

Detailed requirements for quality reports 2019/20

February 2020

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Applicability of this document

The requirements of this document are only mandatory for NHS foundation trusts. All organisations prepare quality accounts but only NHS foundation trusts are required to produce quality reports.

NHS trusts may find the black text in the sections that follow useful in helping them to understand the quality accounts requirements. Further, we strongly encourage NHS trusts to report on the indicators listed on pages 22 to 24 within Part 3 of their quality account.

Introduction

Patients want to know they are receiving the very best quality of care. Providers of NHS healthcare are required to publish a quality account each year. These are required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended¹ ('the quality accounts regulations'). Information on quality accounts can be found on the NHS website (formerly 'NHS Choices') at <http://www.nhs.uk/quality-accounts>.

NHS England and NHS Improvement also require all NHS foundation trusts to produce quality reports as part of their annual reports. Quality reports help trusts to improve public accountability for the quality of care they provide. The quality report incorporates all the requirements of the quality accounts regulations as well as our additional reporting requirements. Therefore, when an NHS foundation trust prepares a quality report, it also meets the quality accounts requirements and can be submitted as the organisation's quality account.

We also require foundation trusts to obtain external assurance on their quality reports. Subjecting them to independent scrutiny improves the quality of data on which performance reporting depends.

These requirements are part of our requirements to foundation trusts as to the information to be included in their annual reports.²

This document

This document describes the detailed requirements for the quality report. The requirements for external assurance on the quality report are published separately in our document *Detailed requirements for external assurance on quality reports*.³

¹ SI 2010/279; as amended by the NHS (Quality Accounts) Amendment Regulations 2011 (SI 2011/269), the NHS (Quality Accounts) Amendment Regulations 2012 (SI 2012/3081) and the NHS (Quality Accounts) Amendment Regulations 2017 (SI 2017/744).

² See paragraph 26 of Schedule 7 to the National Health Service Act 2006.

³ <https://improvement.nhs.uk/resources/nhs-foundation-trust-quality-reports-requirements>

As the requirements for quality reports build on the requirements for quality accounts, in this document the requirements relating to the quality accounts regulations are in black text, **while NHS Improvement's additional reporting requirements for quality reports are in red text.**

The requirements for quality accounts in 2019/20 were confirmed in a letter published in January 2020. This is available at <https://improvement.nhs.uk/resources/quality-accounts-requirements>. This document uses the quality account requirements contained in that letter.

The quality report must contain (in the following order):

- Part 1: Statement on quality from the chief executive of the NHS foundation trust
- Part 2: Priorities for improvement and statements of assurance from the board
- Part 3: Other information and two annexes:
 - statements from NHS England or relevant clinical commissioning groups, local Healthwatch organisations, and overview and scrutiny committees
 - a statement of directors' responsibilities for the quality report.

In this document we explain the detailed requirements of each of the sections listed above.

Additional 2019/20 considerations in quality accounts letter

Alongside the requirements in this document, which are based on the quality accounts legislation, NHS England and NHS Improvement's quality accounts letter includes extra considerations for 2019/20 reporting. NHS foundation trusts are requested to incorporate the information below in their quality account and quality report for 2019/20. This is extracted from that letter:

There are two additional considerations for quality accounts this year:

- (1) Providers of acute services are asked to include a statement regarding progress in implementing the priority clinical standards for seven-day hospital services. This progress should be assessed as guided by the Seven Day Hospital Services Board Assurance Framework published by NHS Improvement. Further information can be found at <https://improvement.nhs.uk/resources/seven-day-services/>.
- (2) In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS trusts and NHS foundation trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS trusts and NHS foundation trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the trust.
- (3) Providers of mental health services are asked to include a statement on their progress in bolstering staffing in their adult and older adult community mental health services, following additional investment from local CCGs' baseline funding. Further details are set out from page 25 of the [*NHS Mental Health Implementation Plan 2019/20 – 2023/24*](#).

Organisations are reminded that Schedule 6, paragraph 11b of the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 requires: “a consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account”.

