

Medical Directorate
Quarry House
Quarry Hill
Leeds
LS2 7UE

NHS Acute Trust CEs, NHS Mental
Health Trust CEs, NHS Ambulance
Trust CEs, Foundation Trust CE
Community Trust CE
Independent Healthcare Providers
Association

CC: Clinical Commissioning Group
CEs, Independent Providers, England
CE, Healthwatch

03 February 2016

Gateway Reference: 04730

Dear Colleague

QUALITY ACCOUNTS: REPORTING ARRANGEMENTS 2015/16

We are writing to alert you to the reporting requirements for quality accounts 2015/16.

For 2015/16, there will be no change to the reporting and recommended audit arrangements for quality accounts.

In your report on your local improvement plans, we would be grateful if you would consider including the following information:

- How you are implementing the Duty of Candour;
- (where applicable) your patient safety improvement plan as part of the Sign Up To Safety campaign;
- your most recent NHS Staff Survey results for indicators KF19 (percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months) and KF27 (percentage believing that trust provides equal opportunities for career progression or promotion) for the Workforce Race Equality Standard.¹; and
- your CQC ratings grid, alongside how you plan to address any areas that require improvement or are inadequate, and by when you expect it to improve. Where no rating exists yet, please set out your own view on the five key questions used by the Care Quality Commission in their inspections of services:

1. Are they safe?

¹ <https://www.england.nhs.uk/ourwork/gov/equality-hub/equality-standard/>

2. Are they effective?
3. Are they caring?
4. Are they responsive to people's needs?
5. Are they well-led?

Quality accounts: Audit Recommendations 2015/16

Those organisations required to produce a quality account are expected to gain external assurance as in previous years. Audit guidance is available on NHS Choices. NHS foundation trusts should follow Monitor's guidance for external assurance on Quality Reports.

Non NHS Bodies required to produce quality accounts

Organisations are, in the main, required to produce quality accounts if they deliver services under an NHS Standard Contract, have staff numbers over 50 and a turnover greater than £130k per annum. Further information relating to non NHS bodies can be found at: <http://www.nhs.uk/quality-accounts>

The Department and NHS Improvement will begin work in 16/17 to streamline arrangements for future Quality Accounts.

Yours sincerely



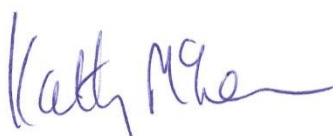
Professor Sir Bruce Keogh KBE

**National Medical Director
NHS England**



Professor Hugo Mascie-Taylor

**Medical Director
Monitor**



Dr Kathy McLean

**Medical Director
NHS Trust Development Authority**
Further information quality accounts 2015/16

QUALITY INDICATORS

The core set of indicators to be included in 2015/16 quality accounts is set out in Annex 1 below. All trusts are required to report against these indicators using a standardised statement set out 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 they provide. NHS foundation trusts are reminded that there are additional requirements for a foundation trust's Quality Report which are published separately by Monitor.

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 on. Further details can be found at: <https://indicators.ic.nhs.uk/webview/> HSCIC will refresh the links to the most current data in March 2016.

A quality accounts FAQ can be found at: <http://www.nhs.uk/quality-accounts>
This FAQ provides the technical definitions of indicators and dates when specific data sets are available. The quality account should contain the most recent data sets available at the time of production.

WHOM YOU NEED TO SHARE YOUR QUALITY ACCOUNT WITH

Quality accounts need to be shared with;

1. Commissioners

The appropriate NHS England sub Regional Team where 50% or more of the provider's health services during the reporting period are provided under contracts, agreement or arrangements with NHS England or

The Clinical Commissioning Group (CCG) which has the responsibility for the largest number of persons to whom the provider has provided relevant health services during the reporting period.

In practice, NHS England requires the quality account to be shared with the CCG where over 50 % of services are commissioned by the CCG. Where over 50% of services are commissioned by NHS England the quality account should be shared with NHS England. Please see <http://www.nhs.uk/quality-accounts> to see the NHS England requirement.

2. Local scrutineers

Quality accounts need to be shared, in draft, with the local Healthwatch and Overview and Scrutiny Committee. This should be in the local authority area in which the provider has its registered or principal office located.

NHS England and local Healthwatch teams may wish to inform their responses to a

provider's quality accounts by discussing it within their Quality Surveillance Groups.

Comments from local scrutineers need to be included in the final quality account.

