

29 January 2013

Gateway reference number: 18690

NHS acute trusts CEs, NHS mental health trust CEs,
NHS ambulance trust CEs, foundation trust CE

CC: clinical commissioning group CEs, IS providers,
Healthwatch England CE, LINKs (local Healthwatch
organisations from 1 April), OSCs

Dear Colleague

QUALITY ACCOUNTS: REPORTING ARRANGEMENTS FOR 2012/13

We are writing to alert you to important amendments that have been made to the National Health Service (Quality Accounts) Regulations 2010. The amendments come into effect next month and change the reporting requirements for Quality Accounts being published in June this year. The Regulations have been amended to:

- i. take into account changes to the care system from April 2013, following the introduction of the Health and Social Care Act 2012; and
- ii. change what information trusts are required to report in future Quality Accounts. This follows our letter to you dated 16 February 2012 (gateway ref 17240¹) which set out a proposed change to include mandatory reporting of a core set of quality indicators.

Further details of these changes can be found in the annex to this letter.

I would also like to encourage independent sector providers to consider including these quality indicators in their accounts where they are collected.

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The Mandate from the Government to the NHS Commissioning Board (April 2013 to March 2015)² set out that the NHS should measure and publish outcome data for all major services by 2015. The data should be broken down by local clinical commissioning groups where patient numbers are adequate, as well as by those teams and organisations providing care. The changes we are making to the reporting requirements for Quality Accounts, as well as any future changes we make, will support the Mandate commitment.

Looking further ahead, it is expected that from 2013/14 Quality Accounts will include a requirement to report on the Friends and Family Test. Further information can be located at the following link:

<http://transparency.dh.gov.uk/2012/11/28/nhs-friends-and-family-test-information/>.

NHS FOUNDATION TRUSTS

Monitor has updated the requirements for mandatory indicators for the quality report within NHS foundation trusts' annual reports to reflect these indicators. This will enable a single document to serve both the requirements of the Quality Account Regulations and the Annual Reporting Manual for NHS foundation trusts, as is in previous years.

Yours Sincerely,



Professor Sir Bruce Keogh
NHS Medical Director
Department of Health



Dr David Bennett
Chair & Chief Executive
Monitor



David Flory
Chief Executive
NHS Trust Development Authority

² The Mandate - <https://www.wp.dh.gov.uk/publications/files/2012/11/mandate.pdf>

Annex – further information on changes to Quality Accounts 2012/13

QUALITY INDICATORS

The core set of indicators to be included in 2012/13 Quality Accounts is set out in the table below. All trusts are required to report against these indicators using a standardised statement set out in the amendment regulations³ and referred to below. Some of the indicators will not be relevant to all trusts – for instance, ambulance response times. Trusts are only required to include indicators in their Quality Accounts that are relevant to the services that they provide.

WHERE TO FIND THE DATA

The Health and Social Care Information Centre (HSCIC) is providing a Quality Accounts section within their indicator portal. This will provide links to the latest data for each of the indicators trusts are required to report. Further details can be found at the following link.

The HSCIC will refresh the links to the most current data annually each March.

<https://indicators.ic.nhs.uk/webview/index.jsp?v=2&catalog=http%3A%2F%2F172.16.9.26%3A80%2Fobj%2FCatalog%2FCatalog309&submode=catalog&mode=documentation&top=yes>

WHOM YOU NEED TO SHARE YOUR QUALITY ACCOUNT WITH

Commissioners

The introduction of the Health and Social Care Act 2012 brings a change to those whom you should share your draft Quality Account for comment. The requirement to provide draft accounts to a relevant SHA or PCT is replaced with a requirement to provide those accounts to either:

- i) The appropriate NHS Commissioning Board area team where 50% or more of the provider's health services⁴ during the reporting period are provided under contracts, agreement or arrangements with the Board,
or

³ 2012 Quality Account Amendment Regulations - <http://www.legislation.gov.uk/uksi/2012/3081/contents/made>

⁴ either provided directly or sub-contracted

- ii) the clinical commissioning group which has the responsibility for the largest number of persons to whom the provider has provided relevant health services during the reporting period.

Local scrutineers

The similar requirement to share your Quality Account in draft with an appropriate Local Involvement Network is replaced with a requirement instead to provide it to an appropriate local Healthwatch from April 2013. This should be in the local authority area in which the provider has its registered or principal office located.

NHS Commissioning Board local area teams and local Healthwatch teams may wish to inform their responses to a provider's Quality Accounts by discussing it within their Quality Surveillance Group.