Changes in 2019/20 requirements compared with 2018/19

Area of document	Page	Change
(Part of quality account/report not specified)	4-5	The additional considerations included within the quality accounts letter have changed.
Part 2.2	13	A footnote has been added for the out-of-date reference in the regulations to the Information Governance Toolkit
Part 3	23	<p>The list of indicators required to be disclosed in Part 3 of the quality report (as part of NHS Improvement's additional requirements for quality reports) has been updated as follows:</p> <ul style="list-style-type: none"> • The Category A response time indicators for ambulance trusts have been replaced with the Category 1, Category 2, Category 3 and Category 4 indicators. • Update 24 February: the indicator <i>cardio-metabolic assessment and treatment for people with psychosis is delivered routinely</i> has been removed from the table.

Updates to this document

The following updates have been made to this document since its initial publication:

- 24 February: for NHS foundation trusts providing **mental health** services – the table of indicators in Part 3 has been updated to remove the indicator *cardio-metabolic assessment and treatment for people with psychosis is delivered routinely*, reflecting the update made to the NHS Oversight Framework in 2019/20.

Part 1: Statement on quality from the chief executive of the NHS foundation trust

This section of the quality report should contain a statement summarising the NHS foundation trust's view of the quality of relevant health services it provided or subcontracted during 2019/20.

At the end of this section, there must be a declaration, signed by the chief executive, that to the best of his/her knowledge the information in the document is accurate.

Part 2: Priorities for improvement and statements of assurance from the board

2.1 Priorities for improvement

This section of the quality report should describe areas for improvement in the quality of relevant health services that the NHS foundation trust intends to provide or subcontract in 2020/21.

The description must include:

- at least three priorities for improvement (agreed by the NHS foundation trust's board) indicating the relationship, if any, between the identification of these priorities and the reviews of data relating to quality of care referred to in the assurance statement numbered 1.1 below
- progress made since publication of the 2018/19 quality report – this should include performance in 2019/20 against each priority and, where possible, the performance in previous years⁴
- how progress to achieve these priorities will be monitored and measured
- how progress to achieve these priorities will be reported.

Please include a rationale for the selection of the priorities and whether/how the views of patients, the wider public and staff were taken into account.

When the NHS foundation trust identifies its quality improvement priorities for 2020/21, it should do so with the expectation of reporting on them in future.

⁴ The number of previous years to include is a decision for each trust.

2.2 Statements of assurance from the board

Part 2 of the quality report should also include a series of statements of assurance from the board of the NHS foundation trust on particular points (detailed in the 'Prescribed information' column below).

The exact form of each of these statements, as specified by the quality accounts regulations, is laid out below (under 'Form of statement'). In the wording, italics indicate information that must be inserted by the trust. These are enshrined within the quality accounts regulations, and NHS England and NHS Improvement are not able to change them.

	Prescribed information	Form of statement
1.	The number of different types of relevant health services provided or subcontracted by the provider during the reporting period, as determined in accordance with the categorisation of services: (a) specified under the contracts, agreements or arrangements under which those services are provided or (b) in the case of an NHS body providing services other than under a contract, agreement or arrangements, adopted by the provider.	During [<i>reporting period</i>] the [<i>name of provider</i>] provided and/or subcontracted [<i>number</i>] relevant health services.
1.1	The number of relevant health services identified under entry 1 in relation to which the provider has reviewed all data available to it on the quality of care provided during the reporting period.	The [<i>name of provider</i>] has reviewed all the data available to them on the quality of care in [<i>number</i>] of these relevant health services.
1.2	The percentage that the income generated by the relevant health services reviewed by the provider, as identified under entry 1.1, represents of the total income for the provider for the reporting period under all contracts, agreements and arrangements held by the provider for the provision of, or subcontracting of, relevant health services.	The income generated by the relevant health services reviewed in [<i>reporting period</i>] represents [<i>number</i>] % of the total income generated from the provision of relevant health services by the [<i>name of provider</i>] for [<i>reporting period</i>].

