

## COUNCIL OF GOVERNORS' MEETING

11 FEBRUARY 2016

Paper Title:	Selection of a quality goal indicator for external audit
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Agenda Item:	8
Presented For:	Decision

### 1. PURPOSE OF THIS PAPER:

The purpose of this paper is to assist the Council of Governors (CoG) in selecting one indicator associated with the 2015/16 quality goals for review by external audit as required by Monitor.

### 2. EXECUTIVE SUMMARY:

#### 2.1 Quality Goals and indicators

Each year the Trust identifies a number of quality goals; each of these goals is supported by at least one (but often more than one) measurable indicator known as local indicators. There are nine quality goals for 2015/16 and these, plus their associated indicators, are summarised at Appendix 1.

#### 2.2 Guidance from Monitor re. indicator selection

The Monitor 'Detailed guidance for external assurance on quality reports 2014/15' was published in February 2015 and states that;

*'There is no change to the requirement for NHS foundation trusts to obtain assurance through substantive sample testing over one local indicator included in the quality report to be selected by the governors of the trust'.*

Clearly, as a Foundation Trust, this requirement is applicable to BDCFT.

## 2.3 The role of External Audit

It is the function of the external audit to undertake the 'sample testing' referred to in the Monitor guidance above; they are not testing how well we have performed; they are testing how reliable the data is that we have provided. They will test mandated indicators plus the local indicator selected by CoG. In summary their role is to ensure we are:

- Following national definitions & guidance (for mandated indicators)
- Gain an understanding of the data we have used
- Check our calculations and the way we have interpreted the data

NB; External auditors also undertake a wider review of the document to ensure that all mandated requirements have been met.

## 2.4 Options recommended by the CoG Quality Report Group

The CoG Quality Report Task and Finish Group met on the 11<sup>th</sup> January 2016; a specific agenda item was to discuss the current quality goals and indicators and recommend a number of indicators to the CoG.

The group considered the current indicators and the way in which data is collected and identified three indicators for the Council of Governors to select from (see table below). It should be noted that the rationale for other indicators not being selected is provided in Appendix 1.

### ***Proposed indicators to select from:***

<b>Goal</b>	<b>Indicator</b>	<b>Rationale for selection</b>
Reduce the risk of suicide	Number of suicides reported via the Strategic Executive Information System (STEIS)	This provides the opportunity to ensure that all suspected suicides have been reported to the national STEIS system
Improve the number and quality of carer's assessments	Number of documented assessments	Selected due to the complexity of data collection and reporting
Address and reduce the physical health inequalities experienced by people with mental illness	The number of in-patients and community EIP patients having a comprehensive cardio-metabolic risk assessment, with results recorded and shared with the patient and their GP at discharge	Selected due to the fact that data is provided by a random sample.

## 3. RECOMMENDATIONS

It is recommended that the CoG considers the indicators outlined in section 2.4 and identifies which indicator they wish to refer to external audit for testing.

APPENDIX 1;

QUALITY GOALS, INDICATORS AND RATIONALE FOR EXCLUSION FROM EXTERNAL AUDIT

GOAL		INDICATOR	RATIONALE FOR EXCLUSION
<b>SAFE</b>			
1a	Improve the rate of harm-free care in community health services	i) reduction in pressure ulcers	Not selected as this information is collected via the 'Safety Thermometer' which is a national tool
		ii) reduction in harmful falls	
1b	Reduce the risk of suicide	i) CPA 7 day follow up	Not selected as this information is an automated extract from RiO
		ii) CPA 3 day follow up	
		iii) Number of suicides (STEIS)	<b>Selected see 2.4</b>
1c	Encourage a culture of openness, transparency and continual improvement	i) proportion of staff who would feel secure raising concerns about unsafe clinical practice	Not selected as this data is gathered through a national staff survey
		iii) improve our position within the top 20% of comparator Trusts for this measure in the staff survey	
<b>PERSONAL</b>			
2a	Improve the number and quality of carer's assessments	i) Total number of service users with a carer field (y/n) completed	Not selected; this data leads to the overall indicator selected below.
		Data only: Total number with carer field Y Total number with carer field N Total number carer field blank	
		ii) Number of carers offered an assessment	
		iii) Number of documented assessments	<b>Selected see 2.4</b>
		iv) Qualitative audit of carer assessments	Not selected; qualitative audit.
2b	Improve integrated, community care for people at high risk of falls	i) Clinical audits in Q2 & Q4 using in audit tool developed with commissioners	Not selected; qualitative audit.
2c	Improve clustering performance to ensure personalised packages of care are identified for mental health service users	i) The proportion of service users with an 'in-date' cluster	Not selected as this information is an automated extract from RiO

GOAL		INDICATOR	RATIONALE FOR EXCLUSION
<b>EFFECTIVE</b>			
3a	Improve response for people with a mental health crisis	i) number of out of area admissions ii) Occupancy rates on inpatient wards iii) number of people detained by the police under section 136 of the Mental Health act	Not selected as the majority of data is extracted directly from RiO.
3b	Address and reduce the physical health inequalities experienced by people with mental illness	i) Introduction of a smoke free policy across all inpatient environments from 01.07.15 ii) The number of in-patients and community EIP patients having a comprehensive cardio-metabolic risk assessment, with results recorded and shared with the patient and their GP at discharge	Not selected as not a measurable indicator <b>Selected see 2.4</b>
3c	Encourage staff pride in the quality of services provided by the Trust	i) The proportion of staff who would recommend the Trust as a place to work or receive treatment ii) Enter the top 20 % of comparator Trusts for this measure in the NHS Staff Survey	Not selected as this data is gathered through a national staff survey