

**AGENDA ITEM NO:****UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
BOARD OF DIRECTORS  
THURSDAY 28 MARCH 2013**

<b>Title:</b>	<b>PROCESS FOR THE DEVELOPMENT OF THE TRUST'S 2012-13 QUALITY REPORT</b>
<b>Responsible Director:</b>	David Rosser, Executive Medical Director
<b>Contact:</b>	Imogen Gray, Head of Quality Development, X13687

<b>Purpose:</b>	To set out the required content, timetable and process for the production of the Trust's 2012-13 Quality Report.
<b>Confidentiality Level &amp; Reason:</b>	
<b>Annual Plan Ref:</b>	Strategic Aim: To deliver and be recognised for the highest levels of quality of care through the use of technology, information, and benchmarking
<b>Key Issues Summary:</b>	NHS Foundation Trusts are required to: <ul style="list-style-type: none"><li>• provide their draft Quality Reports to their lead CCG, local Healthwatch organisation and local authority Overview and Scrutiny Committee for comment by 30 April 2013;</li><li>• submit their final Quality Reports for 2012-13 as part of their Annual Reports by 30 May 2013;</li><li>• publish their Quality Accounts on the NHS Choices website by 28 June 2013.</li></ul>
<b>Recommendations:</b>	The Board of Directors is requested to: <ol style="list-style-type: none"><li>1. Discuss the process for the production of the 2012-13 Quality Report and the proposed quality improvement priorities for 2013-14.</li><li>2. Approve the process and quality improvement priorities for 2013-14.</li></ol>

<b>Signed:</b>	<b>Date:</b> 19 March 2013
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS THURSDAY 28 MARCH 2013

### PROCESS FOR THE DEVELOPMENT OF THE TRUST'S 2012-13 QUALITY REPORT

#### PRESENTED BY EXECUTIVE MEDICAL DIRECTOR

#### 1. Introduction

NHS Foundation Trusts are required to include a Quality Report within their 2012-13 Annual Report which meets both the Department of Health (DH) Quality Accounts Regulations and Monitor's additional reporting requirements. NHS Foundation Trusts are also required to publish a separate Quality Account via the NHS Choices website, which does not have to include Monitor's additional requirements. For simplicity, the Trust will again produce one Quality Report which meets all the necessary requirements.

#### 2. Content

The prescribed format and content for the 2012-13 Quality Reports is very similar to that required for the 2011-12 report. The DH and Monitor have jointly proposed an additional set of mandatory quality indicators which Trusts are required to report against in their 2012-13 Quality Reports. The data source for all these indicators is the Health and Social Care Information Centre which is likely to present a problem in terms of timeliness of information. The mandated quality indicators are listed in **Appendix A**.

#### 3. Quality Improvement Priorities for 2013-14

The quality improvement priorities for 2013-14 were initially discussed by the Clinical Quality Monitoring Group in January and March 2013. It was decided that the five priorities should remain the same for 2013-14. The focus of the priorities will be refreshed for 2013-14 with an additional priority introduced as follows:

No.	2012-13 Quality Improvement Priorities	Proposed 2013-14 Quality Improvement Priorities
<b>Key Priorities</b>		
1	Improving VTE Prevention	Keep but set improvement target
2	Improve patient experience and satisfaction	Care Quality Group chosen to keep same questions
3	Electronic observation chart – completeness of observation sets (to produce an early warning	Keep but change to ongoing priority

	score)	
4	Reducing medication errors (missed doses)	Keep but set improvement targets for antibiotics and non-antibiotics
5	Infection prevention and control	Keep and refresh the trajectories
6	Active patient identification via bar-coded patient wristbands for drug administration	New priority for 2013-14

#### 4. **Specialty Quality Indicators**

The selection of specialty indicators included in the 2011-12 Quality Report will be updated for the 2012-13 report. The goals for the specialty quality indicators are being reviewed by the Quality and Outcomes Research Unit (QuORU) Leads and clinicians. This is to ensure that the majority of indicators have an appropriate goal for 2013-14.