	Prescribed information	Form of statement
2.	The number of national clinical audits (a) and national confidential enquiries (b) which collected data during the reporting period and which covered the relevant health services that the provider provides or subcontracts.	During [<i>reporting period</i>] [<i>number</i>] national clinical audits and [<i>number</i>] national confidential enquiries covered relevant health services that [<i>name of provider</i>] provides.
2.1	The number, as a percentage, of national clinical audits and national confidential enquiries, identified under entry 2, that the provider participated in during the reporting period.	During that period [<i>name of provider</i>] participated in [<i>number as a percentage</i>] national clinical audits and [<i>number as a percentage</i>] national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.
2.2	A list of the national clinical audits and national confidential enquiries identified under entry 2 that the provider was eligible to participate in.	The national clinical audits and national confidential enquiries that [<i>name of provider</i>] was eligible to participate in during [<i>reporting period</i>] are as follows: [<i>insert list</i>].
2.3	A list of the national clinical audits and national confidential enquiries, identified under entry 2.1, that the provider participated in.	The national clinical audits and national confidential enquiries that [<i>name of provider</i>] participated in during [<i>reporting period</i>] are as follows: [<i>insert list</i>].
2.4	A list of each national clinical audit and national confidential enquiry that the provider participated in, and which data collection was completed during the reporting period, alongside the number of cases submitted to each audit, as a percentage of the number required by the terms of the audit or enquiry.	The national clinical audits and national confidential enquiries that [<i>name of provider</i>] participated in, and for which data collection was completed during [<i>reporting period</i>], are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. [<i>insert list and percentages</i>]
2.5	The number of national clinical audit reports published during the reporting period that were reviewed by the provider during the reporting period.	The reports of [<i>number</i>] national clinical audits were reviewed by the provider in [<i>reporting period</i>] and [<i>name of provider</i>] intends to take the following actions to improve the quality of healthcare provided [<i>description of actions</i>].
2.6	A description of the action the provider intends to take to improve the quality of healthcare following the review of reports identified under entry 2.5.	The reports of [<i>number</i>] local clinical audits were reviewed by the provider in [<i>reporting period</i>] and [<i>name of provider</i>] intends to take the following actions to improve the quality of healthcare provided [<i>description of actions</i>].
2.7	The number of local clinical audit (a) reports that were reviewed by the provider during the reporting period.	
2.8	A description of the action the provider intends to take to improve the quality of healthcare following the review of reports identified under entry 2.7.	

	Prescribed information	Form of statement
3.	The number of patients receiving relevant health services provided or subcontracted by the provider during the reporting period that were recruited during that period to participate in research approved by a research ethics committee within the National Research Ethics Service.	The number of patients receiving relevant health services provided or subcontracted by [<i>name of provider</i>] in [<i>reporting period</i>] that were recruited during that period to participate in research approved by a research ethics committee [<i>insert number</i>].
4.	Whether or not a proportion of the provider's income during the reporting period was conditional on achieving quality improvement and innovation goals under the Commissioning for Quality and Innovation (CQUIN) payment framework agreed between the provider and any person or body they have entered into a contract, agreement or arrangement with for the provision of relevant health services.	Either:
4.1	If a proportion of the provider's income during the reporting period was not conditional on achieving quality improvement and innovation goals through the CQUIN payment framework, the reason for this.	(a) A proportion of [<i>name of provider</i>] income in [<i>reporting period</i>] was conditional on achieving quality improvement and innovation goals agreed between [<i>name of provider</i>] and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for [<i>reporting period</i>] and for the following 12-month period are available electronically at [<i>provide a weblink</i>].
4.2	If a proportion of the provider's income during the reporting period was conditional on achieving quality improvement and innovation goals through the CQUIN payment framework, where further details of the agreed goals for the reporting period and the following 12-month period can be obtained.	Or: (b) [<i>name of provider</i>] income in [<i>reporting period</i>] was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because [<i>insert reason</i>].

NHS foundation trusts may choose to expand further on their agreed goals and the rationale behind them (for example, how they fit with local and/or regional strategies).

NHS foundation trusts must include a statement that includes a monetary total for income in 2019/20 conditional on achieving quality improvement and innovation goals, and a monetary total for the associated payment in 2018/19.

Table continues below.

