

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 27 MARCH 2014

Title:	PROCESS FOR THE DEVELOPMENT OF THE TRUST'S 2013-14 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 2013-14 Quality Report.
Confidentiality Level & Reason:	None
Annual Plan Ref:	Strategic Aim: To deliver and be recognised for the highest levels of quality of care through the use of technology, information, and benchmarking
Key Issues Summary:	NHS Foundation Trusts are required to: <ul style="list-style-type: none"> • provide their draft Quality Reports to NHS England, local Healthwatch organisation and local authority Overview and Scrutiny Committee for comment by 30 April 2014; • submit their final Quality Reports for 2013-14 as part of their Annual Reports by 30 May 2014; • publish their Quality Accounts on the NHS Choices website by 30 June 2014.
Recommendations:	The Board of Directors is asked to: <ol style="list-style-type: none"> 1. Discuss the process for the production of the 2013-14 Quality Report and the proposed quality improvement priorities for 2014-15; 2. Approve the process and quality improvement priorities for 2014-15.

Approved: Dr David Rosser	Date: 18 March 2014
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BOARD OF DIRECTORS THURSDAY 27 MARCH 2014

PROCESS FOR THE DEVELOPMENT OF THE TRUST'S 2013-14 QUALITY REPORT

PRESENTED BY EXECUTIVE MEDICAL DIRECTOR

1. Introduction

NHS Foundation Trusts are required to include a Quality Report within their 2013-14 Annual Report which meets both the 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 2013-14 Quality Reports is very similar to that required for the 2012-13 report. NHS England has written to all providers requesting them to consider reporting on the patient element of the friends and family test which UHB already includes in section '2: Improve patient experience and satisfaction'. As for last year, trusts are again required to report against the additional core set of indicators proposed by the Department of Health and Monitor for the 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. 2014-15 Priorities for Improvement

The 2014-15 priorities for improvement were initially discussed by the Clinical Quality Monitoring Group in February and March 2014. It was decided that five of the six priorities should remain the same for the coming year. The focus of the priorities will be refreshed for 2014-15 as follows:

No.	2013-14 Priorities for Improvement	for	Proposed 2014-15 Priorities for Improvement
1	Improving VTE Prevention		Keep and set new improvement target for enoxaparin prescription
2	Improve patient experience and satisfaction		Care Quality Group to choose questions for 2014-15
3	Electronic observation chart	–	Keep and change from 24 hour

	completeness of observation sets (to produce an early warning score)	to 12 hour indicator
4	Reducing medication errors (missed doses)	Keep and change focus to reducing non antibiotics
5	Infection prevention and control	Keep and refresh the trajectories
6	Active patient identification via bar-coded patient wristbands for drug administration	Remove if achieved by April 2014

4. **Specialty Quality Indicators**

The selection of specialty indicators included in the 2012-13 Quality Report will be updated for the 2013-14 report. Advice will be sought from the Trust's new external auditor, Deloitte, on how best to present this information and what should be included in the 2013-14 report.

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 2014-15 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 will be decided by the Care Quality Group which has Governor representation in March 2014.

5.2 The content and proposed 2014-15 priorities for improvement have also been discussed with the Council of Governors and the Patient and Carer Council (Wards) during quarter 4 2013-14. The 2014-15 priorities for improvement will also be discussed at the Trust Partnership Team (TPT) Meeting in March 2014.

5.3 The Trust routinely shares the quarterly Quality Report Updates with Commissioners through the UHB Contract Review Meetings. In addition, the Trust regularly publishes information on the Quality web pages throughout the year including the quarterly Quality Report Updates.

6. **Third Party Comments**

6.1 The Trust is required to send a copy of the draft Quality Report to NHS England, Healthwatch Birmingham and Birmingham City Council Overview and Scrutiny Committee (OSC) by 30 April 2014. 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 Cross City CCG (Clinical

Commissioning Group) will be coordinating the process for providing a comment on behalf of NHS England. It is not yet clear whether Healthwatch Birmingham or Birmingham City Council Overview and Scrutiny Group (OSC) will be in a position to provide a comment this year.

