

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
COUNCIL OF GOVERNORS  
FRIDAY 22 July 2016**

<b>Title:</b>	<b>DELOITTE AUDIT REPORT ON THE 2015/16 QUALITY REPORT</b>	
<b>Responsible Director:</b>	David Rosser, Executive Medical Director	
<b>Contact:</b>	Imogen Gray, Head of Quality Development, 13687 Sam Baker, Quality Development Support Manager, 13646	
<b>Purpose:</b>	<p>To present the following to the Council of Governors:</p> <ul style="list-style-type: none"> <li>• the findings of the external audit of the 2015/16 Quality Report carried out by Deloitte.</li> <li>• an update on the implementation of the recommendations made by Deloitte.</li> </ul>	
<b>Confidentiality Level &amp; Reason:</b>	N/a	
<b>Annual Plan Ref:</b>	Strategic Aim: To deliver and be recognised for the highest levels of quality of care through the use of technology, information, and benchmarking	
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"> <li>• The Trust has been issued with a clean limited assurance opinion on the content of the Quality Report, 18 week referral to treatment and Accident &amp; Emergency 4 hour waits.</li> <li>• Deloitte made eight recommendations for improvement relating to the 18 weeks referral to treatment and Accident &amp; Emergency 4 hour wait indicators.</li> <li>• The recommended actions are either complete or on track for completion by the end of 2016/17 (see Appendix A).</li> <li>• The Deloitte report on the external assurance of the 2015/16 Quality Report is provided separately (see Appendix B).</li> </ul>	
<b>Recommendations:</b>	<p>The Council of Governors is asked to:</p> <p><b>Note</b> the content of this paper and all appendices.</p>	
<b>Approved by:</b>	Dr David Rosser	Date: 12/07/2016

# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## COUNCIL OF GOVERNORS FRIDAY 22 JULY 2016

### UPDATE ON DELOITTE QUALITY REPORT AUDIT FOR 2015/16

#### 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 2015/16 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 Monitor published its *Detailed guidance for external assurance on quality reports 2015/16* in March 2016. 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 four-hour wait (new for 2015/16)**
- 62-day cancer treatment wait
- 28-day readmissions

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 Quality Report improvement priorities: *Reducing grade 2 hospital-acquired pressure ulcers*.

#### 3. External Assurance Findings and Recommendations

The Trust has been given a clean limited assurance opinion for the content of the Quality Report and the two nationally mandated indicators with a number of recommendations for improvement. There were no recommendations made for the local indicator. The full audit report was provided to the Audit Committee in May 2016 by Deloitte and is provided separately to the Council of Governors (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. The Trust has already completed two of the eight recommendations with the rest on track for completion by the end of 2016/17. The implementation of the new Trust Patient Administration System (PAS) is however due to be implemented May 2017. 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

Indicator	Deloitte Recommendation	Priority	Management Response
<p><b>18 week referral-to-treatment</b></p>	<p><b>1). Implementation of new PAS system</b>                      The Trust should ensure appropriate tests are completed to ensure the new PAS system is suitable for RTT reporting purposes. As part of this and in line with good practice, the Trust should undertake extended validation to incorporate all records included in RTT incomplete pathway submissions. This extended validation should cover any handover period between the PAS systems and also for an appropriate period following full implementation.</p>	<p><b>High</b></p>	<p><b>Initial response:</b>                      Test scripts for referral-to-treatment (RTT) reporting are already in place within the Patient Administration System (PAS) replacement project. Extended validation of RTT incomplete pathways has started with the development of a pathway monitoring tool. As well as identifying individuals who require RTT training, this will provide timely validation of common pathway errors regardless of whether a breach has occurred. Plans are also in place for the migration of data to the new PAS. RTT migration rules have been determined which include checks to provide assurance that RTT data pre and post-migration is consistent.</p> <p><b>Progress update:</b>                      Go live date for the new Patient Administration System remains May 2017. The pathway compliance toolkit is in development with a go live date of August 2016. Six key lines of enquiry have been developed.</p> <p><b>Responsible Officer:</b> Neil Grogan, Director of Patient Services, Lorraine Simmonds, Head of Service Improvement.</p> <p><b>Timeline:</b> Ongoing with delivery of new PAS system expected to be May 2017.</p>

