

16 February 2012

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

CC: SHA CEs, PCT CEs, IS providers, LINKs, OSCs

Dear Colleague

QUALITY ACCOUNTS: REPORTING REQUIREMENTS FOR 2011/12 AND PLANNED CHANGES FOR 2012/13

We are writing to provide you with advance notice of likely changes to Quality Account reporting requirements for the 2012/13 round of Quality Accounts. The proposed changes follow consideration by the National Quality Board as to how Quality Accounts should be strengthened through the introduction of mandatory reporting against a small, core set of quality indicators. This letter also flags up that NHS acute and mental health trusts will be formally required to have their Quality Accounts externally audited from this year, 2011/12.

Planned Changes to 2012/13 Quality Accounts

Now in their third year, Quality Accounts are becoming an increasingly important tool for strengthening accountability for quality within provider organisations. A key objective of the policy has been to place quality reporting on an equal footing with financial reporting. Monitor incorporates the requirements for Quality Accounts into the requirements for Quality Reports that all foundation trusts must include in their Annual Reports.

To date, the considerable local flexibility in the content of Quality Accounts has fostered strong local ownership as Quality Accounts are developed, allowing them to reflect local priorities and local circumstances. Some trusts have chosen to incorporate comparative information in their Quality Accounts as a means of setting their performance in context. Without such comparative information, readers of Quality Accounts may struggle to understand whether a particular number represents good or poor performance.

The National Quality Board, which has steered the policy underpinning Quality Accounts since their introduction, has recently considered how to foster readers' understanding of comparative performance whilst maintaining local ownership. They have subsequently recommended the introduction of mandatory reporting against a small, core set of quality indicators. Ministers have accepted this advice and are likely to introduce this new requirement by amending the Quality Accounts regulations for the 2012/13 reporting period (i.e. the accounts that are due to be published in June 2013). Monitor will consult on these requirements as part of its consultation on the *Annual Reporting Manual for NHS foundation trusts 2012/13*.

The indicators, based on recommendations by the National Quality Board, are set out in the **Annex**. They align closely with the NHS Outcomes Framework¹ and are all based on data that trusts already report on nationally. The intention is that trusts will be required to report:

- their performance against these indicators;
- the national average; and
- a supporting commentary, which may explain variation from the national average and any steps taken or planned to improve quality.

The Department of Health is currently exploring the feasibility of extending the proposed new reporting requirements to independent sector providers of NHS-funded care from 2014/15.

¹http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131700

What does this mean for the 2011/12 Quality Accounts?

Many of you will already be compiling your 2011/12 Quality Accounts for publication in June 2012. There are no changes to the information required in these Accounts and the previous 2010/11 toolkit and guidance² should be used to support you in preparing these accounts.

However, given the likely changes for 2012/13 round, trusts may wish to consider using the current year's Quality Accounts to report against the proposed core set of quality indicators. If so, further details about the nature of the indicators and where the latest available can be accessed is included in the Annex. Those of you who do decide to conduct a dry run can feed back on your experiences to qualityaccounts@dh.gsi.gov.uk.

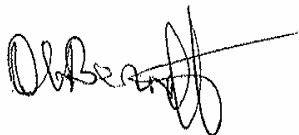
NHS acute and mental health trusts will wish to note that a formal requirement to have your Quality Accounts externally audited will be introduced for this year, 2011/12. This builds on the dry run that NHS trusts participated in last year, working towards bringing them in line with the requirements for external audit that Monitor already places on NHS foundation trusts. Separate guidance for NHS trusts will be issued shortly. The guidance for NHS foundation trusts issued in 2011 included the requirements for external audit for Quality Reports covering 2011/12.

If you have any questions or comments about the proposed new requirements, please email qualityaccounts@dh.gsi.gov.uk.

Yours sincerely,



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NHS Medical Director
Department of Health



Dr David Bennett
Chief Executive
Monitor

²http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122545

Annex – Supporting Information

Proposed changes to 2012/13 Quality Account reporting requirements for NHS trusts and NHS foundation trusts

This Annex provides details of a core set of quality indicators that are likely to form a new mandatory reporting requirement in the Quality Accounts of NHS trusts and NHS foundation trusts from 2012/13.

The proposed changes follow advice from the National Quality Board as to how Quality Accounts can be strengthened by increasing understanding of comparative performance. More specifically, the recommendation is that NHS trusts and NHS foundation trusts should be required to include additional information in their Quality Accounts as follows:

- their performance against a small set of quality indicators;
- how their performance compares with the national average for these indicators where the data is available and meaningful; and
- a commentary explaining the trust's relative performance, including any steps being taken to improve performance.

