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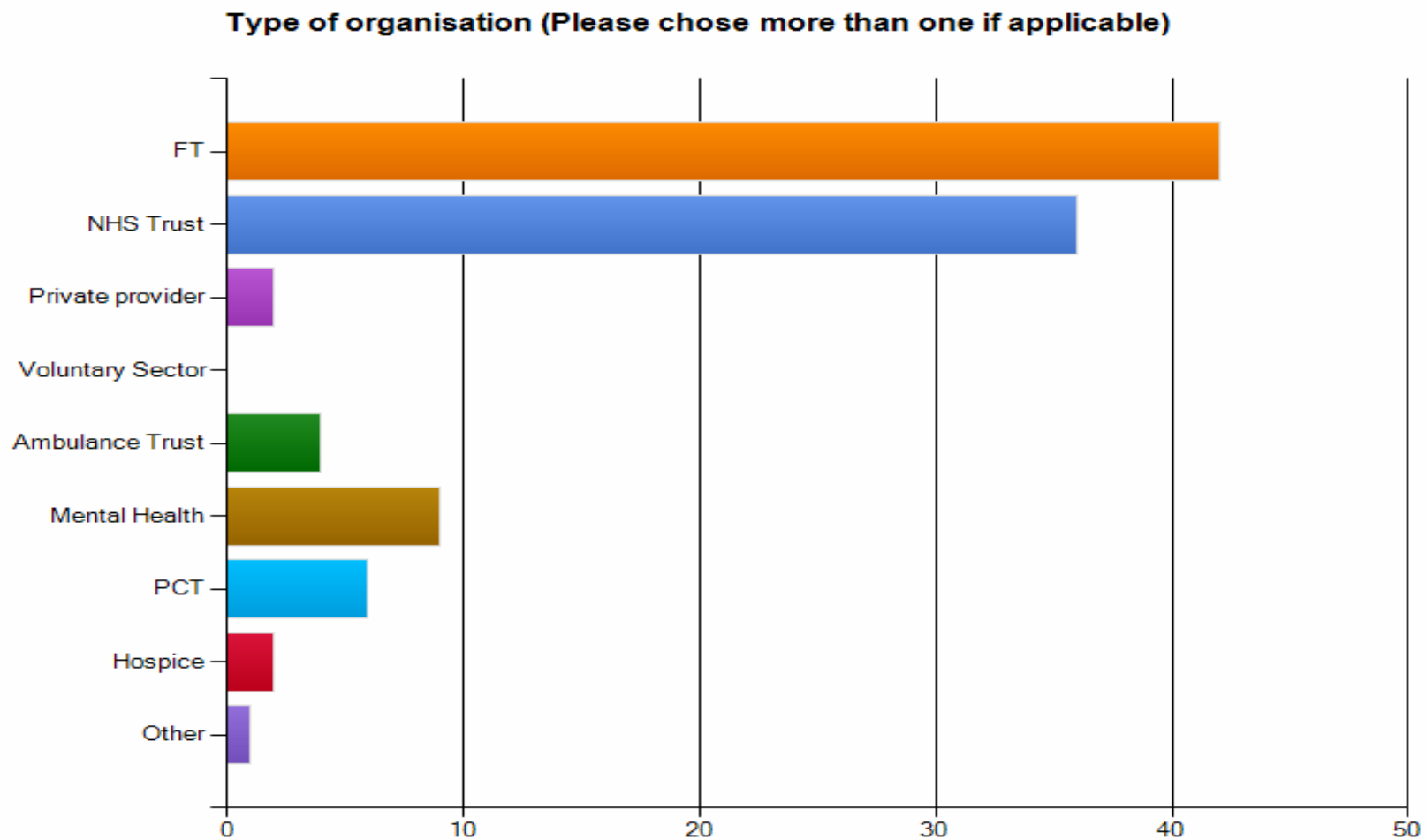
# Quality Accounts – Survey of providers

Richard Owen

NHS Medical Directorate

Department of Health

# Organisations who responded



A total of 93 providers responded to the survey.

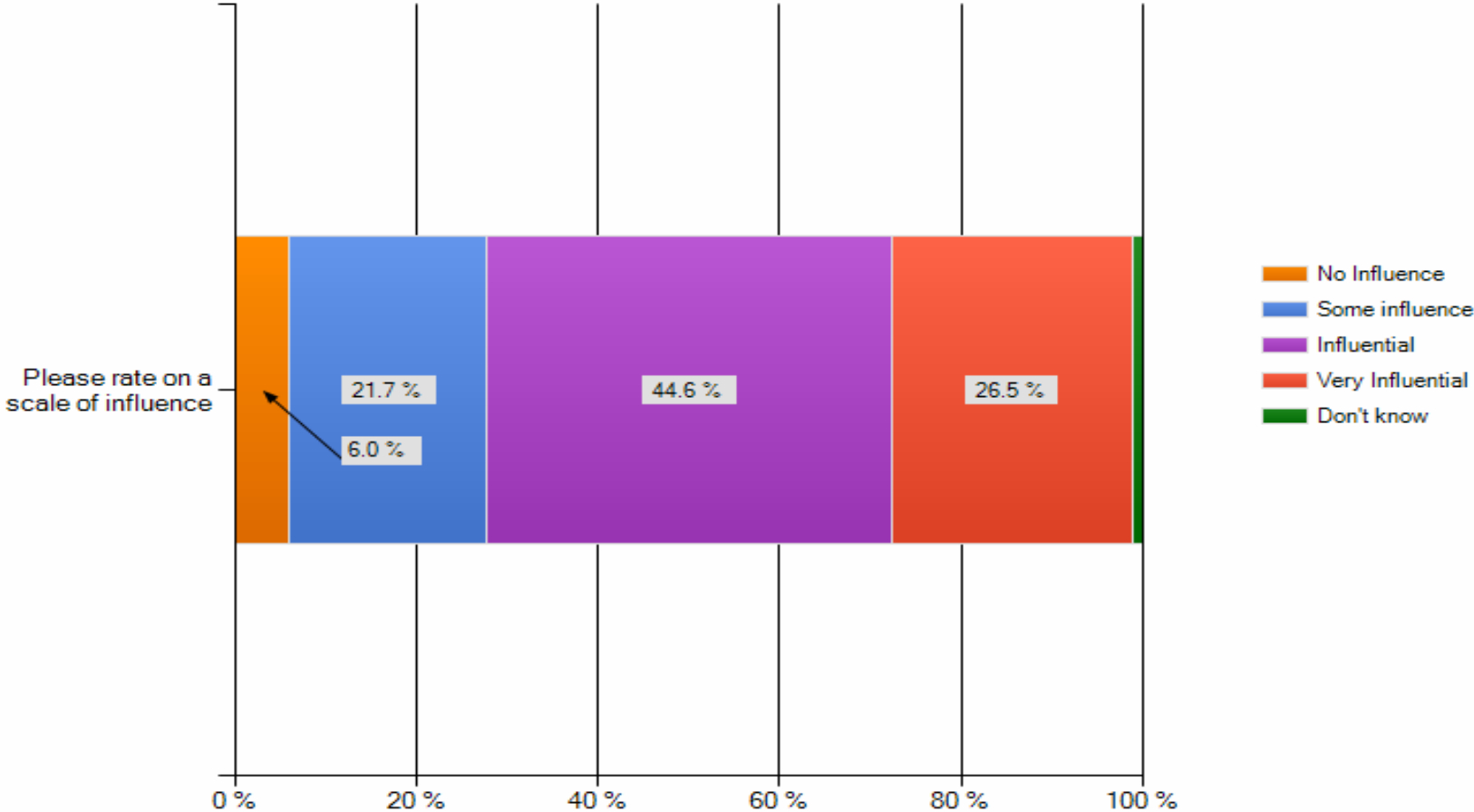
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# **Purpose and Objective of Quality Accounts**

# How influential has the information in Quality Accounts been for making decisions



How influential has the information in your Quality Account been for board/senior managers in making decisions for quality improvement in the forthcoming year?

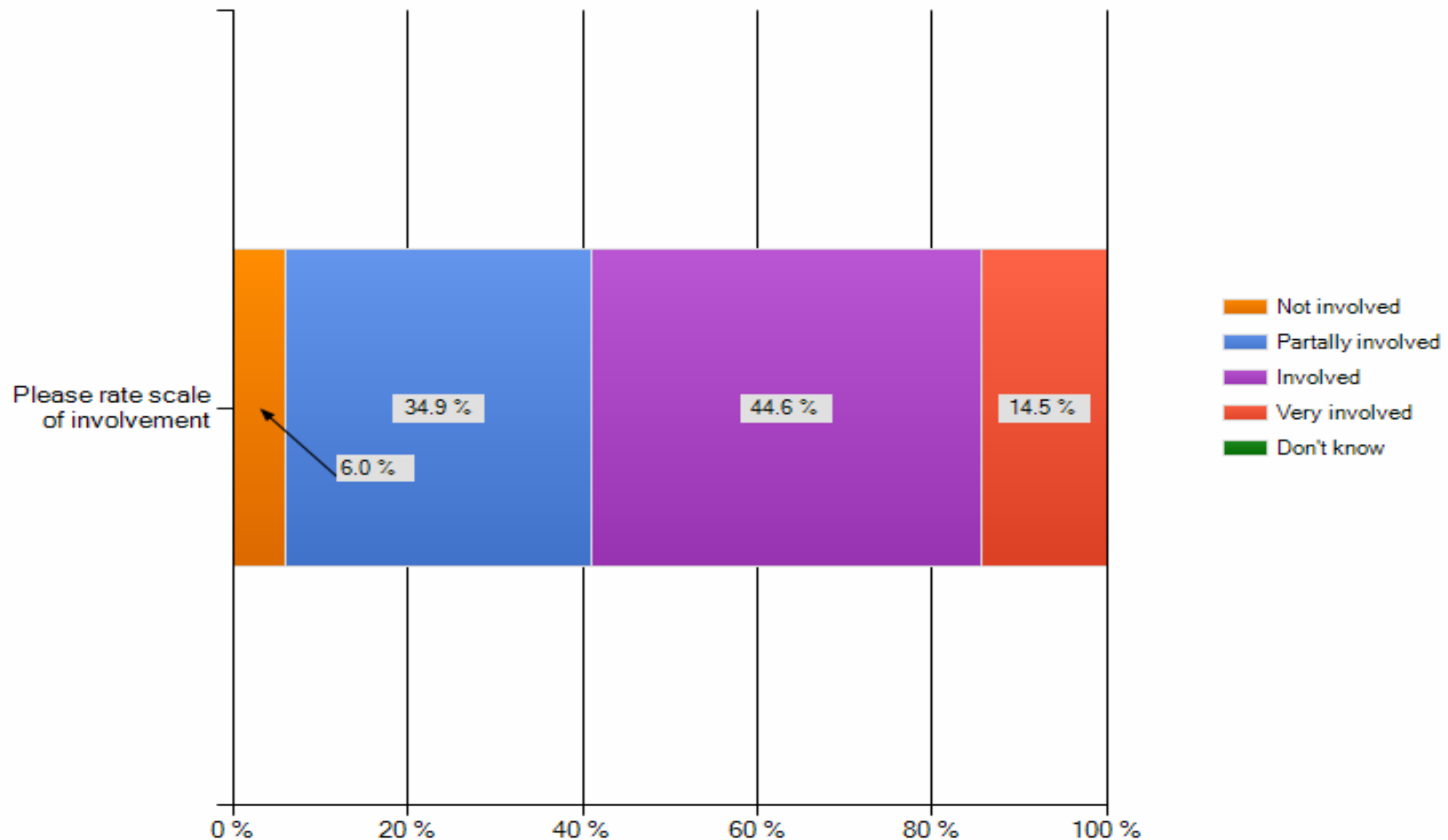


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# Stakeholder involvement and quality improvement



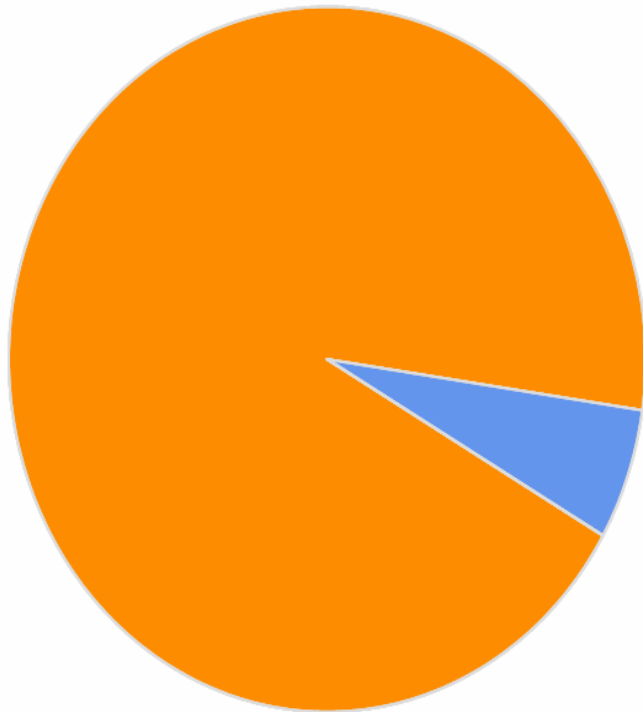
To what extent has stakeholder involvement in the production of Quality Accounts shaped your priorities for quality improvement?



