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

COUNCIL OF GOVERNORS
8th March 2017

AGENDA ITEM NUMBER	6.3	
TITLE OF PAPER	Quality Report Engagement Schedule	
Confidential	NO	
Suitable for public access	YES	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
None		
STRATEGIC OBJECTIVE(S):		
Best outcomes	Y	
Excellent experience	Y	
Skilled & motivated teams	Y	
Top productivity	Y	
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 2016/17. Kindly note that indicators audited in prior years are shown in Appendix 1. As the number of indicators tested both nationally and locally in prior years increases, it is becoming increasingly difficult to propose a wide range of choice for suitable local measures. For that reason only 2 indicators have been proposed this year.	
RECOMMENDATION:	The Council is asked to note the report and approve local measures for audit.	
SPECIFIC ISSUES CHECKLIST:		
Quality and safety	Y	

Patient impact	Y
Employee	Y
Other stakeholder	Y
Equality & diversity	Y
Finance	Y
Legal	Y
Link to Board Assurance Framework Principle Risk	Not applicable.
AUTHOR	Dr Erica Heppleston, Assistant Director Regulation and Improvement. Contact for additional information.
PRESENTED BY DIRECTOR	Russell Wernham, Deputy Chief Nurse/Associate Director of Quality
DATE	03 March 2017
COUNCIL ACTION	The Council is asked to note the report and approve the local measure for audit.

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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 recent involvement in our stakeholder consultation exercise and for providing feedback on the draft 2017/18 Quality Priorities before these were submitted to January 2017 Trust Board for approval. 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 2017/18	Occurred December 2016 to January 2017
Select local indicator for testing for 2016/17	8 March 2017
Invitation to provide written feedback on engagement process generally, via the Patient Experience Group	24 March 2017
Invitation to provide written feedback on draft Quality Report	Issued: 28 April 2017 Response by: 9 May 2017
Annual Report (including Quality Report and Governors' Report) presented to Audit Committee	18 May 2017
NHS Improvement receives copy of the Auditor's private report	25 May 2017

1 Selecting a local audit indicator for testing in 2016/17

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 2016/17 are the same as for 2015/16:

(i) referral to treatment within 18 weeks for patients on incomplete pathway
(ii) A&E four-hour wait

[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 2016/17. 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 recently presented to the Patient Experience Group on the factors for consideration when choosing a local indicator. Measures audited in the past 4 years are outlined in Appendix 1 for reference.

Table 2 – Potential local indicators for 2016/17

Potential local indicators for 2016/17	Audit opinion likely impact
1. **Dementia case finding** Total number of patients aged 75 and over, admitted or accepted for emergency unplanned care for more than 72 hours who: a) Were asked the dementia case finding question b) Had a clinical diagnosis of delirium c) Had a clinical diagnosis of dementia This measure was previously a CQUIN[3] with performance around 90%, however, performance has slipped reflecting limitations of data collection and validation meaning the indicator is no longer reliably able to be determined. There is a significant learning benefit in KPMG establishing recommendations for process improvement in order to improve patient care and learning for this measure going forward.	The audit opinion will not be a pass, owing to the anticipated process gaps, however, it is proposed that the learning benefit to the organisation is sufficiently significant in this profile national patient care area that to undertake an audit would be of considerable benefit.
2. Cancelled operations for non-clinical reasons and breaches of the cancelled operations guarantee When a patient's operation is cancelled by the hospital at the last minute for non-clinical reasons, the hospital will have to offer another binding date within a maximum of the next 28 days or fund the patient's treatment at the time and hospital of the patient's choice. *Precise measure definition is as per the 2003 National Standard: Priorities and Planning Framework 2003-06, Appendix B, issued 30 Sept 2002).*	This data will be auditable as the measure is precise. It is not possible to anticipate whether the underlying systems which generate this data are accurate, but it would be of patient value to ascertain this through an audit

[3] CQUIN: an incentive scheme whereby income is contingent upon reaching commissioning performance criteria.

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 24 March 2017.

3 Providing feedback on the draft quality report 2016/17

The Governors will be issued a draft of the Quality Report on Friday 28 April 2017.

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 Tuesday 9 May.

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 two following indicators and approve this as the local audit indicator as the Governors' measure.

1. Dementia case finding
2. Cancelled operations for non-clinical reasons and breaches of the cancelled operations guarantee

Appendix 1 - Measures audited in the past 4 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
Local indicator – pending selection				TBC