

Quality Accounts: a guide for Local Involvement Networks

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Quality Accounts: a guide for Local Involvement Networks (LINKs)

Healthcare providers publishing Quality Accounts in June 2011 have a legal duty to send their Quality Account to the LINK in the local authority area in which the provider has its registered office, inviting comments on the report from the LINK prior to publication.

This gives LINKs the opportunity to review the information contained in the report and provide a statement on their view of what is reported.

Providers are legally obliged to publish this statement (of less than 1000 words) as part of their Quality Account.

Providers must send their Quality Account to the appropriate LINK by the 30 April each year. This gives the provider up to 30 days following the end of the financial year to finalise its Quality Account, ready for review by its stakeholders. This gives LINKs 30 days to return their statement to the provider.

This mini-guide has been produced specifically for LINKs and draws on relevant information already published on the DH website:

<http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/Makingqualityhappen/qualityaccounts/index.htm>

What is a Quality Account?

A Quality Account is an annual report to the public from providers of NHS healthcare services about the quality of their services. They mirror providers' publication of their financial accounts.

In the second year of Quality Accounts, providers will report on activities in the financial year 2010/11 and publish their Quality Account by the end of June 2011.

Who has to provide one?

All providers of NHS healthcare services in England, whether they are NHS bodies, private or third sector organisations must publish an annual Quality Account. For the first year of Quality Accounts, providers were exempt from reporting on any primary care or community healthcare services. This year the community healthcare service exemption has been removed.

What is the purpose of a Quality Account?

The primary purpose of Quality Accounts is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer, and encourage them to engage in the wider processes of continuous quality improvement. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness. The visible product of this process – the Quality Account – is a document aimed at a local, public readership. This both reinforces transparency and helps persuade stakeholders that the organisation is committed to quality and improvement. Quality Accounts therefore go above and beyond regulatory requirements, which focus on essential standards.

If designed well, the accounts should assure commissioners, patients and the public that healthcare providers are regularly scrutinising each and every one of their services, concentrating on those that need the most attention.

Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.

How will they be used?

Quality Accounts will be published on the NHS Choices website and providers will also have a duty to:

- display a notice at their premises with information on how to obtain the latest Quality Account; and
- provide hard copies of the latest Quality Account to those who request one.

The public, patients and others with an interest in their local provider will use a Quality Account to understand:

- where an organisation is doing well and where improvements in service quality are required;
- what an organisation's priorities for improvement are for the coming year; and
- how an organisation has involved service users, staff and others with an interest in the organisation to help them evaluate the quality of their services and determine their priorities for improvement.

Commissioners and healthcare regulators, such as the Care Quality Commission, will use Quality Accounts to provide useful local information about how a provider is engaged in quality and tackles the need for improvement.

Quality Accounts are public-facing documents, published on NHS Choices

How will the process of producing a Quality Account benefit the provider?

The process of producing a Quality Accounts is an opportunity for organisations and clinicians to collect, review and analyse information relating to quality, so that they can decide where improvement is needed in such a way that it becomes part of the core business of the organisation.

It can also help with benchmarking against other organisations.

The process of producing a Quality Account also provides an opportunity for providers to engage their stakeholders, including PCTs, LINKs, OSCs, governors and the public, in the review of information relating to quality and decisions about priorities for improvement.

This sort of quality monitoring and improvement activity can have many purposes for the provider. For example, it will help them to assess their risks and monitor the effectiveness of the services they provide; the information could also inform their internal monitoring of compliance with CQC registration requirements.

Why are LINKs being asked to get involved with Quality Accounts?

The Department of Health has engaged widely with healthcare providers, commissioners, patient groups and third sector organisations in the development of Quality Accounts.

A key message from our stakeholder engagement activity over the last year was that confidence in the accuracy of data and conclusions drawn on the quality of healthcare provided from these figures is key to maximising confidence in those reading Quality Accounts. Without some form of scrutiny, service users and members of the public may have no trust in what they are reading.

Year-round stakeholder engagement during the process of producing a Quality Account and the opportunity for local scrutiny is seen as an important feature to ensure that Quality Accounts are locally meaningful and reflect local priorities.

The role of LINKs in Quality Accounts forms part of this local scrutiny, along with roles for Overview and Scrutiny Committees (OSCs) and commissioning PCTs.

How can LINKs get involved in the development of Quality Accounts?

LINKs are ideally placed to ensure that a provider's Quality Account reflects their own local knowledge of the quality of healthcare services provided and to

ensure that local priorities – as expressed by service users - are being reflected in the improvement priorities being set by providers.

If an important local healthcare issue is missing from a provider's Quality Account then the LINK can use the opportunity in the form of a statement to be included in a provider's Quality Account to highlight this omission. Some of these issues might not directly relate to healthcare quality, so their omission by the provider might be unavoidable (given their legal obligation to report on healthcare only) and the commentary should acknowledge that.

LINks should feel free to comment on how well the Quality Accounts have been presented and specifically whether or not the Accounts are presented in a patient friendly way. LINks may also wish to comment on how well providers have engaged patients and the public, and how well they have promoted the Quality Account

Last year, LINks also provided supportive statements about the quality of providers. We would encourage this where possible.

Therefore, LINks could comment on the following:

- do the priorities of the provider reflect the priorities of the local population;
- Are there any important issues missed in the Quality Account
- has the provider demonstrated they have involved patients and the public in the production of the Quality Account ; and
- Is the Quality Account clearly presented for patients and the public?

