

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
FRIDAY 21 JULY 2017**

Title:	Deloitte Audit Report on the 2016/17 Quality Report
Responsible Director:	David Rosser, Executive Medical Director
Contact:	Samantha Baker, Quality Development Support Manager

Purpose:	<p>To present the following to the Council of Governors:</p> <ul style="list-style-type: none"> the findings of the external audit of the 2016/17 Quality Report carried out by Deloitte. an update on the implementation of the recommendations made by Deloitte. 	
Confidentiality Level & Reason:	N/a	
Annual Plan Ref:	Strategic Aim: To deliver and be recognised for the highest levels of quality of care through the use of technology, information, and benchmarking	
Key Issues Summary:	<ul style="list-style-type: none"> The Trust was issued with a clean limited assurance opinion on the content of the Quality Report, 18 weeks referral to treatment and Accident & Emergency 4 hour waits. Deloitte made six recommendations for improvement relating to the 18 weeks referral to treatment indicator, and one recommendation each for the Accident & Emergency 4 hour wait indicator and the local indicator (Reducing falls with harm). Three of the eight recommended actions are now complete due to the move over to Oceano PAS this month; a fourth is in place and ongoing. Three actions are scheduled to be completed during Quarter 2 2016/17, and one during Quarter 3 2016/17. 	
Recommendations:	<p>The Council of Governors is asked to:</p> <p>Note the content of this paper and all appendices.</p>	
Approved by:	Dr David Rosser	Date: 12/07/17

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS FRIDAY 21 JULY 2017

UPDATE ON DELOITTE QUALITY REPORT AUDIT FOR 2016/17

PRESENTED BY EXECUTIVE MEDICAL DIRECTOR

1. Introduction

The aim of this paper is to present to the Council of Governors the findings of the external audit of the 2016/17 Quality Report carried out by Deloitte and an update on the implementation of the recommendations. The Council of Governors is asked to note the contents of this paper and all appendices.

2. Background

2.1 NHS Improvement published its '*Detailed requirements for external assurance for quality reports for foundation trusts 2016/17*' in February 2017. The guidance required Foundation Trusts' external auditors to provide a published limited assurance report on the content of the Quality Report and two mandated performance indicators (tested in this order of preference):

- **Referral to treatment within 18 weeks for patients on incomplete pathways**
- **A&E 4-hour wait**
- 62-day cancer treatment wait
- Emergency readmissions within 28 days

2.2 External auditors were also required to provide a private report to the Board of Directors and Council of Governors (CoG) on one local indicator. The Council of Governors selected one of the new Quality Report improvement priorities: *Reducing harm from falls*.

3. External Assurance Findings and Recommendations

The Trust was given a clean limited assurance opinion in May 2017 for the content of the Quality Report and the two nationally mandated indicators with a number of recommendations for improvement. There was also one recommendation made for the local indicator. The full audit report was provided to Audit Committee members in May 2017 by Deloitte and is provided separately to the Council of Governors for information (see Appendix B).

4. **Trust Response to the Recommendations**

The latest progress made towards implementing Deloitte's external assurance recommendations is shown in Appendix A.

Three of the eight recommended actions are now complete due to the move over to Oceano PAS this month; a fourth is in place and ongoing. Three actions are scheduled to be completed during Quarter 2 2016/17, and one during Quarter 3 2016/17.

Progress will be monitored and reported to the Audit Committee during the year.

5. **Recommendations**

The Council of Governors is asked to:

Note the content of this paper and all appendices.

Appendix A: Trust Response to Deloitte Recommendations

No.	Indicator	Deloitte Recommendation	Priority	Management Response
1	18 week referral-to-treatment	<p>Availability of evidence for validation</p> <p>The Trust should remind staff of the importance of stamping all referrals letters on receipt.</p>	Medium	<p>Initial Response: The Trust's 18 week RTT guidance document will be updated to remind staff of the importance of stamping all referrals on receipt.</p> <p>Progress update: Guidance is in the process of being updated and a reminder about date stamping all referrals has been included.</p> <p>Responsible officer: Head of Operational Performance</p> <p>Timeline: By end of July 2017</p>
2	18 week referral-to-treatment	<p>Staff training – data entry</p> <p>Following implementation of the new PAS system, Oceano, the Trust should ensure there is a continued focus on staff training for data entry to support accurate recording of clock starts and stops on the new PAS.</p>	Medium	<p>Initial Response: The Oceano PAS system has been specifically designed to ensure 18 week RTT clock starts and stops are captured correctly. Users of the system will be presented with guidance text about when to start and stop a clock and only logical RTT pathway options will be presented for selection in order to reduce the likelihood of errors. For example it will not be possible to record a watchful wait clock stop after a clock has already been stopped for first treatment. The current PAS system does not stop users from selecting illogical pathway codes such as this. The validation process also identifies when users persistently repeat the same type of error and these users are subsequently offered further training.</p> <p>Progress update: Oceano PAS went live on 8th July as planned.</p> <p>Responsible officer: Head of Operational Performance</p> <p>Timeline: Oceano PAS went live on 8th July as planned.</p>

