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**Select Committee on Health and Adult Social Care – 6<sup>th</sup> April 2011**

**Report of the Lead Officer to the Committee**

**Quality Accounts 2010/11**

**Purpose of Report**

1. To introduce NHS Quality Accounts and the role of health scrutiny.
2. To consider a summary of Quality Accounts of NHS Providers for 2010/11 and comment on the emerging priorities for tracking in 2011/12.
3. Further information on Quality Accounts is available from the Department of Health on:  
<http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/Makingqualityhappen/qualityaccounts/index.htm>

**Background**

**Quality Accounts 2010/11**

2. Quality Accounts now represent a key part of the overall quality improvement agenda in the NHS. *The Government's White Paper, Equity and Excellence: Liberating the NHS* set out how the improvement in quality and healthcare outcomes would be established as the primary purpose of all NHS care.
3. Quality Account (**QAs**) aim to engage leaders in continuous quality improvement and enhance accountability amongst local communities.
4. NHS providers are required to send their QAs to Health Scrutiny Committees by the end of April for publication in June. However given the proximity of the Committee to the year end process it was agreed to replace these with summaries– these are attached at appendix 1.
5. HASC deferred it's involvement in the first round of QA's last year to allow the new system to bed-down following the departure of the connected Annual Health Check process<sup>1</sup> in 2009; this was a routine item for HASC helping shape it's annual work plans - QAs look to build on this process

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<sup>1</sup> Former NHS performance ratings process used by the Care Quality Commission for Trusts

## Considerations for HASC

6. QAs follow a prescribed structure. Some sections of the QA are compulsory, for example performance against CQC registration standards, while other content can be chosen and determined locally. HASC will want to ensure the latter is rooted in community priorities and is invited to consider whether the attached QA summaries:
  - are representative of the provider's services
  - cover areas of importance to the local communities
7. HASC may wish to monitor priorities identified at this meeting in 2011/12 helping ensure local relevance is maintained.

## Quality Improvement Priorities

8. Every Trust has to identify at least 3 priorities for improvement reflecting engagement with patients, community groups and commissioners. Trusts also have to report on their progress against the priorities they set in 2010-11. In describing their priorities there should be an explanation of why it is a priority; a baseline/measured starting point; and how goals will be achieved.
9. As mentioned QA priorities should be informed by an on-going dialogue with patients and the community so local relevance is maintained. This may result in proposed priorities that do not necessarily at first sight fit the regular constructs of quality indicators; HASC will have an interest in ensuring **all** priorities are considered and the rationale for selection or setting aside is recorded, perhaps not in the actual quality account but in Trust papers or a similar public document.

## Transforming Community Services (TCS) agenda

10. PCTs have been mandated to divest themselves of Community Services by 1 April 2011. HASC received updates from Dudley PCT at its July and September meetings on the transfer of services to preferred providers based both within and outside the Borough.
11. The Department of Health has indicated that work is underway to develop Quality Accounts for primary care and community services providers with the aim to bring these providers into the requirement by June 2011; HASC will clearly be interested in guidance to monitor these effectively.

## Proposals

12. It is proposed that HASC:
  - comments on whether the planned priorities for improvement are representative
  - identifies priorities for follow-up in 2011/12
  - agrees to establish QA as a routine item on subsequent work plans

- receives an update at a future meeting on the QA process for primary care and community services providers

### **Finance**

13. There are no direct financial implications arising from the content of this report.

### **Law**

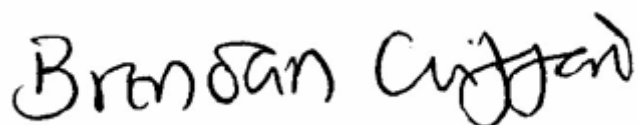
14. 'High Quality Care for All' proposed that all providers of NHS healthcare services should produce a Quality Account: an annual report to the public about the quality of services delivered. The Health Act 2009 places this requirement onto a statutory footing.

### **Equality Impact**

15. Quality Accounts can be seen as contributing to the equality agenda in its pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

### **Recommendation**

16. It is recommended that the Committee approves the proposals at paragraph 12.



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**LEAD OFFICER TO THE SELECT COMMITTEE ON  
HEALTH AND ADULT SOCIAL CARE**

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### **List of Background Papers**

Annual Health Check 2009 - report of the Lead Officer to the Committee  
March 2009