

	Barnet Health Overview and Scrutiny Committee 7 December 2015
Title	NHS Trusts Quality Accounts – Mid Year Review
Report of	Governance Service
Wards	All
Status	Public
Urgent	No
Key	<i>None</i>
Enclosures	<p>Appendix A – Comments submitted by the Barnet HOSC for Inclusion within CLCH’s Quality Accounts 2014-15</p> <p>Appendix Ai: Six Month Update from CLCH</p> <p>Appendix B: Comments submitted by the Barnet HOSC for Inclusion within North London Hospice’s Quality Accounts 2014-15</p> <p>Appendix Bi: Six Month Update from North London Hospice</p> <p>Appendix C: Comments submitted by Barnet HOSC for Inclusion within the Royal Free Quality Account</p> <p>Appendix Ci: Six Month Update from Royal Free</p>
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Summary

At their meeting on 11 July 2015, the Committee considered the Quality Accounts from NHS Trusts for 2014/15. Health providers are required by legislation to submit their Quality Accounts to Health Scrutiny Committees for comment. NHS Trusts have a requirement to report to their Quality Accounts to the Committee. At their July meeting, the Committee was asked to scrutinise the Quality Accounts and to provide a statement to be included in the Account of each health service provider.

The Committee have requested the three NHS Trusts to provide a response as to how they have acted following the submission of their Comments for inclusion within the final draft of their Quality Accounts last year.

The appendices contained within the report set out a) the comments made by the

Committee to the Trust last year, followed by b) the response from the Trust in respect of those comments.

Recommendations

1. That the Committee note the report.

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. The Committee have requested that the three Trusts that submitted their Quality Accounts last year provide an update on how they have actioned the comments made by the Committee.
- 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 By receiving this update, the Committee will be able to see how NHS Trusts have responded to the comments that the Committee asked to be included within the Quality Accounts.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None in the context of this report.

4. POST DECISION IMPLEMENTATION

- 4.1 Once the Committee has scrutinised the report, they are able to consider if they would like to make any recommendations to the NHS Trusts.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.2 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

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

- There are no financial implications for the Council.

5.3 Social Value

The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.4 Legal and Constitutional References

5.4.1 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.

5.4.2 The Council's Constitution (Responsibility for Functions) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

“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.”

5.4.3 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.

5.5 Risk Management

5.5.1 Not receiving this report would present a risk to the Committee in that they would not have the opportunity to scrutinise the provision of Health Services in the Borough.

5.6 Equalities and Diversity

5.6.1 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 fulfil its equality duty 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.

5.6.2 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.

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5.7 Consultation and Engagement

5.7.4 The Barnet Health Overview and Scrutiny Committee are taking the opportunity to engage with the NHS Trusts in relation to their actions following the Committee placing their comments on the Quality Accounts on record.

5.8 Insight

5.8.1 None in the context of this report. Upon considering the report, the Committee will determine if they require further information or future updates.

6 BACKGROUND PAPERS

6.6 None.