STATUTORY INSTRUMENTS

2010 No. 279

NATIONAL HEALTH SERVICE, ENGLAND

The National Health Service (Quality Accounts) Regulations 2010

Made - - - -	*8th February 2010*
Laid before Parliament	*11th February 2010*
Coming into force - -	*1st April 2010*

The Secretary of State makes these Regulations in exercise of the powers conferred by sections 8, 9(5) and 10(3) of the Health Act 2009 [M1] and sections 8(1), 272(7) and 273(4) of the National Health Service Act 2006 [M2].

Marginal Citations

M1 2009 c. 21.

M2 2006 c. 41; the powers of the Secretary of State under this Act as exercised in these Regulations are exercisable only in relation to England, by virtue of section 271 of that Act. See section 275(1) for the definition of "regulations".

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the National Health Service (Quality Accounts) Regulations 2010 and shall come into force on 1st April 2010.

(2) In these Regulations—

"the 2006 Act" means the National Health Service Act 2006;

"the 2009 Act" means the Health Act 2009;

[[F1]"the Board" means the National Health Service Commissioning Board;

"clinical commissioning group" means a body established under section 14D of the 2006 Act (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;

(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;**]**

"relevant document" means a document which must be published under section 8(1) or (3) of the 2009 Act.

(3) For the purposes of these Regulations—

(a) "**[**[F2]relevant health services**]**" does not include the services exempted by regulation 2;

(b) a body or person sub-contracts services where—

(i) in the case of a body listed in section 8(2) of the 2009 Act, they make arrangements for a person not listed in section 8(2) or (3) of that Act to provide those services; and

(ii) in the case of a person listed in section 8(3) of the 2009 Act, they make arrangements as mentioned in section 2(5)(a) of that Act for another person to provide those services; and

(c) references to **[**[F3]relevant health services**]** provided by a body or person are a reference to—

(i) in the case of a body listed in section 8(2) of the 2009 Act, any **[**[F3]relevant health services**]** provided by that body; and

(ii) in the case of a person listed in section 8(3) of the 2009 Act, any **[**[F3]relevant health services**]** provided by that person as mentioned in section 2(4)(a) or (b) of the 2009 Act, or which that person assists in providing as mentioned in section 2(4)(b) of that Act.

Textual Amendments

F1 Words in reg. 1(2) inserted (1.4.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **2(2)**

F2 Words in reg. 1(3)(a) substituted (1.4.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **2(3)**

F3 Words in reg. 1(3)(c) substituted (1.4.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **2(3)**

Exemption for [[F4]NHS Continuing Healthcare] and primary care services

2.—(1) Section 8(1) and (3) of the 2009 Act (duty of provider to publish information) does not apply to **[**[F5]NHS Continuing Healthcare**]** and primary care services.

(2) For the purpose of this regulation—

[[F6]"NHS Continuing Healthcare" means a package of care arranged and funded solely by the health service for a person aged 18 or over to meet physical or mental health needs which have arisen as a result of illness;

"health service" and "illness" have the meanings given in section 275 of the 2006 Act;**]**

"primary care services" means **[**[F7]relevant health services**]**—

(a) provided under a contract, agreement or arrangement made under or by virtue of the following provisions of the 2006 Act—

(i) **[**[F8]section 83(2)**]** (arrangements made by **[**[F9]the Board**]** for provision of primary medical services),

(ii) section 84(1) (general medical services contracts),

(iii) section 92 (other arrangements for the provision of primary medical services),

(iv) section 100(1) (general dental services contracts),

(v) section 107(1) (other arrangements for the provision of primary dental services),

(avi) **[**[F10]section 115(4) (arrangements made by the Board for provision of primary ophthalmic services),**]**

(vi) section 117(1) (general ophthalmic services contracts),

(vii) section 126(1) (pharmaceutical services),

(viii) section 127(1) (additional pharmaceutical services), or

(ix) Schedule 12 (local pharmaceutical services schemes); [F11]...

(b) [F12]...

