**Addendum to Quality Account 2019/20**

During the Trust’s internal review process and also as part of our auditor, Deloitte’s value for money report, we identified that our Quality Account 2019/20 did not completely meet the requirements as set out in the ‘Detailed requirements for quality reports 2019/20’ (NHS England and NHS Improvement, Feb 20). This relates specifically to missing sections on the **core indicators** and **board assurance statements**. A retrospective review of the omissions was undertaken to identify if these items had been published elsewhere as part of the Trust’s annual reporting schedule, or if the information needed to be included in this addendum. Items that should have been included in the Quality Account for 2019/20 that were omitted are listed on the table below, alongside a column that details where the information can be found.

**Core indicators:**

|  |  |
| --- | --- |
| **Item omitted from report** | **Where this information can be located for the reporting period:**  |
| **Patients on CPA who were followed up within 7 days** | SWYPFT Integrated Performance reports can be found [here](https://www.southwestyorkshire.nhs.uk/about-us-2/performance/performance-reports/) |
| **Percentage of admissions to acute wards for which the Crisis Resolution Home treatment team acted as gatekeeper**  | SWYPFT Integrated Performance report can be found[here](https://www.southwestyorkshire.nhs.uk/about-us-2/performance/performance-reports/) |
| **Readmission rates**  | Figures from 2019/20 have been included in the 2020/21 Quality Account, which is available on the Trust website <https://www.southwestyorkshire.nhs.uk/>  |
| **Patient experience of community mental health services indicator score with regards to a patients’ experience of contact with a health or social care worker during the reporting period.**  | Findings of this survey are reported to the Trust’s Clinical Governance and Clinical Safety Committee. Performance figures from 2019/20 have been included in the 2020/21 Quality Account, which is available on the Trust website <https://www.southwestyorkshire.nhs.uk/>  |
| **The number and percentage of patient safety incidents that resulted in severe harm or death** | Reported in The Trust’s Annual incident report 2019/20:  |
| **Learning from deaths**  | Reported in SWYPFT Annual incident report 2019/20:As above. |

**Statements of assurance**

|  |  |
| --- | --- |
| **Item omitted from report** | **Where this information can be located:**  |
| **Review of services** | Not reported elsewhere. However, quality is monitored across 100% of our services via our publicly available Integrated Performance Reports for the time period, and within our local quality and governance processes.  |
| **Participation in clinical audit – national & audit** | Not reported elsewhere. However, there were no audits in 2019/20, as the national audit programme was stood down in response to the COVID-19 pandemic. |
| **National confidential inquiry** | Not reported elsewhere, and this was stood down for 2019/20 as above. |
| **Participation in research** | The number of patients (and carers) receiving relevant health services provided or sub-contracted by South West Yorkshire Partnership NHS Foundation Trust in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 416.  |
| **CQUIN**  | Not applicable – No CQUIN programme in 2019/20 |
| **CQC**  | Reported on SWYPFT Trust website [here](https://www.southwestyorkshire.nhs.uk/about-us-2/performance/care-quality-commission/)  |
| **NHS number & general medical practitioner code validity** | South West Yorkshire NHS Foundation Trust submitted records during 2019/20 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 99.8% for admitted patient care and 100% for outpatient care. The percentage of records in the published data which included the patient’s valid General Medical Practice Code was 100% for admitted patient care and 100% for outpatient care.  |
| **Data security and protection toolkit** | SWYPFT Annual Accounts & Reports 2019/20 – required detail can be found [here](https://www.southwestyorkshire.nhs.uk/wp-content/uploads/2020/11/SWYORKSPART-annual-report-and-accounts-2019-20.pdf)  |
| **Clinical coding accuracy** | Not applicable to SWYPFT – not subject to clinical coding audit |

**Darryl Thompson**

**Director of Nursing, Quality & Professions**

**7 January 2022**