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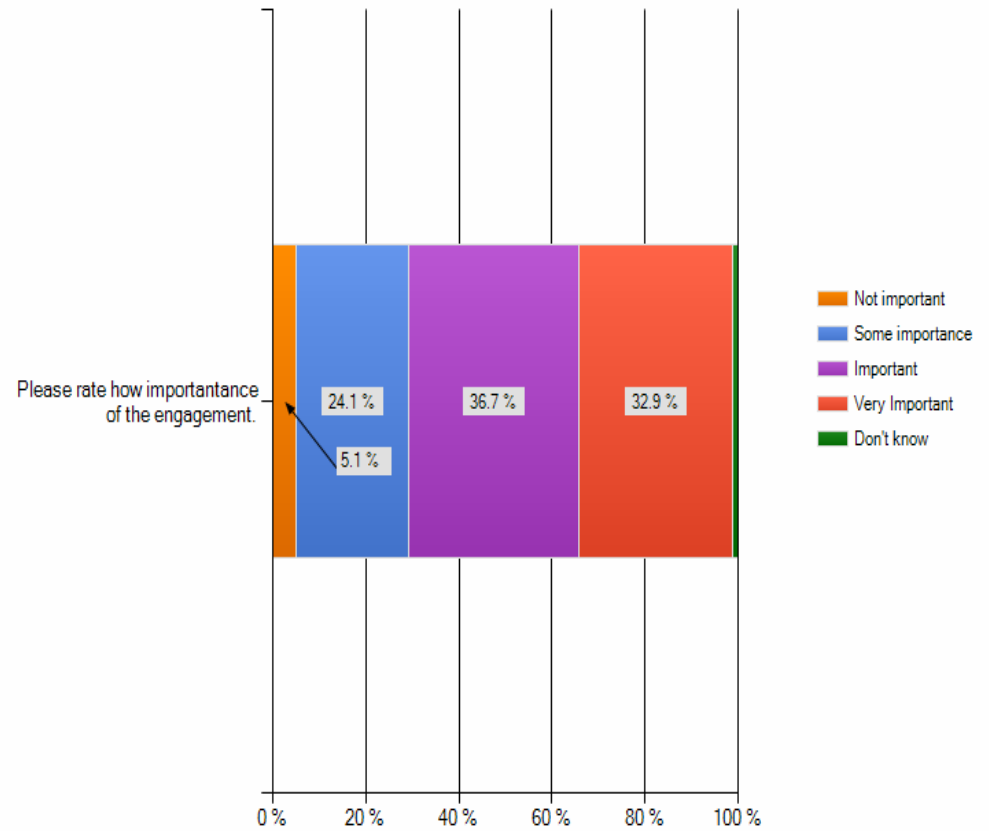
# Staff

Did you engage staff in the production of your Quality Account?



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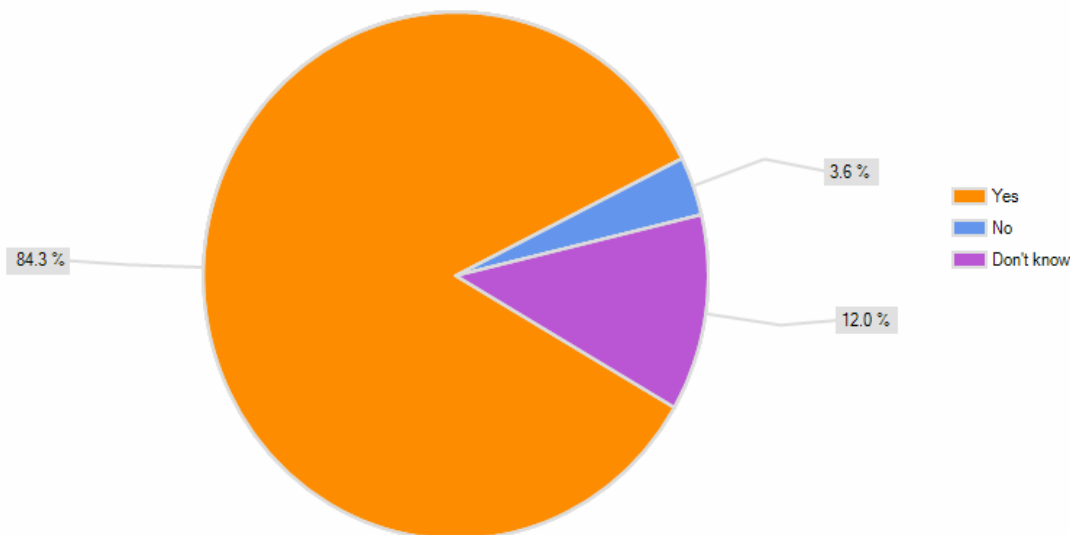
If so, how important was this engagement in encouraging quality improvement?



14 skipped question

# Have Quality Accounts been beneficial?

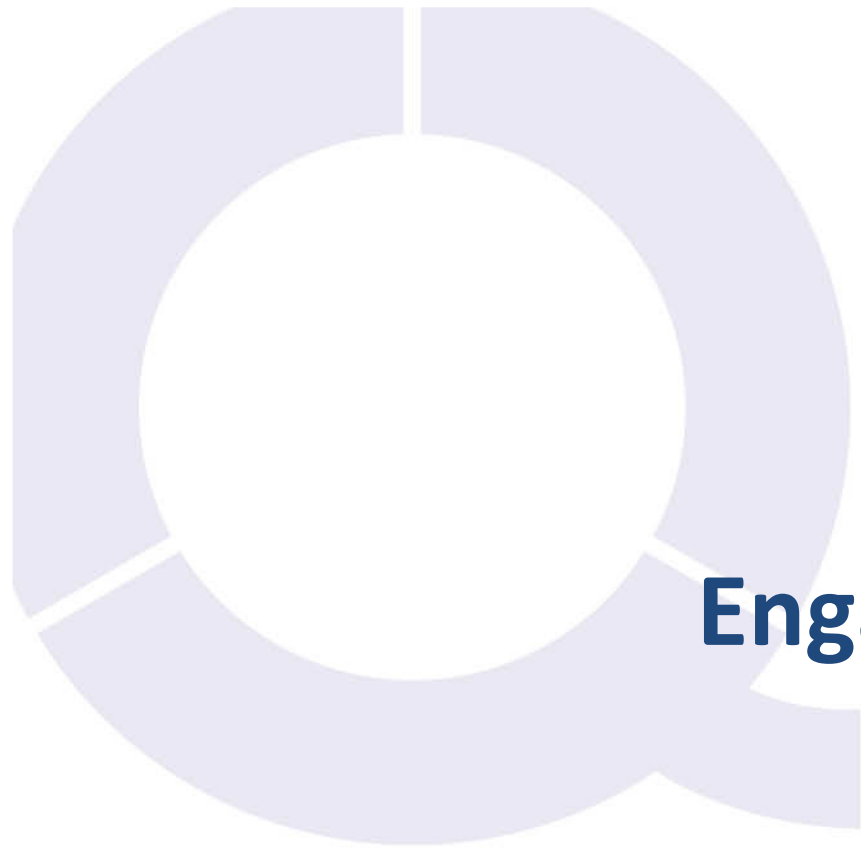
Has the production of a Quality Account been beneficial to the organisation?



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## Benefits included;

- Raised the profile of Quality in the organisation
- Enabled increased engagement from the board in relation to the trusts quality agenda
- Provided a focus on the drive for quality
- Helped pull quality information into one document
- Established quality improvement priorities
- Staff engaged in quality, and involved in setting priorities in the future
- Additional impetus to identify Trust-wide
- Meaningful engagement with the public

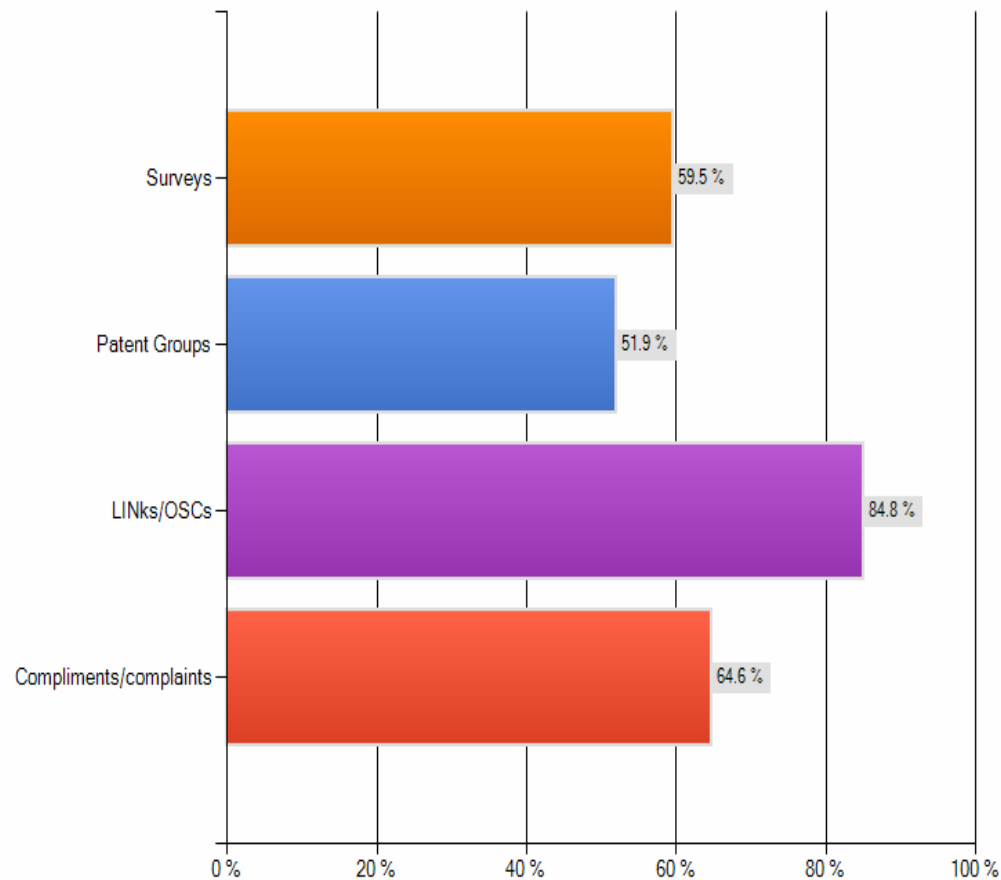


**Engagement**



# How did organisations engage?

Which of the following did you use to engage with patients and the public?



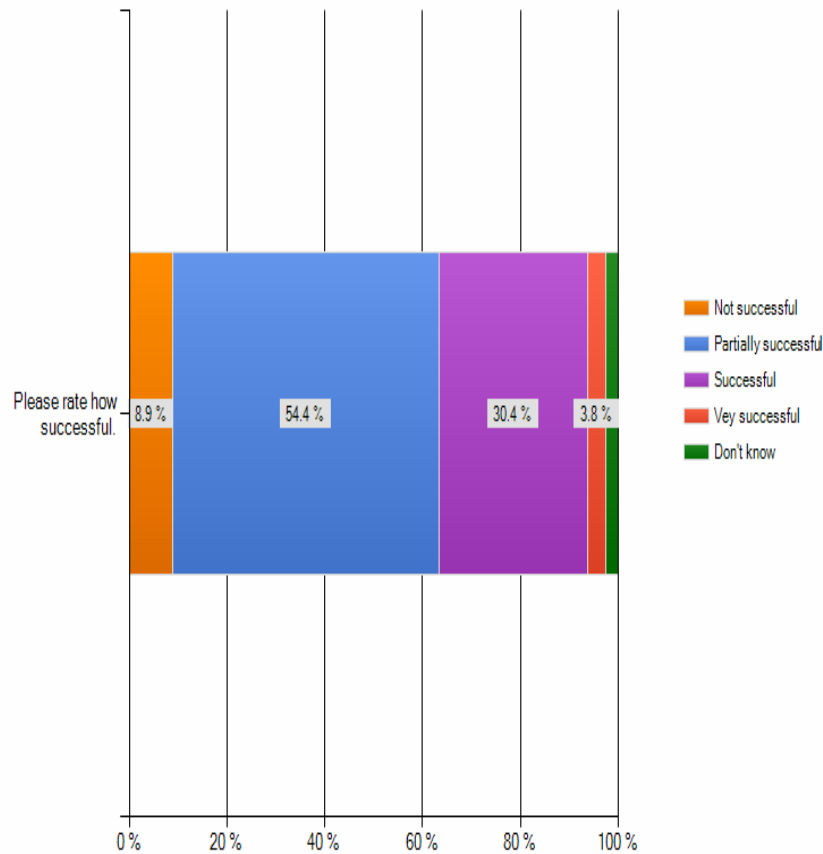
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## Other engagement included:

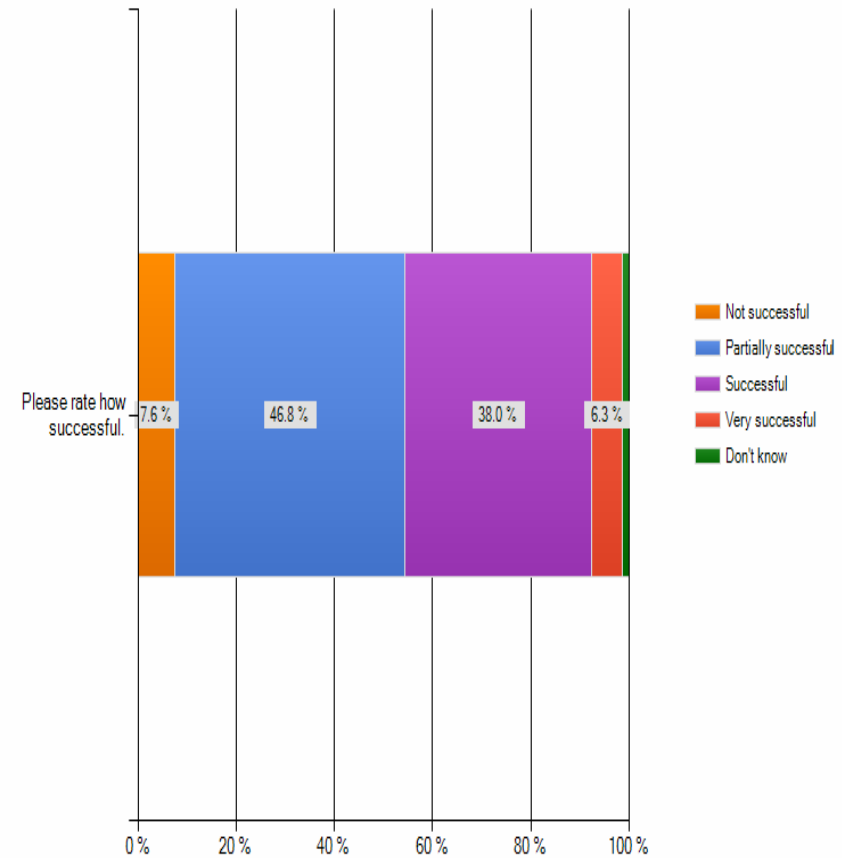
- Foundation Trust Governors
- Staff
- Comments on NHS Choices
- Annual public meeting
- Consultation events
- Provider Website

# How did engagement influence Quality Accounts?

How successful do you feel your engagement with stakeholders was in producing a Quality Account that was easy to read.