Textual Amendments

F4 Words in reg. 2 heading substituted (1.4.2011) by The National Health Service (Quality Accounts) Amendment Regulations 2011 (S.I. 2011/269), regs. 1, **2(2)(a)**

F5 Words in reg. 2(1) substituted (1.4.2011) by The National Health Service (Quality Accounts) Amendment Regulations 2011 (S.I. 2011/269), regs. 1, **2(2)(b)**

F6 Words in reg. 2(2) substituted (1.4.2011) by The National Health Service (Quality Accounts) Amendment Regulations 2011 (S.I. 2011/269), regs. 1, **2(2)(c)**

F7 Words in reg. 2(2) substituted (1.4.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **3(2)(a)**

F8 Words in reg. 2(2) substituted (1.4.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **3(2)(b)(i)**

F9 Words in reg. 2(2) substituted (1.4.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **3(2)(b)(ii)**

F10 Words in reg. 2(2) inserted (1.4.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **3(2)(c)**

F11 Word in reg. 2(2) omitted (1.4.2013) by virtue of The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **3(2)(d)**

F12 Words in reg. 2(2) omitted (1.4.2013) by virtue of The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **3(2)(e)**

Exemption for small providers from duty to publish information

3.—(1) Section 8(1) and (3) of the 2009 Act does not apply to a body or person in respect of a reporting period, where paragraph (2) applies.

(2) This paragraph applies to a body or person—

(a) which on the relevant date employed no more than fifty full time equivalent employees; and

(b) whose total income in relation to the reporting period under all contracts, agreements or arrangements with **[**[F13]the Board and clinical commissioning groups**]** for the provision of **[**[F14]relevant health services**]**, is not more than £130,000.

(3) The number of full time equivalent employees is calculated by dividing the total number of hours worked by all employees on the relevant date by the average standard contracted hours for the employing body or person for that period.

(4) For the purposes of this regulation, “the relevant date” in relation to a reporting period is—

(a) for any body or person not providing or subcontracting **[**[F15]relevant health services**]** on 1st April, the first day in that period the body or person provides or sub-contracts **[**[F15]relevant health services**]**; or

(b) in all other cases 1st April in that period.

Textual Amendments

F13 Words in reg. 3(2)(b) substituted (1.4.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **4(2)**

F14 Words in reg. 3(2)(b) substituted (1.4.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **4(3)**

F15 Words in reg. 3(4)(a) substituted (1.4.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **4(3)**

Prescribed information, content and form of document

4.—(1) A relevant document must consist of 4 parts as follows—

(a) Part 1, containing a statement summarising the provider's [M3] view of the quality of **[**[F16]relevant health services**]** provided or sub-contracted by the provider during the reporting period and the statement referred to in regulation 6;

(b) Part 2, containing the information relevant to the quality of **[**[F17]relevant health services**]** provided or sub-contracted by the provider during the reporting period which is prescribed for the purposes of section 8(1) or (3) of the 2009 Act by **[**[F18]paragraphs (2) and (2A)**]** and the information required by regulation 7;

(c) Part 3, containing other information relevant to the quality of **[**[F19]relevant health services**]** provided or sub-contracted by the provider during the reporting period which is included in the document by the provider; and

(d) an annex containing the statements or copies of the statements referred to in regulation 5.

(2) The information prescribed for the purposes of section 8(1) or (3) of the 2009 Act is the information specified **[**[F20]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**]**.

[[F21](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.**]**

(3) The annex referred to in paragraph (1)(d) is not required in a draft relevant document supplied under regulations 8 to 10

Textual Amendments

F16 Words in reg. 4(1)(a) substituted (1.4.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **5(2)**

F17 Words in reg. 4(1)(b) substituted (1.4.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **5(2)**

F18 Words in reg. 4(1)(b) substituted (4.2.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **5(3)**

F19 Words in reg. 4(1)(c) substituted (1.4.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **5(2)**

F20 Words in reg. 4(2) substituted (4.2.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **5(4)**
F21 Reg. 4(2A) inserted (4.2.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **5(5)**

Marginal Citations
M3 *See* section 9(1) of the Health Act 2009 for the meaning of "the provider".

