

Trust Board Paper R

To:	Trust Board		
From:	Medical Director		
Date:	27th June 2013		
CQC regulation:	16		
Title:	UHL Draft Quality Account 2012/13		
Author/Responsible Director:	Director of Clinical Quality		
Purpose of the Report: To present the final draft of the Quality Account to the Trust Board for formal approval.			
The Report is provided to the Board for:			
	Decision	X	
	Discussion		X
	Assurance	X	
	Endorsement		X
Summary / Key Points:			
<ul style="list-style-type: none"> The draft Quality Account has been developed based on feedback on previous reports from our staff and external partners. The intention has been to provide a much more accessible readable document whilst at the same time meeting national requirements. Trusts are required to complete the Statement of Directors' Responsibilities and this is also included in the Quality Account. The Executive meeting on the 11th June received detailed information in support of the statement. There is a new requirement this year for all Quality Accounts to include data against the NHS outcomes framework indicators (page 26 of the draft Quality Account). The intention is that data is taken from the National Informatics Centre Services and that a series of mandatory statements follow (p 27-29). 			
Recommendations:			
The Trust Board is invited to:			
<ul style="list-style-type: none"> Receive the final draft of the UHL Quality Account 2012/13 (sent via wetransfer) and raise any questions on clarity/content with the Medical Director and Executive Colleagues. Note the commentary from the stakeholders and subsequent additions to the draft Quality Account. Note KPMG's review confirming a limited assurance opinion. Note that the Executive Team at its meeting on the 11th June confirmed that no further information was required ahead of signing the statement of Directors Responsibilities. 			
Previously considered at another corporate UHL Committee?			
Exec Team 11/06/13 and QAC 18/06/13			
Board Assurance Framework:		Performance KPIs year to date:	
		Metrics in Quality and Performance Report	
Resource Implications (eg Financial, HR):			
Publication costs –print of organisational notices (Department of Health requirement)			
Assurance Implications:			
KPMG External assurance			

Patient and Public Involvement (PPI) Implications: feedback from Healthwatch and Health Overview Scrutiny Commission

Stakeholder Engagement Implications: Presented to Patient Advisors will be placed on NHS Choices website and euhl internet

Equality Impact:

Information exempt from Disclosure: no

Requirement for further review? no

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Report to: TRUST BOARD

Report from: DIRECTOR OF CLINICAL QUALITY/MEDICAL DIRECTOR

Date: 27th JUNE 2013

Subject: UHL DRAFT QUALITY ACCOUNT 2012/13

1.0 Background

1.1 The draft Quality Account has been developed based on feedback on previous reports from our staff and external partners. The intention has been to provide a much more accessible readable document whilst at the same time meeting national requirements.

1.2 The purpose of this report is to present the final draft of the Quality Account with the Trust Board for formal approval.

2.0 Assurance for the 2012/13 Quality Account

2.1 The Quality Account is developed with reference to regulations and the Department of Health toolkit.

2.2 External assurance of Quality Accounts is undertaken by external auditors and this is included in the Quality Account (attached via wetransfer). The Department of Health toolkit (accessible via http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122540.pdf) has been reviewed and all mandatory statements have been included. This forms part of the review by external auditors.

2.3 Trusts are required to complete the Statement of Directors' Responsibilities and this is also included in the Quality Account. The Executive meeting on the 11th June received detailed information in support of the statement.

2.4 There is a new requirement this year for all Quality Accounts to include data against the NHS outcomes framework indicators (page 26 of the draft Quality Account). The intention is that data is taken from the National Informatics Centre Services and that a series of mandatory statements follow (p 27-29).

3.0 Executive summary

3.1 The following information summarises the key points detailed in the draft Quality Account:

3.1.1 There is a statutory requirement to feed back on last year's priorities. We have reported our performance on pages 6 to 24. Last year (2012/13) the following three priorities for improvement were:

- To improve readmission rates

- To improve patients experience in our hospitals
- To improve mortality rates further

In addition other specific areas for improvement were selected:

- Improving the use of the World Health Organisation (WHO) checklist and team briefings in all our operating theatres
- Reducing cancellations on the day of elective surgery
- Improving standards of end of life care
- Improving awareness and diagnosis of dementia
- Implementation of the 5 Critical Safety Actions programme

We have achieved targets for all quality improvement areas detailed above with the exception of improving mortality with the aim to be better than the majority of Trusts in UK (our actual performance is in line with national average SHMI score), improving readmission rates by 5% (we have had actually had an increase of 3% from 2011-12), and reducing cancellations on the day of surgery by 50% (we have only achieved a reduction from 1.4% to 1.2%). Further improvements required are detailed within each specific section on pages 7 to 24.

3.1.2 Page 30 of the draft Quality Account details performance against national standards. Areas covered include, access to A&E, infection control, 18 week wait, and access to cancer services. For 2012/13 we have achieved national targets in all areas with the exception of 'Total time in A&E' (91.9% compared with 95% national target), 'RTT delivery times- all areas' (2 compared with national target of 0) and 'All Cancers- 62 day wait for first treatment from urgent GP referral' (83.5% compared to 85% national target).

3.1.3 Our priorities for 2013/14 have been outlined in our 3 year Quality Commitment, found on pages 40 to 42. These are to:

- Save 1000 extra lives
- Avoid 5000 harm events
- Provide patient centred care so that 75% of our patients would recommend us.

3.1.4 Statements of assurance from the board have to be included and these can be found on pages 48 onwards. Unfortunately the terminology is not user friendly due to the mandatory nature of the statements.

4.0 Stakeholders Commentary

4.1 Commentary has been received from Leicester and Leicestershire Healthwatch, City Health Overview and Scrutiny Commission and the Clinical Commissioning Groups (CCGs) and has been reproduced verbatim in the Quality Account.

4.2 Based on the CCG's commentary 3 additional paragraphs have been added to address the first two bullet points in the CCG commentary at pages 14, 31, and 49.

4.3 The Health Overview and Scrutiny Commission and Healthwatch have been informed of the changes and asked to raise any objections to amending the Quality Account.

5.0 Recommendations

5.1 The Trust Board are invited to:

- Receive the final draft of the UHL Quality Account 2012/13 (sent via wetransfer) and raise any questions on clarity/content with the Medical Director and Executive Colleagues.
- Note the commentary from the stakeholders and subsequent additions to the draft Quality Account.
- Note KPMG's review confirming a limited assurance opinion.
- Note that the Executive Team at its meeting on the 11th June confirmed that no further information was required ahead of signing the statement of Directors Responsibilities.