

Governing Body Meeting

held in public

REPORT

Subject	Quality Accounts
Date	6/07/2017
Author	Maria Laffan
Lead Director	Anne Murray

Executive Summary

Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided.

The Department of Health requires providers to submit their final Quality Account to the Secretary of State by uploading it to the NHS Choices website by June 30 each year

In the NHS England's gateway reference letter to providers on 6th January 2017, providers were asked to consider including reporting on the following within their quality accounts

- How you are implementing the Duty of Candour;
- (where applicable) your patient safety improvement plan as part of the Sign Up To Safety campaign;
- Your most recent NHS Staff Survey results for indicators KF26 (percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months) and KF21 (percentage believing that Trust provides equal opportunities for career progression or promotion) for the Workforce Race Equality Standard1 ;
- CQC ratings grid, alongside how you plan to address any areas that require improvement or are inadequate, and by when you expect it to improve

Providers are required to share their quality account with the Clinical Commissioning Group (CCG) which has the responsibility for the largest number of persons to whom the provider has provided relevant health services during the reporting period. Quality Accounts also need to be shared, in draft, with the local Health Watch and Overview and Scrutiny Committee.

BCCG have received quality accounts for the following providers and have provided comment;

- East London Foundation Trust (ELFT)
- Luton & Dunstable University Foundation Hospital Trust (L&D)
- Bedford Hospital NHS Trust (BHT)
- SEPT (South Essex Partnership Trust) – Now EPUT
- EEAST (East England Ambulance Trust)

Process

Over the course of late April – early May this year, the quality directorate have supported the process of receiving provider's quality accounts and distributing accordingly for comment. The Quality Accounts of BCCGs main providers were shared with BCCGs Non-Executive director (lead for patient safety), Executive Directors, Performance, and Quality Teams and systematically reviewed by key members of the CCG's Integrated Commissioning and Quality Committee (ICQC), as part of developing our assurance statement. The final assurance statement was agreed and signed off by Matthew Tait BCCG's Accountable officer (AO).

Important to note that for L&Ds quality account BCCG supported a joint response statement with LCCG as host commissioner. For ELFT commissioner statement this would normally be from the CCG with the largest commissioned population in size, however BCCG requested the opportunity to provide an individual BCCG commissioner statement in ELFTs quality account for 2016/17. Also for EEAST BCCG contributed to a collective response that was compiled by Suffolk CCG as host of the 18 CCG commissioning consortia for the EEAST contract.

In addition Quality accounts that were shared by the following providers were reviewed by commissioners, contracting and quality colleagues, with final over view from the Director of Nursing and Quality, namely:

- Circle Bedfordshire MSK
- Keech Hospice
- BMI – Manor Hospital

Embedded in this document is BCCG response commissioner statements for all quality accounts 2016/17 that as a CCG we are required to provider a response on.



BHT Commissioner
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Final Commissioner
Statement for SEPT Q



ELFT Quality Account
2016_17.pdf



LD Joint commissioner
statement 2016_17.pdf



EEAST QA Collective
CCG response.pdf



Manor Hospital
Quality Account 2016.



Circle MSK Quality
Account 2016v1.pdf



Keech Quality
Account Statement 20

Recommendation – this document is for information only

Note: Provider quality accounts are due to be available on the NHS Choices website on 30th June 2017 and can be accessed by following the link below:

<http://www.nhs.uk/pages/home.aspx>

Links to the business and risks

Relevant Strategic Priorities 2016/17 (please mark in bold)
1. Systematically implementing prevention, early diagnosis and early intervention
2. Commissioning services that deliver evidence-based care, in the right place and at the right time, including promoting self-care and empowering patients to manage their own conditions.
3. Making sure that care is high quality, safe and sustainable, that it improves health outcomes and wellbeing and provides a good patient experience.
4. Using the statutory framework with best practice governance and transparency principles to be fully accountable to our population in commissioning and operating as a part of the wider health system
5. Ensure that the CCG commissions and operates in a financial manner consistent with the regulatory framework, long terms sustainability and best use of public money.
6. We will work in close partnership with all the organisations who commission or provide care for our population, to integrate services where it makes sense and to achieve seamless transitions of care for patients where services remain separate.
7. Embedding member, public, patient, carer, staff and other stakeholders' views through meaningful engagement into decision-making processes and commissioning intentions.