Written statements by other bodies

5.—(1) The statements or copies of statements referred to in regulation 4(1)(d) are—

[F22](a) . . . .

(b) a copy of any written statement relating to the content of the relevant document, which is no more than **[**[F23]1000**]** words in length, provided prior to publication by **[**[F24]the appropriate Local Healthwatch organisation**]** in response to the draft received pursuant to regulation 9;

(c) a copy of any written statement relating to the content of the relevant document, which is no more than **[**[F25]1000**]** words in length, provided prior to publication in response to the draft received pursuant to regulation 10 by—

(i) the appropriate Overview and Scrutiny Committee, or

(ii) a joint overview and scrutiny committee carrying out the functions of that Overview and Scrutiny Committee under regulations under section 245 of the 2006 Act (joint overview and scrutiny committees etc.); and

(d) a statement by the provider setting out any changes made to the relevant document following receipt of such written statements.

(2) For the purpose of this regulation, "**[**[F26]appropriate Local Healthwatch organisation**]**" and "appropriate Overview and Scrutiny Committee" have the same meaning as in regulations 9 and 10.

Textual Amendments
F22 Reg. 5(1)(a) omitted (1.4.2013) by virtue of The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **6(2)**
F23 Word in reg. 5(1)(b) substituted (1.4.2011) by The National Health Service (Quality Accounts) Amendment Regulations 2011 (S.I. 2011/269), regs. 1, **2(3)**
F24 Words in reg. 5(1)(b) substituted (1.4.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **6(3)**
F25 Word in reg. 5(1)(c) substituted (1.4.2011) by The National Health Service (Quality Accounts) Amendment Regulations 2011 (S.I. 2011/269), regs. 1, **2(3)**
F26 Words in reg. 5(2) substituted (1.4.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **6(4)**

Signature by senior employee

6.—(1) The relevant document must include a written statement, at the end of Part 1, signed by the responsible person for the provider that to the best of that person's knowledge the information in the document is accurate.

(2) For the purpose of this regulation "the responsible person" means, where the provider is—

(a) a body corporate or partnership, the most senior employee;

(b) an unincorporated body of persons other than a partnership, a member of the provider's governing body or the most senior employee of the provider; or

(c) an individual, that individual.

Priorities for improvement

7.—(1) The relevant document must include, in Part 2, a description of the areas for improvement in the quality of **[**[F27]relevant health services**]** that the provider intends to provide or sub-contract for the 12 months following the end of the reporting period.

[[F28](2) The description must include—

(a) at least three priorities for improvement indicating the relationship, if any, between the identification of these priorities and the reviews of data relating to quality of care referred to in item 1.1 of the Schedule;

(b) progress made since the last relevant document (if one has been published before);

(c) how progress to achieve the priorities identified in paragraph (a) will be monitored and measured by the provider; and

(d) how progress to achieve the priorities identified in paragraph (a) will be reported by the provider.**]**

Textual Amendments

F27 Words in reg. 7(1) substituted (1.4.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **7**

F28 Reg. 7(2) substituted (1.4.2011) by The National Health Service (Quality Accounts) Amendment Regulations 2011 (S.I. 2011/269), regs. 1, **2(4)**

[[F29]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.

Textual Amendments

F29 Regs. 8, 9 substituted (1.4.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **8**

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.

(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.**]**

Textual Amendments

F29 Regs. 8, 9 substituted (1.4.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **8**

Document assurance by appropriate Overview and Scrutiny Committee

10.—(1) The provider must provide a copy of the draft relevant document to the appropriate Overview and Scrutiny Committee within 30 days beginning with 1st April following the end of the reporting period.

(2) For the purpose of this Regulation—

"Overview and Scrutiny Committee" means an overview and scrutiny committee of any local authority to which section 244 of the 2006 Act applies (functions of overview and scrutiny committees);

"the appropriate Overview and Scrutiny Committee" means the Overview and Scrutiny Committee of the local authority in whose area the provider has its registered or principal office located.

