Annual Quality Accounts

Background

A consultation document has been produced by Monitor which sets out proposals for a quality reporting framework to be included in the 2008-09 Annual Reports and Accounts of NHS foundation trusts and NHS organisations in NHS East of England *Quality reporting in 2008-09 Annual Report and Accounts: A consultation for NHS foundation trusts and NHS organisations in East of England*

This is an important step towards the introduction of quality accounts, publication of which, subject to successful passage of legislation, will be legally required from 2010 onwards. Monitor suggest that publication of quality reports this year will help test the concept of quality reporting and alongside the engagement programme for quality accounts will help inform the development of the legal requirements for 2010.

There are issues regarding producing accounts at this late stage which we have brought to the Foundation Trust Network's attention and will be submitting these comments to Monitor. The trust timetable for completion of the report is challenging as the reports should go to the external auditors on 23rd April and therefore need to be finalised one week prior to that date.

As part of this process the Board of Directors would need to agree what to put in our Quality accounts, an example of which can be viewed via the above link.

Given the tight timescales, the Director of Nursing and Medical Director have undertaken some preparatory work and suggest the metrics below. These include information that we presently collect on the grounds that it is important for quality control of the service. This data is also mostly readily available. Within these metrics are national targets, targets that are important locally and issues that have been highlighted through patient feedback.

If we are required to produce Quality Accounts in early April for the financial year 2008-9 we would recommend to the Board that the following are used to form the basis of this report.

Priorities for quality improvement

1. Picker report from the annual in patient survey (maintain being top performer)
2. Keep general infection rates low, comply with hygiene code
3. Day case overstay rates

Patient Safety

1. MRSA bacteraemia
2. C Difficile rates
3. Adjusted Stillbirth rate, (Adjusted for lethal congenital abnormalities, deliver before viability and possibly for South Birmingham)

Clinical Effectiveness

1. Clinical pregnancy rate for the ACU
2. Cancelled operations on the day of surgery (for non medical reasons)
3. % of women seen within 12 weeks of pregnancy
4. 18 weeks RTT

Patient Experience

1. Day case overstay rates
2. % of time Birth centre closed
3. Treat with dignity and respect
4. Clean hospital
5. Recommend the Trust to a friend /relative

Plans for 2009/10

In preparation for the report on 2009 / 2010, each of the directorates have been written to and asked to provide one suggestion per category of quality indicator i.e. one for patient safety, one for clinical effectiveness etc. These will then be discussed at clinical governance committee prior to discussion at May board of directors. There will also be discussion at the June meeting of the Members council prior to final ratification at the June board of directors meeting.

Jane Owen
Director of Nursing, Midwifery and Operations

Peter J Thompson
Medical Director