HOW SHOULD QUALITY ACCOUNTS BE PUBLISHED

You still have a legal duty to send a copy of your final agreed Quality Account to the Secretary of State. You should continue to do this via the current arrangements by sending it to QualityAccounts@dh.gsi.gov.uk.

Additionally, you are still required to make your Quality Account publicly available on the NHS Choices website by 30 June each year. All trusts should now be able to do this via your individual NHS Choices provider profile page. Where this profile page function is not available, organisations should continue to send their agreed Quality Account to the above mailbox clearly marked in the subject title that it needs to be uploaded to NHS Choices. The Department will then ensure that your Quality Account is uploaded to the following pages <http://www.nhs.uk/aboutnhschoices/professionals/healthandcareprofessionals/quality-accounts/pages/quality-accounts-2011-2012.aspx>.

FURTHER GUIDANCE

The Department does not intend to update the Quality Accounts toolkit for 2012/13; however, it will remain on the DH Quality Accounts web page for now as an additional resource. Please refer to this annex, which highlights the changes from the previous year's Quality Account.

From April 2013, responsibility for the strategic direction of Quality Accounts will transfer to the NHS Commissioning Board and any future guidance will be jointly published by the Board and the Department.

WHAT QUALITY INDICATORS NEED TO BE INCLUDED AND HOW SHOULD THEY BE PRESENTED

Set out in the table below are the quality indicators that trusts are required to report in their Quality Accounts.

Additionally, where the necessary data is made available to the trust by the Health and Social Care Information Centre, a comparison of the numbers, percentages, values, scores or rates of the trust (as applicable) should be included for each of those listed in the table with

- a) the national average for the same; and
- b) with those NHS trusts and NHS foundation trusts with the highest and lowest of the same, for the reporting period.

For each indicator the following statement must be included in trusts Quality Accounts:

The [name of trust] considers that this data is as described for the following reasons [insert reasons].

The [name of trust] [intends to take/has taken] the following actions to improve this [percentage/proportion/score/rate/number], and so the quality of its services, by [insert description of actions].

Present, in a table format, the [percentage/proportion/score/rate/number] for at least the last two reporting periods.

<i>Prescribed Information</i>	<i>Related NHS Outcomes Framework Domain & who will report on them</i>
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to— (a) the value and banding of the summary hospital-level mortality indicator (“SHMI”) for the trust for the reporting period; and (b) the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period. *The palliative care indicator is a contextual indicator.	1: Preventing People from dying prematurely 2: Enhancing quality of life for people with long-term conditions Acute trusts
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period.	1: Preventing People from dying prematurely 2: Enhancing quality of life for people with long-term conditions All trusts providing mental health services
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response by the trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period.	1: Preventing People from dying prematurely Ambulance trusts
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period.	1: Preventing People from dying prematurely Ambulance trusts

<i>Prescribed Information</i>	<i>Related NHS Outcomes Framework Domain & who will report on them</i>
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period.	1: Preventing People from dying prematurely 3: Helping people to recover from episodes of ill health or following injury Ambulance trusts
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.	1: Preventing People from dying prematurely 3: Helping people to recover from episodes of ill health or following injury Ambulance trusts
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.	2: Enhancing quality of life for people with long-term conditions All trusts providing mental health services
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust's patient reported outcome measures scores for— (i) groin hernia surgery, (ii) varicose vein surgery, (iii) hip replacement surgery, and (iv) knee replacement surgery, during the reporting period.	3: Helping people to recover from episodes of ill health or following injury All acute trusts
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients aged— (i) 0 to 14; and (ii) 15 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.	3: Helping people to recover from episodes of ill health or following injury All trusts
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust's responsiveness to the personal needs of its patients during the reporting period.	4: Ensuring that people have a positive experience of care All acute trusts
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	4: Ensuring that people have a positive experience of care All trusts
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust's "Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.	2: Enhancing quality of life for people with long-term conditions 4: Ensuring that people have a positive experience of care All trusts providing mental health services
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre	5: Treating and caring for people in a safe

<i>Prescribed Information</i>	<i>Related NHS Outcomes Framework Domain & who will report on them</i>
with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	environment and protecting them from avoidable harm All acute trusts
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	5: Treating and caring for people in a safe environment and protecting them from avoidable harm All acute trusts
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	5: Treating and caring for people in a safe environment and protecting them from avoidable harm All trusts