Publication and provision of copies

11. By 30th June following the end of the reporting period—

(a) the relevant document must be published by making the document electronically available on the NHS Choices website [M4], or another website if that website is not available at the time of publication; and

(b) a copy of the relevant document must be sent to the Secretary of State.

Marginal Citations

M4 *See* http://www.nhs.uk/Pages/HomePage.aspx.

[F30 Guidance

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

Textual Amendments

F30 Reg. 12 inserted (4.2.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **9**

Signed by authority of the Secretary of State for Health

Mike O'Brien
Minister of State

Department of Health

SCHEDULE

Regulation 4

Information to be contained in Part 2 of the relevant document

	Prescribed Information	***Form of statement (words in italics indicate information which must be inserted by the provider) [F31and the way that information must be presented]***
1.	The number of different types of [F32relevant health services] provided or sub-contracted by the provider during the reporting period, as determined in accordance with the categorisation of services— (a) specified under the contracts, agreements or arrangements under which those services are provided; or (b) in the case of an NHS body providing services other than under a contract, agreement or arrangements, adopted by the provider.	During [*reporting period*] the [*name of provider*] provided and/or sub-contracted [*number*] [F32relevant health services].
1.1	The number of [F32relevant health services] identified under entry 1 in relation to which the provider has reviewed all data available to them on the quality of care provided during the reporting period.	The [*name of provider*] has reviewed all the data available to them on the quality of care in [*number*] of these [F32relevant health services].
1.2	The percentage the income generated by the [F32relevant health services] reviewed by the provider, as identified under entry 1.1, represents of the total income for the provider for the reporting period under all contracts, agreements and arrangements held by the provider for the provision of, or sub-contracting of, [F32relevant health services].	The income generated by the [F32relevant health services] reviewed in [*reporting period*] represents [*number*] per cent of the total income generated from the provision of [F32relevant health services] by the [*name of provider*] for [*reporting period*].
2.	The number of national clinical audits M5 and national confidential enquiries M6 which collected data during the reporting period and which covered the [F32relevant health services] that the provider provides or sub-contracts.	During [*reporting period*] [*number*] national clinical audits and [*number*] national confidential enquiries covered [F32relevant health services] that [*name of provider*] provides.
2.1.	The number, as a percentage, of national clinical audits and national confidential enquiries, identified under entry 2, that the provider participated in during the reporting period.	During that period [*name of provider*] participated in [*number as a percentage*] national clinical audits and [*number as a percentage*] national confidential enquiries of the national clinical audits and national

		confidential enquiries which it was eligible to participate in.
2.2	A list of the national clinical audits and national confidential enquires identified under entry 2 that the provider was eligible to participate in.	The national clinical audits and national confidential enquiries that [*name of provider*] was eligible to participate in during [*reporting period*] are as follows: [*insert list*].
2.3	A list of the national clinical audits and national confidential enquiries, identified under entry 2.1, that the provider participated in.	The national clinical audits and national confidential enquiries that [*name of provider*] participated in during [*reporting period*] are as follows: [*insert list*].
2.4	A list of each national clinical audit and national confidential enquiry that the provider participated in, and which data collection was completed for during the reporting period, alongside the number of cases submitted to each audit, as a percentage of the number required by the terms of the audit or enquiry.	The national clinical audits and national confidential enquires that [*name of provider*] participated in, and for which data collection was completed during [*reporting period*], are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. [*insert list and percentages*]
2.5	The number of national clinical audit reports published during the reporting period that were reviewed by the provider during the reporting period.	The reports of [*number*] national clinical audits were reviewed by the provider in [*reporting period*] and [*name of* provider] intends to take the following actions to improve the quality of healthcare provided [*description of actions*].
2.6.	A description of the action the provider intends to take to improve the quality of healthcare following the review of reports identified under entry 2.5.	
2.7.	The number of local clinical audit [M7] reports that were reviewed by the provider during the reporting period.	The reports of [*number*] local clinical audits were reviewed by the provider in [*reporting period*] and [*name of provider*] intends to take the following actions to improve the quality of healthcare provided [*description of actions*].
2.8.	A description of the action the provider intends to take to improve the quality of healthcare following the review of reports identified under entry 2.7.	
3.	The number of patients receiving [[F32]relevant health services] provided or sub-contracted by the provider during the reporting period that were recruited during that period to participate in research approved by a research ethics committee within the National Research Ethics Service [M8] .	The number of patients receiving [[F32]relevant health services] provided or sub-contracted by [*name of provider*] in [*reporting period*] that were recruited during that period to participate in research approved by a research ethics committee was [*insert number*].
4.	Whether or not a proportion of the provider's income during the reporting period was conditional on achieving	Either: (a) A proportion of [*name of provider*] income in [*reporting period*] was conditional

