
**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 28 May 2015
Subject: Quality Accounts 2014 / 2015
Report of: Governance and Scrutiny Support Unit

Summary

All NHS healthcare providers must produce Quality Accounts as annual reports for members of the public, giving details about the quality of the services they provide. Health Scrutiny Committees are entitled to comment on draft Quality Accounts for each healthcare provider within their local authority area and these comments must be included within the final published version. Members were provided with copies of the draft Quality Accounts from Central Manchester NHS Foundation Trust (CMFT) and the University Hospitals of South Manchester Foundation Trust (UHSM) and Manchester Mental Health and Social Care Trust (MMHSCT) for comment.

Recommendations

To note the Health Scrutiny Committee responses to the Quality Accounts submitted by Central Manchester NHS Foundation Trust (CMFT), the University Hospitals of South Manchester Foundation Trust (UHSM) and Manchester Mental Health and Social Care Trust (MMHSCT) appended to this report.

Wards Affected: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

1. Introduction

- 1.1 Quality Accounts (QA) are reports about the quality of services provided by an NHS healthcare service. All healthcare providers must publish these. Each healthcare provider is required to make their QA available to the public every year in an easy to understand format.

2. Quality Accounts

- 2.1 The main purpose of the QA is to encourage leaders of healthcare organisations to assess quality across all of the services they provide, including community services and to encourage them to make ongoing improvements where necessary. QA are aimed at members of the public and as such, describe the quality of services beyond the regulatory requirements set out by the Department for Health. Quality is measured by looking at the following:

- patient safety
- the effectiveness of treatments that patients receive
- patient feedback about the care provided

- 2.2 The final published version of QA should include the following elements:

- A statement from the most senior manager of the organisation which describes a summary of the quality of healthcare provided by the organisation that they are responsible for. Within this statement senior managers should declare that they have seen the Quality Account and that they are happy with the accuracy of the data reported, and acknowledge of any, areas that need to be improved.
- Information about how the healthcare provider measures how well it is doing, how it is continuously improving the services it provides and how it responds to regulatory inspections from bodies such as the Care Quality Commission (CQC).
- A statement from the commissioning body on what they think of the provider's QA.

3. The role of the Health Scrutiny Committee

- 3.1 Health Scrutiny Committees are entitled to comment on draft Quality Accounts for each healthcare provider within their local authority area and these comments must be included within the final published version.

- 3.1 Members were provided with copies of the draft QA from Central Manchester NHS Foundation Trust (CMFT), the University Hospitals of South Manchester Foundation Trust (UHSM) and Manchester Mental Health and Social Care Trust (MMHSCT). The Committee were invited to consider the content of the QAs and agree a formal response, written by the Chair on behalf of the Committee.

- 3.2 Copies of the three responses are appended to this report.



Councillor Eddy Newman
Chair of the Health Scrutiny Committee



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19 May 2015

Dear Central Manchester University Hospitals NHS Foundation Trust,

Manchester City Council Health Scrutiny Committee - Response to Central Manchester Foundation Trust Quality Accounts 2014/15

As Chair of the Health Scrutiny Committee I would like to thank you for the opportunity to comment on the Central Manchester Foundation Trust Draft Quality Accounts for 2014/15. Copies of the draft quality accounts were circulated to members of the Committee for consideration and comments received have been included below. We would like to submit the following commentary to be included within your final published version.

The Committee noted that the Statement from the Medical Director sets a tone of directness and transparency in the Quality Accounts and that the statement identifies four primary achievements. These are reduced harm from sepsis; improved data on mortality, with the HSMR mortality indicator now below 100 and SHMI indicator exactly 100. The Committee further welcomed the six commitments around Dementia which include: increasing awareness amongst staff; systems to identify cognitive impairment, the creation of a dementia friendly environment; an increase specialist support, the development of a shared care model and support for carers.

The Committee welcomed the information provided regarding Patient Safety and Harm Free Care. The Medical Director comments that CMFT has the highest rates of incident reporting in the NHS, confirming staff confidence in reporting their concerns. Staff are also reporting more 'near misses' and a much higher rate of incidents where no harm occurred than the average (93% compared with 73.7%). The Committee note that harm from pressure ulceration and catheter associated UTI all appear to be declining and a renewed emphasis on safeguarding with safeguarding champions is pleasing to note, however we note that the Incidents of serious harm, whilst small in number, have unfortunately gone up.