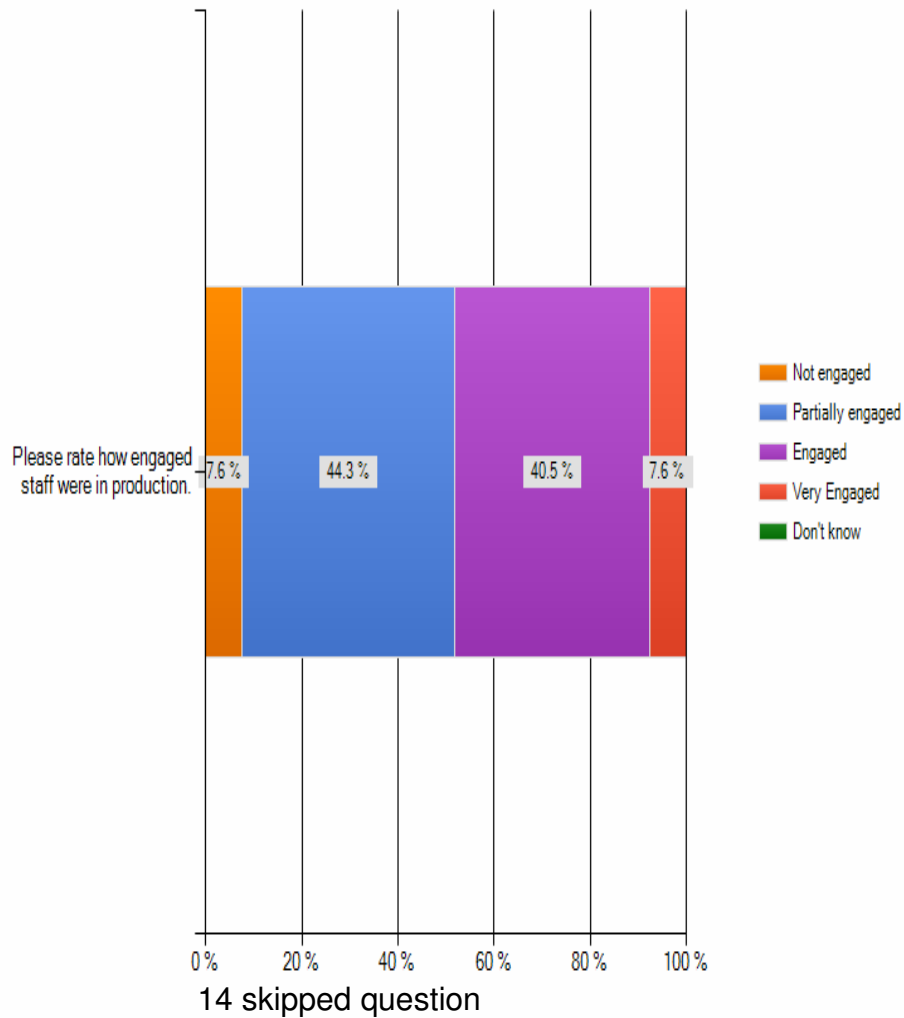


How successful do you feel your engagement with stakeholders was in producing a Quality Account that reflected local views?

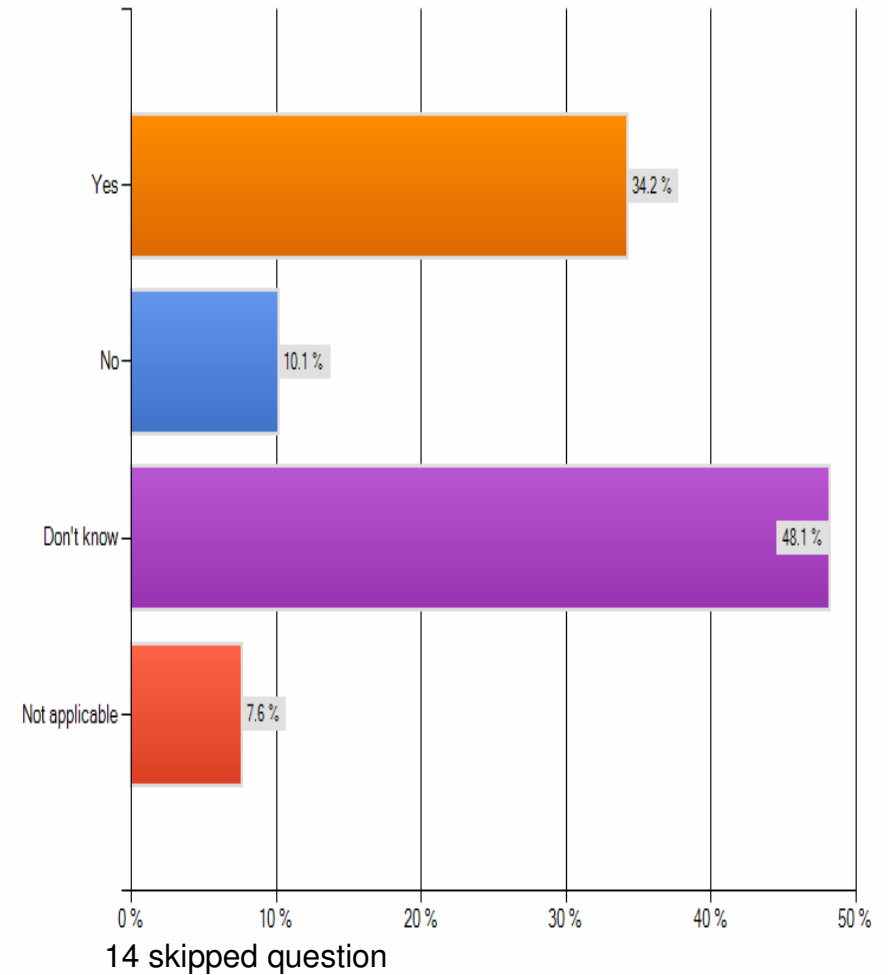


# Staff engagement

How engaged were staff in the production of Quality Accounts?

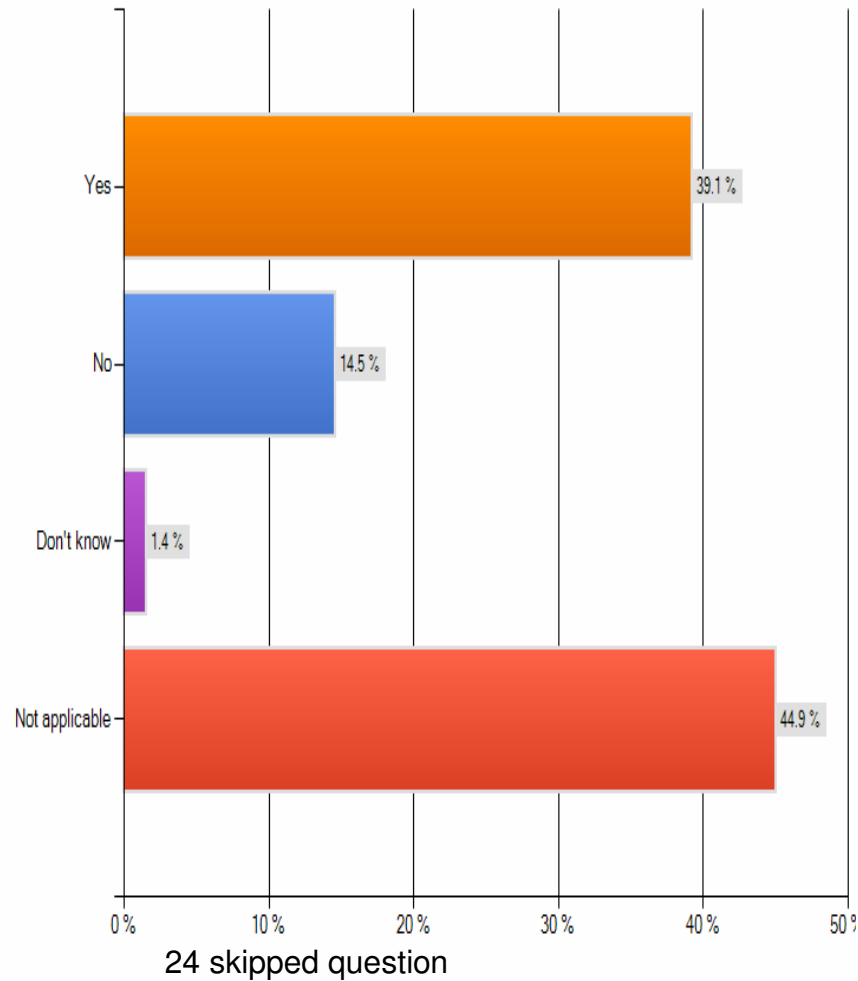


If so, did staff feel that Quality Accounts enabled them to make quality improvements to services?

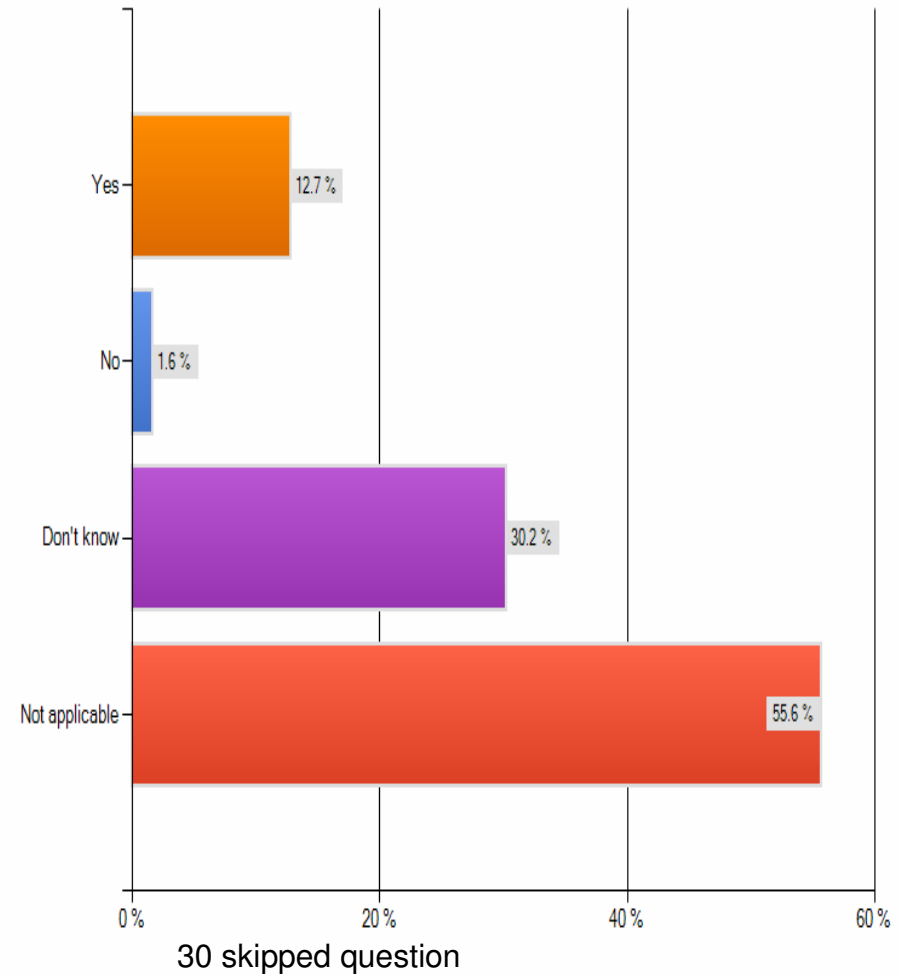


# Engagement of FT Members

If you are a Foundation Trust, were Foundation Trust members engaged in the production of the Quality Account? Please tick not applicable if this question does not apply to you.



If so, did Foundation Trust members feel that Quality Accounts enabled them to make quality improvements to services?



# How did stakeholder engagement influence Quality Accounts



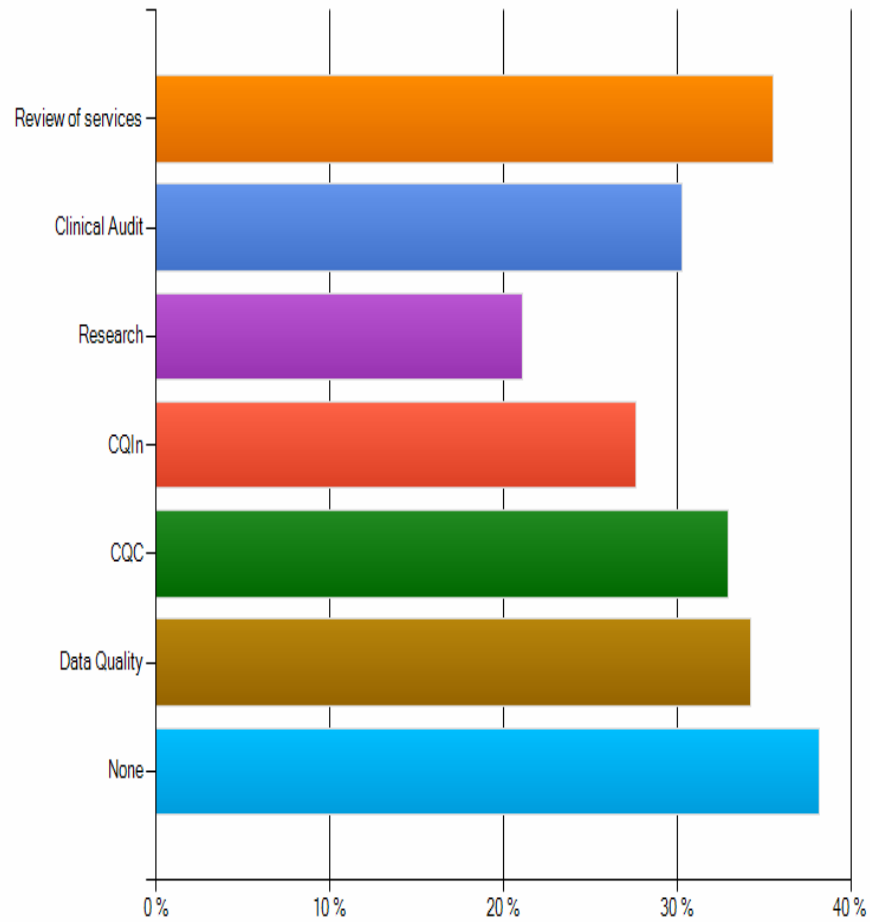
- Feedback received, particularly from staff throughout the organisation, highlighted the enthusiasm amongst staff for the delivery of high quality care to patients
- The three priorities for quality improvement were formed from extensive consultation with patients, Governors, clinical staff and managers.
- Gave valid suggestions for making the document more user friendly in terms of content and presentation/clarified need for plain speech and diagrams
- We asked stakeholder (particularly patients and visitors) what they saw as representing quality and made sure we included areas most often quoted.
- Service user feedback from surveys and focus groups enabled them to communicate what was important from their perspective
- Ensuring that the quality indicators and priorities were suitable for the local population
- Due to the short timescale between the issuing of the guidance and the production of the report there was little time for stakeholders to influence the content of the report
- Content of the final Quality Account document was minimally influenced by stakeholder engagement due to the prescriptive nature of the quality accounts template