Indicator	Deloitte Recommendation	Priority	Management Response
<p><b>18 week referral-to-treatment</b></p>	<p><b>2) Availability of evidence for validation</b>  The Trust should remind staff of the importance of stamping all referrals letters on receipt and ensuring they are scanned to the Electronic Patient Record.</p>	<p><b>Medium</b></p>	<p><b>Initial response:</b>  The Trust 18 week RTT guidance document will be updated to provide additional clarity on the management of receipt of referral letters. This will also be highlighted within the 18 week RTT training programme. In addition a Standard Operating Procedure for the management of referrals will be implemented to provide detailed operational guidance.</p> <p><b>Progress update:</b>  The new 18 week training programme has been amended to include guidance on the management of receipt of referral letters. In addition a referral management Standard Operating Procedure (SOP) will be implemented from September 2016.</p> <p><b>Responsible Officer:</b> Lorraine Simmonds, Head of Service Improvement</p> <p><b>Timeline:</b> 18 week RTT guidance and training programme updated by end of June 2016. Referral management SOP to be implemented from September 2016.</p>
<p><b>18 week referral-to-treatment</b></p>	<p><b>3) Staff training – data entry</b>  We understand the Trust has implemented a new training programme covering the 18 week clock rules in response to recommendations made as a result of last year’s audit. As part of this training, the Trust should ensure staff are reminded of the rules and requirements of national RTT guidance particularly focusing on what activity will stop a clock and how it should be recorded to accurately code the stop to accurately inform the identification of key steps of the RTT pathway.</p>	<p><b>High</b></p>	<p><b>Initial response:</b>  The Trust 18 week RTT guidance document and training programme reflect and reference the national clock rules. Activities that stop a clock are described in detail. However, the guidance document and training programme will be enhanced in the future to provide clear instructions on the correct RTT pathway codes required to accurately identify key RTT pathway steps.</p> <p><b>Progress update:</b>  The 18 week training programme has been enhanced to include guidance on the use of RTT pathway codes. There is a compliance test for all delegates. Training commenced in July 2016 and we aim to train 800 staff over 12 months.</p> <p><b>Responsible Officer:</b> Lorraine Simmonds, Head of Service Improvement</p> <p><b>Timeline:</b> Completed end of June 2016.</p>

Indicator	Deloitte Recommendation	Priority	Management Response
<p><b>18 week referral-to-treatment</b></p>	<p><b>4) Staff training – validation</b>  We understand the Trust has implemented a new training programme covering the 18 week clock rules in response to recommendations made as a result of last year's audit. As part of this training, the validation team should be reminded of the rules and requirements of national RTT guidance. As part of this, there should be a focus on identifying appropriate clock starts and clock stops, and how to correctly nullify RTT pathways.</p>	<p><b>High</b></p>	<p><b>Initial response:</b>  The validation team will undergo enhanced training on the 18 week RTT clock rules. There will be an assessment of competence following the training which will be repeated annually.</p> <p><b>Progress update:</b>  Training planned for September 2016.</p> <p><b>Responsible Officer:</b> Lorraine Simmonds, Head of Service Improvement</p> <p><b>Timeline:</b> On track to start September 2016.</p>
<p><b>18 week referral-to-treatment</b></p>	<p><b>5) Investigate automated clock stops</b>  The Trust should generate a monthly report detailing automated clock stops recorded. These should then be investigated as part of the Trust's ongoing validation arrangements.</p>	<p><b>Medium</b></p>	<p><b>Initial response:</b>  A report detailing clocks automatically stopped in the previous month will be reviewed by the validation team as part of the regular validation process. This will ensure automated clock stops are appropriate and in line with the RTT clock rules and reporting requirements.</p> <p><b>Progress update:</b>  The Operational Performance team has developed a report which is being tested during July 2016. This will enable the team to validate proposed automated clock stops to ensure they are appropriate.</p> <p><b>Responsible Officer:</b> Lorraine Simmonds, Head of Service Improvement</p> <p><b>Timeline:</b> On track for implementation during Quarter 2 2016/17.</p>