The Committee welcomes the reported broader success. We note the excellence of training and support for trainees which was confirmed by the GMC National Training Survey and acknowledge how well the Library service is regarded. We also welcome the improvement in the number of Gold Wards under the internally managed Ward Accreditation scheme, from 11 to 21. We also acknowledge a high response rate, compared to the national average, to the Friends and Family Test, with a 90% 'approval' rating.

The Committee commended that End of Life Care has received considerable focus, with an emphasis on partnerships and dignity, although how improvement is to be measured could have been more clearly expressed. We note the success reported in an improved system for recognising Acute Kidney Injury early and Nurse Agimol Pradeep's success in recruiting 3,000 new Organ Donors to the donor register from the North West's South Asian community.

With reference to the risks identified the Committee note the improvement actions required for the Hip Fracture Database, Carotid Endarterectomy, Heart Failure, Anti Dimmunoglobulin Prophylaxis resulting from the CMFT participation in 49 National Clinical Audits. The Advancing Quality Initiative focus areas where targets were not met for 2014/15 included hip and knee and heart failure. The Committee would welcome further information as to whether this indicates continuing risks for these two issues.

The Committee welcomes the response to the Clinical risks identified by the CQC which included; a reliance on paper records. The Committee note that CMFT has introduced an electronic paper record, 'Chameleon', which should be available in 2015/16 and a range of actions are in place to manage the demand on Emergency Department Capacity.

The Committee felt that the Divisional Reports from CMFT's nine divisions, although lengthy are laid out uniformly, all including achievements, risk and plans. These are clear, direct and helpful summaries of activity and confirm the general drive to improvement and better quality. We note that there are risk themes which appear in more than one of the Division Reports. These include the risks of using a hybrid electronic and paper recording system, pressures on staffing and capacity, high number of 'medical vacancies', difficulty recruiting nurses to Adult Critical Care, equipment/environment shortfalls in the case of radiology and the Dental Hospital, limited capacity for admissions at the children's hospital, high demand in the Emergency Department (Medicine and Community Services), discharge difficulties due to community service shortfalls, pressure on intensive care facilities at St Mary's and over reliance on locums and agency staff. In addition staff-led quality reviews have identified the numbers of agency staff and complaints as 'improvements required'

The Committee welcomed the report and note that it is generally clear and well expressed with a careful and helpful use of images to help the reader. We did note that the document is not structured uniformly, with text for different features of CMFT activity laid out differently. Further we note that there is no indication in the Quality Accounts of the size of the operation: budget, staffing levels and numbers of patients served (64 wards across CMFT are mentioned in the context of 'ward accreditation', but there is nothing to indicate the scope of the Trust's operation elsewhere).

The Committee commented that this is that this is a very early draft document with limited comparative data. For example the Manchester Academic Health Science Centre accreditation is prestigious, but the 'improving our research' figures, numerous as they are, do not include any comparative figures for previous years and the staff survey results appear very positive with more staff reporting participating in Equality and Diversity training, fewer suffering from work related stress, fewer

experiencing violence from staff or patients, and staff motivation is claimed as higher than other comparable trust however there is no actual data given relating to the staff survey

It is anticipated that the data will be added later, but to present a draft for comment at this stage, with such limited data, does not assist external bodies to scrutinise the QA effectively

It has been important to highlight areas of some concern where we expect CMFT to improve over the next year. Overall the Quality Accounts are positive and reflect the successful operation of a large and complex organisation serving many thousands of patients in an efficient and compassionate manner.

Yours sincerely

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19 May 2015

Dear Manchester Mental Health and Social Care Trust,

Manchester City Council Health Scrutiny Committee - Response to Manchester Mental Health and Social Care Trust Quality Accounts 2014/15

As Chair of the Health Scrutiny Committee, I would like to thank you for the opportunity to comment on the Manchester Mental Health and Social Care Trust Quality Accounts for 2014/15. Copies of the draft quality accounts were circulated to members of the committee for consideration and comments received have been included below. We would like to submit the following commentary to be included within your final published version.

The Committee note that what the Trust is trying to achieve is expressed primarily in the three Quality Priorities, Staff Morale and engagement; Learning lessons from Root Cause Analysis and Safe staffing / patient safety. Based on the evidence presented elsewhere in the Quality Accounts these seem entirely appropriate as priorities. The activity associated with the priorities again seems appropriate and much of it impressive. We note that the Singleton Review was an imaginative response to considerable problems in staff morale and the Quality Accounts outlines good progress against the aims.

