

NORTH YORKSHIRE COUNTY COUNCIL**SCRUTINY OF HEALTH COMMITTEE****22 January 2010****Quality Account - Scarborough and North East Yorkshire NHS Trust****Purpose of Report**

1. The purpose of this report is to provide an opportunity for Members to contribute to the Quality Account (QA) for the Scarborough and North East Yorkshire (SNEY) NHS Trust.

What is a Quality Account?

2. QAs will be annual reports to the public, from NHS providers of healthcare, reporting on the quality of healthcare services they provide. QAs aim to improve public accountability and to encourage the boards of NHS Trusts to drive improvements in the quality of care their organisations provide.
3. A briefing paper from the Department of Health is attached as APPENDIX 1.

Scarborough and North East Yorkshire NHS Trust

4. In accordance with guidance from the Department of Health the Trust is seeking to consult this Committee on its QA.
5. Simon Jones, Director of Planning at the Trust, will be giving a short presentation on the process the Trust is following to produce its QA and on the priorities that will be included in it during the first year.

Recommendations

6. That Members offer comment and advice on the priorities that should be included in the SNEY NHS Trust's first year Quality Account.

HUGH WILLIAMSON
Head of Scrutiny and Corporate Performance
County Hall
NORTHALLERTON

Written & Presented by Bryon Hunter
Principal Scrutiny Officer – Health

11 November 2009

Background Documents: None

Quality Accounts – Department of Health Briefing

Summary

1. The Darzi review *High Quality Care for All* sets out a vision for making quality improvement the organising principle for everything we do in the NHS. The report describes a framework that, building on work to date, will enable teams to do this. It makes clear that measurement for improvement is a key part of the framework, as is making information about quality publicly available.
2. *High Quality Care for All* introduces Quality Accounts as a mechanism for public reporting on quality. It states that:

“we will require, in legislation, healthcare providers working for or on behalf of the NHS to publish their ‘Quality Accounts’ from April 2010 – just as they publish financial accounts. These will be reports to the public on the quality of services they provide in every service line – looking at safety, experience and outcomes.”
3. The process for taking forward work on measurement, set out in *Measurement for Improvement: the approach*, asks provider organisations to consider what they would like to measure and publish as part of their quality account, from 2010 onwards. Alongside this there will be a series of deliberative events across the country over the next few months to shape the development of quality accounts. This will run in parallel with work to prepare for the legislative process.
4. This briefing note sets out the purpose of quality accounts and the framework within which they will be developed, to support providers as they take this work forward. Specifically it describes the parts of the development process that are fixed – including the legislative timetable – and those that are to be determined.

Purpose and principles

5. Development work to date indicates that the purpose of Quality Accounts should be to enable:
 - ❖ Boards of provider organisations to focus on quality improvement as a core function;
 - ❖ The public to hold providers to account for the quality of NHS healthcare services they provide;
 - ❖ Patients and their carers to make better informed choices.
6. To ensure that Quality Accounts can achieve these purposes they should cover the provision of NHS healthcare services and contain information that is:
 - ❖ A truthful and fair picture of the quality of services provided;
 - ❖ Meaningful and relevant to users of Quality Accounts;
 - ❖ Designed to allow for comparisons to be made;

- ❖ Produced in a timely fashion; and published in a way which promotes easy access for users.

Timetable

7. We will be using the NHS Reform Bill to secure the legislative basis for Quality Accounts. We expect that the Bill will be introduced in January 2009 and will receive Royal Assent in July 2009. By the end of 2009 we will have laid regulations and issued guidance on which providers will be required to produce a Quality Account, the format of Quality Accounts and the publication timetable for Accounts.
8. *High Quality Care for All* made a commitment that Quality Accounts should be published "from April 2010", so the emerging thinking has been that the first Quality Accounts will cover the 2009/10 financial year. That is why we are asking providers, through the *Measurement for Improvement* process over the next few months, to identify the measures they would like to use in their first quality account. We aim to develop the approach to quality reporting and potentially pilot quality accounts, working closely with Monitor, in 2009 to help inform the first full year (2010).

Early thinking to inform legislative provisions

9. Our aim in developing legislative provisions has been to avoid placing the detail of the scheme in primary legislation and to put this detail into secondary legislation (regulations and guidance) instead. This gives us more time to develop the detail of the accounts with a wide range of stakeholders. However, the need to ensure that we draft the Bill correctly has meant that we have had to do some early thinking on the broad form and content of Quality Accounts. The detail will of course, be subject to further discussion and consultation. The paragraphs below set out thinking to date.

Providers

10. The starting point is that all providers who supply healthcare services for or on behalf of the NHS will need to prepare a Quality Account. Some providers will need to prepare a Quality Account in respect of the 2009/10 year onwards; the duty will apply to others at a later date.
11. Current thinking is that the greater part of each Quality Account will be locally determined to ensure that providers are able to publish information against the strategic priorities they have identified for improvement. The intention is that these areas will be determined during the *Measurement for Improvement* process.
12. There will also be a core of nationally consistent information in all Quality Accounts. This is likely to include:
 - ❖ Information on quality that providers supply to the Care Quality Commission for performance assessment and registration purposes;

- ❖ Information on quality indicators that a provider may need to supply to their PCT under the contract they have with that PCT (including any information they need to supply to their PCT for CQUIN purposes); and
- ❖ Information that providers have supplied to cancer networks or in respect of clinical audits.

Publication

13. Quality Accounts are available in a timely fashion. Current thinking is that – as far as possible – the cycle for producing Quality Accounts should be closely aligned with other NHS reporting processes.
14. We therefore want providers to prepare Accounts which follow the financial year, and which are published by 30 June following the end of the financial year. However, this has not yet been fixed and we would welcome early thoughts on whether this is feasible.

Scrutiny

15. Options are under discussion for how Quality Accounts are assured and even audited. Views would be welcome on whether and how Accounts could be audited or scrutinised, and which bodies are best placed to do this.