Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
4th March 2020

TITLE	Local Audit Indicator for Testing 2019/20 Quality Report Engagement Schedule
EXECUTIVE SUMMARY	This paper provides an outline of the Quality Report engagement schedule. Governors are invited to provide feedback on both the engagement process and the Quality Report when it is presented. Governors are asked to approve a local indicator for audit testing for 2019/20 from the 2 options in Table 2. Indicators audited in previous years are shown in Appendix 1.
The Council is asked to:	To note the report and approve the local measure for audit.
Submitted by:	Jacqui Rees, Associate Director of Quality for Andrea Lewis, Interim Chief Nurse
Date:	March 2020
Decision:	The Council is asked to note the report and approve the local measure for audit.

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

Quality Report Engagement Schedule

This report outlines our ongoing engagement initiatives with Governors as part of the Quality Report measures and priorities. Patient Experience Group representatives who attend the Quality Assurance Group workshops are thanked for their ongoing involvement in our stakeholder consultation exercises and for providing feedback to us. Table 1 outlines our invitation to Governors to be involved with quality priorities.

Table 1 – Quality report engagement timetable

Engagement	Timescale
Select local indicator for testing for 2019/20	4th March 2020
Invitation to provide written feedback on draft Quality Report	Issued: 27 April 2020 Response by: 5 May 2020
Annual Report (including Quality Report and Governors' Report) presented to Audit and Risk Committee	22nd May 2020
NHS Improvement receives copy of the Auditor's private report	29 May 2020

1 Selecting a local audit indicator for testing in 2019/20

As an NHS Foundation Trust ASPH is required to issue its Board of Directors and Council of Governors with a Governors' report[1] which covers the outcome of the external work performed on the content of the Quality Report, the mandated indicators and the locally selected indicator. The limited assurance report will cover the content of the Quality Report and the mandated indicator testing.

The nationally mandated indicators[2] for 2019/20 have been notified by NHS Improvement and are;

95% patients attending A&E should be admitted, transferred or discharged within four hours '(A&E four-hour wait).

Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period. ("Referral to Treatment – incomplete pathways").

[1] The Governors' (private) report is separate from the limited assurance report.

[2] NHS Improvement mandates indicators each year.

Governors' selection of local audit indicator

Outlined in Table 2 below are two measures proposed to Governors for consideration as local indicators to be audited in 2019/20. Measures chosen were balanced against the positive learning value to the Trust in terms of care quality and service improvement versus inherent limitations in measure definitions, data quality, and process factors which mean it is likely at the outset that external Auditors will be unable to issue an opinion on the indicator, if asked to do so. Measures audited in the past 5 years are outlined in Appendix 1 for reference.

Table 2 – Potential local indicators for 2019/20

Potential local indicators for 2020/21	Audit opinion likely impact
1. **Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers ("62 day cancer waits").** This indicator was mandated last year. Performance was better than the national target and most delays when they occurred reflected patients on complex crossover pathways involving tertiary centres and instances of patients either not being fit or choosing to defer the timing of their investigations or treatment.	There are two 62 Day measures for Waiting Time to Start Initial Cancer Treatment for patients referred urgently either by General Practitioners or via NHS screening services.
2. **Emergency readmissions within 28 days of discharge from hospital.** Monitoring the percentage of patients readmitted within 28 days of the last discharge from hospital. This indicator helps the hospital understand its success in avoiding (or reducing to a minimum) readmission.	Some emergency readmissions are to be expected given the complex nature of some patients treated by the Trust.

2 Providing feedback on the engagement process for quality priority setting and monitoring

The Governors are invited to kindly provide the Trust with feedback on their experience of being involved with the development process for the Quality Account.

The Appointed Governor for Royal Holloway, University of London, and Chair of the Patient Experience Group is cordially requested to co-ordinate this feedback in writing to the Chief Nurse in April 2020.

3 Providing feedback on the draft quality report 2019/20

The Governors will be issued a draft of the Quality Report on Monday 27 April 2020.

The Appointed Governor for Royal Holloway, University of London, and Chair of the Patient Experience Group is cordially requested to co-ordinate this feedback in writing to the Chief Nurse no later than Thursday 7 May 2020.

The Trust appreciates that this timescale is tight, but this is necessary in order to issue the report to NHS Improvement by the specified statutory date.

4 Summary

The Governors have been provided with a summary of our current quality report engagement schedule and are invited to provide feedback on the dates as outlined.

Governors are asked to approve selection of one of the two following indicators and approve this as the local audit indicator as the Governors' measure.

1. Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers ("62 day cancer waits").

2. Emergency readmissions within 28 days of discharge from hospital.

3. Appendix 1 - Measures audited in the past 5 years

For reference, the measures for audit for the past 5 years are as below.

Table 1 – Quality Report measures for audit since 2013/14

Measures audited	2013/14	2014/15	2015/16	2016/17	2018/19
C-difficile cases acquired in hospital during the year	Mandated				
Emergency readmissions within 28 days of discharge from hospital	Mandated		Local		
Hospital acquired pressure ulcers stage 2 or above	Local				
Sepsis		Local			
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways ("Referral to Treatment – incomplete pathways")		Mandated	Mandated	Mandated	
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers ("62 day cancer waits").		Mandated			Mandated
A&E four-hour wait			Mandated	Mandated	Mandated
Cancelled operations				Local	
SHIMI					Local