

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

27 APRIL 2016

QUALITY ACCOUNTS 2015-16

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is asked to consider and agree an approach for providing comment on the draft Quality Accounts of local organisations providing NHS services.
2. The following healthcare providers are seeking comments from the HOSC before finalising their Quality Account for 2015-16:
 - West Midlands Ambulance Service NHS Trust
 - Worcestershire Acute Hospitals NHS Trust
 - Worcestershire Health and Care NHS Trust
 - Primrose Hospice, Bromsgrove

Background

3. All providers of NHS healthcare services in England are required to publish an annual Quality Account – essentially annual reports to the public about the activities undertaken and quality of services provided. This includes independent and charitable organisations, unless they are classed as 'small providers'.
4. Each Quality Account is submitted to the Secretary of State and published on the NHS Choices website by 30 June each year. Further information about Quality Accounts is available [here](#).
5. 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 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. 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.
6. Quality Accounts are both retrospective and forward looking and are organised in 3 parts. Quality Accounts must cover the following:

Part 1 (mandatory)

- a **statement on quality** from the Chief Executive (or equivalent) of the organisation and a statement from the senior employee outlining that to the best of that person's knowledge the information in the document is accurate;

Part 2 (mandatory)

- **priorities for improvement** – the forward looking section of the report to show plans for quality improvement and why those priorities for improvement were chosen. The organisation should also demonstrate how the organisation is developing quality improvement capacity and capability to cover these priorities;
- **statements relating to quality of NHS services provided** – content common to all providers to make them comparable;

Part 3

- **review of quality performance** – report on the previous year's quality performance;
- an **explanation of who the organisation has involved** and engaged with to determine the content and priorities contained in the Quality Account;
- any **statements provided by the organisation's commissioners, local scrutineers and local Healthwatch**, including an explanation of any changes made to the final version of the Quality Account after receiving these statements.

7. NHS England has also indicated an expectation for organisations to report on the Family and Friends Test.

8. 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.

9. 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.

10. The process of producing a Quality Account is an opportunity for organisations and clinicians to collect, review and analyse information relating to quality, so that they can decide where improvement is needed in such a way that it becomes part of the core business of the organisation. It can also help with benchmarking against other organisations.

11. This also provides an opportunity for providers to engage with their stakeholders and the public, in the review of information relating to quality and decisions about priorities for improvement.

Role of HOSC

12. HOSCs, along with commissioners and local Healthwatch, are given the opportunity to comment on a provider's Quality Account before it is published (30 day consultation

period), as it is recognised that they have a role in the scrutiny of local health services, including the ongoing operation of and planning of services.

13. HOSCs are considered to be ideally placed to ensure that a provider's Quality Account reflects the local priorities and concerns voiced by their constituents.

14. If an important local healthcare issue is missing from a provider's Quality Account then the HOSC can use the opportunity in the form of a statement to be included in a provider's Quality Account to highlight this omission.

15. HOSCs should not feel that they have to comment on areas of the Quality Account where they do not have relevant knowledge. However, conversations between providers and HOSCs should start at the beginning of the planning process for the production of a Quality Account so both the provider and the HOSC are aware each other's expectations in the process.

16. The role of HOSCs in providing assurance over a provider's Quality Account is a voluntary one, and depending on the capacity and interests of the HOSC, the committee may decide to prioritise those providers where members and their constituents have a particular interest.

17. Given the support for Quality Accounts expressed by Robert Francis in his report on Mid Staffordshire NHS Foundation Trust, the Chairman is keen that the HOSC should try to provide comments.

Suggested HOSC Approach for Quality Accounts 2015-16

18. Each Trust works to a different reporting schedule leading up to the 30 June publication deadline, it is therefore difficult to programme a HOSC to consider and agree all Members comments from all Quality Accounts in a timely manner.

19. It is proposed that once received, each Quality Account is circulated to HOSC Members. Lead Members (those nominated by HOSC to have an oversight of an organisation) will be asked to draft an initial statement, which will be circulated to the Committee. Other Members will then be invited to add comments and after consultation, the Chairman will agree the statement for submission within the 30 day consultation period.

Purpose of the Meeting

20. Members are asked to note the report and consider and agree the suggested approach for commenting on Quality Accounts 2015-16.

Contact Points

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Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Department of Health Mini Guide for Quality Accounts: A Guide for Local Involvement Networks and Overview and Scrutiny Committees
<https://www.gov.uk/government/publications/quality-accounts-mini-guides-for-quality-accounts-a-guide-for-local-involvement-networks-link-and-overview-and-scrutiny-committees-oscs>
- Agenda and Minutes of the Health Overview and Scrutiny Committee on 22 April 2015
<http://worcestershire.moderngov.co.uk/ieListDocuments.aspx?CId=141&MId=396&Ver=4>