Links to Board Assurance Framework / Corporate Risk Register	Via the Strategic Objectives Identified above
Details of additional risks associated with this paper (may include NHS England Assurance Framework / NHS Constitution)	N/A
Financial Implications / impact	N/A
Legal Implications / impact	N/A
Partnership work / public engagement implications / impact	Commissioner contribution to providers Quality accounts
Committees / groups where this has been discussed before	Sub-group ICQC
Other options available and their pros and cons	
Background papers	

Statement from Bedfordshire Clinical Commissioning Group to Bedford Hospital NHS Trust Quality Account 2016 – 2017

Bedfordshire Clinical Commissioning Group (BCCG) has received 2016/2017 Quality Account from Bedford Hospital NHS Trust (BHT). The Quality Account was shared with BCCG's Non-Executive director (lead for patient safety), Executive Directors, Performance, and Quality Teams and systematically reviewed by key members of the CCG's Integrated Commissioning and Quality Committee (ICQC), as part of developing our assurance statement.

We have reviewed the information provided within the Quality Account and cross referenced data with data that is submitted to BCCG as part of the Trusts contractual obligation. We have confirmed consistency of data from both sources of information.

BCCG welcomes the Trusts continued commitment to safe effective and well led health care and recognises the Trusts alignment of their quality improvement plan with their quality strategy priorities and trust objectives. The plan provides clarity on direction of strategy and associated outcomes.

Reviewing the Trusts quality accounts from 2016/17 and the associated priorities, BCCG is aware of how these priorities were formed to align with quality priorities and areas requiring improvement from CQC inspections. Specific priorities regarding learning from incidents and complaints, maintaining dignity and respect and benchmarking clinical outcomes, align with National Quality strategy expectations. As commissioners we are aware of the Trusts learning from CQC inspection and the work that has been put in place to improve specific areas. We know the trust has worked on improving and maintaining dignity for patients and are assured by the ongoing partners inspections with Health Watch, patients council and the CCG. The final collective report recognises that patients now feel they are treated with privacy and dignity. BCCG continues to work with BHT on assurances of delivery and ongoing learning for all key priorities.

Throughout 16/17 the Trust has demonstrated significant improvement in areas regarding patient safety – specifically the Trusts ongoing quality improvement and internal reviews to governance structure with specific focus on serious incident learning, identifying focus on human factors involved in incidents and detailed RCA (root cause analysis) processes. Responding appropriately when things go wrong in healthcare is a key part of the way that the NHS can continually improve the safety of the services to patients. Healthcare systems and processes can have weaknesses that unfortunately can lead to errors occurring and, tragically, these errors sometimes have serious consequences for patients. 2016/17 has seen a slight increase in the number of reported incidents, however BCCG also recognises the Trusts improvement in reducing the number of serious incidents that resulted in

severe harm or death. In addition the reduction in the Trusts number of complaints is notable from the previous year and the Trusts Friends and Family test is improved in A&E with plans for additional improvement work across the remainder of the Trust.

BHT in 16/17 responded positively to learning from maternity SI's and have made significant improvement in areas of maternity service improvement and transformation to support wider learning. BCCG continue to work with the Trust on maternity service improvement assurance.

Other notable areas of improvement are the work in year around Infection control performance and *Clostridium difficile* (C Diff) in particular. The Trust performance supports an improved position for the acute trust which in turn has supported the CCG ranking of 4th best in the East of England. The Trust continues to demonstrate strong efforts with clinical teams to remain within ceiling target for C Diff.

CQUIN delivery over 2016/17 has seen the Trust develop strong processes on integration with community and care home providers with a focus on prevention of unnecessary admissions. In addition the Trust have continued their focussed delivery on Sepsis management, appropriate use of antimicrobials and wider health and well-being of Trust staff.

