Falls prevention
4. Improved identification of the deteriorating patient
5. Improved experience on discharge

Summary of the Trust's most recent Quality Account - [Quality Account 2022/23](#)

During discussion with Members reference was made to the following:

- Members highlighted issues raised with the 2023 'Requires Improvement' CQC rating the Trust received, with particular reference made to IT and staff inequalities. The Chief Executive advised that the Trust fully endorses the CQC report and recognises the positives but also the negatives with decisive action being taken as a result.
- 100% compliance target with patient nutrition and hydration.
- Patient Safety Incident Response Framework (PSIRF) was launched on 1 February 2024. Prior to the launch 12 months preparatory work took place.
- The Trust are going to be working with the ICB on targeting intervention on health inequalities.
- The task of checking vital signs has been delegated; the importance of staff training to complete this is important. The overall responsibility for vital signs remains with the registered nurse who will still check observations. There needs to be accountability and ownership of the patient.
- In the process of procuring a new electronic patient record system with implementation planned for 2025. The system will be the same as RDUH, which will be extremely helpful to patients accessing different settings.
- Signed off the Diversity and Equality Action Plan, with an extensive training programme and communication strategy.
- In terms of patient falls, after action reviews are taking place rather than waiting for an investigation, this involves immediately looking at risk assessments and what happened, to avoid either the patient or anyone else falling. The Trust is learning much faster and the number of falls is decreasing as a result.
- Staffing, retention, and recruitment remains a significant issue for all the Trusts. While there are a variety of reasons people want to live in Devon, the challenge is a lack of people qualified in certain roles, such as in urology where there is a lack of urologists nationally. However, the Trust has not seen a trend in losing specialist staff.
- In nursing, the Trust are receiving considerable support from universities and colleges; many of the apprenticeship programmes are now oversubscribed. A pharmacy training school has been commissioned which is very helpful. The Trust has strong links with local education establishments and tries to create opportunities for local communities, which in turns helps to address some of the economic challenges in the area. With the New Hospital Programme there is demand for other professions such as: engineers, plumbers, electricians, etc.

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 2023/24

- Value our people including increasing staff engagement and be recognised as being the top trust to work for within the Southwest
- Deliver safe, high quality services
- Providing services in a sustainable way

Summary of the Trust's most recent Quality Account - [Quality Account 2022/23](#)

During discussion with Members reference was made to the following:

- The Trust are working to reduce the numbers of people waiting for elective care, following the pandemic. Strong progress was reported in performance against the Trust's metrics. Ambulance handover time has however deteriorated and is at the heart of the Trust's improvement programme. Diagnostic waits have also increased with work underway to recover that position.
- The Standing Overview Group highlighted recent critical incidents at the hospital. The Trust expected an increase in demand of 2% this year, but demand increased by 10%, a significant increase in numbers and impact. The Trust is about 10 'majors' beds short in the Emergency Department at Derriford for those very poorly.
- Timeliness of flow, discharge targets and rate: Significantly delayed transfers of care is an important factor - more so from Cornwall County Council than Devon. The Trust is working with partners to address. The Trust's current top priority is to reduce ambulance holds and improve hospital flow.
- Staff wellbeing. There has been a significant change over the past 12 months with a new programme to support – trying to improve work life balance, better support staff wellbeing and providing the right help at the right time. While staff networks have been there for some years they are better established now. Recognising that work can take a huge toll on staff, staff wellbeing areas have been set up. The Trust won an industry award for a cost-of-living offer to staff, and continue to look at holistic range of support, but there is always more that can be done in this regard.
- Multifactorial reasons for the increased demand on the system. The ICB are doing a deep dive on the growth and better management of demand. Derriford was reported to be an outlier due to an increase in demand in primary care as well as higher demand on emergency care. The new care coordination model that connects with SWASFT allows better join up across the system with this and helping with signposting to alternatives in the community for patients to seek urgent as opposed to emergency care.

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 2023/24

- Patient Safety Priority - Development and implementation of the Patient Safety Incident Response Framework (PSIRF)
- Patient Engagement Priority - Delivering the Learning Disabilities Plan to improve the experience of patients with learning disabilities and autism
- Clinical Effectiveness - Priority Improving care and experience of patients experiencing an acute stroke to improve the call cycle for patients experiencing suspected strokes.