- 6.3 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

- 7.1 There were 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 Quality Accounts regulations, Monitor guidance and the Francis recommendations, the following steps will again be included this year:

7.1.1 Email confirmation from all teams that data and mandatory statements have been double checked.

7.1.2 Request all Directors to provide final sign off for information from their teams (before April 2014 Board of Directors meeting).

7.1.3 Set targets for all priorities for improvement where possible.

- 7.2 The Trust will also consider how to publish the data sources and methodology for all indicators in an appendix. Advice will be sought from Deloitte over how to do this in a way which is understandable for patients and the public.

8. External Assurance

The Monitor guidance for external assurance on the 2013-14 quality reports requires trusts' external auditors to provide the following:

- published limited assurance report on the content of the Quality Report and two mandated performance indicators (two selected shown in bold):
 - **C. difficile infection**
 - Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers
 - **28 day readmissions**
- Private report to the Board and Council of Governors on one local indicator:
 - Imaging indicator – Outpatient CT (Computed Tomography) scan turnaround times (selected by the Council of Governors in February 2014)

9. Timetable

The likely timetable for the production of the Trust's 2013-14 Quality Report is shown in Appendix C.

10. **Recommendations**

The Board of Directors is asked to:

1. Discuss the process for the production of the 2013-14 Quality Report and the proposed quality improvement priorities for 2014-15;
2. Approve the process and quality improvement priorities for 2014-15.

Appendix A: Additional Quality Indicators Proposed by the Department of Health and Monitor

The Department of Health and Monitor have jointly proposed the following quality indicators for inclusion in the 2013-14 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 (patient survey questions)
- Percentage of staff who would recommend the Trust as a provider of care to their family or friends
- 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: Timetable

Date	Committee/Group/Body	Action
14 February 2014	Clinical Quality Monitoring Group	Initial discussion about Quality Priorities for 2013-14
18 February 2014	Council of Governors	Discussion about required content, 2014-15 quality improvement priorities and selection of local indicator for external audit
February-May 2014	Deloitte	To fulfil Monitor's external assurance requirements for the Trust's 2013-14 Quality Report
5 March 2014	Patient and Carer Council (Wards)	Discussion about required content and 2014-15 quality improvement priorities
14 March 2014	Clinical Quality Monitoring Group	Discussion about required content and agreement on 2014-15 priorities for improvement
19 March 2014	Trust Partnership Team	Discussion about required content and priorities for improvement for 2014-15
25 March 2014	UHB Contract Review Meeting	To review April-December 2013 Quality Report update and agree arrangements for providing comment on Trust's 2013-14 Quality Report
	Care Quality Group	Discussion and agreement on Patient Experience and Satisfaction improvement priority for 2014-15
27 March 2014	Board of Directors	To review and approve process for production of the Trust's 2013-14 Quality Report
11 April 2014	Clinical Quality Monitoring Group	To review draft Quality Report before submission to the Board of Directors
11-23 April 2014	Directors	To review and sign off Quality Report content provided by their teams
24 April 2014	Board of Directors	To review and approve draft 2013-14 Quality Report
25 April 2014	Birmingham Cross City CCG	Requested deadline for receipt of UHB's draft 2013-14 Quality Report
30 April 2014	Birmingham Cross City CCG (on behalf of NHS England), Healthwatch Birmingham and Birmingham City Council Overview and Scrutiny Committee (OSC)	Deadline for sending draft Quality Report to third parties for comments
21 May 2014	Birmingham Cross City CCG, Healthwatch Birmingham and Birmingham City Council OSC	Proposed deadline for receipt of comments (official deadline is 30 May 2014)

Date	Committee/Group/Body	Action
22 May 2014	Board of Directors	To sign off the Trust's final 2013-14 Quality Report
30 May 2014	Monitor	Deadline for final submission of the Trust's Annual Report and Quality Report
		Deadline for submission of the Governors' Report (produced by Deloitte)
30 June 2014	NHS Choices website	Deadline for publishing final Quality Report on the NHS Choices website