

2012 No. 3081

NATIONAL HEALTH SERVICE, ENGLAND

**The National Health Service (Quality Accounts) Amendment
Regulations 2012**

Made - - - - *10th December 2012*

Laid before Parliament *14th December 2012*

Coming into force in accordance with regulation 1(2)

The Secretary of State for Health makes these Regulations in exercise of the powers conferred by sections 8, 9(5) and 10(3) of the Health Act 2009(a).

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the National Health Service (Quality Accounts) Amendment Regulations 2012.

(2) These Regulations come into force on 1st April 2013, except for this regulation and regulations 5(1), (3), (4) and (5), 9 and 10(b) and (c) which come into force on 4th February 2013.

(3) In these Regulations “the Quality Accounts Regulations” means the National Health Service (Quality Accounts) Regulations 2010(b).

Amendment of regulation 1 of the Quality Accounts Regulations

2.—(1) Regulation 1 of the Quality Accounts Regulations (citation, commencement and interpretation) is amended as follows.

(2) In paragraph (2), after the definition of “the 2009 Act” insert—

““the Board” means the National Health Service Commissioning Board(c);

“clinical commissioning group” means a body established under section 14D of the 2006 Act(d) (effect of grant of application);

“Health and Social Care Information Centre” means—

(a) prior to the commencement of section 252(1) of the Health and Social Care Act 2012 (the Health and Social Care Information Centre), the Health and Social Care Information Centre established by the Health and Social Care Information Centre (Establishment and Constitution) Order 2005(e);

(b) on or after the date on which section 252(1) of that Act is commenced, the Health and Social Care Information Centre established by that section;”.

(a) 2009 c. 21. Section 8 was amended by section 55(2) of, and paragraph 177 of Schedule 5 to, the Health and Social Care Act 2012 (c.7).

(b) S.I. 2010/279, amended by S.I. 2011/269.

(c) Established by section 1H(1) of the National Health Service Act 2006 (c.41) (which was inserted by section 9(1) of the Health and Social Care Act 2012).

(d) Section 14D was inserted by section 25(1) of the Health and Social Care Act 2012.

(e) S.I. 2005/499.

(3) In sub-paragraphs (a) and (c) of paragraph (3), for “NHS services”, in each place it appears, substitute “relevant health services”.

Amendment of regulation 2 of the Quality Accounts Regulations

3.—(1) Regulation 2 of the Quality Accounts Regulations (exemption for NHS Continuing Healthcare and primary care services) is amended as follows.

(2) In the definition of “primary care services” in paragraph (2)—

(a) for “NHS services” substitute “relevant health services”;

(b) in sub-paragraph (a)(i)—

(i) for “section 83(2)(b)” substitute “section 83(2)”, and

(ii) for “PCTs” substitute “the Board”;

(c) after sub-paragraph (a)(v) insert—

“(avi) section 115(4) (arrangements made by the Board for provision of primary ophthalmic services),”;

(d) omit the “or” at the end of sub-paragraph (a)(ix); and

(e) omit sub-paragraph (b).

Amendment of regulation 3 of the Quality Accounts Regulations

4.—(1) Regulation 3 of the Quality Accounts Regulations (exemption for small providers from duty to publish information) is amended as follows.

(2) In paragraph (2)(b), for “Primary Care Trusts and Strategic Health Authorities” substitute “the Board and clinical commissioning groups”.

(3) In paragraphs (2)(b) and (4)(a) (in each place it appears), for “NHS services” substitute “relevant health services”.

Amendment of regulation 4 of the Quality Accounts Regulations

5.—(1) Regulation 4 of the Quality Accounts Regulations (prescribed information, content and form of document) is amended as follows.

(2) In sub-paragraphs (a), (b) and (c) of paragraph (1), for “NHS services” substitute “relevant health services”.