Summary of the Trust's most recent Quality Account - [Quality Account 2022/23](#)

During discussion with Members reference was made to the following:

- The implementation of the Patient Safety Incident Response Framework (PSIRF) from 1 January 2024 focuses on incidents at all different levels, ensuring, alongside partners, there are lessons learned. Publication of information/guidance for patients, families and colleagues. Completion of first Patient Safety Incident Investigation. Ongoing review and development of PSIRF processes. Staff training programme has included ICB colleagues.
- The Learning Disability Plan involves a number of strands of work including the recruitment of a Learning Disabilities Lead, and the planned delivery of Tier 2 Oliver McGowan training through 2025-26.
- The Standing Overview Group welcomed the focus on acute stroke as a key priority for the Trust. It was reported to Members that the 12-week pilot appears to be delivering benefits. Working with clinicians to skill them up on identifying strokes. Continuing to identify barriers to transient ischaemic attacks (TIAs) or 'mini-strokes' referrals and areas for improvement. Work is underway to finalise a Public Health screening training package for Trust volunteers.
- It was too early to comment on the impact of [Right Care, Right Person](#), but this will be monitored closely. The Trust works with 5 police forces and they are all doing things slightly differently. The aim is that more personalised care will lead to a reduction in police interventions where individuals are in distress.
- In terms of recruitment, the Trust has opened up multiple pathways for people to work for the organisation. A number of exciting developments include a focus on work to support students so they want to stay.
- Incident reporting of near misses. Looking at trends to try to stop these incidents from happening – early prevention here is crucial.

Royal Devon University Healthcare NHS Foundation Trust

➤ Carolyn Mills, Chief Nursing Officer

Royal Devon University Healthcare NHS Foundation Trust Annual Quality Account Improvement Priorities 2023/24

- Staff retention
- Support to patients experiencing mental ill-health
- Implementation of NatSSIPs2
- Our Quality Culture
- Improving Learning from Incidents
- Accessible services

Summary of the Trust's most recent Quality Account - [Quality Account 2022/23](#)

During discussion with Members reference was made to the following:

- Quality Account priority identification at the Trust is not a top-down approach. Executive/Senior Leadership work with staff and Governors to identify key priorities for improvement which support the Trust in achieving its long-term quality goals.
- The Trust has a complex estate and there are difficulties in terms of patient accessibility. However, work is underway to improve communication to patients, with a targeted focus on communication for deaf service users and hard of hearing, and accessibility of health information i.e., patient information leaflets.
- Staff retention has improved along with recruitment. Post Covid-19 there was a 25% vacancy rate, but the Trust is currently in a much better position which remains very positive as the Trust is almost fully recruited. The Trust has also undertaken a piece of work on controlling agency usage and strict scrutiny and controls are now in place.
- The work on near misses and never events is a very important drive from NHS England, and one which the Trust fully supports in terms of patient safety and raising standards and performance.
- Devon is a forerunner with the Epic IT system, and while there have been some initial issues, it remains a fantastic system. The interface between RDUH staff and patients in community teams is also excellent. Work is ongoing across the Peninsula, with the ambition to have one system with Torbay and Plymouth which would offer huge advantages. If Epic is being used Devon wide with the other Trusts then that would undoubtedly lead to further increases in its usage across the wider health system. GPs can access Epic, but not all have this system so work is continuing through the ICB to increase this uptake in primary care.
- The Trust has not seen as much Covid 19 or flu as last year and is now managed as business as usual like flu is, except within high risk groups. Patients with Covid 19 are no longer routinely tested or isolated as per national guidance and local policy.

Conclusion

The Committee thanked providers 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 been an extraordinarily challenging time.

This light touch review of the Trusts' Quality Account priorities is intended to pave the way for further Scrutiny moving forward on the 2023/24 Quality Accounts through the Committee's formal response to these and also with a further session with providers later in the year to look in more detail at progress against these priorities.

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.

Consultations / Representations / Technical Data

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

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.

Financial Considerations

There are no specific financial considerations in this report.

Legal Considerations

There are no specific legal considerations in this report.

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

There are no specific environmental impact considerations in this report.

Equality Considerations

There are no specific equality considerations in this report.

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).

Electoral Divisions: All

Local Government Act 1972: List of background papers - Nil