NATIONAL QUALITY BOARD

QUALITY ACCOUNTS EVALUATION:

SCOPE, APPROACH, AND TIMESCALES

Summary

1. At its last meeting on 16 July, the NQB was asked to support an evaluation of Quality Accounts. The Board was supportive in principle, agreeing that Quality Accounts had so far failed to meet their full potential. This view was consistent with the findings and recommended actions falling out of Bruce Keogh's review into 14 trusts with high mortality rates. The final report from that review emphasised how many provider boards were still struggling to grip the quality agenda and committed to strengthening quality accounts 'so that, from 2014/15, they begin to provide a more balanced and comprehensive assessment of quality'. Before commencing the evaluation, the NQB requested greater clarity on the scope and proposed outputs from the evaluation as well as ensuring there was agreement on the fundamental purpose of Quality Accounts in order to ensure a focussed piece of work.

Recommendations

2. That the NQB:

- Agree what the fundamental purpose of Quality Accounts is in order to ensure a focussed evaluation;
- Comment on the proposed scope and methodology for the evaluation;
- Agree that the output of the evaluation should support the NQB in developing a refreshed blueprint for Quality Accounts, in time to make changes for 2014/15 round.

Purpose of Quality Accounts

- 3. The original stated purpose of Quality Accounts was to place quality reporting on an equal footing with financial reporting and in doing so strengthen board level accountability for quality. Annex A sets out more detail on the current reporting requirements for Quality Accounts
- 4. A working group established to support the Quality Accounts evaluation (comprised of officials from statutory organisations represented on the Board as well as an NQB lay member) felt that this original purpose was still right but would benefit from some unpacking. In particular the group felt that what this meant in practice, was that Quality Accounts, whomever the reader (member of staff, patient or member of the public, commissioner or regulator), should:

Give the reader confidence that the board was being open and honest about the quality of services being provided across the organisation and committed to driving continuous quality improvement.

NQB members are asked to confirm that they are happy with above stated purpose of Quality Accounts as this will underpin the focus of the evaluation?

Scope & Methodology

- 5. Assuming members agree with purpose of Quality Accounts as set out above, the Quality Accounts Evaluation Working Group felt there were three constituent groups the evaluation needed to engage:
 - Patients, carers and the public
 - Staff of provider organisations
 - Wider system e.g. commissioners and regulators
- 6. For each group the same core question would be posed:

What would you want to see in a Quality Account that would give you confidence that the organisation was being open and honest about the quality of services being provided and was committed to driving continuous quality improvement.

- 7. The working group also felt that there were four specific areas that could contribute to building confidence in Quality Accounts which the three stakeholder groups should be prompted to think about:
 - Mandatory reporting requirements
 - Presentation of information / data
 - Process for producing a Quality Account
 - Audit requirements
- 8. In terms of taking forward the evaluation itself, this will be supported by NHS Improving Quality, with partner agencies represented on the working group engaging with existing networks and formal relationships.

The NQB is asked to comment on the proposed approach to conducting the evaluation.

Outputs of the Evaluation

9. It is recommended that the evaluation should support the NQB to produce a new blueprint for Quality Accounts going forward. The aim would be to publish this in the New Year in order to allow time for initial changes to the Quality Accounts requirements, including the development of supporting guidance, to be made in time for the 2014/15 reporting round.

The NQB is asked to confirm that it is content to oversee the development of a new blueprint for Quality Accounts, to be published early in 2014, informed by the evaluation process described above.

- Quality Accounts were introduced by the Health Act 2009 to strengthen provider board-level accountability for quality and place quality reporting on an equal footing with financial reporting.
- 2. Quality Accounts are both retrospective and forward-looking. They look back on the previous year's information regarding quality of services, explaining both where a provider is doing well and where improvement is needed. Crucially, Quality Accounts also provide a forward look, explaining what a provider has identified (through evidence and/or engagement) as priorities for improvement over the following reporting period and how they will achieve and measure these.
- 3. The legal duty to publish a Quality Account applies to all providers of NHS-funded healthcare services (whether NHS, independent or voluntary sector), including mental health and ambulance services. Providers of primary care services and NHS continuing care are currently exempt under the regulations.
- 4. Quality Accounts are currently published each June on the NHS Choices website and cover the previous financial year's data. When Quality Accounts were first published, this type of quality reporting was new to the NHS and significant local flexibility was allowed in order to identify best practice and make subsequent improvements to the policy. Currently, each provider's Quality Account must include:
 - a statement from the Board (or equivalent) summarising the quality of NHS services provided;
 - the organisation's priorities for quality improvement for the coming financial year;
 - a series of statements from the Board to give assurance that the provider is fully engaged in the quality agenda. These include statements on: participation in clinical audits and clinical research; data quality; any CQUIN goals set by the commissioner and CQC registration status;
 - a review of the quality of the services provided by the organisation; and

- statements taken from a list of relevant national clinical audits and confidential enquiries that are active during the reporting period.
- Reporting against a small mandated set of quality indicators previously agreed by the National Quality Board