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# Content of Quality Accounts

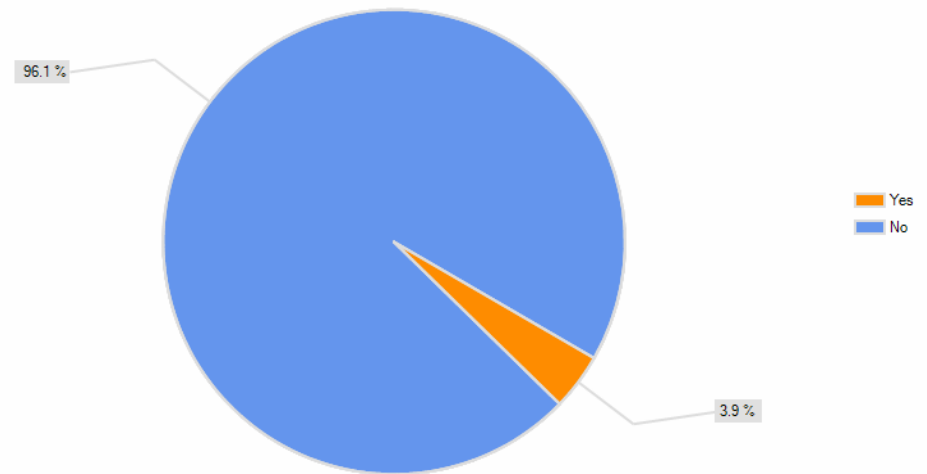
# Mandated Statements

Were there any mandated statements that you found particularly helpful in telling your story on quality improvement?



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Would you like to see more mandated elements?



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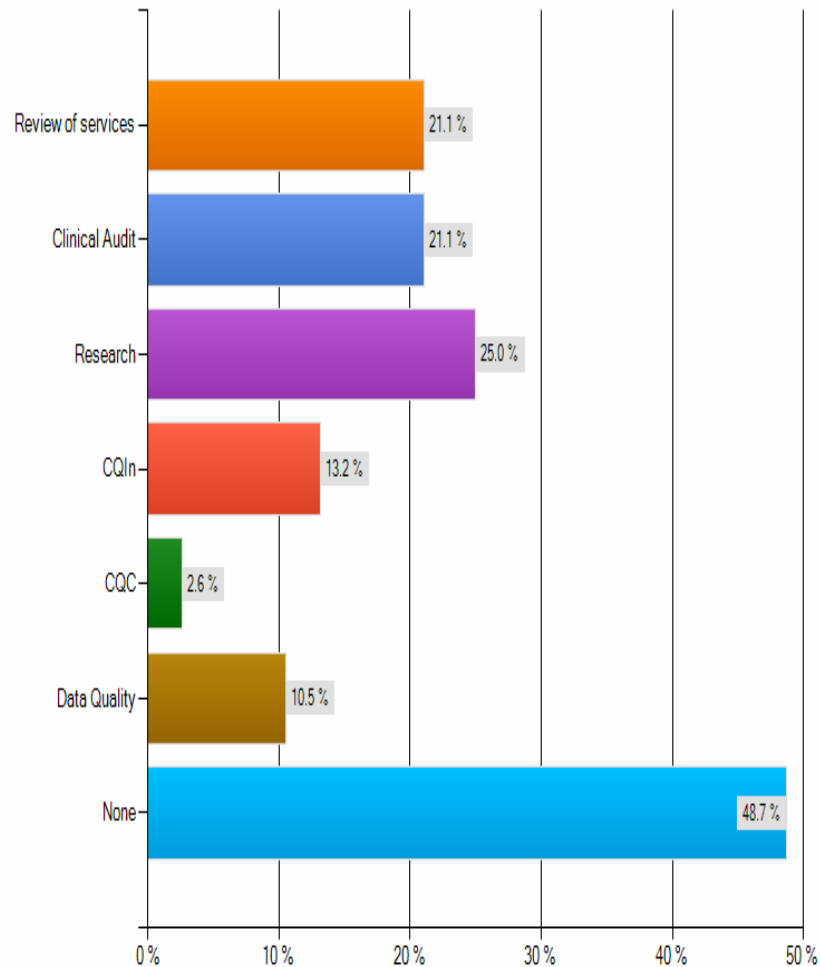
# Comments on Mandated Statements

- The mandated statements were generally regarded as over complicated and not user friendly, particularly from the public perspective
- The wording was inconsistent with our plain English approach/the mandated statements made the narrative extremely difficult/made the document hard to read and spoil the flow of what should be a user friendly publication
- Review of services, whilst it proved difficult to define, helped to communicate the work that was carried out during 2009/10 in the form of clinical audit, peer review and other external reviews to evaluate the quality of services at the Trust. A standard methodology for reporting the review of services would be helpful.
- The 'review of services' was entirely unnecessary and really difficult to do - where does one start / finish?
- All of the mandated statements were useful as a guide but they made it difficult to write a Quality Report which was written in a language the general public would understand.
- The sections on Clinical Audit and Research has helped to raise the profile of these areas, which if not mandated would probably not have appeared in the report
- The mandated statements were helpful to identify the areas that needed to be included but were far too prescriptive.



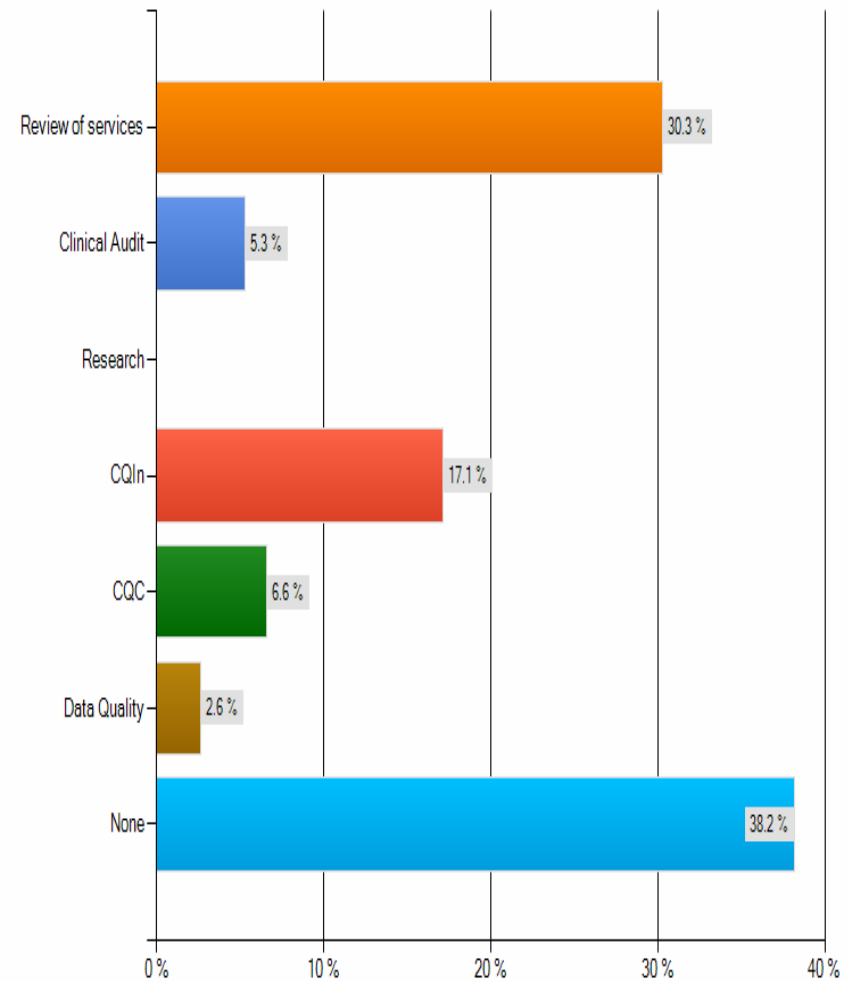
# Mandated Statements

Were there any mandated statements that where you found it difficult to find the data?



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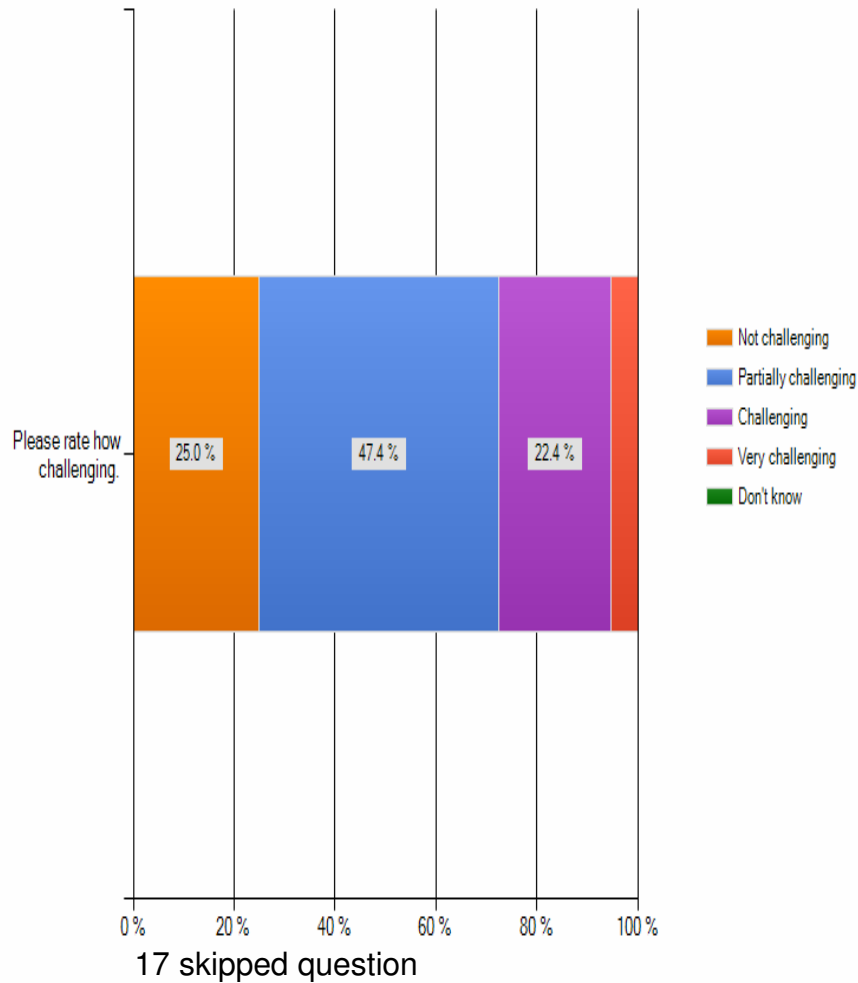
Which statement had most impact on determining quality improvement priorities?



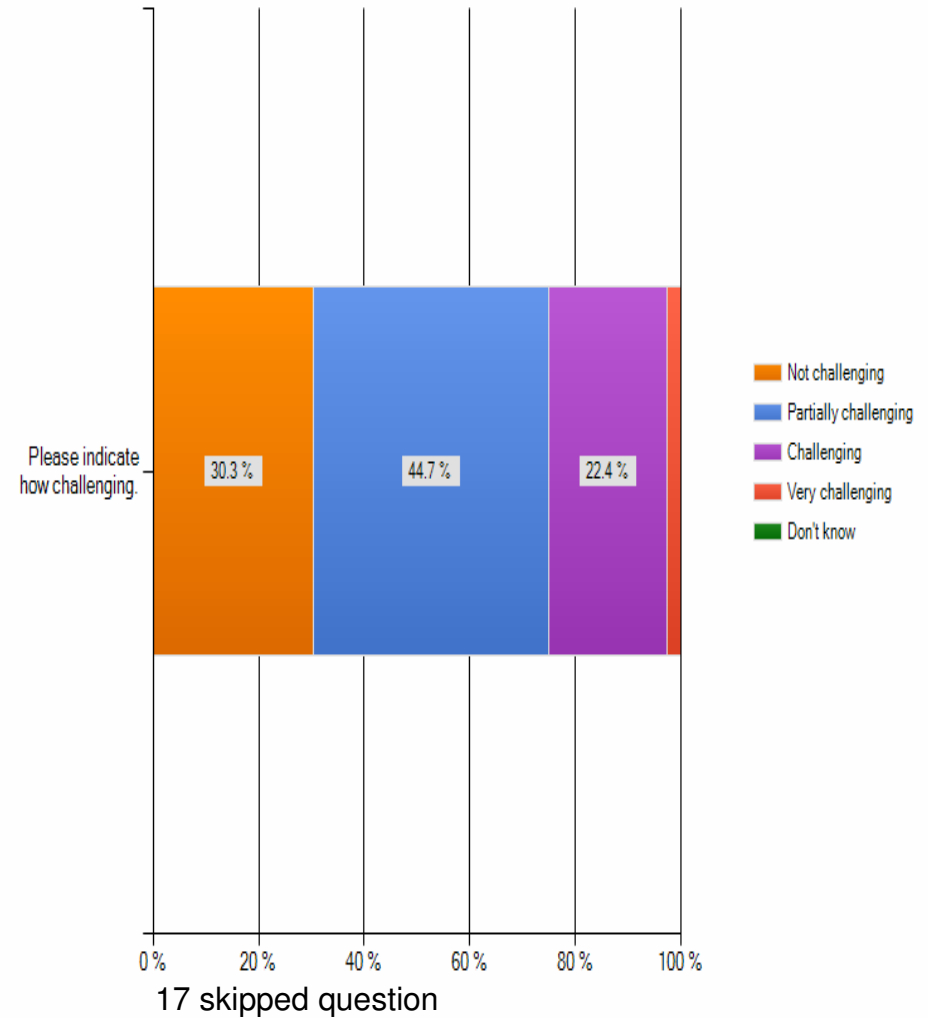
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# Review of quality performance

How challenging was it to write Part 3 (Information on the quality of services) of the Quality Account?



