

AGENDA ITEM NO:**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 24 MARCH 2011**

Title:	PROCESS FOR THE PRODUCTION OF THE TRUST'S 2010-11 QUALITY REPORT
Responsible Director:	David Rosser, Executive Medical Director
Contact:	Imogen Gray, Head of Quality Development, x13687

Purpose:	To set out the required content, timetable and process for the production of the Trust's 2010-11 Quality Report.
Confidentiality Level & Reason:	
Medium Term Plan Ref:	1.1 To improve clinical quality outcomes for patients 1.2 To deliver the milestones and targets contained with the Commissioning for Quality and Innovation (CQUIN) indicators and the Quality Report
Key Issues Summary:	NHS Foundation Trusts are required to: <ul style="list-style-type: none">• provide their draft Quality Reports to the commissioning PCT, LINK and local authority Overview and Scrutiny Committee for comment by 30 April 2011;• submit their final Quality Reports for 2010-11 as part of their Annual Reports by 7 June 2011;• publish their Quality Accounts on the NHS Choices website by 30 June 2011.
Recommendations:	The Board of Directors is asked to: <ol style="list-style-type: none">1. Discuss the process for the production of the 2010-11 Quality Report and the proposed quality improvement priorities for 2011-12;2. Approve the process and quality improvement priorities for 2011-12.

Signed:	Date: 16 March 2011
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS THURSDAY 24 MARCH 2011

PROCESS FOR THE PRODUCTION OF THE TRUST'S 2010-11 QUALITY REPORT

PRESENTED BY EXECUTIVE MEDICAL DIRECTOR

1. Introduction

NHS Foundation Trusts are required to include a Quality Report within their 2010-11 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

2.1 The prescribed format and content for the 2010-11 Quality Reports is very similar to that required for the 2009-10 report, with the final guidance from Monitor expected in April 2011. There are a few minor changes to the content of the 2010-11 report which include:

2.1.1 a new requirement to state the actions being taken to improve data quality and;

2.1.2 an increase in the length of the statement which Local Involvement Networks (LINks) and Overview and Scrutiny Committees (OSCs) can provide from 500 to 1000 words.

2.2 The Trust's Quality Report for 2010-11 is likely to include the following information:

Part 1: Statement on quality and accuracy signed by CEO

Part 2: Priorities for improvement and BoD assurance statements

- **At least 3** priorities for improvement in 2010-11 agreed by the Board including how progress will be monitored, measured and reported.
- Progress made against improvement priorities for 2010-11 (as identified in 2009-10 Quality Report).
- Statements of assurance:
Information on the review of services

Information on participation in national confidential enquiries, national and local clinical audits
Patient participation in clinical research
Use of the CQUIN payment framework
CQC registration status and details of any special reviews or investigations by the CQC
Information on quality of data and actions taken to improve it

Part 3: Other information

- An overview of quality of care provided based on indicators plus the rationale for any changes from 2009-10:
 - at least 3** indicators for patient safety
 - at least 3** indicators for clinical effectiveness
 - at least 3** indicators for patient experience
- Performance against key national priorities and CQC Essential Standards
- FTs can choose to use Part 3 to include other additional content

Annex: Statements from PCT, LINK and OSC

3. Quality Improvement Priorities for 2011-12

3.1 The quality improvement priorities for 2011-12 were initially discussed by the Clinical Quality Monitoring Group in March 2011. It was decided that the priorities should be split into key priorities for 2011-12 incorporating one new priority and ongoing priorities.

3.2 Key Priorities

The patient experience priority will focus on the 5 national and 5 local patient survey questions in the CQUIN agreed for 2011-12. The methodology for the first key priority will be changed for 2011-12 to capture more antibiotics.

- 3.1.1 Time from prescription to administration of first antibiotic dose
- 3.1.2 Completion of VTE (venous thromboembolism) risk assessments on admission
- 3.1.3 Improve patient experience and satisfaction
- 3.1.4 Electronic observation chart – completeness of observation sets (to produce a SEWS score) (NEW)

3.3 Ongoing Priorities

- 3.1.5 Reducing medication errors (missed doses)
- 3.1.6 Infection prevention and control

4. Specialty Quality Indicators

The goals for the specialty quality indicators included in the 2009-10 Quality Report are being reviewed by the Quality and Outcomes Research Unit (QuORU) Leads and clinicians. This is to ensure that all indicators have an appropriate goal for 2011-12.

