

‘You matter, we care’

Summary Report – Trust Board Meeting (Part 1)	Date: 26th June 2013
Report Title: Quality Account 2012/13	
Agenda Item: BD/13/74	Enclosures: Appendix 1 Draft Quality Account 2012/13
Sponsor; Hazel Watson Director of Nursing	Presenter:
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, Board Audit Committee 3rd June 2013

Purpose of the Report and Action required		
<p>For the Board to finally approve the Quality Account on the recommendations of the Board Committees for Audit and Quality and Standards.</p> <p>In addition the Audit committee have asked the Executive to specifically confirm to the Board via this report that:</p> <ul style="list-style-type: none"> • 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. <p>This is included in further detail at paragraph 3. of the report below.</p>	Approval	X
	Discussion	
	Information	

Executive Summary of Key Issues
<p>To present the final version of the Quality Account 2012/13 as Appendix 1, for final Board approval.</p> <p>The report has previously been received and assured by the Trust Quality & Standards Committee and the Trust Audit Committee on behalf of the Board.</p> <p>The Quality Account will be published on NHS Choices by the close of the 28th June 2013.</p> <p>The final version includes in Appendix A, the external comments and assurances received from the local Healthwatch, local authority Health Overview and Scrutiny Committees and</p>

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commissioners from across the Trust area.

Appendix A, contains the limited assurance report received from Grant Thornton the Trust's external auditors working under the guidance of the Audit Commission.

The report also includes a mandatory statement to be signed on behalf of the Board by the Chief Executive and Chair, this is the 'Statement of directors' responsibilities in respect of the Quality Account' as set out in Appendix C of the Quality Account.

Which Strategic Objective does this paper address

Consolidate	Y
Integrate	
Expand	

Recommendations to other committees

n/a

Recommendation/Decision

The Board is recommended to approve the Quality Account 2012/13

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1. Overview

- 1.1. The Trust is required as a provider of NHS healthcare services to publish their Quality Account by 28 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, 2011 and 2012, 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.
- 1.5. The Trust has made good progress with last years priority areas for improvement however it is recognised that further work is needed to improve carers experience, CPA standards, staff experience, and consistency of standards across services for the screening and care planning for substance misuse.

2. Process for producing the Quality Account

- 2.1. 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 Nursing, Medical and Operations Directorates.
- 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 on the 2011/12 and draft 2012/13 Quality Account has been used to improve the presentation and content of the document.
- 2.4. Measures reported 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.

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- 2.5. 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.
- 2.6. Engagement in 2012/13 with partners, stakeholders and service users has occurred via existing forums and the former SBU's quality improvement planning processes which has contributed to the establishment of the priorities for improvement for 2013/14.
- 2.7. Previous 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).
- 2.8. 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. The strategy:
 - outlines the principles of good information management
 - details the Trust's key routine information and performance reports
 - sets out the trust's approach to data quality management
 - sets out key roles and responsibilities in managing data quality and acting upon information provided as part of this strategy.

3. External Assurance and Validation

- 3.1. The first stage of this process was completed via the draft Quality Account 2012/13 being circulated to Wiltshire OSC (who take the lead on behalf on the Local Authorities), Wiltshire Healthwatch, North Somerset CCG as the lead commissioning CCG, and the Local Area Team of National Commissioning Board on the 12th April for a 30 day statutory period of external assurance. The comments received are contained in Appendix A of the Quality Account.
- 3.2. In addition the Quality Account is subject to an external audit under the guidance of the Audit Commission. The audit has produced a short summary report and a report of limited assurance as set out in Appendix A of the Quality Account. This is compulsory content of the published document.
- 3.3. 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. This statement is included at Appendix C of the Quality Account.
- 3.4. The statement requires Directors to confirm that they have taken steps to satisfy themselves that:
 - a) the Quality Account presents a balanced picture of the Trust's performance over the period covered;
 - b) the performance information reported in the Quality Account is reliable and accurate;

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- c) 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;
- d) 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;
- e) the Quality Account has been prepared in accordance with Department of Health guidance.

3.5. The specific responsibilities, noted above, have been considered by the Board Committees for Quality and Standards and the Audit Committee.

3.6. With respect to a) above, in addition to Board scrutiny, this aspect is part of the review of the document carried out by external stakeholders from CCGs, Healthwatch and local Authority Health Scrutiny Committees. The Board can be assured that no issues in relation to the report not representing a fair and balanced picture were raised.

3.7. For point b), c) and d) the Board can be assured of the quality of the data reported via the implementation of the Trusts Information Management and Data Quality Strategy.

3.8. The external audit of the Quality Account has been a more detailed review than in previous years and adds assurance to the Board in relation specifically to points b) to e) above.

3.9. The auditors conclusion is as follows:

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- *the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;*
- *the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and*
- *the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.]*

3.10. The audit committee has asked that the specific requirements of the Boards responsibilities be considered by management and where agreed necessary additions be made to the annual internal audit plan for 2013/14.

4. Conclusion

4.1. 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. This has been verified by the external auditors.

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- 4.2. The final 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 by the 28th June.
- 4.3. The Quality Account 2012/13 provides a breadth of information across the three key domains for quality and is believed to present a fair and balanced picture of achievements alongside acknowledgements of areas where more work needs to be done to ensure services are delivered to the best practice standards the Trust aspires to.

5. Recommendation

- 5.1. The Board are asked to approve the Quality Account 2012/13, Appendix 1 of this report.