

Summary Report – Trust Board Meeting (Part 1)		Date: 2 May 2013	
Report Title: Draft Quality Account 2012/13 – Report for Trust Board			
Agenda Item: 11		Enclosures: Appendix A Draft Quality Account 2012/13	
Sponsor; Hazel Watson Director of Nursing and Quality		Presenter: Ann Tweedale	
Report Author: Ann Tweedale, Head of Quality Information & Systems			
Report discussed previously at:		Board Committee for Quality & Standards 9th April, Trustwide Management Group and Professional Council	
Purpose of the Report and Action required			
For the Board to note the report and consider the content of the draft Quality Account to ensure that are satisfied that : <ul style="list-style-type: none"> • the Quality Account 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, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance. 		Approval	
		Discussion	
		Information	X
Executive Summary of Key Issues			
Purpose of this Report:			
<p>To provide an update on the process and progress for producing the annual Quality Account 2012/13 to the required timescales and to the specifications as set out by legislation, Department of Health good practice guidance and Monitor guidance.</p> <p>To present the draft Quality Account 2012/13 (Appendix A) compiled by the Head of Quality Information and Systems.</p>			

Developing the Quality Account 2012/13

Which Strategic Objective does this paper address	
A sustainable value for money business	Y
Excellent service user access and experience	Y
Excellent partnership working with other organisations	Y
Effective engagement and improvement in staff satisfaction	

Link to Fit for the Future Implementation Plan	
<i>Specify objective number</i>	n/a

Recommendations
<p>Decisions Recommended:</p> <p>The Board is recommended to:</p> <p style="padding-left: 40px;">Note the progress with developing the Trust's Quality Account 2012/13</p> <p>Actions Arising from the Report:</p> <p>The current draft will be subject to ongoing development and improvement in response to comment and feedback from the Trust Readers panel, CCG Commissioners, NHS Commissioning Board, Wiltshire OSC and Wiltshire Healthwatch. The Board will receive the Trust's Quality Account 2012/13 for final approval at the late May Board meeting.</p>

Developing the Quality Account 2012/13

Overview

- 1.1. The Trust is required as a provider of NHS healthcare services to publish their Quality Account by 30 June 2013 in respect of the year 2012/13. The report should be based on priorities that have been 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. The Department of Health toolkit guidance and the NHS Quality Accounts Regulations 2010 and 2011, published February 2010 and 2011 are being used to ensure the content of the Quality Account complies with the legislation to ensure consistency nationally.
- 1.4. Monitor guidance has been followed to include the additional requirements set for Foundation Trusts.

Progress to date:

- 1.5. The development of the draft Quality Account has been managed via the Nursing & Quality Directorate. The report has relied on a series of key contributors from across the organisation from NCAS, MS&BD and Operations.
- 1.6. 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.
- 1.7. The content remains consistent with previous years and allows for ongoing comparison whilst remaining in line with legislation and good practice recommendations. Feedback received on the 2011/12 Quality Account is being used to improve the presentation and content of the document.
- 1.8. Measures reported are those that are existing measures that were in place for the year, 2012/13; developed and agreed by Board in April 2012 in the Trust performance scorecard and quality assurance framework.
- 1.9. Determining the content of the Trust's scorecard involved engagement with external/local stakeholders via discussions with Commissioners regarding the 2012/13 scorecard and the setting of Quality Indicators for the PCT/NHS contract.
- 1.10. Engagement in 2012/13 with partners, stakeholders and service users has occurred via existing forums and the SBU's quality improvement planning processes

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which has contributed to the establishment of the priorities for improvement for 2013/14.

- 1.11. Plans for improvements for 2013/14, and any arising indicators will need to feature in the Trusts quality assurance system.
- 1.12. SBUs quality reports and plans along side development of CQUIN schemes for 2013/14 have contributed to the final proposals that are made for the quality improvement priorities for 2013/14; these are set out in Part 2a of the draft Quality Account (Appendix A).
- 1.13. The committee 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.

Timetable for Production

- 1.14. The draft Quality Account 2012/13 has been circulated to Wiltshire OSC, Wiltshire Healthwatch, North Somerset CCG and the local area team of National Commissioning Board on the 12th April for a 30 day statutory period of external assurance; having been approved by the Quality & Standards Committee.
- 1.15. The Draft Quality Account will be received by the Trust Readers panel in May 2013.
- 1.16. The Board will be asked to formally approve the Quality Account for 2012/13 at their late May meeting.
- 1.17. The Trust is required to publish the Quality Account 2012/13 by the 30th June 2013 and to upload to NHS Choices website.

