

The Oxfordshire Joint Health Overview & Scrutiny Committee
 23 April 2015

Title	Preparation of the 2014-15 Quality Account
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Status	<p>This paper provides an overview of the draft 2014/15 Quality Account, including key areas of achievement in relation to priorities set for 2014/15, and the quality priorities proposed for 2015/16.</p> <p>In addition, the draft Quality Account has a broad consultation with key stakeholders, both internal and external, where comments will be incorporated into the final Quality Account. This will be completed in anticipation of publication on 30 June 2015.</p>
History	This is a single paper.

OUH Board Lead	Dr Tony Berendt – Medical Director			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

<p>1. The Quality Account is an annual report to the general public from NHS providers that describes the quality of services provided.</p>
<p>2. Key information within the Quality Account are commitments to areas of work referred to as quality priorities within the domains of patient safety, clinical effectiveness and patient experience. These are aligned to the five key questions developed by the Care Quality Commission. Staff and public engagement is sought when devising quality priorities.</p>
<p>3. External consultation takes place with Oxfordshire Clinical Commissioning Group (OCCG), Health Watch Oxfordshire, the Health and Wellbeing Board, the Hospital Overview and Scrutiny Committee and the External Auditors. Each will supply a statement on the content of the Quality Account which will be included in the document. The Quality Account is published on NHS Choices by 30th June each year.</p>
<p>4. A timeline has been set out to support the production, review and sign-off of the Quality Account.</p>
<p>5. Year-end data relating to several indicators in the Quality Account is not yet available.</p>
<p>6. Quality Account version V2.0 is a draft document and will be reviewed by the OUH Quality Committee on 25 April. It is therefore subject to change in content and layout.</p> <p>A summary document has been prepared to assist HOSC members to read key areas of interest.</p>
<p>7. Recommendation</p> <p>The Health and Overview Scrutiny Committee are requested to:</p> <ul style="list-style-type: none">• Note the contents of the Quality Account bearing in mind that it is in draft form and has not been signed off by the Trust• Send a statement for inclusion in the published document

1. Background

- 1.1. It is a statutory requirement for all providers holding contracts with NHS commissioners exceeding £130K per annum to publish an annual Quality Account. The Quality Account is formally submitted to the Secretary of State and published via the NHS Choices website on 30 June each year
- 1.2. The purpose of this Quality Account is to enhance accountability to the public for the quality of NHS services. The content of the Quality Account is largely mandated by statute and includes:
 - 1.2.1. Statement on Quality from the Chief Executive
 - 1.2.2. Statement of Directors' responsibilities in relation to the Quality Account
 - 1.2.3. Articulation of Quality Priorities for the year ahead
 - 1.2.4. Progress report on Quality Priorities identified for the previous year
 - 1.2.5. Review and publication of a range of national quality indicators
 - 1.2.6. Review and publication of various other nationally benchmarked data relating to performance (for example, RTT position and cancer access)
 - 1.2.7. Participation in national clinical audits
 - 1.2.8. Information on research participation
 - 1.2.9. Progress report in relation to performance against CQUIN goals for the previous year
 - 1.2.10. Statement on compliance with CQC standards
 - 1.2.11. Statement on data quality
 - 1.2.12. Statements from external reviewers (Commissioners, Health Watch, Hospital Overview and Scrutiny Committee, Health and Wellbeing Board). These describe their views upon its content of the Quality Account.
 - 1.2.13. Statement from the external auditors (Ernst and Young) relating to a) compliance with regulations and b) limited assurance following the testing of two indicators.
- 1.3. This document relates to the time period 1 April 2014 to 31 March 2015. Where end of year data is not yet available or further evidence is required, relevant sections have been highlighted.
- 1.4. The final document will be signed off by the Trust Quality Committee on 10 June 2015 before it is circulated to the external auditors (Ernst and Young). It will be published by 30 June via NHS Choices and the external Trust website. A copy will also be sent to the Secretary of State by this date.
- 1.5. NHS England confirmed by letter (4 March 2015) that no changes have been made to the reporting and recommended audit arrangements for Quality Accounts.

2. Quality Priorities proposed for 2015/6

2.1. The priorities below have been proposed for the forthcoming year.

- 2.1.1. These have been aligned with recommendations in national reports, goals in the Trust Quality Strategy, the Trust Annual Business Plan and feedback from our service users.
- 2.1.2. They reflect the engagement during the year with patient groups and detailed feedback from the Healthwatch Oxfordshire who carried out a 'Joint Strategic Needs Assessment' (JSNA) against all providers in the region.
- 2.1.3. These priorities were discussed at a meeting convened by Healthwatch Oxfordshire (18 March 2015). This meeting explored local provider's Quality Account priorities in relation to the JSNA. It comprised two NHS Trusts, Oxfordshire County Council, NHS England, South Central Ambulance Service and the Oxfordshire Clinical Commissioning Group.
- 2.1.4. These priorities were presented for discussion and comment to the Trust Clinical Governance Committee (18 March 2015).

