Ashford and St. Peter's Hospitals NHS
NHS Trust

Trust Board
29th April 2010

TITLE **Draft Quality Accounts**

SUMMARY

High Quality Care for All proposed that all providers of NHS care should produce Quality Accounts to provide the public with information on the quality of care they provide. The Department of Health has introduced legislation to require the publication of Quality accounts, which, subject to legislation, will become a statutory publication required in June 2010.

The primary aim of the accounts is to support NHS in improving quality of services. The rationale for this is that where an organisation is required to publish information, there is more accountability, therefore more engagement of the board, more attention given to quality and a greater drive to make changes and improve.

The report contains a draft of the Quality Accounts in a format which reflects the latest consultation information which was released in February. There is ongoing work to review Trusts that have been through the process but the latest guidance released in February is the final guidance for our June report.

This report reflects the additional information required, and review of learning from FT's that produced reports last year. The report remains in draft; some of the data is still to be added, and further formatting and presentation work will be completed once Board have agreed the measures recommended. A draft can be submitted to the Board in May before the June final report if required. This draft demonstrates the layout of the report and has been re-worded to be more accessible to patients.

The Quality account has been discussed with Chair of LINks and patient panel and their comments taken into account, and amendments made to recommendations for our priorities.
We are required to send a copy of the accounts to the PCT, the OCS and the LINks before end of April and this will be done. Any comments received back will be added to final version.

It is a requirement to identify a minimum of 3 key improvement priorities for the year 2010/2011 which must then be reported on in the 2011/2012 accounts. In the section 'Improvement Priorities for 2010/2011 page 12 recommended priorities are identified with the relevant information we are required to publish.

The Board is requested specifically to consider the Key Quality Indicators put forward. These have been considered by TEC with no amendments. Following review by the LINks chair the indicator on improving our Quality reporting and monitoring has been removed and replaced with an indicator relating to audit. This will be around improving how we demonstrate improvements made

	following audit, and evidence of re audit This indicator is more measurable and a target can be placed on directorates to achieve this, this is an area that we need to improve on, for both our clinical governance and our FT application and subsequent Monitor compliance. It is also a step towards how we would want out QA process to be in the future; listening to our stakeholders and reflecting what is important to them, in our Quality indicators The Board must review and agree the indicators; there must be at least 3, they should reflect the organisations priorities but also the other stakeholders where possible. The Board is requested to view the format of the accounts and consider whether there are any recommendations they would like to make, these will be incorporated where possible bearing in mind that the DoH prescribe elements of the report. <u>Next steps</u> There will need to be more engagement with the wider public for accounts next year and this will be started early in this year to ensure that can happen. There needs to be some measure of validation by the Board to enable them to be assured the data is accurate. How best to achieve this is under consideration.
ASSURANCE (Risk) / IMPLICATIONS	None identified
STAKEHOLDER / PATIENT IMPACT AND VIEWS	The Quality accounts are an important part of our public accountability and are intended to be a vehicle for patient engagement in trust priorities. Once the priorities are recommended this will be discussed with LINks, patient panel, patient and public engagement group, and communicated to staff.
EQUALITY AND DIVERSITY ISSUES	The Quality accounts must be accessible to all our population including in relevant languages
LEGAL ISSUES	None identified
The Trust Board is asked to:	Consider the priorities for improvement identified on page and make any recommendations on 3- 5 key priorities for 2010 – 2010
Submitted by:	Sarah Johnston, Head of Quality and Integrated Governance on behalf of Caroline Becher, Chief Nurse
Date:	23rd April 2010
Decision:	For Approval

(NB Full attachment available on request from Trust secretary)