

COUNCIL OF GOVERNORS

	027/2017	Date: 27th March 2017
Subject /title	Quality Accounts 2016/17 and Quality Priorities for 2017/18	
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Executive summary and key issues for discussion		
<u>Quality Accounts – Local Indicator 2016/17</u>		
<p>NHSI published the detailed guidance for external assurance on quality reports for 2016/17 in February.</p> <p>The guidance confirms that, as in previous years the local indicator to be reviewed will be selected by Governors. Due to the timing of the guidance being published and the Council not meeting within the timeframe required an email was circulated to all Governors on 9th February 2017 to request that they review the information provided below and forward their suggestions for the selection of one local indicator for external assurance to Helen Porter.</p> <p><u>Information circulated via email dated 9th February 2017</u></p> <p>This aims to provide assurance through substantive sample testing over one local indicator included in the quality report, as selected by the governors of the trust.</p> <p>In previous years the local indicator was:</p> <ul style="list-style-type: none"> 2010/11: radiotherapy treatment errors 2011/12: falls 2012/13: incidents resulting in severe harm. 2013/14: 30 day mortality (radical radiotherapy) 2014/15: be “Patient Experience – at least 70% of patients rate as ‘never’ in the local patient survey programme when asked ‘if they had to wait’. 2015/16: Attributable pressure ulcers. <p>Grant Thornton (external auditor) has previously provided the following points for consideration when selecting an indicator:</p> <p><i>When selecting an indicator for the auditors to review and report back to governors there are several things governors should think about.</i></p> <p><i>Is the definition of the indicator clear?</i></p> <p><i>Is there a recognised definition for the performance indicator that external auditors can compare to the indicator as reported by the Trust to the definition. If there is not a standard definition it's very difficult to then confirm the indicator has been calculated correctly.</i></p> <p><i>Are the procedures clear?</i></p>		

If the policies aren't clear it is difficult for auditors to decide whether the information has been collected correctly

Does the Trust hold sufficient information for the auditor to be able to re-perform the calculation?

What we're interested in here is whether the information is held on a recognised system that can be interrogated, or in some other form that means the auditor can come along after the event, re-perform the calculation and be able to come to the same conclusion the original staff did. If the information is not collected and documented in some way this makes re-performance difficult, if not impossible. The Trust needs to be able to show that proper records are kept.

Similarly if the indicator is notified to the Trust, rather than being collected by the Trust's own staff there is not an audit trail to follow when we document the system and test items included in the indicator.

The local indicators reported in the previous Quality Accounts are:

Safety:

- MRSA bacteraemia cases / 10,000 bed days
- C Diff cases / 1,000 bed days
- 'Never Events' that occur within the Trust
- Chemotherapy errors (number of errors per 1,000 doses)
- Radiotherapy treatment errors (number of errors per 1,000 fractions)
- Falls / injuries / 1,000 inpatient admissions
- Number of patient safety incidents
- Percentage of patient safety incidents that resulted in severe harm* or death.
- Patient falls
- Attributable pressure ulcers

Clinical Effectiveness:

- 30 day mortality rate (radical chemotherapy)
- 30 day mortality rate (palliative chemotherapy)
- 30 day mortality rate (radical radiotherapy)
- 30 day mortality rate (palliative radiotherapy)

Patient Experience:

- At least 80% of patients rate as 'always' in the local patient survey programme when asked 'I was treated with courtesy and respect'
- At least 80% of patients rate as 'always' in the local patient survey programme when asked 'Was the ward / department clean'
- At least 70% of patients rate as 'never' in the local patient survey programme when asked 'If they had to wait'
- At least 80% of patients rate as 'always' in the local patient survey programme when asked if 'I was included in discussions about my care'
- At least 80% of patients rate as 'always' in the local patient survey programme when asked if 'the staff washed their hands'

The indicator chosen by the Council of Governors was Chemotherapy errors (number of errors per 1,000 doses). Grant Thornton, External Auditor have been advised of the local indicator chosen.