Strategic changes to the pathway for how stroke services are delivered across Bedfordshire has meant a significant change to how care for stroke patients was provided over the course of 16/17. BHT demonstrated a strong commitment to working positively with commissioners and other relevant stakeholders to assure safety and outcomes were consistent for stroke patients who are managed in their care.

Delivering the Cancer constitutional standards has been challenging for the Trust on some specific indicators. The Trust have worked with the CCG cancer clinical lead and the CCG's Cancer improvement group in undertaking root cause analysis work and commencing specific service improvement streams to work towards consistent progress in this area.

There was good participation in national audits and national confidential enquiries. As part of our quality monitoring work with BHT, we will work to understand why specific audits are important to clinical teams. It is very encouraging to see the change in approach to ensure a process for audits which now have Board oversight on actions taken, how the reviews take place and at what level. We welcome the Trust's commitment to participation in national and local audits and we will continue to provide support to ensure that their service areas use the outcomes of this work to drive further quality improvements.

BCCG recognised the work required to improve data collection and response to collate additional information relating to PROMS for Hip, Knee, and Hernia surgery. We look forward to seeing associated action plans on how this will be improved.

BCCG acknowledges the Trusts compliance on information governance and is pleased to see the Trust performance against data quality.

BHT have strengthened work to improve the identification and management of patients whose clinical condition changes unexpectedly to a seriously ill status. Engagement of clinical teams and clinical champions has led to improvement in learning from areas where patient health deteriorates suddenly unexpectedly. Specifically the Trust is in the process of establishing electronic patient observation monitoring to support electronic real time monitoring of patient whose condition deteriorates. This work is developing further in 17/18 supported by the Trusts Nurse Technology fund and aligns with Trusts priorities for 17/18 deteriorating patient priority.

Working with the Trust over 16/17 has enabled BCCG quality team to participate in the Trust led clinical area reviews. BCCG welcomes the continued focus on safety and we look forward to working with the Trust to assure, support and enable achievement of the priorities identified for 2017/18, to continually achieve good quality outcomes for the people of Bedfordshire.

A handwritten signature in black ink, appearing to read 'Matthew Tait', with a stylized, cursive script.

Matthew Tait
Accountable Officer
Bedfordshire Clinical Commissioning

**Statement from Bedfordshire Clinical Commissioning Group to Circle
Bedfordshire Quality Account 2016 – 2017**

Bedfordshire Clinical Commissioning Group (BCCG) received Circle Bedfordshire MSK Service 2016/2017 Quality Account on the 06/June 2017.

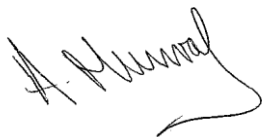
BCCG are pleased to have the opportunity to comment on the inaugural quality account for Circle Bedfordshire MSK.

The account has been reviewed by BCCG personnel who have responsibility for Circle commissioning, contracting and quality assurance.

We support the Circle organisational credo, in particular the vision for quality of care, investment, partnership and innovation.

The CCG recognises the work on priorities completed by Circle MSK over 2016/17 and supports the significant progression on collation of outcome measures for many of the patients in the MSK Bedfordshire system.

As clinical commissioners will continue to work closely with Circle MSK on delivery of priorities over 2017/18.



Anne Murray
Director of Quality and Nursing



***Ipswich & East Clinical Commissioning Group
West Suffolk Clinical Commissioning Group***

East of England Ambulance Service NHS Trust Quality Account 2016/2017

The Clinical Commissioning Groups (The CCGs) of Bedfordshire, Cambridgeshire, Hertfordshire, Norfolk and Suffolk welcome the opportunity to comment on East of England Ambulance Service NHS Trust (EEAST) Quality Account for 2016/2017. This commentary will be signed by Ipswich & East Suffolk and West Suffolk CCGs, on behalf of the other CCGs.

The CCGs have reviewed the Quality Account data to assess reliability and validity and to the best of our knowledge consider that the data is accurate. The information contained within the Quality Account is reflective of both the challenges and achievements within the Trust over the previous 12 month period. The priorities identified within the account for the year ahead reflect and support local priorities.