#### 5. **Involvement of Patients, Public and Staff**

5.1 NHS Foundation Trusts must include the rationale for the selection of their quality improvement priorities for 2013-14 and whether/how the views of patients, the wider public and staff were taken into account. As in previous years, the focus of the patient experience improvement priority was decided by the Care Quality Group which has Governor representation in February 2013. The proposed quality improvement priorities for the Trust's 2012-13 Quality Report have also been discussed with the Council of Governors in February 2013.

5.2 The Trust routinely shares the quarterly Quality Report Updates with Commissioners through the UHB Contract Review Meetings and with patient representatives at UHB Local Involvement Network (LINK) group meetings. In addition, the Trust regularly publishes information on the Quality web pages throughout the year including the quarterly Quality Report Updates.

5.3 Given the wider changes being made to the NHS, the Head of Quality Development will be undertaking further engagement with Commissioners, GPs and Trust staff as part of the preparations for the 2012-13 Quality Report. This will include meeting with the following groups to get their views and input: Joint Clinical Commissioning Group (JCCG), UHB Contract Review Meeting and the Trust Partnership Team (TPT).

#### 6. **Third Party Comments**

6.1 The Trust is required to send a copy of the draft Quality Report to the lead Clinical Commissioning Group (Birmingham and Cross City CCG), local Healthwatch organisation and Birmingham City Council Overview and Scrutiny Committee (OSC) by 30 April 2013. Trusts must then

include the statements provided by these stakeholders in their published Quality Reports.

- 6.2 The Head of Quality Development has already made arrangements with Commissioners, Birmingham City Council Overview and Scrutiny Group (OSC) and UHB Local Involvement Network (LINK) group regarding third party comments. As UHB LINK group will cease to exist on 1 April 2013 when Healthwatch will take over, it is not yet known what form the new organisation will take. Although third parties officially have up to 30 days to provide a statement, the Trust has requested receipt earlier where possible for inclusion in the final report to the Board of Directors.

## 7. Francis Recommendations

There are a number of recommendations included in the *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* relating to accuracy of information included in the Quality Accounts (summary provided in Appendix B for reference). In order to meet the requirements of the DH and Monitor guidance and the Francis recommendations, the following additional steps will be included this year:

- Email confirmation from all teams that data and mandatory statements have been double checked.
- Request all Directors to provide final sign off for information from their teams (before April Board of Directors meeting).
- Publish data sources and methodology for all indicators in an appendix.
- Set targets for all improvement priorities where possible.

## 8. External Assurance

- 8.1 Monitor published its consultation on the proposed changes to the external assurance arrangements for the 2012-13 Quality Reports in December 2012. The final guidance is expected to be published by the end of March 2013.

- 8.2 According to the draft Monitor guidance, Trusts' external auditors will be required to provide the following:

8.2.2 published **limited assurance report** on the content of the Quality Report **and two** mandated performance indicators:

- *C. difficile* infection
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers
- 28 day readmissions (new option)

8.2.3 Private report to the Board and Council of Governors on one local indicator:

- Mandated local indicator: rate of patient safety incidents and those resulting in severe harm

9. **Draft Timetable**

The likely timetable for the production of the Trust's 2012-13 Quality Report is shown in **Appendix C**.

10. **Recommendations**

The Board of Directors is requested to:

1. Discuss the process for the production of the 2012-13 Quality Report and the proposed quality improvement priorities for 2013-14.
2. Approve the process and quality improvement priorities for 2013-14.

Dr David Rosser  
Executive Medical Director

## **Appendix A: Additional Quality Indicators Proposed by the DH and Monitor**

The Department of Health and Monitor have jointly proposed the following quality indicators for inclusion in the 2012-13 Quality Reports:

- Summary Hospital-level Mortality Indicator (SHMI) value, banding and palliative care information
- Patient Reported Outcome Measure (PROMs) scores for groin hernia, varicose vein, hip replacement and knee replacement surgery
- Emergency readmissions within 28 days
- Responsiveness to inpatients' personal needs (2012-13 patient survey questions)
- Percentage of staff who would recommend the provider to friends or family needing care
- Venous thromboembolism (VTE) risk assessment data
- Rate of *C. difficile* infection
- Rate of patient safety incidents and percentage resulting in severe harm or death

