

What is an NHS Quality Account?

A Quality Account is a report about the quality of services provided by NHS healthcare services, excepting primary and continuing healthcare. The report is published annually by each NHS healthcare provider and made available to the public. Under the National Health Service (Quality Accounts) Regulations 2010, NHS providers are expected to make their draft Quality Accounts available to “the appropriate overview and scrutiny committee” by 30 April each year.

What is included in an NHS Quality Account?

- A statement from the Board (or equivalent) of the organisation summarising the quality of NHS services provided;
- The organisation’s priorities for quality improvement for the coming financial year;
- A series of statements from the Board;
- A review of the quality of services in the organisation.

Quality Accounts from different organisations will all differ slightly. Below is a description of what is usually included in a Quality Account, with definitions of key terms and questions that Members may wish to consider when scrutinising them.

At least three priorities for improvement

Looking back – Quality Accounts will likely include a review of the previous year’s priorities, the rationale for inclusion and the progress made against them

Looking forward – Organisations must decide on at least three areas where they are planning to improve the quality of their services in the upcoming financial year.

Questions to consider:

- 1. Do the provider’s priorities match with those of the public?*
- 2. Has the provider omitted any major issues (particularly ones of importance to your constituents)?*
- 3. Has the provider demonstrated they have involved patients and the public in the production of the Quality Account?*

Review of services

This will include information on what services are provided.

These are often reviewed against three quality domains:

- Patient safety – having the right systems and staff in place to minimise the risk of harm to patients and being open and honest and learning from mistakes if things do go wrong.

- Clinical effectiveness – the application of the best knowledge, derived from research, clinical experience, and patient preferences to achieve optimum processes and outcomes of care for patients.
- Patient experience – what the process of receiving care feels like for the patient, their family and carers.

Question to consider:

4. *Does the description of health care in the Quality Accounts resonate with the experience of local people accessing the service recently?*
5. *How is the organisation capturing learning from complaints and ensuring that it is being used effectively to improve services?*

Providers are asked to demonstrate or measure quality in the following ways.

Indicators of quality

Quality indicators are standardised, evidence-based measures of health care quality that can be used with readily available hospital inpatient administrative data to measure and track clinical performance and outcomes.

NHS providers are required to report on a prescribed set of quality indicators in their Quality Accounts. There are fifteen [quality indicators](#), covering five domains of quality:

- Domain 1 - Preventing people from dying prematurely
- Domain 2 - Enhancing quality of life for people with long-term conditions
- Domain 3 - Helping people to recover from episodes of ill health or following injury
- Domain 4 - Ensuring people have a positive experience of care
- Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

Trusts only have to report on those that are relevant to the services they provide. As all NHS trusts report against these quality indicators in a standardised way, they provide a useful way for trusts to compare their performance against the national average. However, some indicators should be interpreted with particular caution, for example the Summary Hospital-level Mortality Indicator (SHMI) ([see guidance](#)). There may be justifiable reasons that a trust appears to be performing outside of where the average range of values lies.

Question to consider:

6. *Where a trust is performing below or worse than national average for a quality indicator, what explanation has been given?*

Clinical audit

Clinical audit is a way of providers finding out whether they are doing what they should be doing by reviewing how well they are following guidelines and applying best practice.

These may be national, e.g. Royal College of Emergency Medicine Fractured Neck of Femur audit. This looks at whether patients coming to Accident & Emergency departments with a broken hip are treated in a timely way and in accordance with national guidelines. National audits allow providers to compare themselves with other services across the country.

Local audits are conducted by the organisation itself. Here they evaluate aspects of care that the healthcare professionals themselves have selected as being important to their team.

Providers are expected to make statements on their participation in clinical audit in their Quality Accounts. This demonstrates the healthcare provider is concerned with monitoring the quality of their services and improving the healthcare provided.

Question to consider:

- 7. How is the organisation capturing learning from audit and ensuring that it is being used effectively to improve services?*

Clinical Research

Clinical research evaluates treatments or compares alternative treatments when there is uncertainty about what the best way of treating or managing patients is. Clinical research is a central part of the NHS, as it's through research that the NHS is able to offer new treatments and improve people's health.

Providers are expected to make statements on their participation in clinical research to demonstrate they are actively working to improve the drugs and treatments offered to their patients.

Statements from the Care Quality Commission (CQC)

The CQC is responsible for ensuring health and social care services meet essential standards of quality and safety. Healthcare providers must register their service with the CQC or they will not be allowed to operate. A statement must be provided in the Quality Account about a providers CQC registration. They must also give information on what reviews or investigations the provider has taken part in and what the CQC said about the provider.

Data quality statements

Organisations need to collect accurate data so they can define the quality of the services they provide. The statements in the data accuracy section are designed to

give an indication of the quality and accuracy of the information an organisation collects. Organisations are asked to give statements on:

- The percentage of patient records held by an organisation that include a patient's valid NHS number and General Medical Practice Code
- The score that a provider achieved after a self-assessment. Organisations use the Information Governance Toolkit provided by NHS Digital to assist in measuring the quality of the IT data systems, standards and processes used in the organisation to collect data.
- The third statement provides information on the number of errors introduced into a patient's notes.

Additional question to consider

8. *Dudley Council's core priorities all impact on health, either directly or indirectly. Does the organisation bring any wider benefits to the population of Dudley that align with these priorities?*

Lead officer Dr. David Pitches david.pitches@dudley.gov.uk
Head of Healthcare Public Health and Consultant in Public Health, DMBC