The CCGs have specifically asked that this statement should contain the following commentary:

Following an inspection visit by the Care Quality Commission in April 2016, report published on 9 August 2016, EEAST was rated overall as “requires improvement”. The service should be praised for achieving a rating of “outstanding” for the caring domain which demonstrates the drive and commitment of staff to deliver the best possible care for patients and the benefit of having strong stable leadership. Moving forward the CCGs will continue to work with EEAST in the monitoring progress against the CQC action plans.

The CCGs fully support the 2017 – 18 priorities detailed within the report relating to: Patient Safety, clinical effectiveness and patient experience.

The CCGs acknowledge that 2016-17 has been a challenging year for EEAST with localities seeing unprecedented increases in activity, with resultant impact on performance, compliance with professional updates, appraisal trajectories and difficulties recruiting in some areas. The CCGs are committed to supporting EEAST to achieve their performance targets and will work closely with acute providers to reduce the delays EEAST are experiencing in Emergency Departments.

The Quality Account evidences EEAST success in improving outcomes for patients who have suffered a myocardial infarction (heart attack), cardiac arrest and stroke.

EEAST demonstrate a year by year increase in the number of incidents reported which demonstrates an improved, positive, open reporting culture within the Trust and is evidence of the success of the work the Trust has done to educate staff when concerns should be reported. EEAST are proactively

undertaking theme and trend reviews of the incidents reported which is shared across the service to embed learning and drive continuous improvement.

Patient feedback is critical in the review of service quality and safety. The work EEAST have undertaken with the Patients Association through 2016-17 has enhanced processes and scrutiny of the service to ensure that any feedback is viewed positively seen.

The CCGs are encouraged by the proactive changes in education and training opportunities which are seen as key to improved recruitment and retention. Despite working in a challenging environment it is pleasing that staff consider that they have a rewarding and worthwhile job and 64% of staff would be happy with the standard of care provided if a friend or relative need to use the service.

The Quality Account also details EEAST involvement in national and local audits and research programmes. In two of the audits, asthma and mental health self-harm, EEAST should be commended that their outcomes were the highest nationally.

Barbara McLean
Chief Nursing Officer

Statement from Bedfordshire Clinical Commissioning Group to ELFT Quality Account 2016/17

Bedfordshire Clinical Commissioning Group (BCCG) acknowledges the receipt of East London NHS Foundation Trust (ELFT) Quality Accounts 2016/17, which has been shared for comment. BCCG recognise that Newham CCG has been identified as the coordinating commissioner for all commissioner comments, however due to the population size covered, BCCG wanted the opportunity to respond to these accounts. The Quality Account was shared with BCCG's Non-Executive Director (lead for patient safety), Executive Directors, Performance, and Quality teams and systematically reviewed by key members of the CCG's Integrated Commissioning and Quality Committee (ICQC), as part of developing our statement.

We have reviewed the information provided within the Quality Account and cross referenced data with information that is submitted to BCCG as part of the Trust's contractual obligation. We have confirmed consistency of data from both sources of information.

ELFT is required to include in their Quality Accounts the Trusts' performance against National quality indicators. The accounts demonstrate this data has been included.

BCCG is encouraged by The CEOs statement of the Trusts Quality Strategy/ plan for providing the highest quality mental health and community care in England for patients by 2020. We are aware of the ongoing Quality Improvement (QI) programme of work throughout ELFT and recognise some of the local progress on this and how it has the ability to impact on organisational change and delivery of patient outcomes.

Reflecting on 16/17 priorities for Bedfordshire service users, BCCG is aware of how these priorities will have aligned in part to provision in Bedfordshire e.g. physical health monitoring and cardiovascular risk assessment which has been further developed via CQUIN plus specific work on programmes regarding physical activity and reducing weight for services users across Inpatients, early intervention and community mental health teams. The Trusts county wide introduction of patient management IT system RiO has led to improvement in service provision across all services and final roll out continues to be enhanced.

