

**Annual Quality Account
Report for the AWP NHS Trust Board**

Meeting Date: 30 May 2012	Meeting Time: 10.00	Agenda Item: 11	Serial: 12.0211
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This Report is presented by the Executive Medical Director and Director of Strategy and Business Development for Noting in the Public session of the Board..

Report Summary

Purpose of this Report:

To present the Trust's Quality Account for 2011/12 (Appendix 2), compiled by the Executive Medical Director and Director of Strategy and Business Development, for consideration and approval by the Board of Directors.

Board Decisions Recommended:

The Board is recommended to approve the Quality Account 2011/12 for publication.
The Board is recommended to delegate authority to the Trust Chair and Chief Executive to sign the statements on behalf of the Board as noted in paragraph 3.1 and 3.2 and set out in full in **Appendix 1**.

Actions Arising from the Report:

The approved Quality Account will be subject to improvements in relation to design and layout in readiness for publication by the 30 June 2012.
Copies will be circulated to all key partners, stakeholder organisations, NHS South West and the Secretary of State.
The Quality Accounts will be published on the Trust website, the NHS Choices website and available in hard copy by request.

Report Links

Quality and Safety Implications	The Quality Account reports on the key areas of clinical and service quality under the headings patient experience, effectiveness and safety; setting out the planned priorities for quality improvements over the coming year 2012/13.
CQC	The Quality Account describes the status of registration, assessments and reviews as carried out by the CQC for the period of the report to publication.
IG Toolkit	The Trust's Information Governance Assessment Report score overall is prescribed content.

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List of Appendices

- Appendix 1 – Statement of Directors' responsibilities in respect of the Quality Account
- Appendix 2 – AWP Quality Accounts 2011/12

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1. Overview

- 1.1. All providers of NHS healthcare services are required to publish their Quality Accounts by 30th June 2012 in respect of the year 2011/12. These should be based on priorities which were identified before year start, with measures and thresholds for success defined and monitored for the year.
- 1.2. Boards are responsible for the accuracy and completeness of their Quality Account, and for compliance with the regulations and guidance. As set out in the primary legislation, the Care Quality Commission and commissioners, through the Strategic Health Authority (SHA), can also ask for errors to be corrected.
- 1.3. Reports on the background of the requirement to produce a Quality Account and the Trust's approach to developing the Quality Account have been received by the Executive Management Team and the Board Audit Committee.
- 1.4. The Quality Account has been developed collaboratively with contributions from all Directorates.
- 1.5. Service users, carers, and stakeholder organisations have been involved in their development as well as staff and clinicians across the organisation.

2. Process for Developing Content

- 2.1. The development of the draft Quality Account has been managed via the Quality Account project group. This group has representatives from the Directorates for NCAS, MS&BD and Operations as the key organisational contributors and has reported at key stages to the EMT.
- 2.2. The content and planned priorities for improvement have been derived from the triangulation of information and data collected from across the organisation alongside the feedback and views of our stakeholders, service users and carers.
- 2.3. The content remains consistent with previous years and allows for ongoing comparison whilst remaining in line with legislation and good practice recommendations. Feedback received from the draft 2011/12 Quality Account and the 2010/11 Quality Account has been used to improve the presentation and content of the document.
- 2.4. Measures reported are those that are existing measures that were in place for the year, 2011/12; developed and agreed by Board in April 2011 in the Trust Level Balanced Scorecard 2011/12.
- 2.5. Determining the content of the Trust's Scorecard involved engagement with external/local stakeholders via discussions with Commissioners

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regarding the 2011/12 Scorecard and the setting of Quality Indicators for the PCT/NHS contract.

- 2.6. Engagement in 2011/12 with partners, stakeholders and service users has occurred via existing forums and the SBU's quality improvement planning processes which have contributed to the establishment of the priorities for improvement for 2012/13. This has ensured service level clinical engagement alongside input from the Professional Council and the Quality and Effectiveness Management Group.
- 2.7. SBUs quality reports and plans have provided information to contribute to the final proposals that are made for the quality improvement priorities for 2012/13; these are set out in Part 2a of the draft Quality Account (Appendix 2).
- 2.8. The Department of Health toolkit guidance and the NHS Quality Accounts Regulations 2010 and 2011, published February 2010 and April 2011 have been used to ensure the content of the draft Quality Account complies with the legislation to ensure consistency nationally.
- 2.9. Monitor guidance has been followed to include the additional requirements set for Foundation Trusts.
- 2.10. The Board can be assured of the accuracy and quality of the data derived from RiO for all performance indicators included in the Quality Account through the application of systems and process as set out in the Trust's Information Management and Data Quality Strategy.