Quality Priorities for 2017/18

The Operational Plan 2017/18 – 2018/19 was presented to the Council at its meeting on 23rd January 2017. The Trusts Operational Plan reflects the Trust’s business plan for 2017/18 and 2018/19 and was developed in line with NHS Improvements (NHSI) guidelines.

Within the Operation Plan the Trust identified the Quality Priorities for 2017/18 as follows:

- Safety: Focus on falls. Development of a comprehensive falls prevention and management plan
- Experience: Implementation of the Patient Experience Strategy
- Effective: Improving the Quality of Mortality Review and Serious Incident Investigation and Subsequent Learning and Action.

The quality priorities will be monitored as part of the actions within the Corporate Business Plan.

Strategic context and background papers (if relevant)

Operational Plan 2017/18 and Corporate Business Plan 2017/18 – 18/19.

Recommended Resolution

That the Council of Governors notes the Quality Accounts local indicator for 2016/17 - Chemotherapy errors (number of errors per 1,000 doses).

Risk and assurance

None identified.

Link to CQC Regulations

Regulation 17: good governance

Resource Implications

None identified.

Key communication points (internal and external)

External Auditors notified of the local indicator for 2016/17.

Freedom of Information Status

<p>FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.</p> <p>Application Exemptions:</p> <ul style="list-style-type: none"> • Prejudice to effective conduct of public affairs • Personal Information • Info provided in confidence • Commercial interests • Info intended for future publication 	<p>Please tick the appropriate box below:</p> <table border="1" style="margin-left: 20px;"> <tr> <td style="text-align: center; width: 40px;">X</td> <td>A. This document is for full publication</td> </tr> <tr> <td style="width: 40px;"></td> <td>B. This document includes FOI exempt information</td> </tr> <tr> <td style="width: 40px;"></td> <td>C. This whole document is exempt under FOI</td> </tr> </table> <p>IMPORTANT:</p> <p>If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.</p> <p>Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.</p>	X	A. This document is for full publication		B. This document includes FOI exempt information		C. This whole document is exempt under FOI
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Equality & Diversity impact assessment

Are there concerns that the policy/service could have an adverse impact because of:	Yes	No
Age		X
Disability		X
Sex (gender)		X
Race		X
Sexual Orientation		X
Gender reassignment		X
Religion / Belief		X
Pregnancy and maternity		X
Civil Partnership and Marriage		X

If YES to one or more of the above please add further detail and identify if full impact assessment is required.

Next steps

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Appendices

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Strategic Objectives supported by this report

Quality: Ensuring the delivery of high quality patient services (safety, experience and outcomes).	✓	Transformation: Ensuring the delivery of Transformation	✓
Workforce: Ensuring the Trust has the appropriate, motivated and engaged workforce in place to deliver its strategy.	✓	Infrastructure: Ensuring adequate infrastructure e.g. estates and IT	✓
Finance: Ensuring financial sustainability and delivery of the financial plan	✓	Ensuring the alignment of the Trust's strategy with the strategies of key external stakeholders and responding effectively to the policy and commissioning environment	✓
Compliance: Ensuring regulatory compliance with CQC, NHS Improvement, and other relevant legislation.	✓	Ensuring the Trust responds to the technical challenges of changes to cancer treatment	✓
Leadership: Ensuring effective leadership within the Trust	✓		

Link to the NHS Constitution

Patients		Staff	
Access to health care	✓	<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	✓
Quality of care and environment	✓	<i>Being heard:</i> <ul style="list-style-type: none"> • Involved and represented • Able to raise grievances • Able to make suggestions • Able to raise concerns and complaints 	
Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality	✓		
Informed choice		Fair pay and contracts, clear roles and responsibilities	
Involvement in your healthcare and in the NHS	✓	Personal and professional development	
Complaint and redress	✓	Treated fairly and equally	