BCCG recognises the Trusts significant CQC rating and continues to work with the Trust on maintaining assurances of safe services. Specifically ELFT and BCCG have focussed on learning from and reporting of SI's, to improve reporting processes and continue to assure learning and safe provision of service. In addition the ongoing QI work in Bedfordshire has demonstrated some key areas of service improvement for our service users.

Additional areas of service improvement in mental health services in Bedfordshire have been the development of Street Triage. Developed with additional stakeholders Street Triage has received national attention and recognition. Other areas of improvement



include, the advances in recovery academy providing a range of workshops/learning opportunities across Bedfordshire and Luton and the “Break the Stigma” campaign with local service user involvement. BCCG also recognise the accreditation of memory assessment services across Bedfordshire.

BCCG appreciates the level of estate and service provision changes that were required following CQC recommendation from previous provider’s assessment to provide safe inpatient accommodation and also to reduce the number of Out of Area bed placements. ELFT has supported the transition of inpatient bed bases across Bedfordshire throughout 2016/17 to support the delivery of optimal therapeutic service user environments. We have worked closely with ELFT on impact assessment and assurance of safe provision and understanding service user experiences. ELFT have been active in supporting CCG led quality visits to all of these units and to community mental health teams over the last year. BCCG will continue to work with ELFT to continue to assure positive experience of these service changes. The identified broad priorities for ELFT in 17/18 are supported by BCCG.

- Reduce harm by 30% each year, by tackling the ‘big safety issues
- Right care, right place, right time

It is evident within the Quality Account that there is a strong focus on quality assurance and quality control. This constitutes a strong theme in the proposed delivery and improvement of services at ELFT and supports the range of ongoing actions that will form a key part of BCCGs assurance monitoring in 2017/18.

Bedfordshire Clinical Commissioning Group welcomes the opportunity to comment on this report and looks forward to a new year of working with colleagues at ELFT to monitor the continued Quality and Safety of patients in Bedfordshire.

Matthew Tait

A handwritten signature in black ink, appearing to read 'Matthew Tait', with a stylized, cursive script.

Accountable Officer
Bedfordshire Clinical Commissioning Group

**Statement from Bedfordshire Clinical Commissioning Group to Keech Hospice
Quality Account 2016 – 2017**

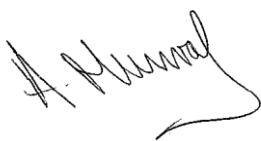
Bedfordshire Clinical Commissioning Group (BCCG) has received 2016/2017 Quality Account from Keech Hospice

We have reviewed the information provided within the Quality Account and would like to thank Keech for an interesting and comprehensive report.

Bedfordshire CCG would like to congratulate Keech on their successes in being placed in the Times100 best companies (non-profit) list and runners up in the National Council for Palliative Care and Dying Matters: Care Co-ordination Awards 2017.

The report highlights the continuing excellent care provided by Keech whilst maintaining an open culture in the reporting incidents.

BCCG welcomes the continued focus on safety and we look forward to working with Keech to continually achieve good quality care for the people of Bedfordshire.



Anne Murray
Director of Nursing & Quality

Statement from Luton Clinical Commissioning Group (LCCG) and Bedfordshire Clinical Commissioning Group (BCCG) to Luton & Dunstable University NHS Foundation Trust (L&D) on Quality Account 2016 – 2017

Luton Clinical Commissioning Group (LCCG) continued to working closely with the Luton and Dunstable University Hospital NHS Foundation Trust (L&D) L&D throughout the year, and has received assurance on the delivery of safe, caring and effective services. In line with the NHS (Quality Accounts) Regulations 2011, the CCGs have reviewed the information contained within the L&D annual account and checked this against data sources, where this is available to us as part of our existing monitoring discussions, and confirm this account to be accurate. The Quality Account was shared with Non-Executive Directors (lead for patient safety), Executive Directors, Performance, and Quality Teams. The Quality Account and Response from the CCG's will be shared for the attention of the respective Boards. The LCCG Patient and Safety Quality Committee (PSQC) and Beds CCG Integrated Commissioning and Quality Committee (ICQC) will review the account to enable development of our commissioning statement

In reviewing the Trusts quality accounts from 16/17 and the associated priorities, LCCG working closely with BCCG and the L&D and are aware of how these priorities were formed to align with National and local quality priorities and areas requiring improvement from patient safety to specific clinical outcomes. As commissioners we are aware of the Trusts ongoing work in these key areas. We know the Trust has continued to work on delivering good clinical outcomes for patients following improved delivery in areas such as Sepsis management, appropriate use of antibiotics to patients and, management of the deteriorating patients (patients who become suddenly critically ill). We will continue to work with L&D on assurances of delivery and ongoing learning for all key priorities.