The core set of indicators is set out below. Reporting against these indicators is not mandatory for the 2011/12 round of Quality Accounts, which are due to be published in June 2012. However, for those trusts that choose to use this year's Quality Accounts to report against these indicators in preparation for the likely changes next year, details about each indicator, the proposed reporting requirements and links to where the latest available published data can be accessed is set out below.

Some of the indicators are not relevant to all trusts – for instance, ambulance response times. Trusts would only be required to include indicators in their Quality Accounts that are relevant to the services they provide.

Summary of indicators

NHS Outcomes Framework domain	Indicator	Location of latest published data (correct at time of writing)
Domain 1: Preventing people from dying prematurely	Summary Hospital-Level Mortality Indicator (SHMI): <ul style="list-style-type: none"> • SHMI value and banding • Percentage of admitted patients whose treatment included palliative care; and • Percentage of admitted patients whose deaths were included in the SHMI and whose treatment included palliative care (Context indicator) 	http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/summary-hospital-level-mortality-indicator-shmi
Domain 1: Preventing people from dying prematurely	Category A ambulance response times	http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/AmbulanceQualityIndicators/index.htm
Domain 1: Preventing people from dying prematurely, and Domain 3: Helping people to recover from episodes of ill health or following injury	Ambulance trust clinical outcomes: <ul style="list-style-type: none"> • Patients with a pre-hospital diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle • Suspected stroke patients assessed face to face who received the appropriate care bundle 	http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/AmbulanceQualityIndicators/index.htm
Domain 3: Helping	Patient reported outcome scores	http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/summary-hospital-level-mortality-indicator-shmi

people to recover from episodes of ill health or following injury	for i) groin hernia surgery, ii) varicose vein surgery, iii) hip replacement surgery, and iv) knee replacement surgery	cs-and-data-collections/hospital-care/patient-reported-outcome-measures-proms
Domain 3: Helping people to recover from episodes of ill health or following injury	Emergency readmissions to hospital within 28 days of discharge	http://www.ic.nhs.uk/pubs/hesemergency0910
Domain 4: Ensuring that people have a positive experience of care	Responsiveness to inpatients' personal needs	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_126972 (follow the link to "Download a tool to assist with the Commissioning for Quality and Innovation (CQUIN) framework")
Domain 4: Ensuring that people have a positive experience of care	Percentage of staff who would recommend the provider to friends or family needing care	http://www.nhsstaffsurveys.com/ (follow the link to "Opportunities to develop")
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Percentage of admitted patients risk-assessed for Venous Thromboembolism	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_131539
Domain 5: Treating	Rate of C. difficile	http://www.hpa.org.uk/Topi

and caring for people in a safe environment and protecting them from avoidable harm		cs/InfectiousDiseases/InfectionsAZ/ClostridiumDifficile/EpidemiologicalData/MandatorySurveillance/cdiffMandatoryReportingScheme/
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Rate of patient safety incidents and percentage resulting in severe harm or death	http://www.nrls.npsa.nhs.uk/resources/?entryid45=132789

Indicators in detail

Summary hospital-level mortality indicator (SHMI) value, banding and supporting palliative care data

SHMI is a hospital-level indicator which measures whether mortality associated with hospitalisation was in line with expectations.

Domain 1 of the NHS Outcomes Framework for 2012/13 requires the NHS to reduce the number of people dying prematurely. To support this, the NHS Operating Framework for 2012/13 sets out an expectation that all trusts examine, understand and explain their SHMI and identify and act where improvements are needed.

Where relevant to their services, NHS trusts and NHS foundation trusts would be required from 2012/13 to include in their Quality Account:

- The SHMI value and SHMI banding for the trust;
- The percentage of patients admitted to a hospital within the trust whose treatment included palliative care; and
- The percentage of patients admitted to a hospital within the trust whose deaths

were included in the SHMI and whose treatment included palliative care.

The SHMI value is the ratio of observed deaths in a trust over a period of time divided by the expected number given the characteristics of patients treated by that trust (where 1.0 represents the national average). Depending on the SHMI value, trusts are banded between 1 and 3 to indicate whether their SHMI is low (3), average (2) or high (1) compared to other trusts.

SHMI is not an absolute measure of quality. However, it is a useful indicator for supporting organisations to ensure they properly understand their mortality rates across each and every service line they provide. In many ways, the accompanying commentary included in the Quality Account will therefore be more important than what the indicator says. Including a measurement of the potential impact of providing palliative care on hospital mortality will also provide additional context to the SHMI value and banding.

The latest available published data per trust at the time of writing can be found at the link below:

<http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/summary-hospital--level-mortality-indicator-shmi>

Category A ambulance response times

Responsive ambulance services are critical for emergency patients and for the NHS to prevent more people from dying prematurely.

