Ashford and St. Peter's Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS
6th December 2017

TITLE	Local Audit Indicator for Testing 2017/18
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 2017/18 from the 3 options in Table 2. Kindly note that indicators audited in prior years are shown in Appendix 1.
The Council is asked to:	To note the report and approve the local measure for audit.
Submitted by:	Dr Erica Heppleston, Associate Director of Quality for Sue Tranka, Acting Chief Nurse
Date:	December 2017
Decision:	For Noting

Ashford and St. Peter's Hospitals 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
Provide feedback on draft priorities for 2018/19	December 2016 to February 2018
Select local indicator for testing for 2017/18	6 December 2017
Invitation to provide written feedback on engagement process generally, via the Patient Experience Group	23 March 2018
Invitation to provide written feedback on draft Quality Report	Issued: 30 April 2018 Response by: 10 May 2018
Annual Report (including Quality Report and Governors' Report) presented to Audit Committee	17 May 2018
NHS Improvement receives copy of the Auditor's private report	25 May 2018

1 Selecting a local audit indicator for testing in 2017/18

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 2017/18 have not yet been notified by NHS Improvement and are expected to be released in Q4.

[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 three measures proposed to Governors for consideration as local indicators to be audited in 2017/18. 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. KPMG presented to the November 2017 Patient Experience Group on the factors for consideration when choosing a local indicator and a range of options were discussed. Measures audited in the past 4 years are outlined in Appendix 1 for reference.

Table 2 – Potential local indicators for 2017/18

Potential local indicators for 2017/18	Audit opinion likely impact
1. **Percentage of inpatients whose discharge prescription went to Pharmacy for processing met the 2 hour internal processing time target.** **Or – what was average minutes processing time for the above patient cohort.** This could be set as either measuring average minutes processing time within Pharmacy for a discharge summary prescription (TTO 'to take out') submitted to Pharmacy for an inpatient; or the percentage of TTOs meeting the 2 hour target. The population is defined as *excluding* those inpatients whose TTOs were dispensed by the Ward directly (as these are not filled by Pharmacy centrally and hence are untimed). The 2 hour internal time target concludes when the TTO is ready for collection from the Pharmacy (not when the package leaves Pharmacy).	The dataset should be auditable as the data is electronically entered into a Pharmacy computer system. The KPI would need to be tightly defined to ensure that it captures what Pharmacy actually applies the performance measure as.
2. **Percentage of inpatient patient transport discharge bookings which were made on the day of discharge.** The ambulance service provides this data weekly (by ward and in total). On the day bookings should be as low as possible in a smoothly planned discharge.	This dataset should be auditable but there is an inter-relationship with an external provider that might potentially limit the extent of validation which is practicable. This would not be known until the audit was undertaken.
3. **Percentage of inpatients for whom an estimated date of discharge (EDD) was set.** This is an internal measure which is recorded on the Realtime system. Because one patient tends to have various EDDs refreshed across their inpatient stay, selecting the most applicable EDD on the system may be unwieldy.	As EDD can be set at varying points of time within an inpatient stay – this may not be meaningful to interpret or measure retrospectively. However, a dataset does exist for testing.

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 Governor for Woking and Guildford and Chair of the Patient Experience Group is cordially requested to co-ordinate this feedback in writing to the Chief Nurse no later than Friday 23 March 2018.

3 Providing feedback on the draft quality report 2017/18

The Governors will be issued a draft of the Quality Report on Monday 30 April 2018.

The Governor for Woking and Guildford 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 10 May 2018.

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 either one of the 3 following indicators and approve this as the local audit indicator as the Governors' measure.

1. Discharge prescription processing time at Pharmacy
2. Percentage of inpatient discharge transport bookings made on the discharge day
3. Percentage of inpatients for whom an estimated date of discharge (EDD) was set.

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

For reference, the measures for audit for the past 4 years are as below.

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

Measures audited	2013/14	2014/15	2015/16	2016/17
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		
A&E four-hour wait			Mandated	Mandated
Cancelled operations				Local