(3) In paragraph (1)(b), for “paragraph (2)” substitute “paragraphs (2) and (2A)”;

(4) In paragraph (2), for “in column 1” to “of that table” substitute “in items 1 to 11 of the table in the Schedule as presented in the way specified in column 2 of those items in that table”;

(5) After paragraph (2), insert—

“(2A) In relation to the bodies listed in subsection (2)(b) and (d) of section 8 of the 2009 Act who are under the duty in section 8(1) of that Act, the information specified in column 1 of items 12 to 26 of the table in the Schedule as presented in the way specified in column 2 of those items in that table is prescribed information for the purposes of those bodies carrying out that duty.”.

Amendment of regulation 5 of the Quality Accounts Regulations

6.—(1) Regulation 5 of the Quality Accounts Regulations (written statements by other bodies) is amended as follows.

(2) Omit sub-paragraph (a) of paragraph (1).

(3) In paragraph (1)(b) for “an appropriate Local Involvement Network” substitute “the appropriate Local Healthwatch organisation^(a)”.

(4) In paragraph (2), for “appropriate Local Involvement Network” substitute “appropriate Local Healthwatch organisation”.

Amendment of regulation 7 of the Quality Accounts Regulations

7. In paragraph (1) of regulation 7 of the Quality Accounts Regulations (priorities for improvement), for “NHS services” substitute “relevant health services”.

Substitution of regulations 8 and 9 of the Quality Accounts Regulations

8. For regulations 8 and 9 of the Quality Accounts Regulations, substitute the following—

“Document assurance by the Board or the relevant clinical commissioning group

8.—(1) Where paragraph (3) applies, the provider must provide a copy of the draft relevant document to the Board within 30 days beginning with 1st April following the end of the reporting period.

(2) Where paragraph (3) does not apply, the provider must provide a copy of the draft relevant document to the relevant clinical commissioning group within 30 days beginning with 1st April following the end of the reporting period.

(3) This paragraph applies where 50% or more of the relevant health services that the provider directly provides or sub-contracts during the reporting period are provided under contracts, agreements or arrangements with the Board (calculated by reference to the full cost to the provider of providing, either directly or through sub-contractors, the services).

(4) For the purpose of this regulation, “relevant clinical commissioning group” means—

- (a) where all the relevant health services that the provider directly provides or sub-contracts under contracts, agreements or arrangements with a clinical commissioning group are provided under contracts, agreements or arrangements with one clinical commissioning group, that clinical commissioning group;
- (b) where all the relevant health services that the provider directly provides or sub-contracts under contracts, agreements or arrangements with a clinical commissioning group are provided under contracts, agreements or arrangements with more than one clinical commissioning group, the clinical commissioning group which has responsibility for the largest number of persons to whom the provider has provided relevant health services during the reporting period.

(5) For the purposes of paragraph (4)(b), a clinical commissioning group has responsibility for a person receiving health services provided by a provider if, in relation to those services, it is responsible for that person under or by virtue of section 3 (duties of clinical commissioning groups as to commissioning certain health services) or 3A (power of clinical commissioning groups to commission certain health services) of the 2006 Act^(b).

Document assurance by appropriate Local Healthwatch organisation

9.—(1) The provider must provide a copy of the draft relevant document to the appropriate Local Healthwatch organisation within 30 days beginning with 1st April following the end of the reporting period.

(a) Local Healthwatch organisations are provided for in Part 14 of the Local Government and Public Involvement in Health Act 2007 (c.28) (“the 2007 Act”) as amended by Part 5 of the Health and Social Care Act 2012 (c.7). See in particular section 222 of the 2007 Act.

(b) Section 3 has been amended by section 13 of the Health and Social Care Act 2012 and section 3A was inserted by section 14 of that Act.

(2) For the purposes of this regulation, “appropriate Local Healthwatch organisation” means the Local Healthwatch organisation in the local authority area in which the provider has its registered or principal office located.”.

Insertion of additional regulation on guidance

9. After regulation 11 of the Quality Accounts Regulations, insert the following regulation—

“Guidance

12. Providers must have regard to any guidance issued by the Secretary of State which relates to Chapter 2 of the 2009 Act.”.

