

Council of Governors

5 March 2020

Report Title:	Quality Report – Selection of local indicator of audit testing
Executive/NED Lead:	Melissa Dowdeswell, Interim Chief Nurse Angela Tillett, Chief Medical Director
Report author(s):	Anne Rutland, Associate Director of Clinical Governance
Previously considered by:	Not previously considered.

Approval

Discussion

Information

Assurance

Executive summary
<p>Executive summary</p> <p>1. Introduction/Background</p> <p>The Quality Report is the annual report about the quality of services provided by ESNEFT, which we publish as an integral part of the annual report and accounts.</p> <p>The Quality Report is drafted in line with the Quality Account Regulations and also responds to additional annual guidance on the content issued by NHS England & Improvement (which can vary from year to year).</p> <p>The report focuses on the different and interlinking areas of quality; these being patient safety, the effectiveness of treatments that service users receive, and patient experience.</p> <p>The Trust is required to submit the Quality Report along with its Annual Report and Accounts in May 2020 and present to Parliament in July 2020. Following which the Quality Report will be published on the NHS Choices website.</p> <p>2. Quality Report Assurance</p> <p>As a formal account the Quality Report (as with financial accounts) it is subject to external auditor review (known as a limited assurance review) to check that:</p> <p>a) The report has been drafted in line with the Quality Account regulations (as these state specific inclusions and in some cases specific wording within the report).</p> <p>b) That all the information (data) is ‘reasonably stated’</p> <p>The Auditors work follows the national guidance issued by the National Audit Office.</p> <p>As part of this limited assurance review, the auditors select indicators to audit test, from a defined national list.</p> <p>Further to this, in line with national guidance they carry out sample testing of one</p>

additional local indicator which is selected by the Council of Governors. On page 3 and 4 is the list of the local indicators which will be contained with the Quality Report and therefore within the selection criteria for the COG, along with advice of suitability for auditing provided by the Associate Director of Clinical Governance.

In selecting the local indicator the COG is asked to consider the advice of the Associate Director of Clinical Governance who suggests one of the following is most appropriate:

- Medication Safety: Number of medication safety incidents reported which resulted in moderate or above harm;
- Stroke Services: access to brain imaging within one hour of arrival; or
- Percentage of patients aged 16 and over admitted as inpatients for more than 24 hours who have had a nutrition screening documented within 24 hours of admission.

Action required by the Council of Governors

The Council of Governors is asked to note the requirement of them to select one local indicator for audit testing and to agree which indicator from the proscribe list to select.

Link to Strategic Objectives (SO)		Please tick
SO1	Keep people in control of their health	<input checked="" type="checkbox"/>
SO2	Lead the integration of care	<input checked="" type="checkbox"/>
SO3	Develop our centres of excellence	<input checked="" type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>
SO4	Drive technology enabled care	<input checked="" type="checkbox"/>
Risk Implications for the Trust <i>(including any clinical and financial consequences)</i>		If we do not have effective clinical governance and risk management arrangements, we are at risk of causing harm to a patient.
Trust Risk Appetite		Quality: The board will take minimal risks when it comes to patient safety, patient experience or clinical outcomes. Its tolerance for risk taking will be limited to decisions where the impact is low and the potential mitigations are strong
Legal and regulatory implications <i>(including links to CQC outcomes, Monitor, inspections, audits, etc)</i>		National requirement to provide safer care and provide patients with the best possible experience
Financial Implications		Risk to reputation and subsequent financial loss
Equality and Diversity		There are no E&D implications

Appendix 1

Priority 1: Patient Safety (Recommendations in Bold)

Measure	Target	Comment
Infection Prevention & Control: Number of Clostridium difficile infection apportioned to ESNEFT	<106	Not recommended as a candidate for detailed audit testing due to peer reviews required and therefore data may not be in place at the time of audit. Source: data uploaded into national programme
Prevention of Harm: Prevention of Pressure Ulcers which develop in our care	No benchmarking data	Not recommended as a candidate for detailed audit testing. Source: local data collection
Prevention of Harm: A reduction in the number of inpatient falls across the organisation	Less than 5 falls per 1000 bed days in the acute hospitals, less than 15 falls per 1000 bed days in the community hospitals	Source: Local data collection Significant implications for improving clinical care to patients across a variety of settings within the Trust, however as a Trust priority, a high level of scrutiny is in place.
Learning from incidents, SIRI's & Never Events	90% of all SIRI's will be completed within time frame	Source: Local data collection Not recommended as a candidate, compliance focused, on Trust audit plan & Trust identified as an early adopter for the new Patient Safety Investigation Framework.
% of deaths reviewed (using new national methodology)	>50%	Source: Structured Judgement Reviews undertaken by clinical staff. High Level of scrutiny in currently in place driven by national and local priorities.
Medication Safety: Number of medication safety incidents reported which resulted in moderate or above harm	Target driven by results of audit	Source: Local data collection Recommend as candidate to support work in patient safety incident response framework, benchmarking against national data and identifying areas for Trust wide improvements.

Priority 2: Clinical Effectiveness (Recommendations in Bold)

Measure	Target	Comment
Stroke Services: access to brain imaging within one hour of arrival	>55% (national average)	Source: SSNAP data Recommend as candidate to confirm data sent to SSNAP and continue to drive improvements for patients attending ESNEFT with a suspected stroke
Emergency Care		Source: National Target Data Not recommended as is a mandatory indicator for audit.
Summary Hospital Mortality Indicator (SHM)	National Targets	Source: national target data Not recommended as a candidate as was mandated in 2018/19.
Waiting time for diagnostic procedures: Percentage of patients waiting over 6 weeks for a diagnostic test at month end.	Benchmarked against national average	Source: local data collection Not recommended as a candidate, currently audited and multifactorial challenges being assessed and addressed

Priority 3: Patient Experience (Recommendations in Bold)

Measure	Target	Comment
Cancer Care Delivery Referral to Treatment Times (RTT) and improving performance from Urgent GP Referral	85% (Target)	Source: local data collection Mandatory indicator
Percentage of complaints responded to within 30 working days or within extension agreed with complainant	≥90%	Source: local data collection. Already subject to external scrutiny. Not therefore recommended as a candidate for detailed audit testing.
Percentage of patients aged 16 and over admitted as inpatients for more than 24 hours who have had a nutrition screening documented within 24 hours of admission.	95%	Source: local data collection. Possible candidate to confirm data and drive future quality improvements.