Stakeholder engagement in the development of a Quality Account should be a year-long process – ideally starting at the beginning of the reporting year

What must providers do to give LINks the opportunity to comment on their Quality Account?

A provider must send their Quality Account to the LINK(s) in the local authority area in which the provider has its registered or principal office located.

They must send it to the appropriate LINK by the 30 April each year. This gives the provider up to 30 days following the end of the financial year to finalise its Quality Account, ready for review by its stakeholders.

The LINK then has the opportunity to provide a statement of no more than 1000 words indicating whether they believe, based on the knowledge they have of the provider, that the report is a fair reflection of the healthcare services provided.

The LINK should return the statement to the provider within 30 days of receipt of the Quality Account to allow time for the provider to prepare the report, which will include the statement, for publication.

If the provider makes changes to the final published version of their Quality Account after having received the statement (possibly as a result of the statement), they are required to include a statement outlining what these changes are.

Does the statement have to be 1000 words long?

No, this is a maximum set in the Regulations. We have increased the maximum limit for situations where LINKs and OSC wish to produce joint comments.

Which LINK should a provider send its Quality Account to?

A provider must send their Quality Account to the LINK(s) in the local authority area in which the provider has its registered or principal office located.

Does a LINK have to supply a statement for every Quality Account it is sent?

No. The role of LINKs in providing assurance over a provider's Quality Account is a voluntary one. Depending on the capacity of the LINK to review Quality Accounts, a LINK may decide to prioritise and comment on those providers where participants and the members of the community they represent have a particular interest.

It would be helpful for LINKs to let the provider know that they do not intend to supply a statement so that this does not hold up publication.

What should LINKs do if they receive a Quality Account from a provider with a national presence?

Some LINKs may receive Quality Accounts from multi-site providers. We do not expect an LINK to assure the quality of a national provider. Instead, we ask that the provider demonstrates how they nationally engage stakeholders day-to-day and in the production of the Quality Account.

Working with commissioning PCTs, OSCs and other stakeholders

A group of LINKs may wish to work together when considering organisations that provide services across multiple authority areas such as ambulance trusts or they may wish to work with their local authority Overview and Scrutiny Committee. How stakeholders work together is left for local discretion, as there is variation across authority areas. Joint arrangements may already be in place for providing third party comments on providers to the CQC (for instance, to provide comments to CQC about a provider's compliance with registration requirements) and it would be appropriate to use these existing arrangements to discuss provider's Quality Accounts.

There is a legal requirement for a provider to send their Quality Account to the LINK(s) in the local authority area in which the provider has its registered or principal office located and to publish within their final Quality Account any statement that they have provided. It is important therefore that when LINKs

jointly consider a provider's Quality Account that it is the LINK residing in the local authority area that sends the statement back to the provider. If the statement has been jointly written it would be appropriate to state who has contributed to it.

A LINK wishing to comment on a provider who is not in their local authority area should contact the relevant LINK who has been sent the Quality Account. They may wish to contact the relevant LINK and provider about being involved in the development of the Quality Account.

When LINKs jointly consider a provider's Quality Account, the LINK residing in the local authority area for the provider should send the statement back to the provider.

How does Quality Accounts fit with the wider quality improvement agenda?

The objectives for Quality Accounts remain the same as last year, to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer, and encourage them to engage in the wider processes of continuous quality improvement, holding them accountable to stakeholders.

We will explore how Quality Accounts align with an NHS described in '*Equity and excellence: Liberating the NHS*'.

How do Quality Accounts relate to the work of regulators such as CQC and Monitor?

Quality Accounts do not replace any of the information sent to CQC as part of their regulatory activities. Quality Accounts and statements made by commissioners, LINKs and OSCs will be an additional source of information for the CQC that may be of use operationally in helping to inform their local dialogues with providers and commissioners.

When providing comments on a Quality Account, LINKs should consider whether their reflections on the quality of healthcare provided should also be submitted to CQC.

Monitor's annual reporting guidance requires NHS Foundation Trusts to include a report on the quality of care they provide within their annual report. NHS Foundation Trusts also have to publish a separate Quality Account each year, as required by the NHS Act 2009, and in the terms set out in the Regulations. This Quality Account will then be uploaded onto NHS Choices.

Monitor's annual reporting guidance for the Quality Report incorporates the requirements set out in the Department of Health's Quality Accounts Regulations, as well as additional reporting requirements set by Monitor. This is available from Monitor's website.

Quality Accounts for LINKs - Getting started

Before receiving a draft Quality Account:

- Identify which providers will be sending their Quality Account and start discussions on proposed content early on in the reporting year.
- Providers have been encouraged in guidance to share early drafts of their Quality Account and useful background information on the content with stakeholders.
- Discuss the provider's proposed content of their Quality Account at an early stage to ensure that it includes areas that have been identified as being local priorities.

Once a Quality Account has been received (between 1 – 30 April):

- Before providing a statement on a provider's Quality Account, LINKs may wish to consult with other LINKs where substantial activity (for instance specialised services) is provided to patients outside their area.
- Write a statement (no more than 1000 words in length) for publication in a provider's Quality Account on whether or not they consider, based on the knowledge they have of the provider, that the report is a fair reflection of the healthcare services provided. The statement could include comment on for instance, whether it is a representative account of the full range of services provided.

Sending the written statement back to the provider:

- LINKs should send the statement back to the provider within 30 days of the draft Quality Account being received. The statement will be published in the provider's Quality Account.
- If the provider makes changes to the final published version of their Quality Account after having received the statement (possibly as a result of the statement), they are required to include a statement outlining what these changes are.