LCCG are assured by the outcomes of the clinical priorities of 2016/2017;

- 1) Continued work by the L&D has seen improvement in the treatment of patients with Acute Kidney Injury (AKI), with initiatives implemented resulting in 92% of episodes of Acute Kidney Injury being treated within six hours. Work to increase the long term health outcomes of patients with AKI extends to work with our local GP's through the establishment of a 'plan of care' to optimise and monitor long term recovery.
- 2) L&D priorities for 2016/17 included a high level of focus and clinical prioritisation of patients presenting with Sepsis both in the Emergency Department and in-patient

wards. We commend the Trust on the initiative to introduce Sepsis champions. The focus on Sepsis identification and treatment has shown a success of 90% when measured by audit in all clinical areas and is equally identified as a National priority in CQUIN Indicators for Acute Trusts.

- 3) We are reassured to see a continued focus on reducing mortality rates and has been pleased to be invited to be a substantive member of the Mortality Review Panel. Over course of 16/17 the L&DU Trust did see variation in the Hospital standardised mortality ratio (HSMR). This is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than expected. We are aware of the Trusts response and the Trusts commissioned independent review. As collective CCGs we acknowledge their recent improvement in the indicator for L&D. We are also aware on the ongoing work with the daily screening and wider discussion of all deaths at the Trusts Mortality board and will continue to work with the Trust in understanding the ongoing performance and service improvement work in this area.
- 4) A strong focus within the Trust has been the national quality initiative to reduce the antibiotic consumption work which continues and is subject to monthly audit.

The National Initiative to reduce avoidable harm from incidents of pressure sores, falls, catheter infections and venous embolism is measured through a national tool and it is reassuring to note that the L&D achieved over 98% Harm Free Care for their patients. All incidents of avoidable harm occurring within the care of the hospital are investigated and shared transparently with the CCG as Serious Incidents. Throughout 16/17 the Trust has demonstrated significant improvement in areas regarding patient safety. Specifically the Trust improvement in the management of patient falls in hospital. For all patients at risk of falls the Trust will conduct a risk assessment and although not all falls are completely avoidable, the Trust has worked to reduce the proportion of people who come to harm from result of a fall. Over 16/17 this reduced by almost 50%.

The CCG recognises the continued improvement and efforts that the Trust has made to ensure that majority of serious incident reports are completed within nationally prescribed time frames and acknowledge that the quality of the reports have improved to a high standard. The L&D is able to evidence its compliance with the duty of candour in its openness and transparency with patients, families and staff.

In spring/summer 2016/17 strategic changes to the pathway for how stroke services are delivered across Bedfordshire has meant a significant change to how care for stroke patients was provided over the course of 16/17. L&D demonstrated a strong commitment to working positively with Bedfordshire commissioners and other relevant stakeholders to assure safety and outcomes were consistent for all stroke patients who are managed in their care. Patients requiring essential stroke specialist care in the first hours of stroke presentation are managed in L&D for all of Bedfordshire. It has been encouraging to see L&D demonstrate significant improvement in their SSNAP audit performance from E-C (SSNAP audit provides detailed

information about individuals who have strokes, the processes of care they receive and their eventual outcome).

The Trust's commitment to participation in national and local audits is to be commended and LCCG commit to supporting the Trust in ensuring that their services improvements are reflective of the outcomes of audits and achieve sustainable quality improvements.

The ongoing work to date is acknowledged regarding improving the safety and experience of those accessing maternity services at L&D. The CCG and its associates are sighted on the extensive action plan and progress that the Trust has made against this plan and we will continue to work with L&D on the assurances of this plan with regard to safety and outcomes.