The risk summit process identified areas for immediate improvement including Safeguarding, Urgent Care Systems Management, a shared data dashboard and improved organisational learning. Again internal evidence included in the Quality Accounts confirms the appropriateness of these priorities for action.

The Committee noted that with regards to Clinical Audits a link in the Quality Accounts offers comparison with the findings of the National Audit of Schizophrenia for all 65 Mental Health Trusts across England and Wales. The learning from that audit and improvement actions are helpfully laid out. However despite considerable detail about all clinical audits with appropriate actions against the results of each audit, the data does not offer comparison either against other Trusts, so its relevance in relation to improvements in quality and effectiveness cannot be gauged. Neither is the variation over the last four years in the number of clinical audits completed adequately explained.

We note that performance against the Mandated Quality Indicators is broadly in line with national performance, reported patient experience being better than the national average. However 28 day re-admissions in 2014/15 are worse than in 2013/14. The real problem identified, however, is the worsening over the last three years of reported staff satisfaction, from what appears to be a low base to begin with. This

was a clear contributor to the CQC intelligence monitoring information which identifies the Trust as band 1, the highest perceived risk. (The data however does not indicate whether this compares poorly to other Mental Health Trusts or is the norm). Professor Singleton's independent evaluation confirmed staff morale as a key priority.

The information about the actions taken against the three primary priorities is clear and strong, particularly the leadership staff have been offered in various improvement initiatives, the introduction of the Friends and Family Staff Test and Listening into Action. Performance against 2014/15 priorities is outlined and records clear progress against the aims, although they focus on processes introduced rather than direct improvements in patient safety or clinical effectiveness.

The Committee welcomed the priorities identified and the various initiatives reported on and note that there are a number of positive themes which recur through the Quality Accounts, including the standardisation of processes across the Trust, where previously there had been a range of different approaches. In addition we welcome improvements to Urgent Care, documentation, standard operating procedures for out-patients, a single model of Memory Assessment and a set of standards for in-patient nursing.

The Committee acknowledged that responding to staff needs and morale runs like a thread through the whole document, over and above the specific initiatives implemented to improve staff morale. We note that reducing reliance on agency staff is another positive recurring theme. There is however no data included identifying the level of reliance in agency staff or costs involved. We further note that the the voice of the patient/user/carer is another welcome theme with Dignity Walks, reference to Francis, patient stories presented to the Board all confirm a clear commitment to hearing and responding to the voice of the patient.

The Quality Accounts is a document concentrating on challenges and responses relating to 2014/15. It must be said though, forward plans are implicit throughout the text. Broad explicit plans for the future are mentioned confirming continuation of the direction outlined in this Quality Accounts. Overall the Quality Accounts are positive and reflect successful operation of a complex organisation serving many service users and patients in an efficient and compassionate manner.

Yours sincerely

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19 May 2015

Dear University Hospital of South Manchester Foundation Trust,

Manchester City Council Health Scrutiny Committee - Response to University Hospital of South Manchester Foundation Trust Quality Accounts 2014/15

As Chair of the Health Scrutiny Committee I would like to thank you for the opportunity to comment on the University Hospital of South Manchester Foundation Trust Draft Quality Accounts for 2014/15. Copies of the draft quality accounts were circulated to members of the committee for consideration and comments received have been included below. We would like to submit the following commentary to be included within your final published version.

The Chief Executive's Statement outlines clearly what the Quality Account is to include and outlines achievements with regard to Patient Safety. This includes the implementation of the Ward Accreditation Scheme and the pledge to 'Sign up to Safety'. Further The Limbless Association Annual Awards identified UHSM as having the 'Best Disablement Service Centre' and the UHSM Patient Experience Team was named team of the year by the Patient Experience Network. The Speak out Safely initiative, including Safecall, encouraging staff to raise concerns in a supportive environment is also referred to.

Performance against Key National Priorities shows that UHSM did not meet the MRSA target, nor the four hour A&E wait target, where the performance for 2014/15 is worse than for 2013/14. The Committee is concerned about the poor and worsening performance in relation to A&E waits and notes that the document does not offer any plans for improving the situation.

National benchmarking of specific quality indicators includes comment on activities mentioned elsewhere in the draft Quality Account, but identified a higher than average number of emergency re-admissions in 28 days, a figure which has increased since 2013/14. Overall though UHSM scores at or just below average in these comparative measures except for patient safety and patient experience measures where, in general, better than average performance is recorded.