How challenging was it in Part 3 to identify/find Quality Indicators?



# What types of indicators and information did providers use in Quality Accounts?

- Mix of local and national
- Trust Patient Safety Strategy
- Both National and local indicators in response to patient safety, clinical effectiveness and patient experience.
- We decided this based on our quality objectives and also asked stakeholders for any specific areas
- We chose to report on priorities that would demonstrate examples of patient experience, patient safety and clinical effectiveness.
- Indicators stemmed from the available data that seemed to fit the national agenda
- We chose them partly in response to priorities identified through consultation, and partly as a result of the information readily available through metrics already collected

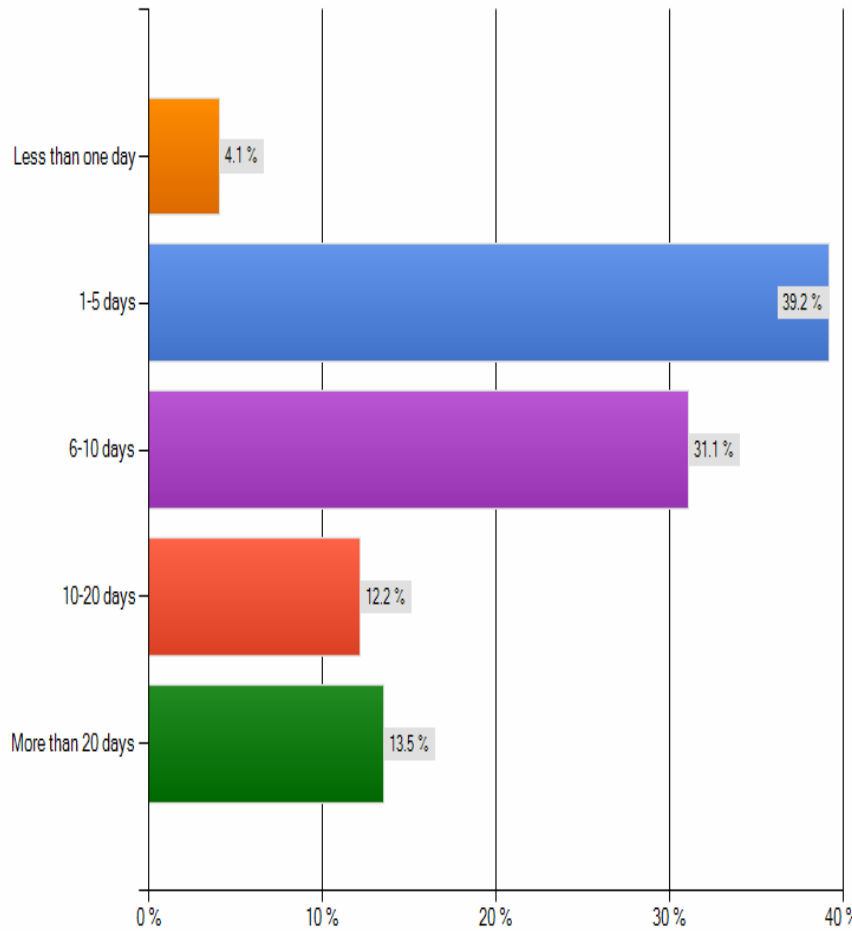
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# Production of Quality Accounts

# How many hours were spent on producing a Quality Account?

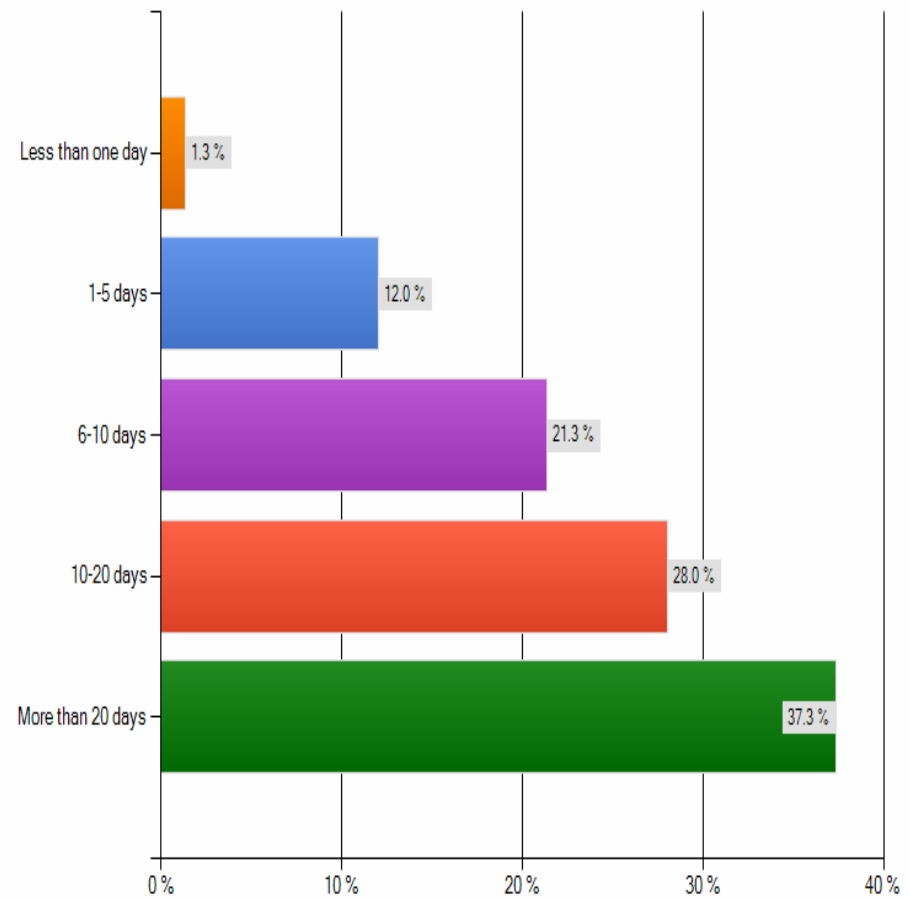


How many clinical working days were spent on producing your Quality Account?



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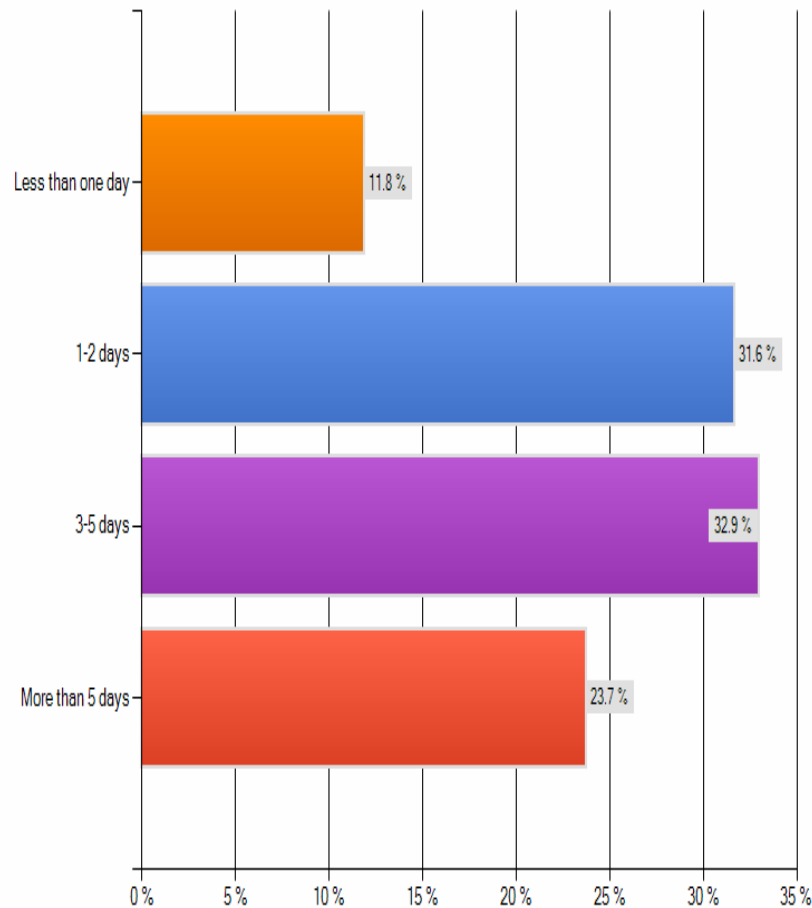
How many non-clinical hours (below board level) were spent on producing your Quality Account?



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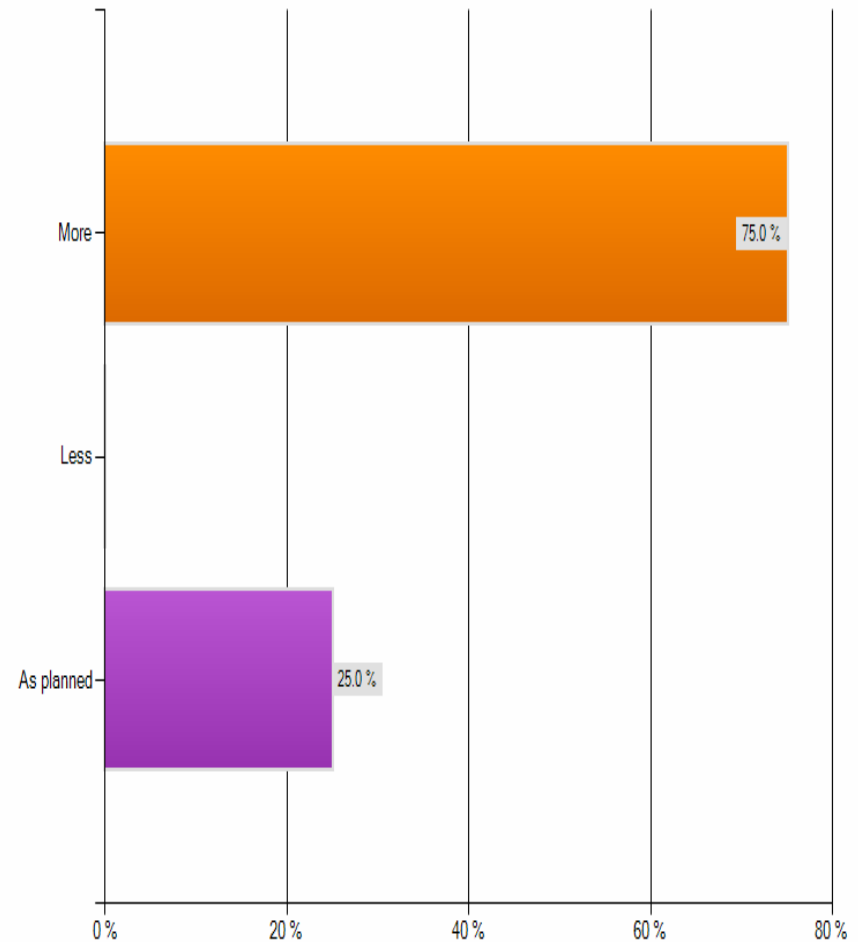
# How many hours were spent on producing a Quality Account?

How many hours did the board/senior management team spend on producing/assuring the Quality Account?



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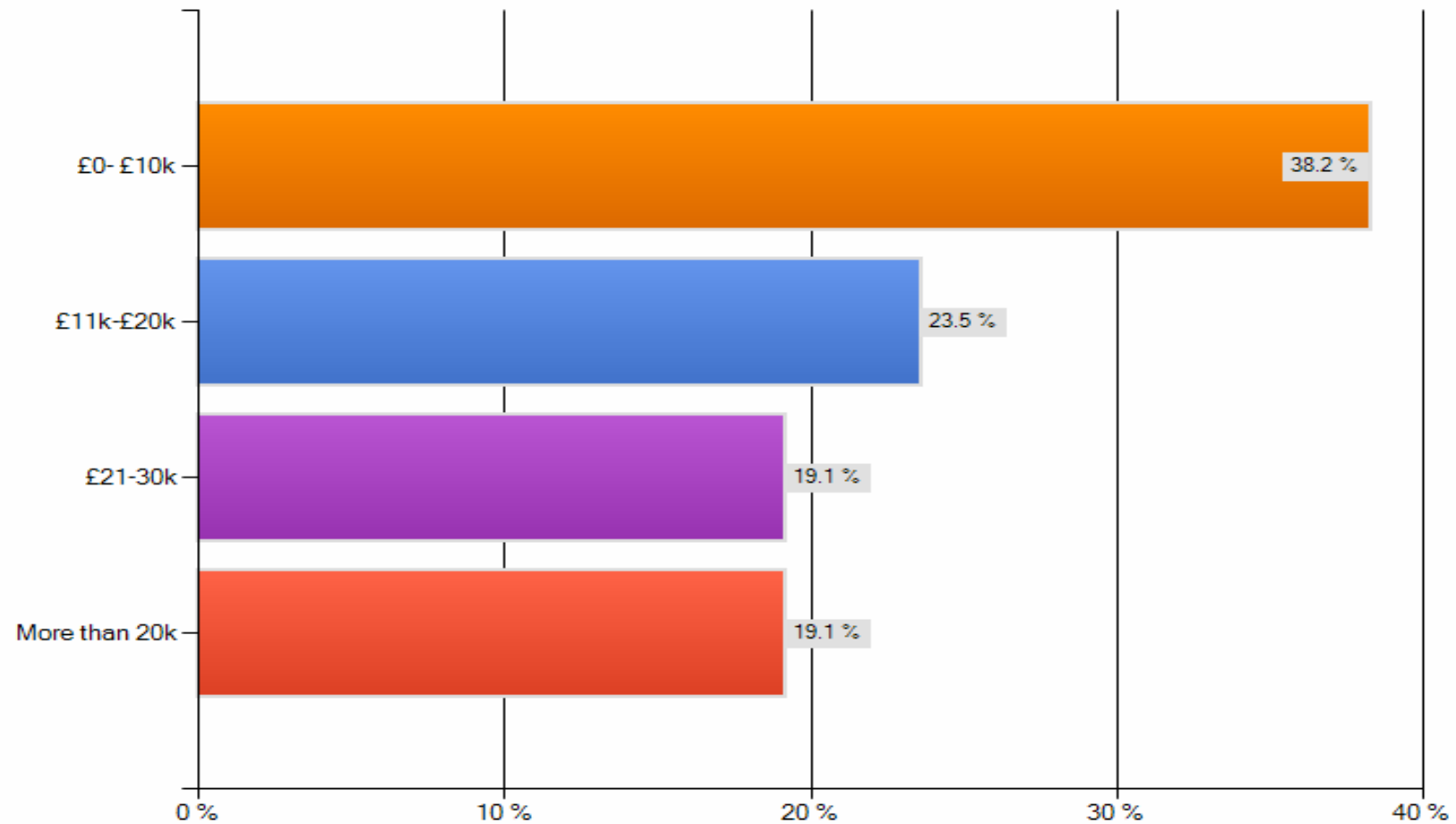
Did the production of a Quality Account take more or less time than originally planned?