Indicator	Deloitte Recommendation	Priority	Management Response
<p><b>18 week referral-to-treatment</b></p>	<p><b>6) Sample audit</b>            In line with best practice, the Trust should consider undertaking sample audits across the RTT incomplete list throughout the year, focusing on appearance on reports as well as the accuracy of the pathway.</p>	<p><b>Medium</b></p>	<p><b>Initial response:</b>            A sample auditing process to assess the accuracy of incomplete pathways is already in place. However, this will be extended in the future to also assess the accuracy of monthly reporting. Each quarter 25 samples will be taken from breaches on the admitted and non-admitted reports to ensure they have been correctly reported on admitted / non-admitted and incomplete reports for all appropriate preceding months.</p> <p><b>Progress update:</b>            The first sample audit for Quarter 1 2016/17 will be completed by end of August 2016.</p> <p><b>Responsible Officer:</b> Lorraine Simmonds, Head of Service Improvement</p> <p><b>Timeline:</b> On track for completion by end of August 2016.</p>
<p><b>Accident and Emergency 4 hour waiting times</b></p>	<p><b>7) CAS Card Notes</b>            The Trust should consider recording a clinical note on the CAS cards for when the patient departs from the A&amp;E department. This is in line with best practice and should be adopted to provide an audit trail for use in validations as well as a clear and consistent departure time that reconciles to that on the PAS system.</p>	<p><b>Low</b></p>	<p><b>Initial response:</b>            Departure times are recorded by clinical staff on the A&amp;E Clinical IT System (Oceano). This is the source of information for the Trust's monthly A&amp;E return. To require clinical staff to also note departure time on the CAS card would be a duplication and would place unnecessary burden on valuable clinical time. Where departure time is ambiguous there are a number of alternative data sources that can be used for validation purposes; for example PAS, PICS and WMAS transport collection time data. The A&amp;E 4 hour wait validation process guidance will be updated to provide additional detail on when and how to access these additional data sources to ensure departure times are accurately reported.</p> <p><b>Progress update:</b>            The Emergency Department (ED) validation Standard Operating Procedure has been updated to include guidance on when and where to find additional sources of triangulation evidence to ensure ED departure times are recorded accurately.</p> <p><b>Responsible Officer:</b> Lorraine Simmonds, Head of Service Improvement</p> <p><b>Timeline:</b> Completed end of June 2016.</p>

Indicator	Deloitte Recommendation	Priority	Management Response
<p><b>Accident and Emergency 4 hour waiting times</b></p>	<p><b>8) Spot Check Audits</b>  The Trust should consider introducing spot check audits on attendances which are seen within the 4 hour limit. The spot check audits should focus on those patients that have arrived by Ambulance.</p>	<p><b>Medium</b></p>	<p><b>Initial response:</b>  Spot check audits on attendances within the 4-hour limit will be introduced from Quarter 1 2016/17. 100 records will be audited each quarter. Findings from the audits will be reported to the Unscheduled Care Steering Group where actions to address any recommendations will be overseen.</p> <p><b>Progress update:</b>  The first spot check audit for Quarter 1 2016/17 will be completed by the end of July 2016.</p> <p><b>Responsible Officer:</b> Lorraine Simmonds, Head of Service Improvement, Steve Cumley, Director of Operations Division C.</p> <p><b>Timeline:</b> Quarter 1 2016/17 audit on track for completion end July 2016. Audits will then be carried out regularly after each quarter.</p>