	Prescribed information	Form of statement
5.	Whether or not the provider is required to register with CQC under Section 10 of the Health and Social Care Act 2008.	<i>[name of provider]</i> is required to register with the Care Quality Commission and its current registration status is <i>[insert description]</i> . <i>[name of provider]</i> has the following conditions on registration <i>[insert conditions where applicable]</i> .
5.1	If the provider is required to register with CQC: (a) whether at end of the reporting period the provider is: (i) registered with CQC with no conditions attached to registration (ii) registered with CQC with conditions attached to registration (b) if the provider's registration with CQC is subject to conditions, what those conditions are and (c) whether CQC has taken enforcement action against the provider during the reporting period.	The Care Quality Commission (has/has not) taken enforcement action against <i>[name of provider]</i> during <i>[reporting period]</i> .
6.	Removed from the legislation by the 2011 amendments	
6.1		
7.	Whether or not the provider has taken part in any special reviews or investigations by CQC under Section 48 of the Health and Social Care Act 2008 during the reporting period.	Either: <i>[name of provider]</i> has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during <i>[reporting period]</i> <i>[insert details of special reviews and/or investigations]</i> . <i>[name of provider]</i> intends to take the following action to address the conclusions or requirements reported by the CQC <i>[insert details of action]</i> . <i>[name of provider]</i> has made the following progress by 31 March <i>[insert year]</i> in taking such action <i>[insert description of progress]</i> .
7.1	If the provider has participated in a special review or investigation by CQC: (a) the subject matter of any review or investigation (b) the conclusions or requirements reported by CQC following any review or investigation (c) the action the provider intends to take to address the conclusions or requirements reported by CQC and (d) any progress the provider has made in taking the action identified under paragraph (c) prior to the end of the reporting period.	Or: <i>[name of provider]</i> has not participated in any special reviews or investigations by the CQC during the reporting period.

	Prescribed information	Form of statement
8.	Whether or not during the reporting period the provider submitted records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest version of those statistics published prior to publication of the relevant document by the provider.	<p>Either:</p> <p><i>[name of provider]</i> submitted records during <i>[reporting period]</i> to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.</p> <p>The percentage of records in the published data: which included the patient's valid NHS number was: <i>[percentage]</i> for admitted patient care <i>[percentage]</i> for outpatient care and <i>[percentage]</i> for accident and emergency care.</p> <p>which included the patient's valid General Medical Practice Code was: <i>[percentage]</i> for admitted patient care; <i>[percentage]</i> for outpatient care; and <i>[percentage]</i> for accident and emergency care.</p> <p>Or:</p> <p><i>[name of provider]</i> did not submit records during <i>[reporting period]</i> to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.</p>
8.1	<p>If the provider submitted records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data:</p> <p>(a) the percentage of records relating to admitted patient care which include the patient's:</p> <ul style="list-style-type: none"> (i) valid NHS number (ii) General Medical Practice Code <p>(b) the percentage of records relating to outpatient care which included the patient's:</p> <ul style="list-style-type: none"> (i) valid NHS number (ii) General Medical Practice Code <p>(c) the percentage of records relating to accident and emergency care which included the patient's:</p> <ul style="list-style-type: none"> (i) valid NHS number (ii) General Medical Practice Code. 	
9.	The provider's Information Governance Assessment Report overall score for the reporting period as a percentage and as a colour according to the IGT Grading scheme. ⁵	<i>[Name of provider]</i> Information Governance Assessment Report overall score for <i>[reporting period]</i> was <i>[percentage]</i> and was graded <i>[insert colour from IGT Grading scheme]</i> .

⁵ **NHS Improvement comment:** This requirement in the regulations is out of date, as NHS Digital's Data Security and Protection Toolkit has replaced the Information Governance Toolkit. Each provider should replace this statement with the best alternative it can.

	Prescribed information	Form of statement
10.	Whether or not the provider was subject to the Payment by Results clinical coding audit at any time during the reporting period by the Audit Commission. ⁶	Either: [<i>name of provider</i>] was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were [<i>percentages</i>].
10.1	If the provider was subject to the Payment by Results clinical coding audit by the Audit Commission at any time during the reporting period, the error rates, as percentages, for clinical diagnosis coding and clinical treatment coding reported by the Audit Commission in any audit published in relation to the provider for the reporting period prior to publication of the relevant document by the provider.	Or: [<i>name of provider</i>] was not subject to the Payment by Results clinical coding audit during [<i>reporting period</i>] by the Audit Commission.
11.	The action taken by the provider to improve data quality.	[<i>name of provider</i>] will be taking the following actions to improve data quality [<i>insert actions</i>].

[If a disclosure is made under row 10] NHS foundation trusts should include an explanatory note for clinical coding stating:

- that the results should not be extrapolated further than the actual sample audited and
- which services were reviewed in the sample.