The NHS Operating Framework for 2012/13 sets out an expectation that at least 75% of Category A calls resulting in an emergency response arrive within eight minutes and at least 95 per cent of Category A calls resulting in an ambulance arrive at the scene within 19 minutes.

Where relevant to their services, NHS trusts and NHS foundation trusts would be required from 2012/13 to include in their Quality Account:

- The proportion of Category A calls requiring an emergency response that were responded to within eight minutes;
- The proportion of Category A calls resulting in an ambulance response at the scene that were responded to within 19 minutes; and

- The national average for each of the above proportions.

The latest available published data per trust at the time of writing, together with the national averages, can be found at the link below:

<http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/AmbulanceQualityIndicators/index.htm>

Ambulance clinical outcomes: acute ST-elevation myocardial infarction (STEMI) and stroke

Providing patients with a pre-hospital assessment of STEMI or stroke with appropriate care can have a significant impact on patient outcomes, supporting the NHS to reduce the number of patients dying prematurely and to help people to recover from episodes of ill health or following injury.

Where relevant to their services, NHS trusts and NHS foundation trusts would be required from 2012/13 to include in their Quality Account:

- The proportion of patients with STEMI who received an appropriate care bundle;
- The proportion of suspected stroke patients who received an appropriate care bundle; and
- The national average for each of the above proportions.

An appropriate care bundle is a package of clinical interventions that are known to benefit patients' health outcomes – for instance, patients with STEMI should be administered pain relief medication to help alleviate discomfort.

The latest available published data per trust at the time of writing, together with the national averages, can be found at the link below:

<http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/AmbulanceQualityIndicators/index.htm>

Patient reported outcome measures (PROMs)

PROMs measure a patient's health status or health-related quality of life from the patient's perspective, typically based on information gathered from a questionnaire that patients

complete before and after surgery.

The NHS Outcomes Framework for 2012/13 includes PROMs scores as an important means of capturing the extent of patients' improvement in health following ill health or injury.

Where relevant to their services, NHS trusts and NHS foundation trusts would be required from 2012/13 to include in their Quality Account:

- PROMs score for hip replacement surgery;
- PROMs score for knee replacement surgery;
- PROMs score for groin hernia surgery;
- PROMs score for varicose veins surgery; and
- The national average for each of the above scores.

The latest available published data per trust at the time of writing, together with the national averages, can be found at the link below:

<http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/patient-reported-outcome-measures-proms>

Emergency readmissions to hospital within 28 days of discharge

Whilst some emergency readmissions following discharge from hospital are an unavoidable consequence of the original treatment, others could potentially be avoided through ensuring the delivery of optimal treatment according to each patient's needs, careful planning and support for self-care.

Domain 3 of the NHS Outcomes Framework for 2012/13 includes emergency readmissions within 30 days of discharge from hospital as an important measure of how far the NHS is helping people to recover from ill health or following injury.

Where relevant to their services, NHS trusts and NHS foundation trusts would be required from 2012/13 to include in their Quality Account:

- The percentage of patients of all ages and genders who were readmitted to hospital within the trust within 28 days of being discharged; and
- The national average for the above percentage.

Quality Accounts would use 28 days rather than the NHS Outcomes Framework indicator's 30 days because trusts report on their emergency readmissions within 28 days at frequent intervals as part of their Hospital Episode Statistics.

The latest available published data per trust at the time of writing, together with the national averages, can be found at the link below:

<http://www.ic.nhs.uk/pubs/hesemergency0910>

Responsiveness to inpatients' needs

Patient experience is a key measure of the quality of care. The NHS should continually strive to be more responsive to the needs of those using its services, including needs for privacy, information and involvement in decisions.

The NHS Outcomes Framework for 2012/13 includes an organisation's responsiveness to patients needs as a key indication of the quality of patient experience. This score is based on the average of answers to five questions in the CQC national inpatient survey:

- Were you involved as much as you wanted to be in decisions about your care and treatment?
- Did you find someone on the hospital staff to talk to about your worries and fears?
- Were you given enough privacy when discussing your condition or treatment?
- Did a member of staff tell you about medication side effects to watch for when you went home?
- Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

Further information about this indicator is available at Annex 2 of CQUIN guidance found at the link below:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_123009.pdf

Where relevant to their services, NHS trusts and NHS foundation trusts would be required from 2012/13 to include in their Quality Account:

- Their score, based on the CQC national inpatient survey, for their responsiveness to

- patients' needs; and
- The national average for the above score.

The latest available published data per trust at the time of writing, together with the national average, can be found at the link below (via the link labelled "Download a tool to assist with the Commissioning for Quality and Innovation (CQUIN) framework"). Updated information for individual trusts for 2011-12 is due to be shared with commissioners and providers during the week commencing 13 February 2012. This information is drawn from National Statistics that are due to be published in April/ May, so the national figure will not be available until that date.

http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/NationalsurveyofNHSpatients/DH_126972

Staff views on standards of care

How members of staff rate the care that their employer organisation provides can be a meaningful indication of the quality of care and a helpful measure of improvement over time.