Developing Quality Improvement Priorities for 2012/13

Part 2a of the Quality Account is a compulsory section that sets out the Trust's Quality Improvement Priorities for the coming year. At least 3 quality improvement priorities need to be articulated, at least one from each Darzi domain of quality: patient experience, effectiveness and safety.

In order that the Trust can meet its responsibilities for sharing and consulting on their Annual Quality Account for 2012/13 the Trust needed to have developed a proposed set of draft quality improvement priorities for 2013/14 by the end of March 2013.

It is not about identifying new areas for improvement but to draw together from the existing Trust wide improvement agenda which are the key areas worthy of highlighting in the context of informing the public about the Trust's focus on quality improvement. These areas will be open to greater public scrutiny and need clear methods for monitoring and reporting against the year's progress.

The Trust Quality Improvement Strategy 2010-15 (QIS), focuses attention on clinical quality in services through a process of continuous quality improvement that operates from 'Ward

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to Board' and to support team and ward systems and processes to be geared towards regular reviews of quality and safety.

The final proposed priorities were selected in consideration of the Trust's quality improvement processes that are designed to review a wide spectrum of information from patient surveys, PALS, complaints and patient reported information, information from incident reporting and themed reviews, homicide inquiries, Mental Health Act and CQC reports and recommendations, clinical audit and performance data.

In addition the following were taken in to consideration:

Alignment to the key domains of quality of Patient Experience; Effectiveness, Safety and Workforce

Internally generated and externally set CQUIN schemes

CCG and Local Authority Commissioner priorities for local health communities

Clinical Engagement with professional groups

Staff engagement

SU and Carer feedback

Each LDU in planning their own set of priorities for 2013/14 will need to reflect the Trust agreed annual priorities and set these out in their area quality reports.

External Assurance and Validation

- 1.18. The Chief Executive is required to make a signed declaration that, to the best of his knowledge, the Quality Account is a true and accurate account of the Trust's quality of services. This is in Part 1 "Chief Executives Statement on Behalf of the Board".
- 1.19. We are required by legislation to share our draft Quality Account with the Wiltshire Overview and Scrutiny Committee (OSC) and the Wiltshire Health Watch and it is the role of each body to consult other OSCs and Health Watch groups across our geographical area in order to compile their responses.
- 1.20. Within our planning schedule we have allowed a short period in early May to consider and action, as appropriate, responses to any comments received.

External Auditing

- 1.21. The Trusts external auditors will be auditing the Trust's arrangements for Quality Accounts during April and May.
- 1.22. The audit will focus on:
- 1.23. A review of the NHS trust's arrangements for satisfying itself that the quality account is fairly stated and in accordance with relevant regulations and directives;

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- 1.24. A two national indicators included in the quality account.
- 1.25. 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 following requirements in preparing the Quality Account.
- 1.26. These are that Directors are required to take steps to satisfy themselves that:
- 1.27. the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- 1.28. the performance information reported in the Quality Account is reliable and accurate;
- 1.29. 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;
- 1.30. 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; and the Quality Account has been prepared in accordance with Department of Health guidance.
- 1.31. Auditors will aim to complete their work on quality accounts and report to the Audit Committee in early June. This is intended to allow time to address any significant issues identified during the review, for the final quality account submission.

Conclusion

- 1.32. The Department of Health toolkit guidance, NHS Quality Accounts Regulations 2010, 2011 and 2012 and Monitor guidance have been used to ensure the content of the draft Quality Accounts complies with the legislation and requirements for Foundation Trusts.
- 1.33. The current draft will be presented to the Trust Readers Panel in May for feedback.
- 1.34. The final draft of the Quality Account will be brought to Board for final approval later in May 2013.
- 1.35. Layout and design work will be carried out during June 2013 for publication on the Trust Website and NHS Choices website and circulation to our key stakeholders and the Secretary of State for Health.

Recommendation

- 1.36. The Board are asked to note this update report on the progress with the production of the Trust's Quality Account 2012/13 and consider their responsibilities

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as set out in paragraph 7.3.

- 1.37. The Board are asked to note the current draft Quality Account 2012/13 Appendix A.