17 skipped question

# Cost of a Quality Account

What is your best estimated cost of producing your QA?



25 skipped question

# Comments on production

- Documents printed in house to reduce cost
- The Quality Accounts are available on the Trust's website. We have limited the printing costs by restricting the number of hard copies produced but will provide a printed copy on request.
- The biggest cost was due to the external validation and audit of the accounts.
- The timescales need to be carefully reviewed. The guidance was too late. Full and broad consultation takes longer than was possible in the time
- The cost is mainly in time. The time will reduce as we become more experienced

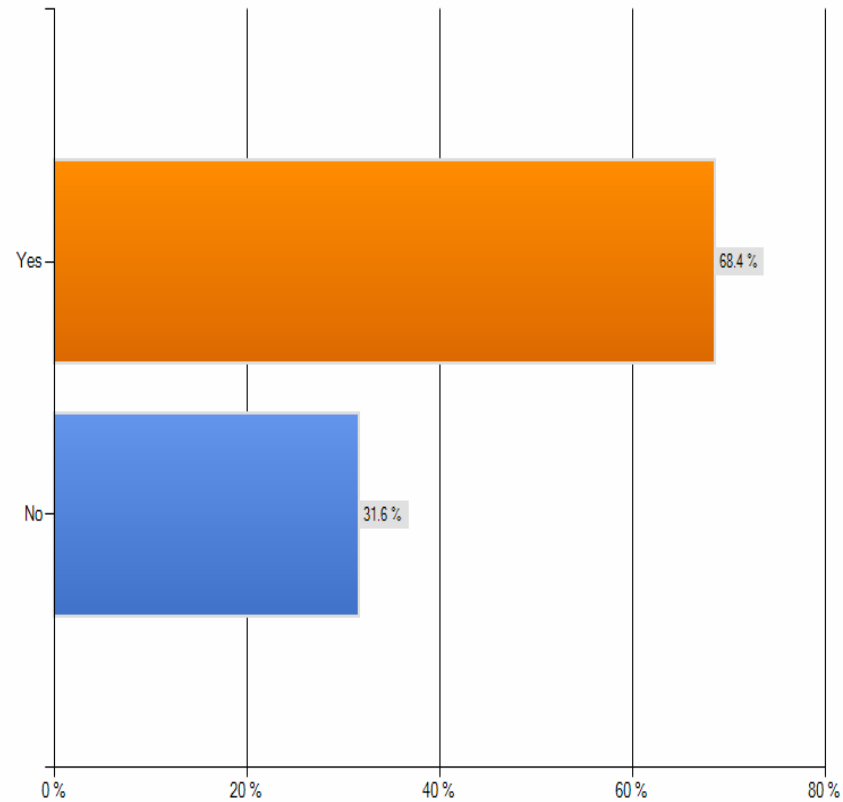


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# Assurance of Quality Accounts

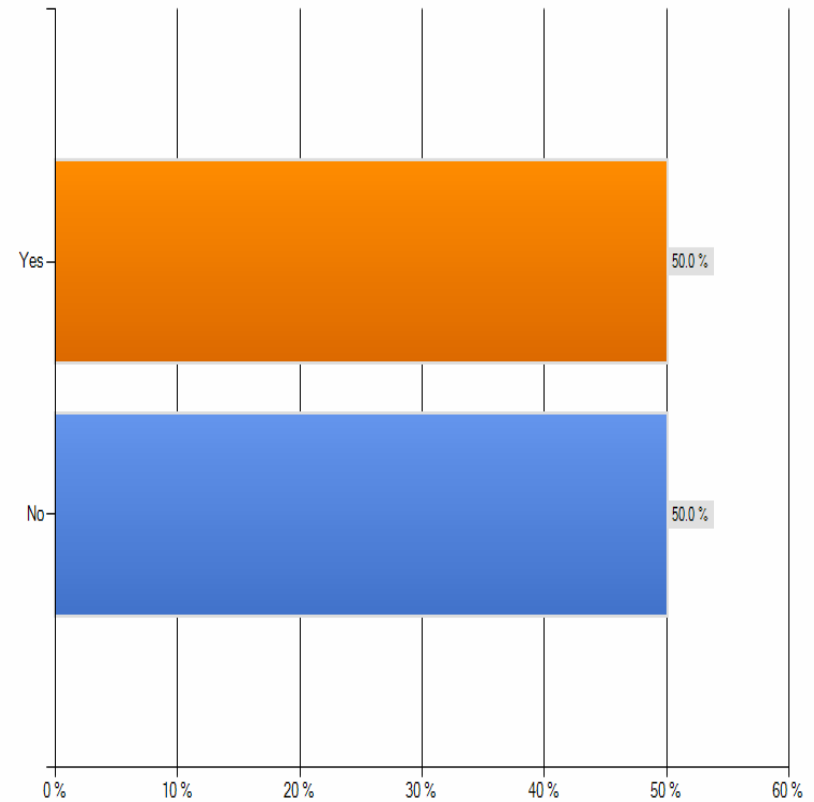
# Who provided a statement?

Did the LINK provide a statement?



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Did the OSC provide a statement?

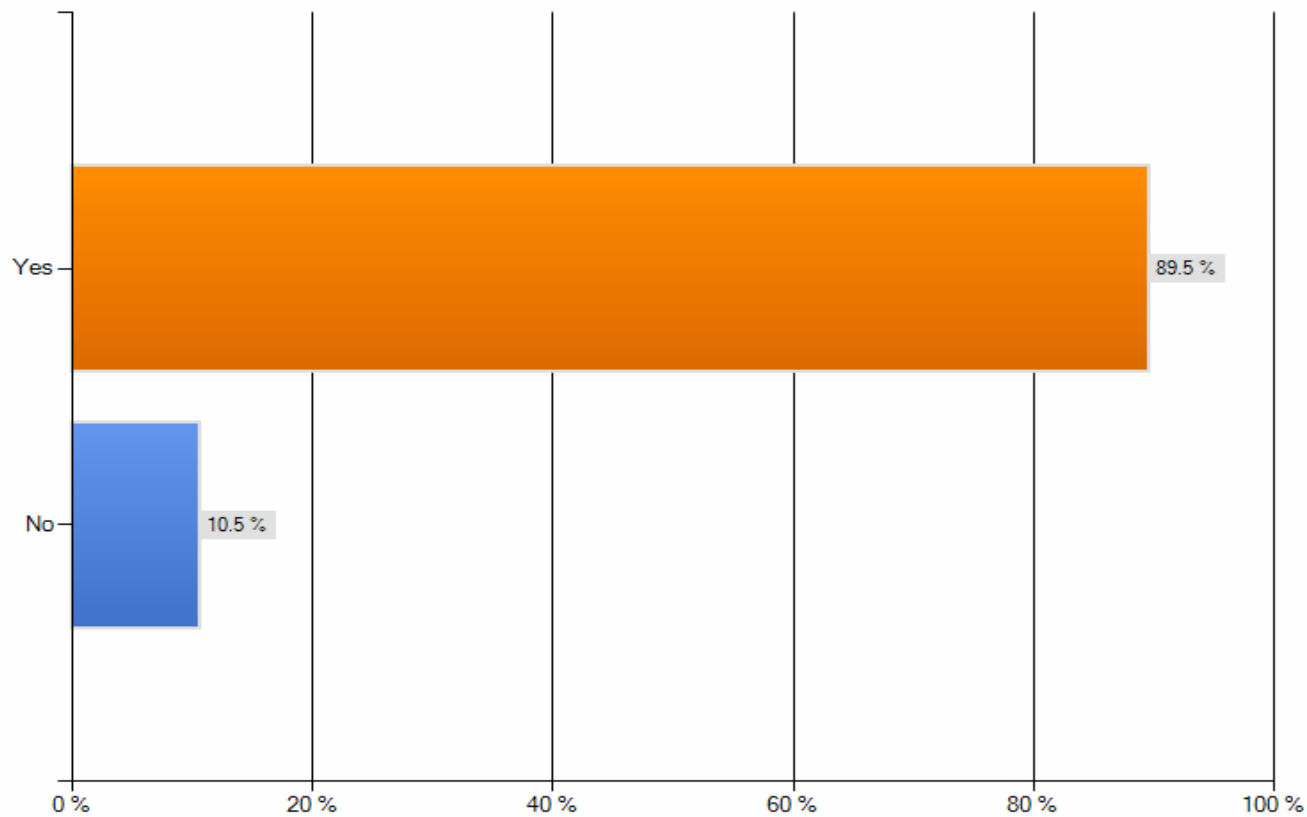


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# Did the PCT provide a statement within 30 days?



Did the PCT provide a statement within 30 days of receipt of the draft Quality Account?

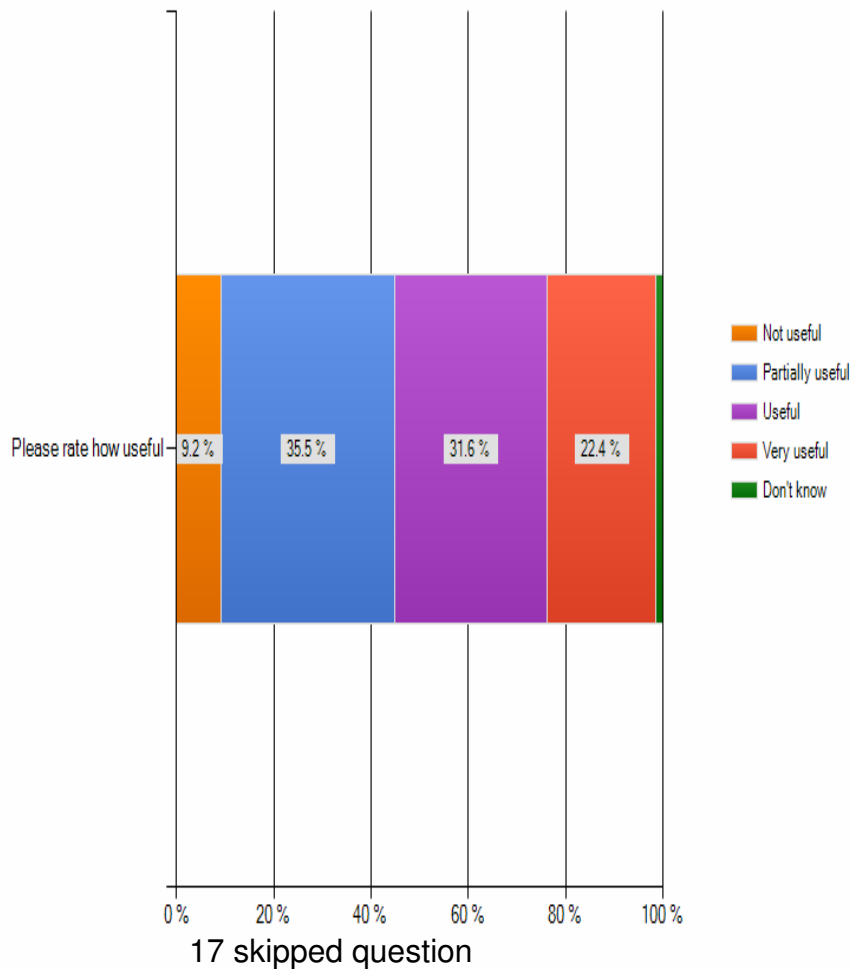


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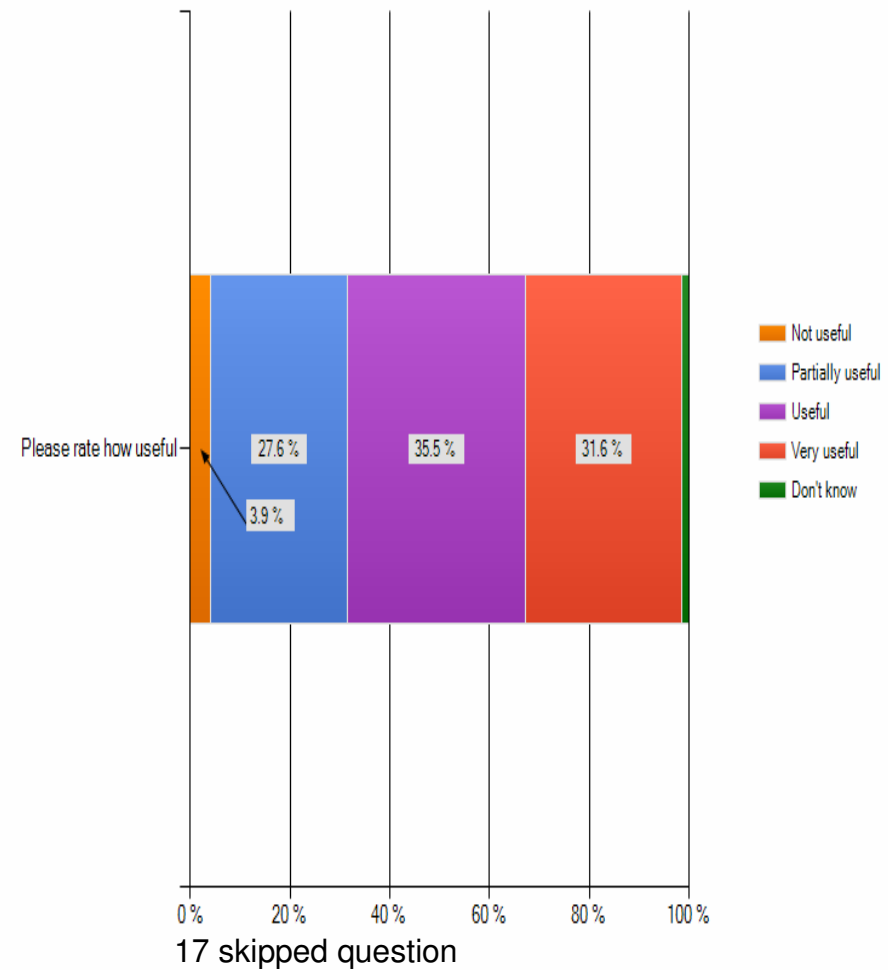
# How useful were PCT/LINK/OSC statements?