The Committee notes that the targets around the implementation of the National Dementia Strategy were all met for 2014/15, however these are all 'procedural'. There are no comments in the draft Quality Accounts about criteria for clinical effectiveness or improved patient experience in relation to dementia.

The Committee further notes that UHSM is the third highest recruiter of NIHR portfolio studies in the North West and in the top 25 nationally. UHSM involvement in

158 clinical research studies and 287 publications as a result of the Trust's involvement in NIHR research may be a success, but no comparative data is given to demonstrate that.

The performance against Quality Improvement Priorities generally show effective activity and targets, some very ambitious, met. However missed targets are revealed in relation to:

MRSA, MSSA, and 97.8% of patients free from newly acquired harms, just outside the top 20% in England and 54 dissatisfied complainants.

In relation to safe staffing we note the initiatives in place to address this. The Tissue Viability Team have also introduced more staff training and ward based training for pressure ulcers and encouraged the reporting for all harms.

We also note that the SHMI 'score' of 0.964 (less than one indicating fewer deaths than expected) is from June 2014, so it is not up to date.

Several seemingly effective initiatives have been introduced, which include The Ward Accreditation Scheme implementation is a cause for pride; risks relating to Deprivation of Liberty, Adult Safeguarding and pressure ulcers reporting is identified; those issues being taken up by the relevant teams. Inspiring as the scheme is, it seems to be an internal process, with no external element to ensure an external perspective is sought and considered. The Committee also note the positive contribution to the Living Longer, Living Better initiative with enhanced neighbourhood teams, frailty assessments and rapid responses.

The Committee note the Learning from Clinical Audits (UHSM participated in 35 national audits [100% of those eligible] and 6 confidential enquiries) that is laid out carefully in the draft Quality Accounts, with the following risks being identified: Information to breast cancer patients could be improved; in intensive care there were more delayed discharges and increased re-admissions; more lung cancer patients could be seen at an earlier stage by a specialist nurse.

We note that at UHSM, although clinical performance indicators reported were above average, standards in five out of six organisational indicators were not met. In response an e-learning training package is in place and the Board is discussing the future plans for Care of the Dying. Furthermore the clinical record keeping audit revealed a varying range of compliance. This seems worrying, and is not followed up with any proposed action plan.

The Committee welcomes the priorities for 2015/16 that are laid out clearly and include:

Zero MRSA and fewer than 39 cases of clostridium difficile; to deliver on 'Sign up to Safety' pledges with a steering group, workplan, metrics and clinical leads being identified. Being in the top 20% in England for Newly Acquired Harms and 20% in England for SHMI; to achieve 100% compliance in the Safer Surgery Checklist; to continue to implement the Ward Accreditation Scheme to ensure that patients experience and quality of care on wards is guaranteed and to become a truly dementia friendly organization.

These in broad terms follow the risks and missed targets identified elsewhere in the draft Quality Accounts and we note that these have been agreed with the CCG and the Governor's Patient Experience Committee.

Finally, there are a number of themes which recur throughout the draft Quality Accounts including the centrality of good recording of procedures and treatments, both to serve the patient and to provide comparative data for reviewing effectiveness linked to this; the key importance of sharing data across the system, handing over effectively and integrated working is evident in several places in the draft Quality Accounts.

The Committee thought that the Quality Accounts is laid out clearly and the initial statement by the Chief Executive acts as an effective Executive Summary. More or less all the 2014/2015 data is in place, offering a clear comparison with activity and achievement against 2013/14 performance and in comparison with other Trusts. This is an achievement.

Also the Quality Accounts is not just a backward facing document, but offers a view of continuity and proposed achievement by focusing on future plans. The tables are well presented and understandable. The explanations of the data present challenges to the lay reader but indicate openness.

The Committee acknowledges that this is a positive draft Quality Accounts with evidence and external comment included so that chronological and organisational comparisons can be made. It is also forward looking identifying evidence of achievement or risk as the basis for future plans. But there are gaps; for instance, the poor and worsening performance in relation to A&E waits is noted, but no plans are identified for improving the situation.

It has been important to highlight areas of some concern where we expect UHSM to improve over the next year. Overall the Quality Accounts are positive and reflect the successful operation of a complex organisation serving many thousands of patients in an efficient and compassionate manner.

Yours sincerely

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