	quality improvement and innovation goals under the Commissioning for Quality and Innovation payment framework M9 agreed between the provider and any person or body they have entered into a contract, agreement or arrangement with for the provision of [F32relevant health services].	on achieving quality improvement and innovation goals agreed between [*name of provider*] and any person or body they entered into a contract, agreement or arrangement with for the provision of [F32relevant health services], through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for [*reporting period*] and for the following 12 month period are available [F33electronically at [*provide a web link*]]. Or: (b) [*name of provider*] income in [*reporting period*] was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because [*insert reason*].
4.1	If a proportion of the provider's income during the reporting period was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework the reason for this.	
4.2.	If a proportion of the provider's income during the reporting period was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework, where further details of the agreed goals for the reporting period and the following 12 month period can be obtained.	
5.	Whether or not the provider is required to register with the Care Quality Commission ("CQC") under section 10 of the Health and Social Care Act 2008 M10 .	Either: [*name of provider*] is required to register with the Care Quality Commission and its current registration status is [*insert description*]. [*name of provider*] has the following conditions on registration [*insert conditions where applicable*]. The Care Quality Commission (has/has not) taken enforcement action against [*name of provider*] during [*reporting period*]. Or: [*name of provider*] is not required to register with the Care Quality Commission.
5.1.	If the provider is required to register with the CQC— (a) whether at end of the reporting period the provider is— (i) registered with the CQC with no conditions attached to registration, (ii) registered with the CQC with conditions attached to registration, or (iii) not registered with the CQC; (b) if the provider's registration with the CQC is subject to conditions what those conditions are; and (c) whether the Care Quality Commission has taken enforcement action against the provider during the reporting period.	
6.	F34 . . .	F34 . . .

6.1.	F34 . . .	
7.	Whether or not the provider has taken part in any special reviews or investigations by the CQC under section 48 of the Health and Social Care Act 2008 during the reporting period.	Either: [*name of provider*] has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during [*reporting period*] [*insert details of special reviews and/or investigations*]. [*name of provider*] intends to take the following action to address the conclusions or requirements reported by the CQC [*insert details of action*]. [*name of provider*] has made the following progress by 31st March [*insert year*] in taking such action [*insert description of progress*]. Or: [*name of provider*] has not participated in any special reviews or investigations by the CQC during the reporting period.
7.1.	If the provider has participated in a special review or investigation by the CQC— (a) the subject matter of any review or investigation, (b) the conclusions or requirements reported by the CQC following any review or investigation, (c) the action the provider intends to take to address the conclusions or requirements reported by the CQC, and (d) any progress the provider has made in taking the action identified under paragraph (c) prior to the end of the reporting period.	
8.	Whether or not during the reporting period the provider submitted records to the Secondary Uses service M11 for inclusion in the Hospital Episode Statistics M12 which are included in the latest version of those Statistics published prior to publication of the relevant document by the provider.	Either: [*name of provider*] submitted records during [*reporting period*] to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data: — which included the patient's valid NHS number was: [*percentage*] for admitted patient care; [*percentage*] for out patient care; and [*percentage*] for accident and emergency care. — which included the patient's valid General Medical Practice Code was: [*percentage*] for admitted patient care; [*percentage*] for out patient care; and [*percentage*] for accident and emergency care. Or: [*name of provider*] did not submit records during [*reporting period*] to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.
8.1.	If the provider submitted records to the Secondary Uses service for inclusion in the Hospital Episodes Statistics which are included in the latest published data: (a) the percentage of records relating to admitted patient care which include the patient's— (i) valid NHS number; and (ii) General Medical Practice Code; (b) the percentage of records relating to out patient care which included the patient's— (i) valid NHS number; and (ii) General Medical Practice Code; (c) the percentage of records relating to accident and emergency care which included the patient's—	