How useful were the statement(s) from PCT(SHA)/LINKs/OSC in telling your story?



How useful were the statement(s) from PCTs(SHA)/LINKs/OSC in assuring your Quality Account?

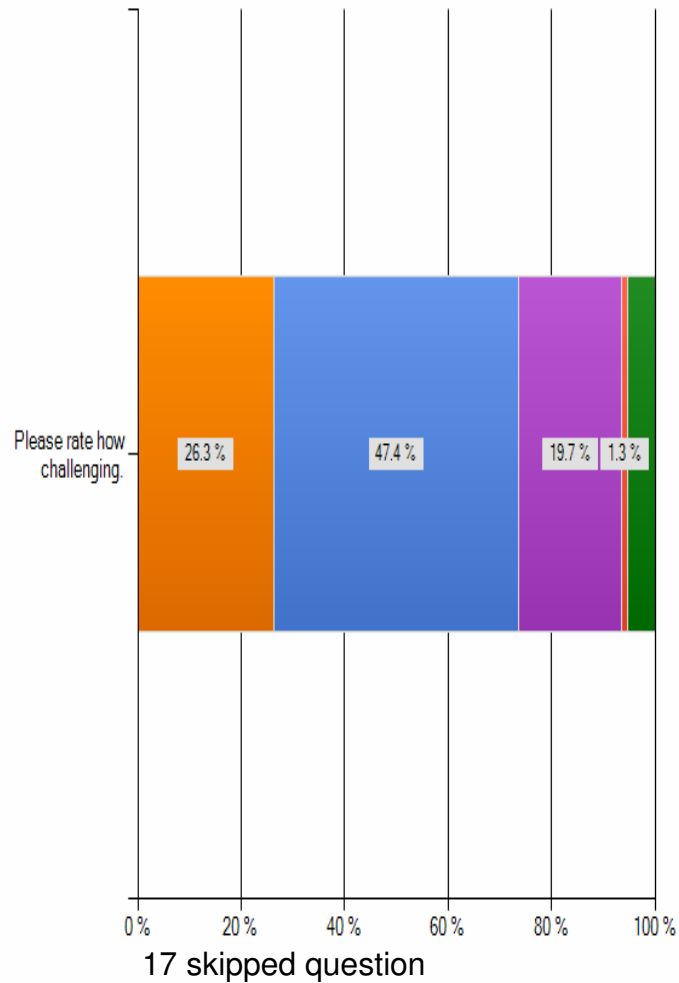


# Comments on the assurance process

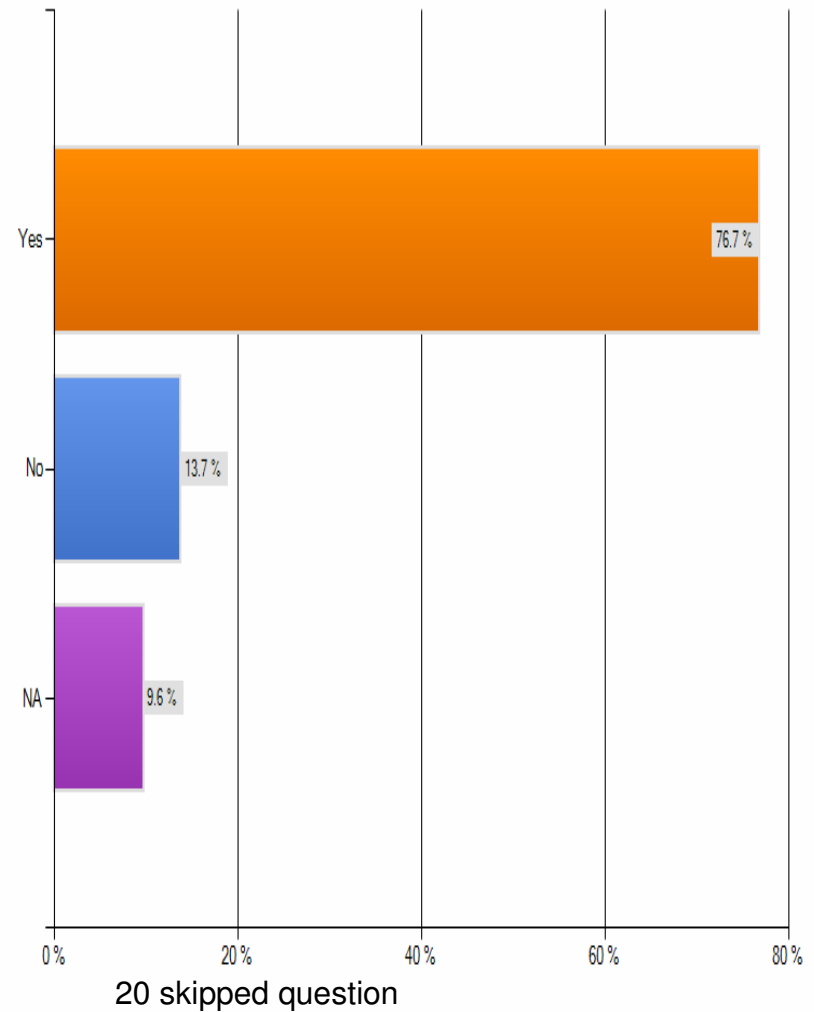
- Statements from our PCTs, LINK and OSCs all highlighted that the format of the accounts was not user/public friendly.
- Statements also identified that they would like more local information specific to their geographical location.
- By the time the final guidance and consultation details had been released there was not enough time to compile the Quality Account and then hand it over to LINK/OSC and wait for comments.
- It is not certain whether some partners understood what was expected from them in their statement about our quality account. This led to inconsistency of approach and format between them.
- A valuable contribution to the process, which will increase as the process becomes more embedded.
- Engagement is constant throughout the year, so the production of a statement from external sources is useful.
- For Foundation Trusts 30 day timing for response to quality account was put out of kilter by Monitor expectations of response to Quality Report (as part of Annual Report) which was on an entirely different timescale.

# Board sign off

How challenging did the board/senior manager find certifying that the information in the Quality Account was accurate?



Did the Board/Senior Manager find certifying the information to be beneficial?



# How could the assurance process be improved

- Now we have a format - which I anticipate will change somewhat- we have an opportunity to ensure it is part of ongoing business and build our assurance through the year including public reporting.
- Some data was not available until well after the end of the financial year which built in challenges to the timetable.
- A more streamlined approach with clarity on evidence required.
- One aspect of the account I will continue to push is 'data quality'. Without it you do not have the assurance and re-assurance that things are going well / not so well.
- Guidance on any internal/external assurance process requirements if this is to be published this year to be produced in good time.
- The assurance process should be embedded throughout the production of the Quality Accounts.

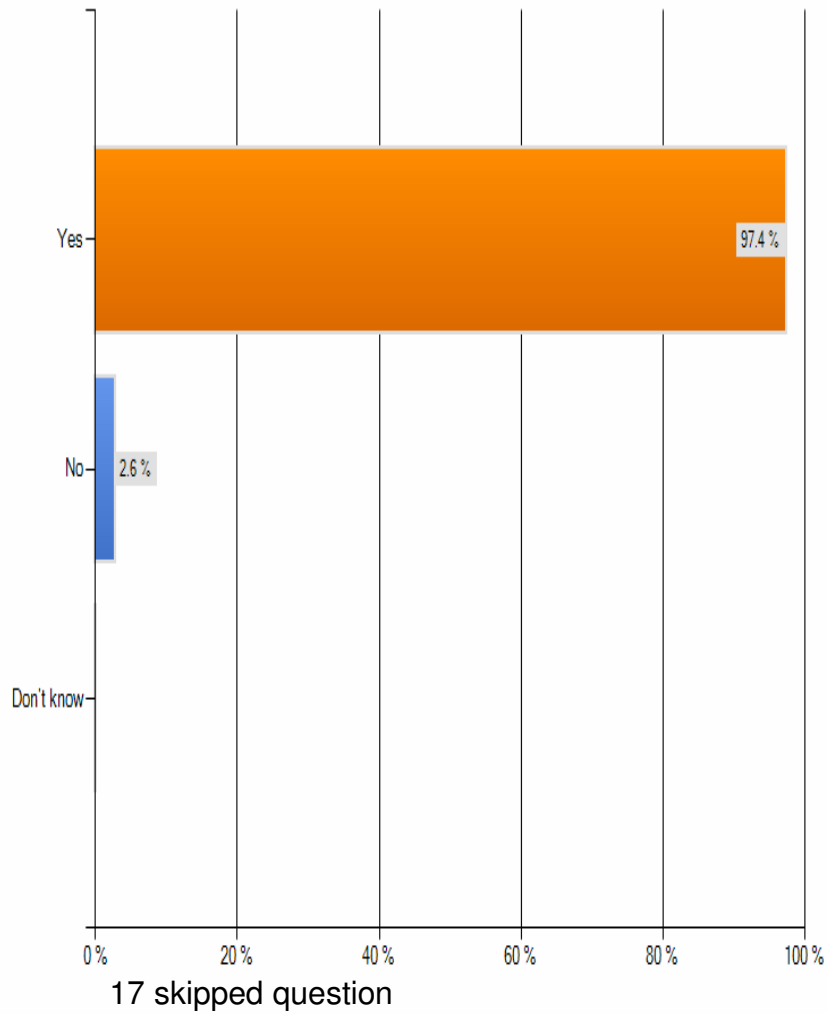
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# Supporting materials

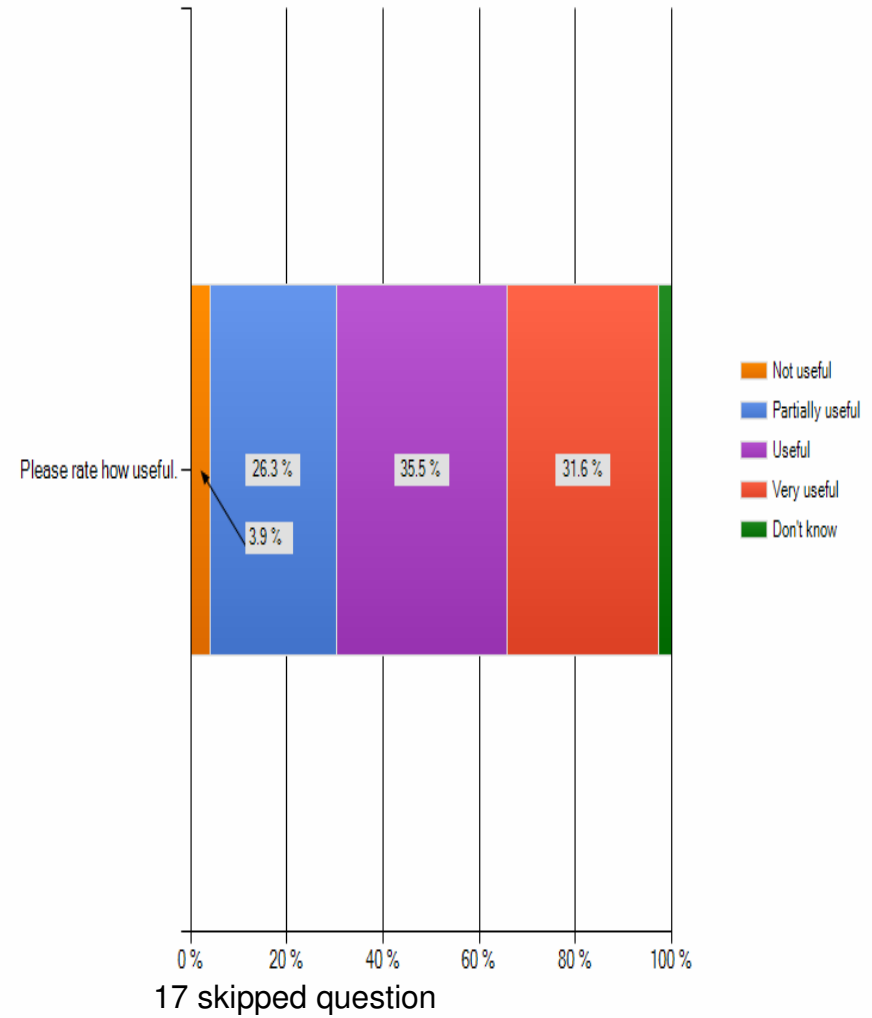


# DH Toolkit

Did you use the DH toolkit?



How useful did you find the DH toolkit?



