



Quality Accounts 2013/14

December 2014

This briefing has been produced by Leeds Beckett University and Healthwatch Leeds. It has been written by Professor Mark Gamsu and is based on a literature review “Quality Accounts: What does ‘good’ look like?” written by Paul Antony White at Leeds Beckett University.

Quality Accounts and Local Healthwatch

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Purpose of this briefing

One of the responsibilities of local Healthwatch is to respond to Quality Accounts produced by health service providers (public and private). This can be a time consuming task with questionable impact for local Healthwatch. This briefing provides an overview of Quality Accounts, the responsibilities of local Healthwatch and considers what actions might usefully be taken.

Overview

The requirement for Quality Accounts was set out in the Health Act 2009. This required health service providers including both NHS and private sectors to produce an annual report on the quality of their services.

Quality Accounts are meant to provide a public, honest and transparent review of service quality, identify strengths, weaknesses and priorities for improvement. Specifically they should:

- aim to improve organisational accountability to the public and engage boards (or their equivalent) in the quality improvement in that organisation
- enable the provider to review services, decide and show what they are doing well and also where improvement is required
- enable organisations to demonstrate what improvements are planned
- provide information on the quality of services to patients and public
- demonstrate how the organisation involves and responds to patients, public, and other stakeholders (such as Foundation Trust Governors).

So, Quality Accounts need to be both retrospective and forward looking. Looking back on the previous years information regarding quality of services and where improvement is needed AND looking forward at further priorities for improvement and identifying how this will be achieved.

Although they are local and organisation specific they have to be prepared in accordance with Department of Health Quality Accounts toolkit¹ and subsequent annual

¹ Quality Accounts toolkit. Advisory guidance for providers of NHS services producing Quality Accounts for 2010/11 Department of Health 2010

reporting guidance². All Quality Accounts have to be submitted to the Secretary of State by uploading it to the NHS Choices Website by the 30th of June each year.

Although the Government originally intended that Quality Accounts should be extended to General Practice these plans were shelved in 2012 due to concerns about the cost and clashes with CQC processes.

The Department of Health guidance toolkit has not been updated since 2010/11 and therefore does not include reference to Healthwatch which is the successor organisation to LINKs representing local people in health and care, established from April 2013. However, service providers must send Healthwatch a draft version of their quality account by April 30th. Local Healthwatch can choose to produce a statement on whether or not they consider, based on the views of consumers and users and other information that the report is a fair reflection of the full range of services provided. This statement then has to be included, unedited, in the appendix of the Quality Account³.

What is the point of Healthwatch engaging with the Quality Account?

Local Healthwatch are small organisations and therefore need to consider how to best use their time. There is a justifiable concern that they will feel an obligation to comment on Quality Accounts and that they risk in effect endorsing a document at the end of a process that they have had little involvement in or influence over. Some Healthwatch cover areas where they have high numbers of Quality accounts to consider and others share service providers with other Healthwatch.

This is particularly pertinent when consideration is given to how important the Quality Account actually is in terms of driving improvement. Given resource pressures local Healthwatch will want to consider whether commenting on Quality Accounts provides a small but helpful opportunity for influence or whether in some cases more substantial engagement may produce greater influence in the medium term on a particular organisations approach to improvement for example:

- Local Healthwatch might ask to be involved in the process leading up to the production of the quality account.
- Local Healthwatch might request evidence of how the public have been involved in the development of the quality account.

What is in a Quality Account?

The Quality Account consists of three separate parts of which the first 2 are prescribed by regulation. However the Department of Health expects most of the content to be determined locally.

² Quality Accounts: 2011/12 audit guidance. Guidance for NHS trusts on additional reporting requirements to support external audit of Quality Accounts for the year 2011/12 Department of Health April 2012

³ Understanding the Legislation: An overview of the legal requirements for local Healthwatch. Healthwatch England. August 2013

Part 1 - statement on quality from the Chief Executive or equivalent

Part 2 - Priorities for improvement - this is the forward looking section of the report where the plans for improvement should be clearly laid out and the rationale for the improvement priorities

Part 3 - is intended to for information relevant to that providers particular services based on discussions with service users, staff and others with an interest.

Challenges for Quality Accounts

Quality Accounts are comparatively recent innovations. There is therefore relatively little research or reviews of their impact. Those that exist have highlighted the following tensions:

National/Local

Quality Accounts must provide information to the Department of Health using nationally comparable data. While this can be helpful locally specific data is often richer and more meaningful and it is less likely to be affected by data sets which have been established to measure the implementation of policy promises rather than service outcomes (for example 4 hour waits in casualty or the Friends and Family Test).