Amendment of the Schedule to the Quality Accounts Regulations

10. In the Schedule to the Quality Accounts Regulations (information to be contained in Part 2 of the relevant document)—

- (a) for “NHS services”, in each place it appears, substitute “relevant health services”;
- (b) in the heading of the second column of the table, after “by the provider” insert “*and the way that information must be presented*”;
- (c) after item 11, add the following items—

“12. The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to—

- (a) the value and banding of the summary hospital-level mortality indicator (“SHMI”) for the trust for the reporting period; and
- (b) the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.

The [name of trust] considers that this data is as described for the following reasons [insert reasons].

The [name of trust] [intends to take/has taken] the following actions to improve the indicator and percentage in (a) and (b), and so the quality of its services, by [insert description of actions].

Present, in a table format, the SHMI value for at least the last two reporting periods including the banding for each value.

13. The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period.

The [name of trust] considers that this percentage is as described for the following reasons [insert reasons].

The [name of trust] [intends to take/has taken] the following actions to improve this percentage, and so the quality of its services, by [insert description of actions].

Present, in a table format, the percentage for at least the last two reporting periods.

14. The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response

The [name of trust] considers that this percentage is as described for the following reasons [insert reasons].

The [name of trust] [intends to take/has taken] the following actions to improve this

by the trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period.

14.1 The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period.

15. The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period.

16. The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.

17. The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.

18. The data made available to the National

percentage, and so the quality of its services, by *[insert description of actions]*.

Present, in a table format, separately for Red 1 and Red 2 calls, the percentage for at least the last two reporting periods.

The *[name of trust]* considers that this percentage is as described for the following reasons *[insert reasons]*.

The *[name of trust]* *[intends to take/has taken]* the following actions to improve this percentage, and so the quality of its services, by *[insert description of actions]*.

Present, in a table format, the percentage for at least the last two reporting periods.

The *[name of trust]* considers that this percentage is as described for the following reasons *[insert reasons]*.

The *[name of trust]* *[intends to take/has taken]* the following actions to improve this percentage, and so the quality of its services, by *[insert description of actions]*.

Present, in a table format, the percentage for at least the last two reporting periods.

The *[name of trust]* considers that this percentage is as described for the following reasons *[insert reasons]*.

The *[name of trust]* *[intends to take/has taken]* the following actions to improve this percentage, and so the quality of its services, by *[insert description of actions]*.

Present, in a table format, the percentage for at least the last two reporting periods.

The *[name of trust]* considers that this percentage is as described for the following reasons *[insert reasons]*.

The *[name of trust]* *[intends to take/has taken]* the following actions to improve this proportion, and so the quality of its services, by *[insert description of actions]*.

Present, in a table format, the percentage for at least the last two reporting periods.

The *[name of trust]* considers that the

<p>Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust’s patient reported outcome measures scores for—</p> <ul style="list-style-type: none"> (i) groin hernia surgery, (ii) varicose vein surgery, (iii) hip replacement surgery, and (iv) knee replacement surgery, <p>during the reporting period.</p>	<p>outcome scores are as described for the following reasons [<i>insert reasons</i>].</p> <p>The [<i>name of trust</i>] [<i>intends to take/has taken</i>] the following actions to improve these outcome scores, and so the quality of its services, by [<i>insert description of actions</i>].</p> <p>Present, in a table format, the scores for at least the last two reporting periods.</p>
<p>19. The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients aged—</p> <ul style="list-style-type: none"> (i) 0 to 14; and (ii) 15 or over, <p>readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.</p>	<p>The [<i>name of trust</i>] considers that these percentages are as described for the following reasons [<i>insert reasons</i>].</p> <p>The [<i>name of trust</i>] [<i>intends to take/has taken</i>] the following actions to improve these percentages, and so the quality of its services, by [<i>insert description of actions</i>].</p> <p>Present, in a table format, the percentages for at least the last two reporting periods.</p>
<p>20. The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust’s responsiveness to the personal needs of its patients during the reporting period.</p>	<p>The [<i>name of trust</i>] considers that this data is as described for the following reasons [<i>insert reasons</i>].</p> <p>The [<i>name of trust</i>] [<i>intends to take/has taken</i>] the following actions to improve this data, and so the quality of its services, by [<i>insert description of actions</i>].</p> <p>Present, in a table format, the data for at least the last two reporting periods.</p>
<p>21. The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.</p>	<p>The [<i>name of trust</i>] considers that this percentage is as described for the following reasons [<i>insert reasons</i>].</p> <p>The [<i>name of trust</i>] [<i>intends to take/has taken</i>] the following actions to improve this percentage, and so the quality of its services, by [<i>insert description of actions</i>].</p> <p>Present, in a table format, the percentages for at least the last two reporting periods.</p>
<p>22. The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust’s “Patient experience of community mental health services” indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting</p>	<p>The [<i>name of trust</i>] considers that this indicator score is as described for the following reasons [<i>insert reasons</i>].</p> <p>The [<i>name of trust</i>] [<i>intends to take/has taken</i>] the following actions to improve this indicator score, and so the quality of its services, by [<i>insert description of actions</i>].</p>