(i) valid NHS number; and
(ii) General Medical Practice Code.

[F35 9.	The provider's Information Governance Assessment Report overall score for the reporting period as a percentage and as a colour according to the IGT Grading scheme.	[*name of provider*] Information Governance Assessment Report overall score for [*reporting period*] was [*percentage*] and was graded [*insert colour from IGT Grading Scheme*].**]**
10.	Whether or not the provider was subject to the Payment by Results clinical coding audit at any time during the reporting period by the Audit Commission M13 .	Either: [*name of provider*] was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were [*percentages*]. Or: [*name of provider*] was not subject to the Payment by Results clinical coding audit during [*reporting period*] by the Audit Commission.
10.1	If the provider was subject to the Payment by Results clinical coding audit by the Audit Commission at any time during the reporting period, the error rates, as percentages, for clinical diagnosis coding and clinical treatment coding reported by the Audit Commission in any audit published in relation to the provider for the reporting period prior to publication of the relevant document by the provider.	
[F36 11.	The action taken by the provider to improve data quality.	[*name of provider*] will be taking the following actions to improve data quality [*insert actions*].**]**
[F37 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*] [*intendsto 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 by the trust at the scene of the emergency within 8 minutes of receipt of that call 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, separately for Red 1 and Red 2 calls, the percentage for at least the last two reporting periods.
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.	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.
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.	The [*name of trust*] considers that this percentage is as described for the following reasons [*insert reasons*]. The [*name of trust*] [*intendsto 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.
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.	The [*name of trust*] considers that this percentage is as described for the following reasons [*insert reasons*]. The [*name of trust*] [*intendsto 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.
17.	The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care	The [*name of trust*] considers that this percentage is as described for the following reasons [*insert reasons*].

	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.	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.
18.	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 reported outcome measures scores for— (i) groin hernia surgery, (ii) varicose vein surgery, (iii) hip replacement surgery, and (iv) knee replacement surgery, during the reporting period.	The [*name of trust*] considers that the outcome scores are as described for the following reasons [*insert reasons*]. The [*name of trust*] [*intends to take/has taken*] the following actions to improve these outcome scores, and so the quality of its services, by [*insert description of actions*]. Present, in a table format, the scores for at least the last two reporting periods.
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— (i) 0 to 14; and (ii) 15 or over, 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.	The [*name of trust*] considers that these percentages are as described for the following reasons [*insert reasons*]. The [*name of trust*] [*intends to take/has taken*] the following actions to improve these percentages, and so the quality of its services, by [*insert description of actions*]. Present, in a table format, the percentages for at least the last two reporting periods.
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.	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 this data, and so the quality of its services, by [*insert description of actions*]. Present, in a table format, the data for at least the last two reporting periods.
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.	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 percentages for at least the last two reporting periods.
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 period.	The [*name of trust*] considers that this indicator score is as described for the following reasons [*insert reasons*]. The [*name of trust*] [*intends to take/has taken*] the following actions to improve this indicator score, and so the quality of its services, by [*insert description of actions*]. Present, in a table format, the score for at least the last two reporting periods.
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.	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.
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.	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.
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.	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.
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 the comparisons in a table or graph format (as seems most appropriate).**]**

Textual Amendments

F31 Words in Sch. inserted (4.2.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **10(b)**

