

	<b>Health Overview and Scrutiny Committee</b>  <b>11 May 2015</b>
<b>Title</b>	<b>NHS Trust Quality Accounts 2014/15</b>
<b>Report of</b>	Head of Governance
<b>Wards</b>	All
<b>Status</b>	Public
<b>Enclosures</b>	Appendix 1 – Community London Healthcare NHS Trust Quality Account 2014/15 Appendix 2 – Royal Free Hospital NHS Foundation Trust Quality Accounts 2014/15 Appendix 3 – North London Hospice Quality Account 2014/15 Appendix 4 – Barnet Health Overview & Scrutiny Committee 2014 Quality Accounts Submissions
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## Summary

This report presents the Quality Accounts from NHS health service providers for 2014/15. Health providers are required by legislation to submit their Quality Accounts to Health Scrutiny Committees for comment. The appendices set out the Quality Account of NHS providers who have a requirement to report to the committee. The committee is asked to scrutinise the Quality Accounts and to provide a statement to be included in the Account of each health service provider.

With respect to the Quality Accounts of the Barnet, Enfield and Haringey Mental Health NHS Trust, a sub-group of the North Central London Joint Health Overview & Scrutiny Committee (comprising representatives from the boroughs of Barnet, Enfield and Haringey) will meet on 19 May 2015 to agree a joint statement to be included in the Account of the Trust. On that basis, the Mental Health Trust's Quality Account will not be presented to this committee for consideration.

## **Recommendations**

**That, noting the requirement of NHS health service providers to produce Quality Accounts for 2014/15, the Committee provide a statement for inclusion in each of the Quality Accounts of the Health providers as set out in Appendices 1 to 3.**

### **1. WHY THIS REPORT IS NEEDED**

- 1.1 Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of services they provide, mirroring providers' publication of their financial accounts. All providers of NHS healthcare services in England, whether they are NHS bodies, private or third sector organisations must publish an annual Quality Account. Providers are exempt from reporting on any primary care or NHS Continuing Health care services.
- 1.2 The primary purpose of Quality Accounts is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer, and encourage them to engage in the wider processes of continuous quality improvement. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness. The visible product of this process – the Quality Account – is a document aimed at a local, public readership. This both reinforces transparency and helps persuade stakeholders that the organisation is committed to quality and improvement. Quality Accounts therefore go above and beyond regulatory requirements which focus on essential standards.
- 1.3 If designed well, the Accounts should assure commissioners, patients and the public that healthcare providers are regularly scrutinising each and every one of their services, concentrating on those that need the most attention.
- 1.4 Quality Accounts will be published on the NHS Choices website and providers will also have a duty to:
  - Display a notice at their premises with information on how to obtain the latest Quality Account; and
  - Provide hard copies of the latest Quality Account to those who request one.
- 1.5 The public, patients and others with an interest in their local provider will use a Quality Account to understand:

- Where an organisation is doing well and where improvements in service quality are required;
  - What an organisation's priorities for improvement are for the coming year; and
  - How an organisation has involved service users, staff and others with an interest in the organisation to help them evaluate the quality of their services and determine their priorities for improvement.
- 1.6 Commissioners and healthcare regulators, such as the Care Quality Commission, will use Quality Accounts to provide useful local information about how a provider is engaged in quality and tackles the need for improvement.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 This committee has been given the opportunity to comment on a provider's Quality Account before it is published as it is recognised that they have an existing role in the scrutiny of local health services, including the on-going operation of and planning of services.
- 2.2 The powers of overview and scrutiny in relation to the NHS enable committees to review any matter relating to the planning, provision and operation of health services in the area of its local authority. Each local NHS body has a duty to consult the local overview and scrutiny committee on any proposals it may have under consideration for any substantial development of the health service in the area of the committees' local authorities, or on any proposal to make any substantial variation in the provision of such service(s).

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 The committee are not required to make submissions on Quality Accounts submitted by NHS health service providers; the duty is on the providers to submit the accounts to the Health Overview and Scrutiny Committee for comments. In order for the committee to discharge its scrutiny role effectively, it is recommended that the committee provide comments.

## **4. POST DECISION IMPLEMENTATION**

- 4.1 The Health Overview and Scrutiny Committee is asked to scrutinise the Quality Accounts and to provide a statement to be included in the Account of each health service provider.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

5.1.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.

5.1.2 The 2015 – 2020 Corporate Plan sets out Barnet's vision to 2020 which includes the following strategic objectives which relate to the work of the Health Overview and Scrutiny Committee: –

- Redesigned local services - integrated, intuitive and efficient;
- Health and Social Care services will be personalised and integrated, with more people supported to live longer in their own homes; and
- Public Health will be integrated as a priority theme across all services

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 None in the context of this report.

5.3 **Legal and Constitutional References**

5.3.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities

5.3.2 Health and Social Care Act 2012, Section 12 – introduces section 2B to the NHS Act 2006 which imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area.

5.3.3 NHS bodies and certain other bodies who provide health services to the NHS are required by legislation to publish Quality Accounts drafts of which must be submitted to the Health OSC for comment in accordance with section 9 of the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 as amended.

5.3.4 The Terms of Reference of the Health Overview and Scrutiny Committee are included in Responsibility for Functions, Annex A, of the Council's Constitution. They delegate the following responsibilities to the Committee:

1. To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
2. To make reports and recommendations to Council, Health and Well Being Board, the Secretary of State for Health and/or other relevant authorities on health issues which 9 Chairman, Vice-Chairman, Members and substitutes to be appointed by Council Responsibility for Functions – Annex A – March 2015 27 affect or may affect the borough and its residents.

3. To receive, consider and respond to reports, matters of concern, and consultations from the NHS Barnet, Health and Wellbeing Board, Health Watch and/or other health bodies.
4. To scrutinise and review promotion of effective partnerships between health and social care, and other health partnerships in the public, private and voluntary sectors.
5. Both Council and the Health Overview and Scrutiny Committee are authorised pursuant to Regulation 30 Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218 to establish together with the health overview and scrutiny committees of one or more other local authorities a joint overview and scrutiny committee. Any such joint overview and scrutiny committee shall have such terms of reference and shall exist for so long, as the appointing Overview and Scrutiny Committees may agree.

#### **5.4 Risk Management**

5.4.1 None in the context of this report.

#### **5.5 Equalities and Diversity**

5.5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:

- The Council's leadership role in relation to diversity and inclusiveness; and
- The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.

5.5.2 Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports and this Committee should consider these issues when commenting on the reports.

5.5.3 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

*Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*

*Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*

*Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

## **5.6 Consultation and Engagement**

- 5.6.1 Each local NHS body has a duty to consult the local overview and scrutiny committee on any proposals it may have under consideration for any substantial development of the health service in the area of the committees' local authorities, or on any proposal to make any substantial variation in the provision of such service(s).

## **6. BACKGROUND PAPERS**

- 6.1 Health Overview and Scrutiny Committee, 12 May 2014, - the Committee received and made formal comments on the Quality Accounts of health partners:  
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=179&MID=7475#A17282>