

26 January 2018

To: NHS trust and foundation trust chief executives and
Independent Healthcare Providers Association

Dear Colleague

Quality accounts: reporting arrangements 2017/18

I am writing to confirm the reporting requirements for quality accounts for 2017/18. Providers of NHS healthcare are required to publish a quality account each year. These are required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended¹ ('the quality accounts regulations').

The Department of Health and Social Care published the NHS (Quality Accounts) Amendment Regulations 2017 in July 2017. These add new mandatory disclosure requirements relating to 'Learning From Deaths' to quality accounts from 2017/18 onwards. These new regulations and the explanatory memorandum are available at <http://www.legislation.gov.uk/uksi/2017/744/introduction/made>.

Providers of acute services are asked to include a statement regarding how they are implementing the priority clinical standards for seven day hospital services. Further information can be found at: <https://improvement.nhs.uk/resources/seven-day-services/>.

Requirements for NHS foundation trusts

NHS Improvement will continue to separately publish *Detailed requirements for quality reports* and *Detailed requirements for external assurance on quality reports*. These requirements form part of NHS Improvement's requirements to foundation trusts as to the information to be included in their annual reports.

Requirements for NHS trusts

NHS trusts are asked to continue to gain external assurance as in previous years. The auditor guidance, last updated for 2014/15, continues to be available on NHS Choices at

¹ SI 2010/279; as amended by the NHS (Quality Accounts) Amendments Regulations 2011 (SI 2011/269, the NHS (Quality Accounts) Amendments Regulations 2012 (SI 2012/3081) and the NHS (Quality Accounts) Amendment Regulations 2017 (SI 2017/744).

<http://www.nhs.uk/quality-accounts>. NHS Improvement considers that its requirements for foundation trusts represent best practice for NHS trusts, but are not mandatory. If an NHS trust wishes to adopt this approach, this would mean:

- the indicators listed in part 3 of *Detailed requirements for quality reports* would be disclosed in part 3 of the quality account and
- the NHS trust would obtain external assurance on its quality account in summer 2018 selecting indicators in line with the guidance in *Detailed requirements for external assurance on quality reports*, adapted as necessary, instead of the guidance on NHS Choices. This would not include a 'local indicator' and would not be reportable to NHS Improvement.

NHS trusts may find NHS Improvement's publication *Detailed requirements for quality reports* helpful. While its primary purpose is to set out the requirements for quality reports for foundation trusts, it includes the quality accounts requirements in a format that may be easier to interpret than the quality accounts regulations.

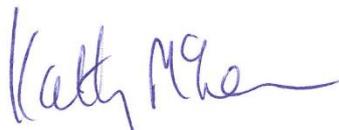
Guidance for non-NHS bodies

Organisations are, in the main, required to produce Quality Accounts if they deliver services under an NHS Standard Contract, have staff numbers over 50 and a turnover greater than £130k per annum. Further information relating to non NHS bodies can be found at:

<http://www.nhs.uk/quality-accounts>.

Further information on preparing and submitting your quality account is attached to this letter. Quality accounts are an important way for providers of NHS healthcare to report on quality and show improvements in the services they deliver to local communities. I am grateful to you for your continued support.

Yours sincerely



Dr Kathy McLean
Executive Medical Director and Chief Operating Officer
NHS Improvement

Further information for Quality Accounts 2017/18

Quality indicators

The core set of indicators to be included in 2017/18 quality accounts is set out in annex 1 below. These are defined in the quality accounts regulations and the listing is not set by NHS Improvement. All providers are required to report against these indicators using a standardised statement set out below. Some of the indicators will not be relevant to all providers – for instance, ambulance response times. Providers are only required to include indicators in their quality accounts that are relevant to the services they provide. NHS foundation trusts are reminded that there are additional requirements for a foundation trust's quality report which are published separately by NHS Improvement.

Where to find the data

NHS Digital provides a quality accounts section within their corporate website. This will provide links to the latest data for each of the indicators that Trusts are required to report on. Further details can be found at: <http://content.digital.nhs.uk/qualityaccounts>.

A quality accounts FAQ can be found at: <http://www.nhs.uk/quality-accounts>. This FAQ provides the technical definitions of indicators and dates when specific data sets are available. The quality account should contain the most recent data sets available at the time of production.

Whom you need to share your quality account with

Quality accounts need to be shared with:

1. Commissioners

- The appropriate NHS England sub regional team where 50% or more of the provider's health services during the reporting period are provided under contracts, agreement or arrangements with NHS England or
- The Clinical Commissioning Group (CCG) which has the responsibility for the largest number of persons to whom the provider has provided relevant health services during the reporting period.

In practice, the quality account should be shared with the CCG where over 50% of services are commissioned by the CCG. Where over 50% of services are commissioned by NHS England the quality account should be shared with NHS England. Please see <http://www.nhs.uk/quality-accounts> to see the NHS England requirement.

2. Local scrutineers

Quality Accounts need to be shared, in draft, with the local Healthwatch and Overview and Scrutiny Committee. This should be in the local authority area in which the provider has its registered or principal office located.

NHS England and local Healthwatch teams may wish to inform their responses to a provider's quality account by discussing it within their Quality Surveillance Groups. Comments from local scrutineers need to be included in the final quality account.