3. External Assurance and Validation

- 3.1. Chief Executives are required to make a signed declaration that, to the best of their knowledge, the Quality Account is a true and accurate account of the Trust's quality of services. This is in Part 1 "Chief Executive's Statement on Behalf of the Board".
- 3.2. As part of this process the Chief Executive and Chair are required to sign and provide a statement on behalf of the Board to confirm to the best of their knowledge and belief they have complied with the requirements as set out in Appendix 1 of this report, 'Statement of Directors' responsibilities in respect of the Quality Account'.
- 3.3. Legislation provides that a provider must change their Quality Accounts if any errors are brought to their attention either by the Care Quality Commission or by their local SHA.
- 3.4. We are required by legislation to share our draft Quality Account with the Wiltshire Overview and Scrutiny Committee (OSC), the Wiltshire Local Involvement Network (LINK) and our lead commissioning PCT, NHS South Gloucestershire.

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- 3.5. Presentations on the draft Quality Account have been made to Bristol, North Somerset and South Gloucestershire OSC meetings where questions were answered and verbal feedback received was positive.
- 3.6. A special meeting was held with LINKs representatives where comments, feedback and specific issues were discussed and responded to where possible.
- 3.7. These organisations have collated responses in consultation with their associated OSCs, LINKs and PCT commissioners across our six Local Authority/PCT areas. These are published verbatim in Appendix A of the Quality Accounts except for the statement from South Gloucestershire PCT which is still outstanding.
- 3.8. Within our planning schedule we allowed a period to consider and action, as appropriate, any feedback received on the document from various sources: service users and carers, the above organisations, Board members and the Trust readers panel. The following are some examples of our response feedback received:
 - Revision of Chief Executives Introduction and other sections to ensure that the report gives fair and balanced narrative in relation to recognition of underachievement and achievement of standards aspired to
 - Editing of narrative and language to improve meaning and clarify where issues were raised
 - Additional items identified for the glossary
 - Further information on the actions being taken in response to patient and carer experience surveys

4. External Auditing

- 4.1. The **Audit Commission** will be auditing the Trust's arrangements for Quality Accounts during May and June. This is a new requirement specified by the Department of Health along similar lines to the dry run exercise carried out last year.
- 4.2. Auditors will provide the Trust's management with a signed limited assurance report by 29 June 2012. This will state whether anything has come to their attention that leads them to believe that the Quality Account has not been materially prepared in line with the National Health Service (Quality Accounts) Regulations 2010.
- 4.3. Trusts should include this report as an annex to their Quality Account. They should then publish this Account, including the limited assurance report, on NHS Choices and submit it to the Secretary of State by 30 June 2012.

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- 4.4. The Trust's 2011/12 Annual Governance Statement, produced instead of the previous Statement of Internal Control, refers to steps taken to assure ourselves that the Quality Account is accurate.
- 4.5. As with the NHS trust dry run, auditors will again issue a report to the Trust's management on the **detailed testing of quality indicators**. The Trust is not required to include this report in their 2011/12 Quality Account. The indicators being tested are:
- 4.5.1. CPA 7 day follow up
 - 4.5.2. Access to crisis resolution home treatment teams
 - 4.5.3. Physical health checks
 - 4.5.4. Rate of patient safety incidents and percentage resulting in severe harm or death

5. Conclusion

- 5.1. The Board can be assured that every effort has been taken to ensure that the following Directors responsibilities in relation to the development of the Quality Accounts have been satisfied:
- The Quality Accounts present a balanced picture of the Trust's performance over the period covered
 - The performance information reported in the Quality Account is reliable and accurate, scrutinised internally and reported as part of the Trusts Performance Management Strategy
 - There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
 - The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review as set out in the Trusts Information Management and Data Quality Strategy
 - The Quality Account has been prepared in accordance with legislation and Department of Health guidance.
- 5.2. Design work will be carried out during June 2012 for publication by the deadline of 30 June 2012.

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- 5.3. The planning and development of the 2012/13 Quality Account will ensure lessons are learnt from this year's process, feedback and experience.

6. Recommendation

- 6.1. The Board are recommended to approve the Trust's Quality Account 2011/12.
- 6.2. The Board is recommended to delegate authority to the Trust Chair and Chief Executive to sign the statements on behalf of the Board as set out in paragraph Appendix 1.

7. Additional Report Contributors

- 7.1. Ann Tweedale – Corporate Planning and Delivery Manager

Statement of directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Accounts presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

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

By order of the Board

NB: sign and date in any colour ink except black

.....Date.....Chair

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

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