HOW SHOULD QUALITY ACCOUNTS BE PUBLISHED?

NHS BODIES

Quality accounts produced by NHS Bodies should upload their quality account on their NHS Choices website by 30 June each year.

By uploading your quality account on NHS Choices, you have fulfilled your statutory duty to submit your quality account to the Secretary of State.

NHS bodies with an NHS Choices profile will have a named person who has NHS Choices editing rights. The named person can upload your quality account to NHS Choices. If you need to find out who has editing rights for your organisation please email NHS Choices on; thechoicesteam@nhschoices.nhs.uk. This e mail address can also be used to assist with questions relating to profile pages and the content management system if you cannot find the information in the <http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/your-pages/Pages/NHStrustprofiles.aspx> section first.

NB There may be a delay in a quality account being visible on NHS Choices. Please only contact NHS Choices if your quality account is still not visible after 72 hours.

NON NHS BODIES

Quality accounts for Non NHS Bodies should be sent to QualityAccounts@dh.gsi.gov.uk. The quality accounts should be emailed by the 30 June each year. This also fulfils your legal duty to send a copy of your final quality account to the Secretary of State. The quality account will then be uploaded to: <http://www.nhs.uk/aboutnhschoices/professionals/healthandcareprofessionals/quality-accounts/pages/quality-accounts-2013-2014.aspx>

NB There may be a delay in a quality account being visible on NHS Choices. Please only make contact if your quality account is still not visible after 72 hours.

FURTHER GUIDANCE

The quality accounts toolkit will not be refreshed for 2015/16; however, the 2010-11 Guidance is on the gov.uk quality accounts web page for now as an additional resource. <https://www.gov.uk/government/publications/quality-accounts-toolkit-2010-11>.

WHAT INDICATORS NEED TO BE INCLUDED AND HOW SHOULD THEY BE

PRESENTED

Set out in the table below are the indicators that NHS Trusts and non NHS Bodies are required to report in their quality accounts.

Additionally, where the necessary data is made available to the NHS Trust and Non NHS Bodies by the Health and Social Care Information Centre, a comparison of the numbers, percentages, values, scores or rates of the trust and non NHS bodies (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 NHS Trusts' and non NHS bodies' 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].

The data should be presented, in a table format, with the [percentage/proportion/score/rate/number] shown for at least the last two reporting periods.

Further information on data presentation can be found at: <http://www.nhs.uk/quality-accounts>

Annex 1 – The core quality account Indicators *All are required as per the regulations except for the Friends and Family Test – Patient element.

<i>Prescribed Information</i>	<i>Related NHS Outcomes Framework Domain & who will report on them</i>
<p>12. 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.</p> <p>*The palliative care indicator is a contextual indicator.</p>	<p>1: Preventing People from dying prematurely 2: Enhancing quality of life for people with long-term conditions</p> <p>Trusts providing relevant acute services</p>
<p>13. 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.</p>	<p>1: Preventing People from dying prematurely 2: Enhancing quality of life for people with long-term conditions</p> <p>Trusts providing relevant mental health services</p>
<p>14. 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.</p>	<p>1: Preventing People from dying prematurely</p> <p>Ambulance trusts</p>
<p>14.1 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.</p>	<p>1: Preventing People from dying prematurely</p> <p>Ambulance trusts</p>

<i>Prescribed Information</i>	<i>Related NHS Outcomes Framework Domain & who will report on them</i>
15. 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
16. 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
17. 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 Trusts providing relevant mental health services
18. 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 Trusts providing relevant acute services
19. 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 15; and (ii) 16 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

<i>Prescribed Information</i>	<i>Related NHS Outcomes Framework Domain & who will report on them</i>
20. 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 Trusts providing relevant acute services
21. 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 Trusts providing relevant acute services
21.1 Friends and Family Test – Patient. The data made available by National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2) Please note: there is a not a statutory requirement to include this indicator in the quality accounts reporting but NHS provider organisations should consider doing so.	4: Ensuring that people have a positive experience of care Trusts providing relevant acute services
22. 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 Trusts providing relevant mental health services
23. 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 who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	5: Treating and caring for people in a safe environment and protecting them from avoidable harm Trusts providing relevant acute services

<i>Prescribed Information</i>	<i>Related NHS Outcomes Framework Domain & who will report on them</i>
24. 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 Trusts providing relevant acute services
25. 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