How should quality accounts be published?

1. NHS bodies

Quality accounts produced by NHS Bodies should upload their quality account on their NHS Choices website by 30 June each year.

By uploading your quality account on NHS Choices, you have fulfilled your statutory duty to submit your quality account to the Secretary of State.

NHS bodies with an NHS Choices profile will have a named person who has NHS Choices editing rights. The named person can upload your quality account to NHS Choices. If you need to find out who has editing rights for your organisation please email NHS Choices on; thechoicesteam@nhschoices.nhs.uk. This email address can also be used to assist with questions relating to profile pages and the content management system if you cannot find the information in the <http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/your-pages/Pages/NHSTrustprofiles.aspx> section first.

NB: There may be a delay in a quality account being visible on NHS Choices. Please only contact NHS Choices if your quality account is still not visible after 72 hours.

2. Non NHS bodies

Quality accounts for non NHS Bodies should be sent to QualityAccounts@dh.gsi.gov.uk. The quality accounts should be emailed by 30 June each year. This also fulfils your legal duty to send a copy of your final quality account to the Secretary of State. The quality account will then be uploaded to: <http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Pages/quality-account-uploads.aspx>.

NB: There may be a delay in a quality account being visible on NHS Choices. Please only make contact if your quality account is still not visible after 72 hours.

Further guidance

The quality accounts toolkit will not be refreshed for 2017/18; however, the 2010/11 guidance is available at the following link as an additional resource:

<https://www.gov.uk/government/publications/quality-accounts-toolkit-2010-11>.

Which indicators need to be included and how should they be presented

Set out in the table below are the indicators that NHS providers and non NHS bodies are required to report in their quality accounts.

Additionally, where the necessary data is made available to the organisation by NHS Digital, a comparison of the numbers, percentages, values, scores or rates of the provider should be included for each of those listed in the table with:

- a) The national average for the same; and
- b) With those NHS trusts and NHS foundation trusts with the highest and lowest of the same, for the reporting period.

For each indicator the following statement must be included the quality account:

The [name of provider] considers that this data is as described for the following reasons [insert reasons]. The [name of provider] [intends to take/has taken] the following actions to improve this [percentage/proportion/score/rate/number], and so the quality of its services, by [insert description of actions].

The data should be presented, in a table format, with the [percentage/proportion/score/rate/number] shown for at least the last two reporting periods.

Further information on data presentation can be found at: <http://www.nhs.uk/quality-accounts>.

Annex 1: The core quality account indicators

The following items are required per the regulations except for the Friends and Family Test – Patient element.

The core indicators are listed in the table below. The numbering scheme used in the table corresponds with the numbering of the indicators in the Regulation 4 Schedule within the quality accounts regulations.

Some of the indicators will not be relevant to all NHS foundation trusts, for instance, ambulance response times. NHS foundation trusts are only required to report on indicators that are relevant to the services that they provide or sub-contract in the reporting period.

	Prescribed information	Type of trust	Comment
12.	(a) The value and banding of the summary hospital-level mortality indicator ('SHMI') for the trust for the reporting period; and (b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.	Trusts providing relevant acute services	In the table showing performance against this indicator, both the SHMI value and banding should be shown for each reporting period.
13.	The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period	Trusts providing relevant mental health services	
14.	The percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response by the trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period. ²	Ambulance trusts	In the table showing performance against this indicator, Red 1 and Red 2 calls should be separate. See also footnote below.
14.1	The percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period.	Ambulance trusts	

² **NHS Improvement comment:** The quality accounts regulations only refer to the 'Red' ambulance indicators. Some ambulance trusts may no longer be able to report on these standards. NHS Improvement recommends that ambulance providers should report on both sets of indicators (to the extent of period applicable) in Part 3 of their quality account, and should cross-refer to those disclosures as part of this table.

	Prescribed information	Type of trust	Comment
15.	The percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period.	Ambulance trusts	
16.	The percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.	Ambulance trusts	
17.	The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.	Trusts providing relevant mental health services	
18.	The trust's patient reported outcome measures scores for: (i) groin hernia surgery (ii) varicose vein surgery (iii) hip replacement surgery and (iv) knee replacement surgery during the reporting period.	Trusts providing relevant acute services	
19.	The percentage of patients aged: (i) 0 to 14 and (ii) 15 or over readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.	All trusts	It has been acknowledged that an error was made in the drafting of the regulations and that the split of patients for this indicator should be (i) 0 to 15; and (ii) 16 or over The regulations do refer to 28-day readmissions rather than 30.
20.	The trust's responsiveness to the personal needs of its patients during the reporting period.	Trusts providing relevant acute services	
21.	The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	Trusts providing relevant acute services	

	Prescribed information	Type of trust	Comment
21.1	<p>Friends and Family Test – Patient. The data made available by National Health Service Trust or NHS Foundation Trust by NHS Digital for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2)</p> <p>Please note: there is a not a statutory requirement to include this indicator in the quality accounts reporting but provider organisations should consider doing so.</p>	Trusts providing relevant acute services	Not part of the quality accounts regulations
22.	The trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.	Trusts providing relevant mental health services	
23.	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	Trusts providing relevant acute services	
24.	The rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	Trusts providing relevant acute services	
25.	The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	All trusts	