Marketing/Transparency

Concern has been raised that some Quality Accounts might err towards marketing the organisation rather than providing an honest account of service strengths and deficits.

Organisational/System

Quality Accounts are concerned with the challenges that an organisation faces with regard to providing good quality services can be resolved by that organisation. The Department of Health toolkit does not adequately recognise the growing imperatives for service integration, continuity of care across sectors and organisations and the continued need for better upstream interventions.

Annual Report/Process for co-producing improvement

Quality Accounts provide a mechanism to assure stakeholders that the organisation understands its strengths and weaknesses and is undertaking appropriate actions to build on or address these.

However, there is an expectation that stakeholders (particularly staff and patients) will be involved at an early stage of their development. This should mean that they are a mechanism for motivating and energising stakeholders in quality assurance and problem solving.

What can Healthwatch do?

There are two possible courses of action for local Healthwatch which are not mutually exclusive. First, responding to the quality account within the consultation period and second, engaging with improvement processes that lead up to its production.

Case Study Healthwatch Leeds

Healthwatch Leeds was invited to comment on five quality Accounts in 2014 all submitted at different timescales and some in an early draft form. Following the submissions HWL reviewed its approach and is planning to set up a more structured process by providing an engagement opportunity to all local organisations who produce these accounts with its volunteers and Board members to promote good practice and earlier engagement and to improve consistency. This is planned for May 2015 and will be evaluated after the 2015 submissions.

The aim is to focus on how the provider can demonstrate good engagement with the patients and the public in the production of the accounts and how this engagement has influenced their stated priorities for the coming year. HW Leeds will also comment on the accessibility of the document to the general public.

Responding directly to the Quality Account.

The requirement is for the Quality Account has to be sent to local Healthwatch in April and submitted by the author organisation to NHS Choices by the end of June. It is the experience of many local Healthwatch that the Quality Account arrives close to the deadline leaving little time to respond effectively. Most local Healthwatch have identified a specialist lead to respond - the Chief Executive, Chair, Management Team or specialist volunteer.

The Department of Health Toolkit sets out a number of areas that Quality Accounts should address, we have been reframed as questions in the table below.

Part 1	Is the statement of the Chief Executive (or equivalent) on quality supported by a relevant senior employee?
Part 2	Are the plans for improvement clearly set out - this should include how progress will be monitored.
	Does the Quality Account look back on progress against priorities raised in future accounts?
	<p>Is there a clear rationale that explains why the priorities for improvement have been chosen?</p> <p>Do the priorities chosen link to the three domains of quality, patient safety and clinical effectiveness and with the 5 domains in the NHS outcome framework (preventing people from dying prematurely, enhancing quality of life for people with long term conditions, helping people to recover from episodes of ill health or following injury, ensuring that people have a positive experience of care, treating and caring for people in a safe environment)</p> <p>Are there at least three (this is a <u>minimum requirement</u>) priorities for improvement?</p>
Part 3	<p>Are there clear statements comparing the quality of the organisations services with peers?</p> <p>On the basis of this information how does the organisation performance compare with its peers?</p> <p>Does the report review the previous year's quality performance?</p> <p>Does the report set out who has been involved in determining the priorities and content of the Quality Account?</p> <p>What do other organisations (CCG and OSC) who have been asked to make statements say? Are they consistent with the views of Healthwatch?</p>

A local Healthwatch might wish to also consider the following areas:

Co-producing Improvement

Has the organisation shared its time line for producing quality accounts with local Healthwatch.

Is there clear evidence that patients and the public have been involved in setting priorities during the course of this process?

Accessibility

How accessible is the final quality account to the general public and how does the organisation intend to use the document to promote dialogue? For example:

- Are all indicators explained - why they are chosen, what they mean and what they are saying
- Are quality measures presented in context
- Does the quality account tell a story rather than just presenting a random collection of indicators?
- Is all information accompanied by an explanation indicating whether this represents good or bad performance?
- Are positive AND negative comments from patients and public included in the Quality Account?

Inequality

Does the quality account pay appropriate attention to equality of access to services and ensuring that the needs of easily ignored communities who are often underserved or inappropriately served are recognised? It should be noted that in addition to the Quality Account NHS organisations have to respond separately to the NHS Race and Equality scheme. There may be an argument that this response should be incorporated into the Quality Account.

Localism

Some Quality Accounts are produced by provider organisations who cover an area larger than that of the local Healthwatch. This applies to larger NHS trusts and large provider sector providers. Local Healthwatch will wish to consider whether the Quality Account it receives should and does adequately reflect local circumstances and demography.

Softer Intelligence

Local Healthwatch will of course need to balance its comments with Quality Accounts with softer intelligence that it receives during the course of its work from the public, other agencies and commissioners.