Drafting note: The following elements were added from 2017/18 onwards as part of 'Learning from Deaths' updates made to the quality accounts regulations.⁷

⁶ **NHS Improvement comment:** References to the Audit Commission are now out of date because it has closed. From 2014 responsibility for coding and costing assurance transferred to Monitor and then NHS Improvement. From 2016/17 this programme has applied a new methodology and there is no longer a standalone 'coding audit' with error rates as envisaged by this line in the regulations. It is therefore likely that providers will be stating that they were not subject to 'the Payment by Results clinical coding audit' referred to in row 10 above during the year.

⁷ www.legislation.gov.uk/ukxi/2017/744/pdfs/ukxi_20170744_en.pdf

	Prescribed information	Form of statement
27.1	The number of its patients who have died during the reporting period, including a quarterly breakdown of the annual figure.	During [reporting period] [number] of [the provider] patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: [number] in the first quarter; [number] in the second quarter; [number] in the third quarter; [number] in the fourth quarter.
27.2	The number of deaths included in item 27.1 which the provider has subjected to a case record review or an investigation to determine what problems (if any) there were in the care provided to the patient, including a quarterly breakdown of the annual figure.	By [date], [number] case record reviews and [number] investigations have been carried out in relation to [number] of the deaths included in item 27.1. In [number] cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: [number] in the first quarter; [number] in the second quarter; [number] in the third quarter; [number] in the fourth quarter.
27.3	An estimate of the number of deaths during the reporting period included in item 27.2 for which a case record review or investigation has been carried out which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient (including a quarterly breakdown), with an explanation of the methods used to assess this.	[Number] representing [number as percentage of number in item 27.1]% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of: [Number] representing [number as percentage of the number of deaths which occurred in the quarter given in item 27.1]% for the first quarter; [Number] representing [number as percentage of the number of deaths which occurred in the quarter given in item 27.1]% for the second quarter; [Number] representing [number as percentage of the number of deaths which occurred in the quarter given in item 27.1]% for the third quarter; [Number] representing [number as percentage of the number of deaths which occurred in the quarter given in item 27.1]% for the fourth quarter. These numbers have been estimated using the [name, and brief explanation of the methods used in the case record review or investigation].

	Prescribed information	Form of statement
27.4	A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified in item 27.3.	Present the information required as a narrative.
27.5	A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see item 27.4).	Present the information required as a narrative.
27.6	An assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period.	Present the information required as a narrative.
27.7	The number of case record reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in item 27.2 in the relevant document for that previous reporting period.	[Number] case record reviews and [number] investigations completed after [date] which related to deaths which took place before the start of the reporting period.
27.8	An estimate of the number of deaths included in item 27.7 which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient, with an explanation of the methods used to assess this.	[Number] representing [number as percentage of number in item 27.1 of the relevant document for the previous reporting period] % of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the [name, and brief explanation of the methods used in the case record review or investigation].
27.9	A revised estimate of the number of deaths during the previous reporting period stated in item 27.3 of the relevant document for that previous reporting period, taking account of the deaths referred to in item 27.8.	[Number] representing [number as percentage of number in item 27.1 of the relevant document for the previous reporting period] % of the patient deaths during [the previous reporting period] are judged to be more likely than not to have been due to problems in the care provided to the patient.

2.3 Reporting against core indicators

Since 2012/13 NHS foundation trusts have been required to report performance against a core set of indicators using data made available to the trust by NHS Digital.

For each indicator the number, percentage, value, score or rate (as applicable) for at least the last two reporting periods should be presented in a table. In addition, where the required data is made available by NHS Digital, the numbers, percentages, values, scores or rates of each of the NHS foundation trust's indicators should be compared with both:

- the national average for the same
- NHS trusts and NHS foundation trusts with the highest and lowest for the same.

This information should be presented in a table or graph (as seems most appropriate).

For each indicator, the NHS foundation trust must also make an assurance statement in the following form (words in italics indicate information which must be inserted by the trust):

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 *[indicator/percentage/score/data/rate/number]*, and so the quality of its services, by *[insert description of actions]*.

The core indicators are listed in the table below. The numbering scheme used in the table corresponds with the numbering of the indicators in the Regulation 4 Schedule within the quality accounts regulations. This list is not defined by NHS England and NHS Improvement and we are unable to change the regulations.

Some of the indicators will not be relevant to all NHS foundation trusts: for instance, ambulance response times. NHS foundation trusts are only required to report on indicators that are relevant to the services that they provide or subcontract in the reporting period.

