

2011 No. 269

NATIONAL HEALTH SERVICE, ENGLAND

**The National Health Service (Quality Accounts) Amendment
Regulations 2011**

<i>Made</i>	- - - -	<i>8th February 2011</i>
<i>Laid before Parliament</i>		<i>11th February 2011</i>
<i>Coming into force</i>	- -	<i>1st April 2011</i>

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 and commencement

1. These Regulations may be cited as the National Health Service (Quality Accounts) Amendment Regulations 2011 and shall come into force on 1st April 2011.

Amendments of the National Health Service (Quality Accounts) Regulations 2010

2.—(1) The National Health Service (Quality Accounts) Regulations 2010(b) are amended as set out in the following paragraphs.

(2) In regulation 2 (exemption for community health services and primary care services)—

- (a) in the heading, for “community health services” substitute “NHS Continuing Healthcare”;
- (b) in paragraph (1), for “community health services” substitute “NHS Continuing Healthcare”; and
- (c) in paragraph (2), for the definition of “community health services” substitute—

““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.”.

(3) In regulation 5(1) (written statements by other bodies) in sub-paragraphs (b) and (c), for “500” substitute “1000”.

(4) In regulation 7 (priorities for improvement) for paragraph (2) substitute—

“(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);

(a) 2009 c. 21.
(b) S.I. 2010/279.

- (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.”.

(5) In the Schedule, (information to be contained in Part 2 of the relevant document)—

- (a) in column 2 (form of statement) in paragraph (a) of the text relating to item 4, for “on request from [*where further information can be obtained*]” substitute “electronically at [*provide a web link*]”;
- (b) omit items 6 and 6.1 from column 1 and the text relating to those items in column 2;
- (c) for item 9 substitute—

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.	[<i>name of provider</i>] Information Governance Assessment Report overall score for [<i>reporting period</i>] was [<i>percentage</i>] and was graded [<i>insert colour from IGT Grading Scheme</i>].
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- (d) add item 11 as follows—

11 The action taken by the provider to improve data quality.	[<i>name of provider</i>] will be taking the following actions to improve data quality [<i>insert actions</i>].
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Signed by authority of the Secretary of State for Health.

Simon Burns
Minister of State,
Department of Health

8th February 2011

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations amend the National Health Service (Quality Accounts) Regulations 2010. Regulation 2 removes the exemption for community health services to provide quality accounts and substitutes a more limited exemption relating to NHS Continuing Healthcare. It also increases the maximum statement length by other bodies to 1000 words, requires additional information to be provided in relation to priorities for improvement and makes other amendments to the Schedule which sets out the information to be contained in Part 2 of the accounts.

A full impact assessment has not been produced for this instrument as no impact on the private or voluntary sectors is foreseen.

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