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

COUNCIL OF GOVERNORS

9th March 2015

TITLE	**Quality Report Engagement Schedule**
EXECUTIVE SUMMARY	This paper provides an outline of the current 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 2014/15.
The Council is asked to:	Note the report and approve one local measure for audit.
Submitted by:	Dr Erica Heppleston, Associate Director Regulatory Assurance Interim Heather Caudle, Chief Nurse
Date:	27 February 2014
Decision:	For approval.

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

Quality Report Engagement Schedule

This report provides an update on the quality report engagement initiatives the Trust is undertaking for the current year's quality measures and in respect of priorities for next year.

Quality report assurance process

On 20 February 2015 Monitor issued its sector guidance on the assurance process for the 2014/15 quality report[1]. The Trust is committed to providing Governors with the opportunity to engage with the quality report priority setting and review process and outlined below is the plan for facilitating this.

Governors will be given the opportunity to be involved with quality priorities as follows:

1. Selecting a local indicator for audit testing in 2014/15
2. Providing feedback on the engagement process for quality priority setting and monitoring
3. Providing feedback on the quality report for 2014/15
4. Providing input into the draft quality report priorities for 2015/16

Table 1 below outlines the quality report engagement timetable.

Table 1 – Quality report engagement timetable

Engagement	Timescale
Select one local indicator for testing for 2014/15	9 March 2015
Provide feedback on draft priorities for 2015/16	Issued: 10 March 2015 Response by: 17 March 2015
Provide feedback on engagement process generally, via the Patient Experience Group (written feedback)	27 March 2015
Invitation to provide written feedback on draft quality report 2014/15	Issued: 24 April 2015 Response by: 1 May 2015

[1] Detailed Guidance for External Assurance on Quality Reports 2014/15 (Monitor: 20 February 2015)

	Stakeholder workshop:[2] 29 April 2015
For information: external audit onsite visit commences	4 May 2015
Annual Report (including Quality Report and Governors' Report) presented to audit committee	21 May 2015
Monitor receives copy of the auditor's private report 2014/15	29 May 2015

1. Selecting a local audit indicator for testing in 2014/15

Governors' report

As an NHS Foundation Trust ASPH is required to issue its Board of Directors and Council of Governors with a Governors' report[3] 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 compulsory mandated indicator is the referral to treatment incomplete pathway within 18 weeks. The second mandated indicator was one item from a choice of two indicators. As 28 day readmissions were audited last year, IGAC[4] have provisionally supported recommending to Trust Board the 62 day cancer waiting time as the measure for testing[5]. Table 2 below outlines the indicator categories to be audited this year.

Table 2 – Quality report audited indicator categories

Type	Indicators
Local indicator (Governors select)	Can be a national target or a local indicator
Mandated indicator	Maximum time of 18 weeks from point of referral to treatment – Incomplete pathway
Mandated indicator	62 day cancer waits or emergency readmissions within 28 days

[2] Consultation was also undertaken on draft 15/16 priority areas on the stakeholder workshop on 3rd February.

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

[4] Integrated Governance and Assurance Committee (IGAC)

[5] At last IGAC meeting the Monitor requirements had yet to be issued.

Governors' selection of local audit indicator

The process of requiring NHS Foundation Trusts to obtain assurance through substantive sample testing over one local indicator included in the quality report, to be selected by Governors of the Trust, remains the same as for last year.

Governors are able to select any measure from the quality report as their local indicator. Outlined below are two measures for consideration by the Governors, with supporting rationale as to why these measures would be appropriate indicators for testing. Option 1, sepsis, is a new measure this year and stroke patients' admission to an appropriate location is a pre-existing measure from 2013/14.

Option 1 – Sepis (local quality report priority)

The Trust's seventh quality report priority for 2014/15 is to improve the quality of care and clinical outcomes of patients with sepsis. This is a new priority measure this year. The Sepsis Six bundle consists of three diagnostic and three therapeutic steps, all to be delivered within 1 hour of the initial diagnosis of sepsis. The measure is a local CQUIN for 2014/15 and is also a priority per the Trust's Quality, Safety and Risk Management Strategy 2012-2017. More information on sepsis six can be found at www.survivesepsis.org.

Audit target:

The CQUIN target for 2014/15 is to increase compliance with the sepsis bundle within one hour of diagnosis in the accident and emergency department. In Q4 the Trust must achieve 90% compliance with the sepsis bundle for patients identified as having severe sepsis.

Option 2 - Stroke patients admitted to a stroke unit within 4 hours[6] (national indicator)

Improving the quality of care for patients who have suffered a stroke is a national priority area. Stroke outcome data is collected by the Royal College of Physicians Sentinel Stroke National Audit Programme (SSNAP), and is also reported nationally. The Trust has set an internal target aiming to reach the national standard of 90% by Q4.

Audit target:

Percentage of stroke patients admitted to an acute stroke unit within 4 hours of arrival to hospital[7] [8].

Measures audited in 2013/14

For reference, the measures audited in 2013/14 were as follows:

[6] https://indicators.ic.nhs.uk/webview/

[7] HSCIC dataset 3.5. Denominator is all patients admitted to hospital with a primary diagnosis of stroke except for those whose first ward of admission was an intensive care, critical care, or high dependency unit.

[8] The numerator is adjusted for patients who were already in hospital at the time of a new stroke, who should instead be admitted to the stroke unit within 4 hours of onset of stroke symptoms.

a) Mandated – C-difficile cases acquired in hospital during the year

b) Mandated – Emergency readmissions within 28 days of discharge from hospital

c) Governors locally selected – Hospital acquired pressure ulcers stage 2 or above.

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 accounts.

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 27 March.

3. Providing feedback on the draft quality report 2014/15

The Governors will be issued a draft of the quality report on Friday 24 April 2015. There will be an opportunity to raise questions on the report at the stakeholder workshop scheduled for Wednesday 29 April 2015.

The Governor 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 1st May.

The Trust appreciates that this timescale is tight, but this is necessary in order to provide the auditors with the feedback in time for the commencement of the audit on 4th May.

4. Providing input into the draft quality report priorities for 2015/16

Next year's quality report priority areas were discussed in the quality report stakeholder workshop on 3 February 2015, where we outlined our indicative priority areas for safety, patient experience and clinical effectiveness. Governors will receive draft measures in the three key areas on or around 10 March 2015. Governors are cordially requested to individually provide feedback in writing to the Interim Associate Director of Regulatory Assurance no later than Tuesday 17 March 2015.

5. Summary

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

Governors are asked to select one of the following indicators and approve this as the local audit indicator as the Governors' measure:

1. Sepsis bundle

2. Patients admitted to acute stroke unit