

Quality Account 2018/19

Council of Governors

Phil Bolton – Deputy Chief Nurse

Purpose

- Patients want to know they are receiving the very best quality of care. Providers of NHS Trusts are required to publish a Quality Account each year. These are required by the Health Act 2009 and set out in NHS (QA) Regulations 2010.
- NHSI require Trusts to produce quality reports as part of their Annual report. Quality reports help Trusts to improve public accountability for the quality of care they provide.
- Trusts are required to obtain external assurance on their quality reports. Subjecting them to independent scrutiny improves the quality of data on which performance reporting depends.

Quality report must contain:

- **Part 1:** Statement on quality from the CEO
- **Part 2:** Priorities for improvement and statements of assurance from the Board
- **Part 3:** Other information and 2 annexes.
 - Statements from CCG, Healthwatch and the Overview and Scrutiny Committee
 - Statement of Directors responsibilities for the quality report.

Part 2: Priorities for Improvement

This section describes areas for improvement in the quality of relevant health services that we *intend* to provide for 2019/20.

- We must include at least **3 priorities for improvement** for the year ahead
- Explain how progress will be measured, monitored and reported
- Indicate the rationale for selection (based on Quality Strategy)
- Also detail the progress made against last year's priorities and where possible performance in previous years

We have to include our CQUIN performance and our CQC position.

Part 3: Other info and 2 annexes

This section is used to present ***other*** information relevant to the quality of services provided by the Trust.

This overview is based on performance in **18/19** against indicators selected by the Trust Board including their rationale.

It must include:

- At least 3 indicators for Patient Safety
- At least 3 indicators for Clinical Effectiveness
- At least 3 indicators for Patient Experience

This information will refer to historical data and benchmarked data where available, so progress over time can be noted.

Part 3 contd:

- A draft copy of the Quality Account is sent to the CCG, Healthwatch and the Overview and Scrutiny Committee.
- Their comments / statements are published within the quality report

Directors responsibility:

- Statement including Board minutes and internal audit feedback through *Governors report* which includes audit report; balanced picture of performance over previous year; reliability of performance data and reported in accordance with NHSI reporting manual within the list of requirements.

External audit assurance

Independent scrutiny improves the quality of data on which performance reporting depends. External auditors will:

- Review the content of the report and ensure this is in accordance with requirements and consistency of data
- Provide signed limited assurance on any issues/ inconsistencies
- Undertake substantive sampling on 2 mandated indicators and 1 locally selected indicator
- Report to COG and Trust Board on findings, recommendations, mandated and locally selected indicators

External auditors contd:

Mandated indicators:

1. The percentage of patients with total time in A&E of 4 hours or less from arrival to admission, transfer or discharge
2. Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

In addition we needed to identify a *local indicator*

Contd:

Local Indicators:

This is the first year that NHSI have ***strongly recommended*** a local indicator

- NHSI strongly recommend that the Summary Hospital – level Mortality Indicator (SHMI) should be selected as the local indicator for 2018/19. The governors may choose an alternative indicator if they consider there is already sufficient assurance in this area, or it is determined that other priorities take precedence.

An alternative could be

- The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period

Timescale:

Dates:	Milestone:	BRAG:
January 2019	Draft project plan for Quality Account	Complete
January 2019	Commence discussions with stakeholders /	Complete
January 2019	Contact all trust leads to establish requirements	Complete
January 2019	Meeting with PWC External auditors and agree timescales	Complete
20 th March 2019	First draft of the Quality Account – Quality Committee and agree extra ordinary Quality Committee in April 2019	
April 2019	Completion of all external stakeholder meetings	
w/c 1 st and 8 th April 2019	PWC to carry out first review of the content and consistency of the Quality committee	
w/c 15 th April 2019	PWC on site to commence indicator testing	
April 2019	Review of Quality Account – Quality Committee (extra ordinary meeting)	
April 2019	External Audit to test local and mandatory fields (timescales shared with Trust)	
w/c 6 th May 2019	PWC meeting with Trust to agree reports (Draft long form limited assurance reports)	
23 rd May 2019	PWC present long form report and limited assurance report to Audit and Assurance committee	
May 2019	NHS FT submit a copy of limited assurance report on Quality Report and mandated performance indicators and auditor's private report to the governors to Monitor.	
30 th June 2019	NHS FT submit Quality Account to DH Parliamentary Office to be laid before Parliament and publish on NHS Choices	

Council of Governors are requested to:

1. Confirm the independent indicator to be tested :-

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Council of Governors are requested to:

2. Review and agree the suggested Quality Priorities for 2019/20.

- 10% reduction in incidents related to unsatisfactory discharge
- 85% patients to received End of Life care in their preferred place
- 10% improvement in completion of the Learning Disabilities care plan