The Trusts Efforts and leadership to achieve the CQCs 'good overall' rating is recognised by the CCG. All areas requiring attention to improve are reflected within the L&D clinical priorities for 2016 /17.

Patient experience improvement work in L&D Outpatients with Partial-booking has been successful in enhancing patient access in outpatients over 16/17. (*Partial booking enables patients to choose a convenient outpatient appointment date, reducing some long waits and potential for cancellation or patients unable to attend*).

Luton CCG and other associate CCGs support the Trust's quality priorities and indicators for 2017/18 as set out in the annual account and Luton CCG will monitor the progress of the Trust in driving forward the 2017-18 initiatives and improvements to ensure high quality healthcare and outcomes for the population of Luton and Bedfordshire.

Luton Clinical Commissioning Group

*It should be noted that these comments were made on an early draft of the L&D Quality Account received April 2016.



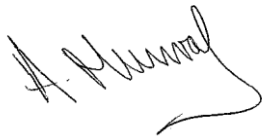
Matthew Tait
Accountable Officer
Bedfordshire Clinical Commissioning

**Statement from Bedfordshire Clinical Commissioning Group to BMI Healthcare
The Manor Hospital Quality Account 2016 – 2017**

Bedfordshire Clinical Commissioning Group (BCCG) has received 2016/2017 Quality Account from BMI Healthcare, The Manor Hospital.

Reviewing the Trusts quality accounts from 2016/17 and the associated priorities, BCCG is aware of how these priorities were formed to align with quality priorities and areas requiring improvement from CQC inspections. As commissioners we are aware of the learning from CQC inspection and the work that has been put in place to improve specific areas.

BCCG welcomes the continuing opportunity that BMI have outlined to focus on achieving good quality outcomes for 2017/18.



Anne Murray
Director of Quality and Nursing

Statement from Bedfordshire Clinical Commissioning Group to South East Essex Partnership Trust (SEPT) Quality Account 2016 – 2017

Bedfordshire Clinical Commissioning Group (BCCG) has received the Quality Accounts 2016/17 from SEPT NHS Trust. BCCG has been informed of the merger of SEPT and North Essex Partnership NHS Foundation Trust (NEP) on 1st April 2017 to form Essex Partnership University NHS Foundation Trust (EPUT). It is recognised as a result of the merger EPUT will be responsible for undertaking the process post-merger to publish the SEPT Quality Account 2016/2017.

SEPT's Quality Account was shared with BCCG's Non-Executive director (lead for patient safety), Executive Directors, Performance, Quality Team and systematically reviewed by key members of the CCG's Integrated commissioning and Quality, as part of developing our statement.

BCCG is pleased to see the accounts set out a vision for a quality, high performing and responsive service. It is evident the level of engagement SEPT/EPUT have conducted in discussion with stakeholders in developing the Trusts Quality accounts, its identified priorities for 17/18 and equally recognised that as a new organisation the need to benchmark current position in Q1 17/18, aligning these results to priorities for the remainder of the year.

It is recognised that within the Trusts commitment to "No avoidable Harm" that some of the quality priorities set for 2017/18 are a continuation of the priorities identified for 16/17. For Bedfordshire Community Health Services these priorities relate to 3 areas only (reductions in the following areas: Falls, Pressure Ulcers, Medication Omission, care planning, record keeping and family involvement in mortality reviews).

BCCG notes that the priority areas for improvement are aligned to the three key principles of quality.

Safety: BCCG welcomes the improvement work in areas around Pressure Ulcer care and falls reduction in 16/17 and looks forward to EPUT's further quality improvement work through 17/18 for the prevention of all avoidable pressure ulcers, working in an integrated way with other local providers in Bedfordshire.

Experience: It is acknowledged that SEPT previously had developed many ways of engaging with service users from specific events on particular client groups, mystery shopper sessions, to Friends & Family. Service user feedback is valuable and EPUT demonstrates a positive service user experience in their service areas. Friends and family involvement in mortality review, aligns appropriately with the principles outlined in duty of candour. BCCG support this advanced engagement and will work with EPUT on assurance of delivery in particular with our community beds in Bedfordshire (Archer Unit).