## Appendix B: Francis Recommendations

A summary is provided below of the recommendations from the *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* which relate to Quality Accounts/Reports:

- Recommendation 37: **Use of info about compliance by regulator from quality accounts** - To make or be party to a wilfully or recklessly false statement as to compliance with safety or essential standards in the required quality account should be made a criminal offence.
- Recommendation 49: CQC should consider its monitoring in relation to the value to be obtained from Quality Accounts.
- Recommendation 246: Comparable quality accounts – must include proposals for rectification of any non-compliance and statistics on mortality and other outcomes.
- Recommendation 247: Accountability for quality accounts – required to lodge quality accounts with all organisations commissioning services, Local Healthwatch and all systems regulators.
- Recommendation 37: **Use of info about compliance by regulator from quality accounts** - To make or be party to a wilfully or recklessly false statement as to compliance with safety or essential standards in the required quality account should be made a criminal offence.
- Recommendation 49: CQC should consider its monitoring in relation to the value to be obtained from Quality Accounts.
- Recommendation 246: Comparable quality accounts – must include proposals for rectification of any non-compliance and statistics on mortality and other outcomes.
- Recommendation 247: Accountability for quality accounts – required to lodge quality accounts with all organisations commissioning services, Local Healthwatch and all systems regulators

## Appendix C: Draft Timetable

<b>Date</b>	<b>Committee/Group/Body</b>	<b>Action</b>
<b>11 January 2013</b>	Clinical Quality Monitoring Group	Initial discussion about Quality Priorities for 2013-14
<b>6 February 2013</b>	Council of Governors	Discussion about required content, Quality Priorities for 2013-14 and likely external assurance requirements
<b>26 February 2013</b>	Care Quality Group	Discussion and agreement on Patient Experience and Satisfaction priority for 2013-14
<b>8 March 2013</b>	Clinical Quality Monitoring Group	Discussion about required content and agreement on Quality Priorities for 2013-14.
<b>5 March 2013</b>	UHB LINK meeting	To review April-December 2012 Quality Report update and agree arrangements for providing comment.
<b>19 March 2013</b>	Joint Clinical Commissioning Group	Discussion about required content and agreement on Quality Priorities for 2013-14.
<b>26 March 2013</b>	UHB Contract Review Meeting	To review April-December 2012 Quality Report update and agree arrangements for providing comment.
<b>March-May 2013</b>	KPMG	To fulfil Monitor's external assurance requirements for the Trust's 2012-13 Quality Report.
<b>25 April 2013</b>	Board of Directors	To review draft 2012-13 Quality Report.
<b>30 April 2013</b>	Birmingham Cross City CCG, local Healthwatch organisation and Birmingham City Council Overview and Scrutiny Committee (OSC)	<b>Deadline</b> for sending draft Quality Report to third parties for comments.
<b>22 May 2013</b>	Birmingham Cross City CCG, local Healthwatch organisation and Birmingham City Council Overview and Scrutiny Committee (OSC)	Proposed deadline for receipt of comments (official deadline is 30 May 2013)
<b>23 May 2013</b>	Board of Directors	To sign off the Trust's final 2012-13 Quality Report.



<b>Date</b>	<b>Committee/Group/Body</b>	<b>Action</b>
<b>9am 30 May 2013</b>	Monitor	<b>Deadline</b> for final submission of the Trust's Annual Report and Quality Report (electronically and by post).
<b>26 June 2013</b>	Parliament	<b>Deadline</b> for laying Annual Report and Accounts before Parliament (by email and post)
<b>28 June 2013</b>	NHS Choices website	<b>Deadline</b> for publishing final Quality Report on the NHS Choices website
<b>9am 28 June 2013</b>	KPMG/Monitor	<b>Deadline</b> for sending copies of auditor's reports to Monitor (electronically and by post)
<b>12 July 2013</b>	Monitor	<b>Deadline</b> for sending laid reports to Monitor (electronically)