The NHS staff survey includes the following statement: "if a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust" and asks staff whether they strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

Where relevant to their services, NHS trusts and NHS foundation trusts would be required from 2012/13 to include in their Quality Account:

- The percentage of staff who responded to the NHS staff survey that they agree or strongly agree that if a friend or relative needed treatment, they would be happy with the standard of care provided by the trust; and
- The national average for the above percentage.

Each would be presented as a single percentage, calculated by adding together the staff who agree and the staff who strongly agree with this statement.

The latest available published data per trust at the time of writing, together with the national average, can be found at the link below, by clicking on the link to "Opportunities to develop":

<http://www.nhsstaffsurveys.com/cms/>

Risk-assessment for venous thromboembolism (VTE)

VTE (deep vein thrombosis and pulmonary embolism) can cause death and long-term morbidity, but many cases of VTE acquired in healthcare settings are preventable through effective risk assessment and prophylaxis.

Domain 5 of the NHS Outcomes Framework for 2012/13 includes incidence of VTE as an important indicator of improvement in protecting patients from avoidable harm, and the NHS Operating Framework for 2012/13 sets out an expectation that patients will be risk assessed for hospital-related VTE.

Where relevant to their services, NHS trusts and NHS foundation trusts would be required from 2012/13 to include in their Quality Account:

- The percentage of admitted patients who were risk-assessed for VTE; and
- The national average for the above percentage.

The latest available published data per trust at the time of writing, together with the national average, can be found at the link below:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_131539

Rate of C. difficile

C. difficile can cause symptoms including mild to severe diarrhoea and sometimes severe inflammation of the bowel, but hospital-associated C. difficile can be preventable.

Domain 5 of the NHS Outcomes Framework for 2012/13 includes incidences of C. difficile as an important indicator of improvement in protecting patients from avoidable harm, as does the NHS Operating Framework for 2012/13, which sets out a “zero tolerance” approach to infections acquired in healthcare settings.

There is an awareness of some issues around reporting cases of C. difficile, resulting from differences in the tests and algorithms used in the NHS for determining whether patients

have a C. difficile infection. The Department will be issuing revised guidance in early March 2012 on a new clinical testing protocol for C. difficile. The new protocol will bring about more consistent testing and reporting of cases of C. difficile infection.

Where relevant to their services, NHS trusts and NHS foundation trusts would be required from 2012/13 to include in their Quality Account:

- The rate of C. difficile infections per 100,000 bed days amongst patients aged two years and over apportioned to the trust; and
- The national average for the above rate.

Quality Accounts would use the rate of cases of C. difficile infections rather than the incidence, because it provides a more helpful measure for the purpose of making comparisons between organisations and tracking improvements over time.

The latest available published data per trust, together with the national average, at the time of writing can be found at the link below. The rate can be found in the financial years table:

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/ClostridiumDifficile/EpidemiologicalData/MandatorySurveillance/cdiffMandatoryReportingScheme/>

Reported patient safety incidents

An open reporting and learning culture is important to enable the NHS to identify trends in incidents and implement preventative action. Based on evidence about the frequency of adverse events in hospital, it is likely that there is significant under-reporting. The rate of reported patient safety incidents – i.e. unintended or unexpected incidents which could have led, or did lead, to harm for one or more patients receiving NHS-funded healthcare – should therefore increase at least in the short term as the reporting culture improves.

Domain 5 of the NHS Operating Framework for 2012/13 includes the rate of patient safety incidents reported and the proportion of these resulting in severe harm or death, as a measure of the willingness to report incidents and learn from them, and therefore reduce the number of incidents that cause serious harm. The expectation is that the number of incidents reported should rise as a sign of a strong safety culture, whilst the numbers of incidents resulting in severe harm or death should reduce.

Where relevant to their services, NHS trusts and NHS foundation trusts would be required from 2012/13 to include in their Quality Account:

- The rate of patient safety incidents they have reported per 100 admissions; and
- The proportion of patient safety incidents they have reported that resulted in severe harm or death.

The latest available published data per trust at the time of writing can be found at the link below:

<http://www.nrls.npsa.nhs.uk/resources/?entryid45=132789>

Accompanying commentary

Trusts should explore, understand and explain their relative quality in relation to the above proposed indicators and look for ways to improve it.

To support them to do this, from 2012/13 NHS trust and NHS foundation trusts would need to include in their Quality Accounts a commentary on their performance and any steps that the trust intends to take, or has already taken, to improve.