	Prescribed information	Type of trust	Comment
12.	(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.	Trusts providing relevant acute services	In the table showing performance against this indicator, both the SHMI value and banding should be shown for each reporting period.
13.	The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period.	Trusts providing relevant mental health services	
14.	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. ⁸	Ambulance trusts	In the table showing performance against this indicator, Red 1 and Red 2 calls should be separate. See also footnote below.
14.1	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. ⁸	Ambulance trusts	See footnote below.
15.	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.	Ambulance trusts	

⁸ **NHS Improvement comment:** The quality accounts regulations only refer to the 'Category A' ambulance indicators. Many ambulance trusts may no longer be able to report on these standards. NHS Improvement recommends that ambulance providers should replace these disclosures in the quality account with performance against the Category 1, 2, 3 and 4 standards.

	Prescribed information	Type of trust	Comment
16.	The percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.	Ambulance trusts	
17.	The percentage of admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper during the reporting period.	Trusts providing relevant mental health services	
18.	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.	Trusts providing relevant acute services	
19.	The percentage of patients aged: (i) 0 to 14 and (ii) 15 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.	All trusts	It has been acknowledged that an error was made in the drafting of the regulations and that the split of patients for this indicator should be (i) 0 to 15; and (ii) 16 or over The regulations do refer to 28-day readmissions rather than 30.
20.	The trust's responsiveness to the personal needs of its patients during the reporting period.	Trusts providing relevant acute services	
21.	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.	Trusts providing relevant acute services	
22.	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.	Trusts providing relevant mental health services	
23.	The percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during the reporting period.	Trusts providing relevant acute services	

	Prescribed information	Type of trust	Comment
24.	The rate per 100,000 bed days of cases of <i>C. difficile</i> infection reported within the trust among patients aged 2 or over during the reporting period.	Trusts providing relevant acute services	
25.	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.	All trusts	

Further details on these indicators can be found in the ‘data dictionary’ for the quality accounts (see the [quality accounts](#) area of the NHS website) and NHS Digital’s [resource page for quality accounts](#).

Since 2013/14, providers of NHS healthcare have been asked to consider reporting on the patient element of the Friends and Family Test in the quality accounts (as part of the letter referred to on page 4 of this document). As this is not a statutory requirement, the patient element of the Friends and Family Test has not been included in the table of indicators above.

Part 3: Other information

The quality accounts regulations specify that Part 3 of the quality accounts should be used to present other information relevant to the quality of relevant health services provided or subcontracted by the provider during the reporting period.

NHS foundation trusts must specifically use Part 3 of the quality report to present the following:

1. An overview of the quality of care offered by the NHS foundation trust based on performance in 2019/20 against indicators selected by the board in consultation with stakeholders, with an explanation of the underlying reason(s) for selection. The indicator set selected must include **all** the below:
 - at least three indicators for patient safety
 - at least three indicators for clinical effectiveness
 - at least three indicators for patient experience.

For those indicators selected by the NHS foundation trust, the report should refer to historical data and benchmarked data where available, so readers can understand progress over time and performance compared to other providers.

References should be given for the data sources for the indicators, including whether the data is governed by standard national definitions. Where these indicators have changed from the indicators used in the 2018/19 report, the NHS foundation trust should outline the rationale for why these indicators have changed.

Where the quality indicators are the same as those used in the 2018/19 report and refer to historical data, the data reported should be checked to ensure consistency with the 2018/19 report. Where inconsistencies exist, NHS foundation trusts are required to include an explanatory note on any changes in the basis of calculation.

2. Performance against the relevant indicators and performance thresholds set out below.

Where any of these indicators have already been reported on in Part 2 of the quality report, in accordance with the quality accounts regulations, they do not need to be repeated here.

Where relevant, performance should be reported for the whole year. For example, performance against the referral to treatment targets should be reported as the arithmetic average for the year of the monthly reported performance during the year.

