

HEALTH SCRUTINY COMMITTEE
19 MAY 2016
NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2015/16
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

- 1.1 Nottingham CityCare Partnership will present its draft Quality Account 2015/16 and the Committee will have opportunity to decide if it would like to submit a comment for inclusion in the Account.

2. Action required

- 2.1 The Committee is asked to consider the Nottingham CityCare Partnership draft Quality Account 2015/16 and decide whether it would like to provide a comment for inclusion and, if so the content of that comment.

3. Background information

- 3.1 A Quality Account is an annual report to the public from providers of NHS healthcare services about the quality of their services. It aims to enhance accountability to the public and engage the organisation in its quality improvement agenda, reflecting the three domains of quality: patient safety, clinical effectiveness and patient experience.

- 3.2 A Quality Account should:

- improve organisational accountability to the public and engage boards (or their equivalents) in the quality improvement agenda for the organisation;
- enable the provider to review its services, show where it is doing well, but also where improvement is required;
- demonstrate what improvements are planned;
- provide information on the quality of services to patients and the public;
- demonstrate how the organisation involves, and responds to feedback from patients and the public, as well as other stakeholders.

- 3.3 Quality Accounts are both retrospective and forward looking. They look back on the previous year's information regarding quality of services, explaining what is being done well and where improvement is needed. But, they also look forward, explaining what has been identified as priorities for improvement.

- 3.4 Guidance from the Department of Health requires that a Quality Account should include:
- priorities for improvement – clearly showing plans for quality improvement within the organisation and why those priorities for improvement have been chosen; and demonstrating how the organisation is developing quality improvement capacity and capability to deliver these priorities;
 - a review of quality performance – reporting on the previous year’s quality performance offering the reader the opportunity to understand the quality of services in areas specific to the organisation;
 - an explanation of who has been involved and engaged with to determine the content and priorities contained in the Quality Account; and
 - any statements provided from either the NHS England or Clinical Commissioning Group as appropriate; Local Healthwatch; and Overview and Scrutiny Committees including an explanation of any changes made to the final version of the Quality Account after receiving these statements.
- 3.5 Quality Accounts are public documents, and while their audience is wide ranging (clinicians, staff, commissioners, patients and their carers, academics, regulators etc), Quality Accounts should present information in a way that is accessible for all. For example, data presentation should be simple and in a consistent format; information should provide a balance between positive information and acknowledgement of areas that need improvement. Use of both qualitative and quantitative data will help to present a rounded picture and the use of data, information or case studies relevant to the local community will help make the Quality Account meaningful to its reader.
- 3.6 As a first step towards ensuring that the information contained in Quality Accounts is accurate (the data used is of a high standard), fair (the interpretation of the information provided is reasonable) and gives a representative and balanced overview, providers have to share their Quality Accounts prior to publication. This includes sharing with:
- The appropriate NHS England area team where 50% or more of the provider’s health services are provided under contract, agreement or arrangement with the Board or the clinical commissioning group which has the responsibility for the largest number of persons to whom the provider has provided relevant health services during the reporting period;
 - The appropriate Local Healthwatch organisation; and
 - The appropriate local authority overview and scrutiny committee
- 3.7 The NHS England Area Team/ clinical commissioning group has a legal obligation to review and comment on a provider’s Quality Account, while Local Healthwatch and Overview and Scrutiny Committees are offered the opportunity to comment on a voluntary basis. Any statement provided

should indicate whether the Committee believes, based on the knowledge they have of the provider that the report is a fair reflection of the healthcare services provided. The organisation then has to include these comments in the published Quality Account.

- 3.7 In February, CityCare informed the Committee of its proposals for its Quality Account 2015/16, including proposed priorities. Based on discussion at that meeting, the Committee asked CityCare to consider:
- a) Incorporating a focus on integration and partnership working within its quality improvement priorities for 2016/17; and
 - b) The role of self-help groups in work to take place under the self-management priority.
- 3.8 At this meeting, CityCare will present its draft Quality Account 2015/16 for consideration. The Committee will have opportunity to decide whether to put forward any comment for inclusion and if so, the content of that comment. The comment will then be submitted in line with CityCare's timetable for publication. Please note that the document is still in draft form.

4. List of attached information

- 4.1 The following information can be found in the appendices to this report:

Appendix 1 – Nottingham CityCare Partnership Draft Annual Quality Account 2015/16

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

Report to and minutes of Health Scrutiny Committee meeting held on 18 February 2016

Department of Health Quality Accounts Toolkit
<http://www.dh.gov.uk/health/2012/02/quality-accounts-toolkit>

7. Wards affected

All

8. Contact information

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