Effectiveness: BCCG acknowledge the Trusts priority on care planning and record keeping. We will work with EPUT following the Q1 baseline work in establishing current

Trust performance and support the Trust in their improvement and assurance plans for the remainder of 17/18

SEPT is required to include Trust performance against national quality indicators. The Trust has included this data. BCCG recognises performance relevant to Bedfordshire on staff friends and family, serious incidents and staff survey. BCCG acknowledges the zero reported serious incidents in Bedfordshire for the whole 16/17. For assurance of patient safety this is an important measure and we will continue to work with EPUT in 17/18 in ongoing assurances of keeping patients safe.

People who use community services survey has noted a slight overall drop in response of overall experience of care and so BCCG welcomes the Trusts response to a developed action plan to address this. BCCG also recognises the improved Staff Friends & family (F&F) position to previous years and will work with EPUT over 17/18 to understand the Trust approach to their current position on staff survey response KF26 bullying and harassment.

BCCG recognises the improvement work over 16/17 against the identified priorities relevant to Bedfordshire. In particular the reduction of grade 3&4 avoidable pressure ulcers to zero is commendable. Within this the CCG recognises the Trusts on going work covering areas such as “sign up to safety” “skin matters group” and dedicated work from tissue viability teams. To progress this work into 2017/18 we welcome collaboration from EPUT across other stakeholders to gain value from shared learning and expertise and to identify potential impact in enabling patients and carers in their own homes to recognise the importance of good skin management.

Over the course of 16/17 the Trust has delivered against its local CQUIN schemes, aimed at integration of services delivering health care to vulnerable groups at risk of admission to Acute care. Specific work on care plan development and sharing arrangements with Acute providers has led to developed position on integration with ability to share care records (with patient consent) and enable clinicians to plan patients care away from an unnecessary acute position.

In addition SEPT delivered some valuable training to care home staff on identification of Diabetic foot attack (injury to a foot which has reduced feeling or reduced blood circulation). A reasonable number of care home staff in Bedfordshire had specific training in recognising diabetic foot attack at early stages, supporting potential for improved patient outcomes.

BCCG recognises the additional work SEPT have delivered on around advanced care planning for palliative patients, enabling patients to die in their preferred place of death.

Specific areas of improvement work in children’s services over 16/17 has supported BCCG children’s commissioning with advances in “Futures in Mind work programme across Bedfordshire. The emotional wellbeing work is in early stage and BCCG welcomes the ongoing work with EPUT in 17/18 to further enhance this.

BCCG also welcomes the learning from previous child health reviews in Bedfordshire and the links to Asthma friendly schools programme.

As a CCG we are also pleased to see the approach to workforce utilisation, the development of new roles and enhancing the scope of other roles. Specifically the Trusts commitment to apprentice nurse’s roles and the Trusts involvement in the development of the nursing standards on the programme (also the use of Care

assistants in advanced roles). Other apprentice opportunities for care and admin staff in a geography that can be challenging to recruit care staff is welcomed approach.

BCCG recognises the specific additional service improvement work in nutrition and dietetics over 16/17. Enabling additional service capacity by streamlining processes. In particular the work on FOOD First for older people in care homes building on a previously recognised awarded service.

Over the course of 16/17 SEPT have been supportive in delivery of pathway changes around Stroke and anticoagulation services. BCCG have been supported by SEPT in its ability to assure ongoing safe provision of services to people on these specific pathways during service transition.

Working with the transitioned provider to EPUT over 17/18, the ongoing recommendations from NHS Improving Quality, provider reports and ongoing transformation for community services will form a key part of Bedfordshire Clinical Commissioning Group's assurance monitoring in the coming year.

Bedford Clinical Commissioning Group supports the Trust's rationale and indicators for quality priorities for 2017/18 and looks forward to working with EPUT to achieve good quality outcomes for the people of Bedfordshire.

Yours sincerely

Matthew Tait
Accountable Officer
Bedfordshire Clinical Commissioning Group