period.

23. The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.

24. The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.

25. The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

26. Where the necessary data is made available to the trust by the Health and Social Care Information Centre, a comparison of the numbers, percentages, values, scores or rates of the trust (as applicable) in items 12 to 25 with—
(a) the national average for the same; and
(b) with those National Health Service trusts and NHS foundation trusts with the highest and lowest of the same,
for the reporting period.

Present, in a table format, the score for at least the last two reporting periods.

The [*name of trust*] considers that this percentage is as described for the following reasons [*insert reasons*].

The [*name of trust*] [*intends to take/has taken*] the following actions to improve this percentage, and so the quality of its services, by [*insert description of actions*].

Present, in a table format the number and rates for at least the last two reporting periods.

The [*name of trust*] considers that this rate is as described for the following reasons [*insert reasons*].

The [*name of trust*] [*intends to take/has taken*] the following actions to improve this rate, and so the quality of its services, by [*insert description of actions*].

Present, in a table format the number and rates for at least the last two reporting periods.

The [*name of trust*] considers that this number and/or rate is as described for the following reasons [*insert reasons*].

The [*name of trust*] [*intends to take/has taken*] the following actions to improve this number and/or rate, and so the quality of its services, by [*insert description of actions*].

Report the rate as per 100 patient admissions or per 1000 bed days, where data is available.

Present, in a table format the number and rates for at least the last two reporting periods.

Present the comparisons in a table or graph format (as seems most appropriate).”.

Signed by authority of the Secretary of State for Health.

10th December 2012

Earl Howe
Parliamentary Under-Secretary of State,
Department of Health

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations amend the National Health Service (Quality Accounts) Regulations 2010 (“the principal Regulations”).

They make amendments to the principal Regulations which are consequential on amendments made to the National Health Service Act 2006, the Local Government and Public Involvement in Health Act 2007 and the Health Act 2009 by the Health and Social Care Act 2012 (“the 2012 Act”). In particular, given that Primary Care Trusts and Strategic Health Authorities are abolished by the 2012 Act, references to them are removed from the principal Regulations. Regulation 8 inserts a substitute regulation 8 into the principal Regulations to provide that providers must send copies of their draft quality accounts to the National Health Service Commissioning Board or a clinical commissioning group, with the exact body that the draft quality accounts should be sent to identified in accordance with the substitute regulation 8; and regulation 8 also inserts a substitute regulation 9 into the principal Regulations to require the draft quality accounts to be sent by a provider to any Local Healthwatch organisation in the local authority area in which the provider is located.

Regulation 9 of these Regulations inserts a new regulation 12 into the principal Regulations to require providers to have regard to guidance issued by the Secretary of State in relation to quality accounts.

Regulation 10 of these Regulations amends regulation 4 of, and the Schedule to, the principal Regulations to provide that where National Health Service trusts and NHS foundation trusts are under a duty to publish quality accounts, Part 2 of those quality accounts must contain certain additional specified information.

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