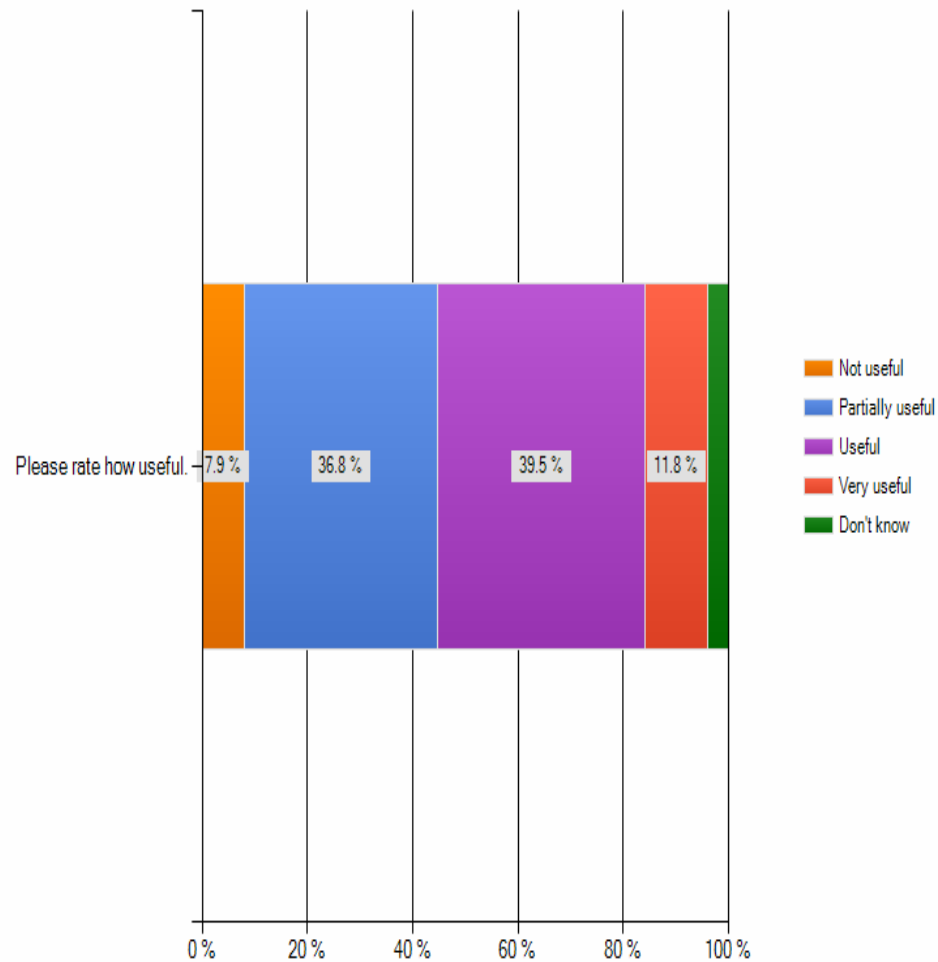
# Suggested additions and improvements for the toolkit



- I would like to see one set of guidance to cover all trusts and move away from different requirements set by the DH and by Monitor for the Quality Report. This created extra work and complexity to the process of reporting.
- Toolkit and actual "legal" guidance need to exactly reflect each other.
- It is hoped that learning from the Quality Account publications for 2009/10, including examples of best-practice, will feature in the Toolkit for 2010/11.
- It would be helpful to be clearer about which is mandated, and which are suggested good practice.
- Any amendments to be published in good time .

# DH Website

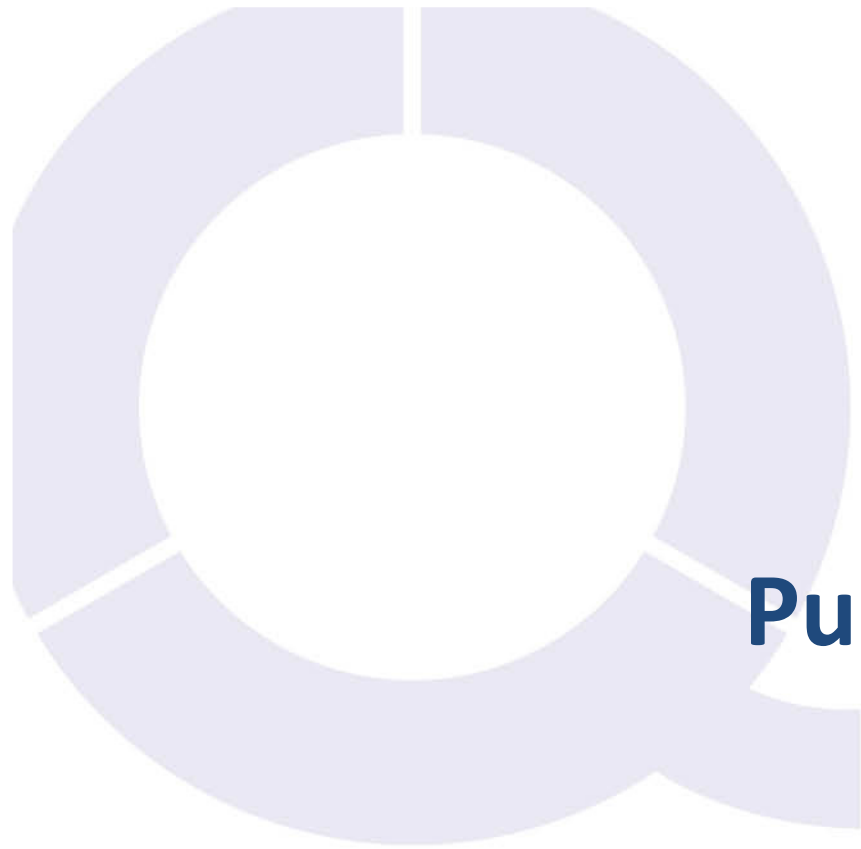
Did you find DH website's section on Quality Accounts useful?



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## Suggestions:

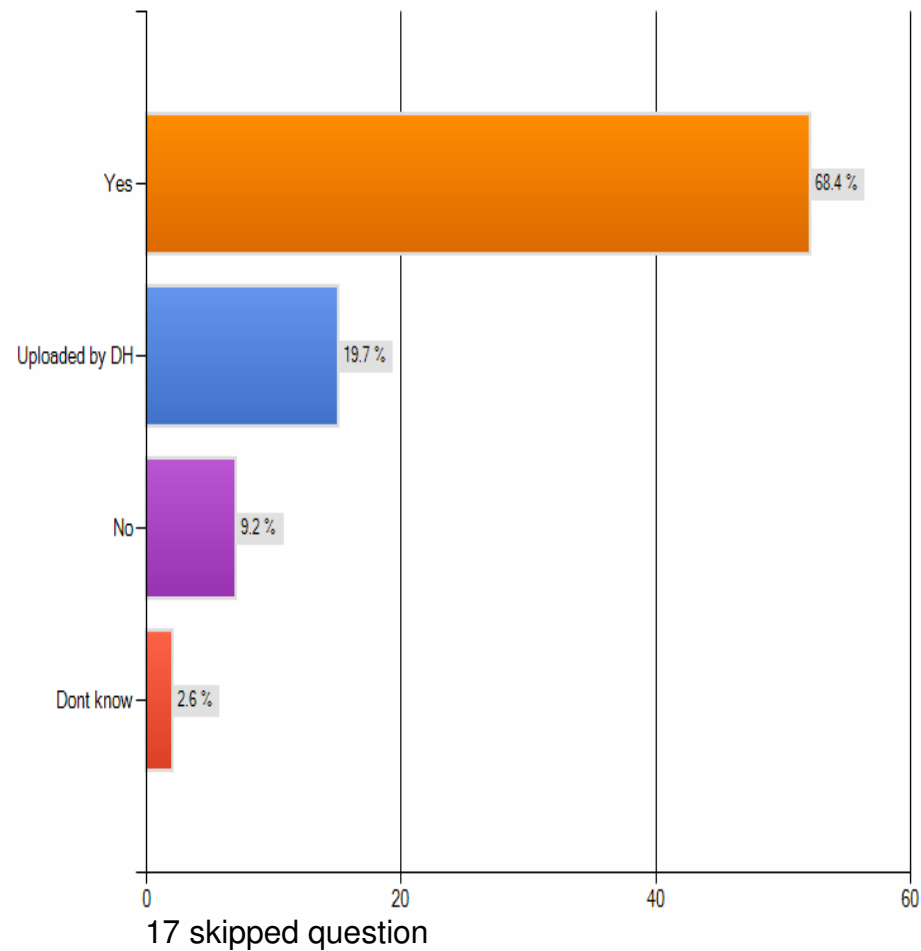
- The opportunity to email your queries was useful and the responses on the whole were timely.
- Highlighting examples of some of the best Quality Accounts on the DH website would also be valuable as it is simply not practical to carry out a local review of them all.
- More FAQs and information relating to publication, national and local clinical audit and external audit requirements.
- The website should include guidance issued to FTs by Monitor and a specific section for FTs would be helpful.



# **Publishing**

# Publishing

Did you successfully load your Quality Account on to NHS Choices?



## Other methods of publication:

- Summary versions
- Website
- Press releases
- Trust magazine
- Presentations/forums
- Notices
- Intranet
- Board meetings

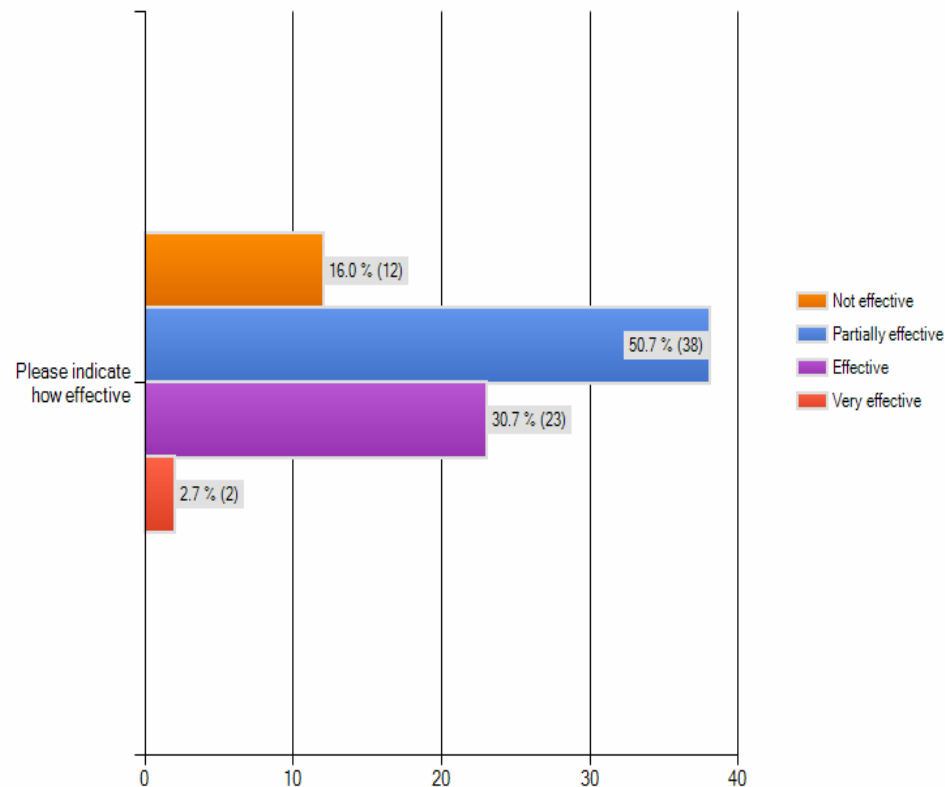
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# Quality Accounts going forward

# How could Quality Accounts become more effective?



How effective have Quality Accounts been this year as a quality tool which improves services for the public?



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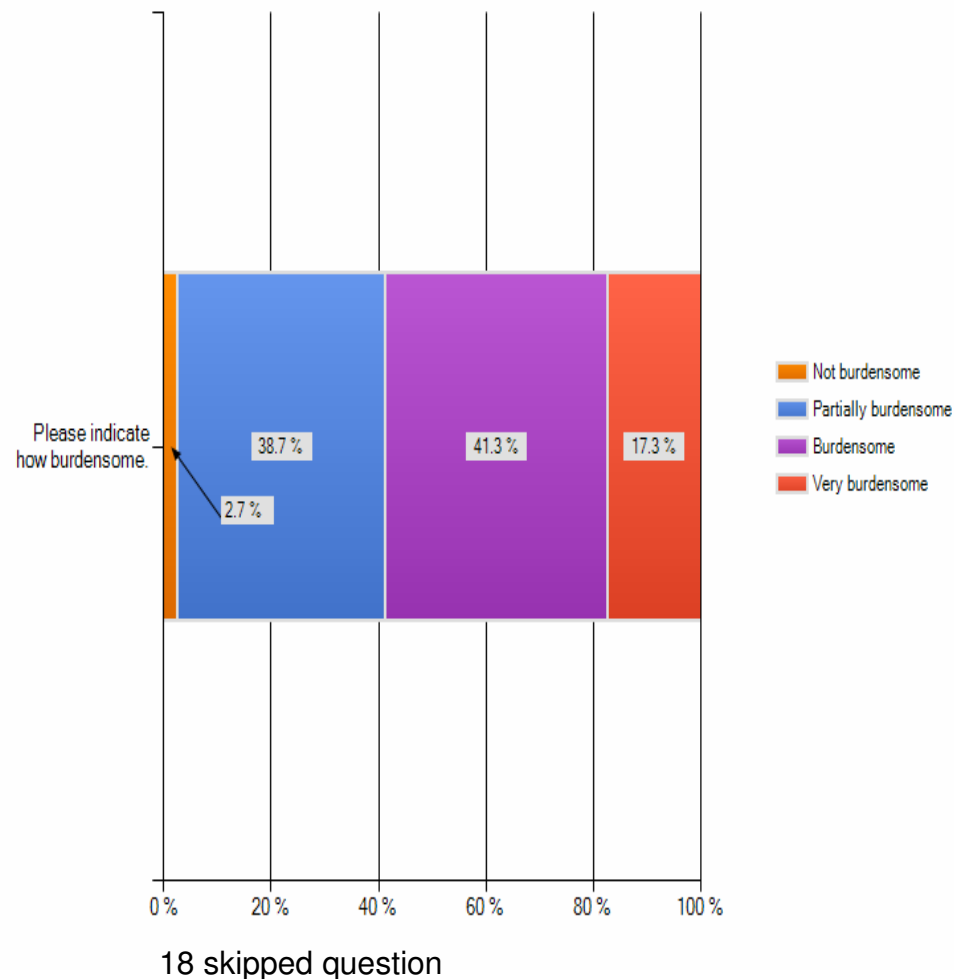
## Suggestions;

- To be less prescriptive allowing trusts to include locally relevant, meaningful information
- As arrangements for the production of Quality Accounts progress, including enhancement of patient, public and staff engagement, Quality Accounts will become more effective in raising quality standards.
- Quality Accounts could be more useful if there were far fewer mandated statements and more room for locally derived content.
- By having to provide information for benchmarking. As content was subject to local choice on the whole then Trusts concentrate on what has gone well.

# How could Quality Accounts become less burdensome?



How burdensome have Quality Accounts been this year?



## Suggestions

- More succinct with less mandated format or change in format.
- By having one set of guidance to work to (combined DH and Monitor).
- As this was our first quality account the process was burdensome in the respect of a new unknown approach, which we anticipate will be less so for our 10/11 account as we have learnt from this experience.
- Quality Accounts would be less burdensome if the final guidance was issued earlier and there were far fewer mandated statements