Domain	Annual Priorities for the Trust
PATIENT SAFETY	<ul style="list-style-type: none"> • Preventing avoidable patient deterioration and harm in hospital: <i>Sign up for Safety</i> • Partnership working to improve urgent and emergency care • Improving recognition, prevention and management of acute kidney injury
CLINICAL EFFECTIVENESS	<ul style="list-style-type: none"> • Learning from deaths and harms to improve patient care • Management of patients presenting with sepsis
PATIENT EXPERIENCE	<ul style="list-style-type: none"> • End of life: improving peoples care in the last few days and hours of life • Improving communication, feedback, engagement and complaints management: <i>with patients, carers, health care staff and social care providers</i>

3. Progress against Quality Priorities for 2014/15

3.1. The priorities for 2014/15 are as follows:

Domain	Priorities for the Trust
PATIENT SAFETY	<ul style="list-style-type: none"> • A programme of work to review and improve arrangements in place for the management of inpatients outside of normal office hours across the four Trust sites ('Care 24/7').

Oxford University Hospitals

Domain	Priorities for the Trust
CLINICAL EFFECTIVENESS	<ul style="list-style-type: none"> Implementation of the outputs of the risk summits examining the care of adult in-patients with diabetes and pneumonia. Expansion of the provision of physician input into the care of inpatients in surgical specialties.
PATIENT EXPERIENCE	<ul style="list-style-type: none"> Improvements to timeliness and communication around discharge from hospital. Improvements to the experience of our outpatient services, from booking through to attendance and further correspondence. Develop services to provide integrated psychological support for patients with cancer.

3.2. Diabetes risk summits: the validated results of a one-day Trust wide audit of the standard of care of all inpatients are not yet available.

3.3. Improvements to the timeliness and communication around discharge from hospital: further detailed information and results are waiting to be signed off.

3.4. Improvements to the experience of our outpatient services, from booking through to attendance and further correspondence: further detailed information and results are waiting to be signed off.

4. Outstanding information

4.1. Complete validated year-end information is not currently available from the Health and Social Care Information Centre (HSCIC) for several of the national quality indicators. These have been highlighted in the report with expected due dates inserted when provided by the HSCIC. Alternative sources of information have been provided where possible.

4.2. The data for the national patient surveys is under embargo until mid-April 2015.

4.3. Data relating to the rate of *C.difficile* will be validated by the Infection Control Department by the 8 April 2015.

4.4. Validated Trust performance indicators will be provided by the Information Team by mid-April followed by the cancer access figures in mid-May. Detailed explanation of the Trust performance against constitutional targets will be included once the validated data is available.

4.5. Further information on workforce planning will be added to the Staff section.

5. Timeline

2.1 To meet the internal and external deadlines the following timeline has been devised:

Oxford University Hospitals

KEY DELIVERABLES					
	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Requests for information	12-Feb				
Engagement meeting with Health Watch re: Quality Priorities		18-Mar			
1st Draft to CGC		18-Mar			
1st Draft to Executive + Non-Executive Directors		23-Mar			
1st Proof read			01-Apr		
2nd Draft to QC			15-Apr		
2nd Proof read			20-Apr		
2nd Draft to CCG, HWB, H&WBB, HOSC			23-Apr		
Workshop (TBC) by HWO to discuss QA				Early May	
2nd Draft returned from CCG, HWB, H&WBB, HOSC				Early May	
Typesetting by OMI				Early May	
2nd Draft to Auditors				Mid May	
3rd Proof read				Mid May	
OMI for statements + amendments				25-May	
Indicator testing by Auditors					Early Jun
Final sign-off by QC					10-Jun
Final version to Auditors					By 15-Jun
Final proof read and corrections to typeset version					20-Jun
Draft back from Auditors with their statement					By 29-Jun
OMI paste Auditors statement					29-Jun
Publish: NHS Choices, OUH website, copy to Secretary of State					30-Jun

9. Version Control

9.1 Version 2.0 is a draft of the OUH Quality Account and is thus not the 'signed-off' version. It will be presented to the Trust Quality Committee on 15 April 2015 and may be subject to changes in both content and layout. Changes will be brought to the attention of HOSC by the 23 April committee date as an addendum to this paper.

9.2 A summary of the full Quality Account accompanies this paper.

10. Recommendations

10.1 The Committee is asked to note the contents of OUH Quality Account V 2.0

10.2 The Committee is asked to note that OUH Quality Account V 2.0 will be presented to the Trust Quality Committee on 15 April, before the paper deadline for the 23 April HOSC and may thus be subject to changes.

10.3 The Committee is asked to send a statement on the OUH Quality Account to Ruth McNamara, Interim Clinical Governance Manager (ruth.mcnamara@ouh.nhs.uk).

Dr Tony Berendt
Medical Director
April 2015

Report prepared by:
 Ruth McNamara, Interim Clinical Governance Manager
 (Quality Account)