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 2010-11 and whether/how the views of patients, the wider public and staff were taken into account. As in previous years, the Trust intends to use the Care Quality Group which has Governor representation to decide the focus of the patient experience improvement priority for 2010-11.
- 5.2 The proposed content for the Trust's 2010-11 Quality Report will also be discussed at the joint Board of Directors/Board of Governors Seminar at the end of March 2011 to ensure wider involvement. The main focus of this will be the quality improvement priorities for 2011-12 and agreeing a local indicator for external validation, in line with the guidance proposed by Monitor in its recent consultation on external assurance.
- 5.3 The Quality and Outcomes Research Unit (QuORU) Leads and clinicians will again be involved in the selection of specialty quality indicators for the 2010-11 Quality Report.

6. Third Party Comments

- 6.1 Providers are required to send a copy of their draft Quality Report to their commissioning PCT, appropriate Local Involvement Network (LINK) and local authority Overview and Scrutiny Committee (OSC) by 30 April 2011. Trusts must then include the statements provided by these stakeholders in their published Quality Reports.
- 6.2 Although third parties officially have up to 30 days to provide a statement, the Trust has requested receipt by mid May 2011 for inclusion in the final report to the Board of Directors. The Trust will share its April-December 2011 Quality Report update at the Contract Monitoring Meeting and the LINK meeting in April 2011 to facilitate early data sharing.

7. External Assurance

- 7.1 Monitor published its *Consultation on additional annual reporting requirements* in December 2010. This contains proposals for the external assurance requirements for the 2010-11 and 2011-12 Quality Reports. The final guidance is due to be released in April 2011.
- 7.2 Monitor is proposing a limited assurance opinion on the content of the 2010-11 Quality Report, with a long form report for the mandated and

local indicators as detailed in the table below. For the 2011-12 report, a limited assurance opinion will also be required for the mandated indicators; the local indicators will not be subject to a limited assurance opinion in either year.

Timescale/ Assurance Area	2010-11	2011-12
Content of Quality report	Limited assurance opinion plus long form report to state that, based on the auditors' work, nothing has come to their attention that leads them to believe that: <ul style="list-style-type: none"> • The Quality Report does not meet the requirements of the guidance • The Quality Report is not consistent with other specified information 	
Indicators – mandated	Long form report	Limited assurance opinion plus long form report
Indicators – local	Long form report	

8. Draft Timetable

The table below outlines the likely steps in the process:

Date	Committee/Group/Body	Action
11 March 2011	Clinical Quality Monitoring Group	To discuss required content and propose quality improvement priorities for 2011-12.
29 March 2011	Care Quality Group	To review progress made during 2010-11 on patient experience and decide focus for 2011-12.
29 March 2011	Joint Board of Directors/Board of Governors Seminar	To review and agree proposed quality improvement priorities for 2011-12 and local indicator for external validation.
19 April 2011	LINK meeting	To review April-December 2010 Quality Report update and proposed content for 2010-11 Quality Report
April 2011	UHB Contract Monitoring Meeting	To review April-December 2010 Quality Report update and proposed content for 2010-11 Quality Report
28 April 2011	Board of Directors	To review draft Quality Report.
30 April 2011	SBPCT, Birmingham Local Involvement Network (LINK) and Birmingham City Council Overview and Scrutiny Committee (OSC)	Deadline for sending draft Quality Report for comments.

Date	Committee/Group/Body	Action
April/May 2011	KPMG	To fulfil Monitor's external assurance requirements for the Trust's 2010-11 Quality Report.
16 May 2011	SBPCT, Birmingham LINK and Birmingham City Council OSC	Proposed deadline for receipt of comments.
26 May 2011	Board of Directors	To sign off the Trust's final 2010-11 Quality Report.
7 June 2011	Monitor	Deadline for final submission of the Trust's Annual Report and Quality Report.
		Deadline for submission of private report from KPMG.
30 June 2011	Department of Health/NHS Choices website	Deadline for publishing final Quality Report on the NHS Choices website and sending a copy to the Secretary of State.

9. Recommendations

The Board of Directors is asked to:

1. Discuss the process for the production of the 2010-11 Quality Report and the proposed quality improvement priorities for 2011-12;
2. Approve the process and quality improvement priorities for 2011-12.