F32 Words in Sch. substituted (1.4.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **10(a)**

F33 Words in Sch. Item 4 substituted (1.4.2011) by The National Health Service (Quality Accounts) Amendment Regulations 2011 (S.I. 2011/269), regs. 1, **2(5)(a)**

F34 Sch. Items 6, 6.1 omitted (1.4.2011) by virtue of The National Health Service (Quality Accounts) Amendment Regulations 2011 (S.I. 2011/269), regs. 1, **2(5)(b)**

F35 Sch. Item 4 substituted (1.4.2011) by The National Health Service (Quality Accounts) Amendment Regulations 2011 (S.I. 2011/269), regs. 1, **2(5)(c)**

F36 Sch. Item 11 added (1.4.2011) by The National Health Service (Quality Accounts) Amendment Regulations 2011 (S.I. 2011/269), regs. 1, **2(5)(d)**

F37 Sch. Items 12-26 added (4.2.2013) by The National Health Service (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081), regs. 1(2), **10(c)**

Marginal Citations

M5 *See* http://www.dh.gov.uk/en/Healthcare/Highqualitycareforall/Qualityaccounts/index.htm.

M6 *See* http://www.npsa.nhs.uk/.

M7 *See* http://www.hqip.org.uk/what-is-local-clinical-audit/.

M8 *See* http://www.nres.npsa.nhs.uk/.

M9 *See* http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443.

M10 2008 c. 14.

M11 *See* http://nww.connectingforhealth.nhs.uk/susreporting/dataquality/registration.

M12 *See* http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937.

M13 *See* http://www.audit-commission.gov.uk/health/audit/paymentbyresults/assuranceframework/pages/default.aspx.

EXPLANATORY NOTE

(This note is not part of the Order)

These Regulations make provision about quality accounts. Under section 8 of the Health Act 2009 individuals or bodies who provide, or make arrangements for others to provide, NHS services must publish a document each year which sets out information relation to the quality of those services (a "quality account").

Regulation 2 makes exemptions from the requirement to produce quality accounts for community health services and primary care services. Regulation 3 also exempts providers with small numbers of staff and a relatively low level of income derived from the provision of NHS services.

Regulations 4 to 7 and the Schedule set out the prescribed information, general content and form of quality accounts. This includes provision requiring the accounts to be in four parts with Part 1 containing a general statement about the quality of NHS services, Part 2 containing prescribed information, Part 3 containing other information about the quality of NHS services provided and the fourth part comprising an annex containing statements of assurance under regulation 8. The Schedule sets out the detail of the prescribed information and the form the information should take. Regulation 6 ensures that a senior employee verifies the accuracy of the account. Regulation 7 requires information to be included about the provider's priorities for improvement.

Regulation 8 makes provision for the draft accounts to be checked and commented on prior to publication by a Primary Care Trust ("PCT") or Strategic Health Authority ("SHA"). Where the provider provides NHS services to a number of PCTs or SHAs provision is made to identify one body that the accounts must be sent to. Any statement provided by the PCT or SHA must be included in the published account (regulation 4(1)(d) and 5).

Regulations 9 and 10 require the accounts to be sent, prior to publication, to any Local Involvement Network ("LINK") and Overview and Scrutiny Committee ("OSC") in the local authority area where the provider is located. If any LINK or OSC provides a statement about the quality account which is less than 500 words provision is made to ensure that the statement is included in the published account (regulation 5).

Regulation 11 requires the quality account to be published by 30th June each year by making the document available on the NHS Choices website, or other website if this is not available. A copy of the account must also be sent to the Secretary of State.

A full impact assessment of the effect that this instrument will have on the costs of business, the voluntary sector and public sector is available from the Department of Health website (http://www.dh.gov.uk) and is annexed to the Explanatory Memorandum which is available alongside the instrument on the OPSI website.

Status:
Point in time view as at 01/04/2013.

Changes to legislation:
There are currently no known outstanding effects for the The National Health Service (Quality Accounts) Regulations 2010.