Indicators

These indicators form part of the annexes to the NHS Oversight Framework.⁹

Indicator for disclosure	Applicable trusts
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Trusts providing relevant acute services
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Trusts providing relevant acute services
All cancers: 62-day wait for first treatment from: <ul style="list-style-type: none"> • urgent GP referral for suspected cancer • NHS Cancer Screening Service referral 	Trusts providing relevant acute services
<i>C. difficile</i> : variance from plan	Trusts providing relevant acute services
Summary Hospital-level Mortality Indicator (also included in quality accounts regulations)	Trusts providing relevant acute services
Maximum 6-week wait for diagnostic procedures	Trusts providing relevant acute services

⁹ <https://improvement.nhs.uk/resources/nhs-oversight-framework-201920/>

Venous thromboembolism (VTE) risk assessment	Trusts providing relevant acute services
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	Trusts providing relevant mental health services
Improving access to psychological therapies (IAPT): a) proportion of people completing treatment who move to recovery (from IAPT dataset) b) waiting time to begin treatment (from IAPT minimum dataset): i. within 6 weeks of referral ii. within 18 weeks of referral	Trusts providing relevant mental health services
Care programme approach (CPA) follow-up: proportion of discharges from hospital followed up within 7 days	Trusts providing relevant mental health services
Admissions to adult facilities of patients under 16 years old	Trusts providing relevant mental health services
Inappropriate out-of-area placements for adult mental health services	Trusts providing relevant mental health services See Note 1 below
Ambulance category 1 (C1) – life-threatening calls: mean average response time	Ambulance trusts
Ambulance category 2 (C2) – emergency calls: mean average response time	Ambulance trusts
Ambulance category 3 (C3) – urgent calls: mean average response time	Ambulance trusts
Ambulance category 4 (C4) – less urgent calls: mean average response time	Ambulance trusts
Stroke 60 minutes	Ambulance trusts
Return of spontaneous circulation (ROSC) where the arrest was bystander-witnessed and the initial rhythm was ventricular fibrillation (VF) or ventricular tachycardia (VT)	Ambulance trusts

Note (1) – inappropriate out-of-area placements:

- In Part 3 of the quality report the indicator should be presented as a 'number per month'. The disclosure should be based on performance for the year; therefore, the figure presented will be the average of the 12 monthly figures for number of bed days per month.
- Where the figure for disclosure is between 1 and 7 (as average per month for the year), the foundation trust should disclose no figure, and state that it is not required to disclose performance where it has 7 or fewer average bed days per month.

Annex 1: Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees

Where 50% or more of the relevant health services that the NHS foundation trust directly provides or subcontracts during the reporting period are provided under contracts, agreements or arrangements with NHS England, the trust must provide a draft copy of its quality accounts/report to NHS England for comment before publication and should include any comments made in its published report.

Where the above does not apply, the trust must provide a copy of the draft quality accounts/report to the clinical commissioning group which has responsibility for the largest number of people to whom the trust has provided relevant health services during the reporting period for comment prior to publication and should include any comments made in its published report.

NHS foundation trusts must also send draft copies of their quality accounts/report to their local Healthwatch organisation and overview and scrutiny committee (OSC) for comment before publication, and should include any comments made in their final published report.

The commissioners have a legal obligation to review and comment, while local Healthwatch organisations and OSCs will be offered the opportunity to comment on a voluntary basis.

Annex 2: Statement of directors' responsibilities for the quality report

The quality report must include a statement of directors' responsibilities, in the following form of words:

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the *NHS foundation trust annual reporting manual 2019/20* and supporting guidance *Detailed requirements for quality reports 2019/20*
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2019 to [the date of this statement]
 - papers relating to quality reported to the board over the period April 2019 to [the date of this statement]
 - feedback from commissioners dated XX/XX/20XX
 - feedback from governors dated XX/XX/20XX

- feedback from local Healthwatch organisations dated XX/XX/20XX
- feedback from overview and scrutiny committee dated XX/XX/20XX
- the trust’s complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated XX/XX/20XX
- the [latest] national patient survey XX/XX/20XX
- the [latest] national staff survey XX/XX/20XX
- the Head of Internal Audit’s annual opinion of the trust’s control environment dated XX/XX/20XX
- CQC inspection report dated XX/XX/20XX
- the quality report presents a balanced picture of the NHS foundation trust’s performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- [this point is only required where the foundation trust is not reporting performance against an indicator that otherwise would have been subject to assurance] as the trust is currently not reporting performance against the indicator [xxx], the directors have a plan in place to remedy this and return to full reporting by [xxx]
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement’s annual reporting manual and supporting guidance (which

incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board

.....Date.....Chairman

.....Date.....Chief Executive

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