No.	Indicator	Deloitte Recommendation	Priority	Management Response
3	18 week referral-to-treatment	<p>Staff training – data validation</p> <p>The Trust should consider refreshing staff training for those involved in validation. The Trust should consider if the training needs a specific focus due to the types of errors being made when validating a pathway, and if it needs to be delivered to specific individuals who are making the errors.</p>	Medium	<p>Initial Response: A peer review process was introduced for the validation team during Q4 2016/17. On a monthly basis a small sample of validated records are selected and reviewed by the whole team to ensure the 18 week clock rules are being correctly applied. This ensures the rules are applied consistently and identifies where further training or guidance may be required. The validation team also attend the Trust’s RTT training programme annually.</p> <p>Progress update: Training programme and quarterly peer review in place.</p> <p>Responsible officer: Head of Operational Performance</p> <p>Timeline: Ongoing</p>
4	18 week referral-to-treatment	<p>Timing of validation</p> <p>The Trust should review the focus and timing of validation to avoid incorrectly reporting breaches</p>	High	<p>Initial Response: 100% of pathways with a waiting time of 18 weeks or over are now validated by the team. This amounts to circa 5,000 pathways per month. There are occasions where there is not enough information available at the time of validation to make a decision whether a clock should stop or continue. When this happens additional information is sought from clinical or operational staff and the clock is left running until an evidence-based decision can be made. This inevitably means the Trust over-reports a small number of breaches. The process will be reviewed to determine whether it can be achieved within a tighter, defined timescale.</p> <p>Progress update: The internal cut-off date for month end validation has been brought forward by 4 working days to allow sufficient time for further investigation to occur.</p> <p>Responsible officer: Head of Operational Performance</p> <p>Timeline: Review process by end of July 2017</p>

No.	Indicator	Deloitte Recommendation	Priority	Management Response
5	18 week referral-to-treatment	<p>Review of data extraction processes</p> <p>The Trust should consider reviewing the data extraction process for the incomplete reports to understand why patients do not always appear on the appropriate incomplete list.</p>	Medium	<p>Initial Response: This issue has been investigated and is linked to the 16 week rule. The issue is fully resolved by the implementation of Oceano PAS in July 2017.</p> <p>Progress update: This problem has now been resolved as a result of the switch to Oceano PAS.</p> <p>Responsible officer: Director of Patient Administration</p> <p>Timeline: Oceano PAS went live on 8th July as planned.</p>
6	18 week referral-to-treatment	<p>Focus validation on 16 week rule</p> <p>The Trust should consider including pathways where the 16 week rule has been applied within their suite of monthly validation reports.</p>	High	<p>Initial Response: The 16 week rule will no longer be necessary once Oceano PAS is live. All pathways with no future activity will be reviewed and validated as soon as they reach a waiting time of 18 weeks.</p> <p>Progress update: This problem has now been resolved as a result of the switch to Oceano PAS.</p> <p>Responsible officer: Head of Operational Performance</p> <p>Timeline: Oceano PAS went live on 8th July as planned.</p>
7	A&E four hour waits	<p>Retrospective entries</p> <p>The Trust should consider introducing a process for recording retrospective entries on the CAS card and PAS to specify whether the entry has been entered after the activity occurred. This should apply when the note is recorded a significant period post-activity (e.g. more than 10 minutes).</p>	High	<p>Initial Response: A methodology for recording a retrospective entry on the CAS card will be agreed and implemented.</p> <p>Progress update: This has now been superseded by the introduction of a new Electronic Commissioning Data Set from October 2017.</p> <p>Responsible officer: Director of Operations, Division C</p> <p>Timeline: by end of Q3 2017.</p>

No.	Indicator	Deloitte Recommendation	Priority	Management Response
8	Falls resulting in harm	<p>Provide clear definitions</p> <p>The Trust should consider revising their definitions with regard to near miss falls and falls causing no harm as staff members have identified that they are unsure of the difference between the two.</p>	Medium	<p>Initial Response: A document will be devised which clearly sets out the circumstances when a fall is deemed to have resulted in 'patient harmed', and when it has resulted in 'no harm' (these are the terms used in the 'severity' field in Datix). This will be used by both the Falls Team and the Risk Team when reviewing incident data relating to Falls.</p> <p>Progress update: An SOP has been drafted by the Clinical Risk and Compliance Team and a meeting has been arranged in Q2 with the falls team to finalise the SOP and implement.</p> <p>Responsible officers: Lead Nurse for Standards; Head of Clinical Risk & Compliance.</p> <p>Timeline: draft by the end of Quarter 1 2016/17, final by the end of Quarter 2 2016/17.</p>