

Quality Account Priorities for 2015-16 & External Audit

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23 February 2015



It's that time of year again...



- NHS England and Monitor guidance expected to be very similar to last year
- Cross-City Clinical Commissioning Group and NHS England have requested a lot of new content



Content Required for 2014-15

Part 1: Statement on quality and accuracy signed by Chief Executive

Part 2: Priorities for improvement and Board of Directors assurance statements

- **At least 3** priorities for improvement in 2015-16 agreed by the Board
- Progress made against improvement priorities for 2014-15
- Statements of assurance



Content Continued...

Part 3: Other information

- An overview of quality of care provided based on indicators plus the rationale for any changes from 2013-14
- Performance against key national priorities and Care Quality Commission Essential Standards
- National core set of quality indicators
- Foundation Trusts can choose to include other additional content in Part 3 (CCG has requested lots of additional content)

Annex: Statements from NHS England, Local Healthwatch organisation and the Overview and Scrutiny Committee



Quality Account Priorities for 2014-15

1. Improving VTE prevention
2. Improve patient experience and satisfaction
3. Electronic observation chart – completeness of observation sets (to produce an early warning score)
4. Reducing medication errors (missed doses)
5. Infection prevention and control



Changes to Priorities for 2015-16

- 1: Improving venous thrombo-embolism (VTE) prevention
 - Keep but set new improvement target
- 2: Improve patient experience and satisfaction
 - Ask Care Quality Group to refresh questions and use scores to aid comparability
- 3: Electronic observation chart – completeness of observations
 - Change to focus on complete observations plus pain assessment (within 2 hours of admission to ward and every 12 hours)
- 4: Reducing medication errors (missed doses)
 - Remove pending PICS in Theatres and ED? Not achieving though?
- 5: Infection prevention and control
 - Keep but refresh trajectories for 2015-16



External Assurance for 2014-15

- Trusts' external auditors required to provide:
 - published **limited assurance report** on the content of the Quality Report **and** two mandated performance indicators:
 - 18 weeks referral to treatment (mandatory)
 - Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers or
 - 28 day readmissions
 - Private report to the Board and Council of Governors on one local indicator:
 - Local indicator chosen by the Council of Governors



Local Indicator Selection

- Local indicator to be chosen by the Council of Governors
- To get maximum value from the audit, it would be sensible to request Deloitte to audit an indicator which:
 - has not been audited before
 - has been proposed by clinicians as being a genuine marker of high quality care and
 - affects a large number of patients.
- Following a discussion with the Executive Medical Director and Executive Chief Nurse, we have shortlisted two pain indicators



Shortlisted Indicators

Rationale:

- Pain management features in patient complaints
- New indicator so not audited before – want to be sure baseline data is correct
- Trust-wide indicator so covers all inpatients

Timely pain assessment:

Complete set of observations plus pain assessment within 2 hours of ward admission

Responsiveness to high pain scores:

Timely administration of pain relief to patients with high pain score of 3

