South Tees Hospitals NHS
NHS Foundation Trust

SUMMARY REPORT		South Tees Hospitals NHS NHS Foundation Trust	
Council of Governors		Date of meeting 13th January 2016	
Subject	Selection of local indicator for external audit for annual Quality Report		
Prepared by	Emma Carter, Head of Governance and Compliance		
Approved by	Ruth James, Director of Quality		
Presented by	Ruth James, Director of Quality		
Name of meeting considered/approved by	Council of Governors		
Purpose: The purpose of this report is ask the council to select a local quality indicator for external audit.		Decision	●
		Approval	
		Information	
		Assurance	

Executive Summary
This paper outlines the requirement for governors to select a local quality indicator to be audited as part of Monitor's assurance on the data quality in the annual quality report. The report outlines the local indicators that are suitable for external audit and the council of governors are asked to select one they would like to be audited.

Supports Trust Strategy Map in the following areas							
quality & patient safety		**business sustainability**		**operational excellence**		**organisational capability**	
deliver integrated care		improved cost control		improved patient flow		improved information	
forefront of clinical innovation		increased productivity		improved innovation processes		continuous service improvement culture	●
specialised services development		increased revenue & market share		strong governance & risk management	●	workforce development	
service quality and safety	●	enhanced services				strong partnerships & engagement	●

If a key risk(s) has been identified, please describe below

Selection of local quality indicator for external audit

Background

It is a requirement of Monitor that external assurance is undertaken on the quality report. Part of this process is assurance over two mandated performance indicators including percentage of incomplete pathways within18 week for patients on incomplete pathways at the end of the reporting period and maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers. In addition one local indicator is also audited.

Local quality indicators

The council of governors are required to select one local quality indicator that is included in the quality account for external audit. This is to give assurance on accuracy, validity, reliability, timeliness, relevance and completeness of the data.

The quality indicators included in the report are listed below The list has been split into those measures that have been previously audited, externally constructed measures which are not produced internally and all others.

Previously audited

- Number of service acquired pressure ulcers
- Healthcare associated infections : C. Difficile, MRSA and MSSA
- Emergency re-admission within 28 days
- Rate of patient safety incidents that resulted in severe harm or death
- Crude mortality rate

External measures (not able to replicate internally)

- SHMI
- Patient Reported Outcomes Measures

Audited by Internal Audit

- IG toolkit score

Others

- % of patient deaths with palliative care coded
- % of patients risk assessed for VTE
- Rate of patient safety incidents reported per 100 admissions
- Compliance with MUST assessments
- Friends and Family Test
- Number of falls – as reported through Datix
- Numbers of complaints

Recommendation

It is recommended that the governors consider the % of patients deaths with palliative care coded as the locally selected measure for audit. The rationale for this is that the CQC identified end of life care as a service that required improvement and palliative care coding impacts on the calculation of mortality indicators. Increasing levels of palliative care coding demonstrates that more patients at end of life receive input to their care from the specialist palliative care team. This is then recorded in the notes and is coded forming part of the information that is submitted nationally and is used in calculations for mortality indicators such as the HSMR. Therefore it is important that this information is recorded accurately to reflect and inform the quality of end of life care and to ensure that mortality data is adjusted for deaths that are ‘expected’.

Ruth James
Director of Quality
January 2016