

Report to: Health and Community Involvement Scrutiny
Commission

Report from: Director of Clinical Quality/ Chief Executive
(University Hospitals of Leicester)

Date: 28th May 2013

Subject: Draft 2012/13 Quality Account

1.0 Introduction

1.1 Quality Account's are annual public facing reports to the public from providers of NHS healthcare about the quality of services they deliver. There is a legal requirement under the NHS (Quality Accounts) Regulations 2010 for all bodies who provide, or arrange to provide (sub-contract) NHS services to produce a Quality Account. This is the fourth year that we have been required to produce a Quality Account.

1.2 If designed well, the Quality Account 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.

1.3 The Health Scrutiny Commission is invited to comment on the draft Quality Account for University Hospitals of Leicester NHS Trust attached at Appendix A.

2.0 Structure of the Quality Account

2.1 Department of Health guidance dictates that a Quality Account has to consist of the following:

- A statement on quality from the Chief Executive of an organisation and a statement from a senior employee outlining that to the best of their knowledge the information is accurate (laid down in regulations).
- Priorities for improvement for 2013/14 and statements relating to the quality of NHS services provided (laid down in regulations).
- Review of quality performance in 2012/13, explanation on who we have engaged with to determine the content of the Quality Account and statements from Healthwatch, Clinical Commissioning Groups and Health Overview Scrutiny Commissions. The contents of review of quality performance section under part three are for provider determination.

2.2 The attached draft Quality Account has been shared with Healthwatch and CCG's and feedback is currently awaited.

3.0 Executive summary

3.1 The following information summaries the key points detailed in the draft Quality Account:

3.1.1 There is a statutory requirement to feed back on last year's priorities. We have reported our performance on pages 6 to 24. Last year (2012/13) the following three priorities for improvement were:

- To improve readmission rates
- To improve patients experience in our hospitals
- To improve mortality rates further

In addition other specific areas for improvement were selected:

- Improving the use of the World Health Organisation (WHO) checklist and team briefings in all our operating theatres
- Reducing cancellations on the day of elective surgery
- Improving standards of end of life care
- Improving awareness and diagnosis of dementia
- Implementation of the 5 Critical Safety Actions programme

We have achieved targets for all quality improvement areas detailed above with the exception of improving mortality with the aim to be better than the majority of Trusts in UK (our actual performance is in line with national average SHMI score), improving readmission rates by 5% (we have actually had an increase of 3% from 2011-12), and reducing cancellations on the day of surgery by 50% (we have only achieved a reduction from 1.4% to 1.2%). Further improvements required are detailed within each specific section on pages 7 to 24.

3.1.2 As part of the new set of requirements from the Department of Health mandatory indicators have been included on page 26. The NHS Outcomes Framework for 2012/13 sets out high level national outcomes which the NHS should be aiming to improve. These include preventing people from dying prematurely and treating and caring for people in a safe environment and protecting them from avoidable harm, amongst others.

3.1.3 Page 30 of the draft Quality Account details performance against national standards, areas covered include access to A&E, infection control, 18 week wait, and access to cancer services. For 2012/13 we have achieved national targets in all areas with the exception of 'Total time in A&E' (91.9% compared with 95% national target), 'RTT delivery times- all areas' (2 compared with national target of 0) and 'All Cancers- 62 day wait for first treatment from urgent GP referral' (83.5% compared to 85% national target).

3.1.4 Our priorities for 2013/14 have been outlined in our 3 year Quality and Safety Commitment, found on pages 40 to 42. These are to:

- Save 1000 extra lives
- Avoid 5000 harm events
- Provide patient centred care so that 75% of our patients would recommend us.

3.1.5 Statements of assurance from the board have to be included following wording from the Department of Health and these can be found on pages 48 onwards. Unfortunately the terminology is not user friendly due to the mandatory nature of the statements.

4.0 Requirements of the Health Overview and Scrutiny Commission

4.1 Health Scrutiny Commissions, Healthwatch and Clinical Commissioning Groups are given the opportunity to comment on a provider's Quality Account before it is published as it is recognised each has an existing role in the scrutiny of local health services, including the ongoing operation of and planning of services.

4.2 A copy of 2012/13 Quality Account for University Hospitals of Leicester NHS Trust is at Appendix A. This report is as complete as it can be and any outstanding information (page 26) will be included once nationally available.

4.3 Additionally Quality Accounts aim to encourage local quality improvements, therefore Health Scrutiny Committees can add to the process and provide further assurance by providing comments on the issues they are involved in locally.

5.0 Recommendations

5.1 The Health Scrutiny Committee is invited to write a statement for publication within the Quality Account on whether or not the Committee considers, based on the knowledge they have of the provider that the report is a fair reflection of the healthcare services provided. The statement could include comment on for instance on whether it is a representative account of the full range of services provided.

5.2 The suggested word limit is 1000 words. However, this is a maximum and the Department of Health recommend that 500 words is still a sensible length for comments.

5.3 If the provider makes changes to the final published version of their Quality Account after having received the statement they are required to include a statement outlining what these changes are.

5.4 The Chief Executive will be in attendance to answer any questions the Commission may have.

5.5 The Department of Health advise that statements should be submitted to providers by 31st May 2013.

