Monitor

Making the health sector work for patients

2013/14 Detailed guidance for external assurance on quality reports

www.monitor.gov.uk

About Monitor

Monitor is the sector regulator for health services in England. Our job is to protect and promote the interests of patients by ensuring that the whole sector works for their benefit.

For example, we make sure foundation hospitals, ambulance trusts and mental health and community care organisations are well led and are run efficiently, so they can continue delivering good quality services for patients in the future. To do this, we work particularly closely with the Care Quality Commission, the quality and safety regulator. When it establishes that a foundation trust is failing to provide good quality care, we take remedial action to ensure the problem is fixed.

We also set prices for NHS-funded services, tackle anti-competitive practices that are against the interests of patients, help commissioners ensure essential local services continue if providers get into serious difficulty, and enable better integration of care so services are less fragmented and easier to access.

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Introduction

Patients want to know they are receiving the very best quality of care. This is at the core of what we do – our duty is to protect and promote the interests of patients. To achieve this, we require all NHS foundation trusts to produce reports on the quality of care (as part of their annual reports). Quality reports help trusts to improve public accountability for the quality of care they provide.

As well as producing quality reports, we ask trusts to get external assurance on their quality reports. This document sets out detailed guidance for NHS foundation trusts and their auditors to enable them to carry out the external assurance engagement on 2013/14 quality reports. The requirement to obtain external assurance on the 2013/14 quality report is specified in paragraph 7.78 of the *NHS Foundation Trust Annual Reporting Manual 2013/14* issued on 13 December 2013.

1. Overview of requirements

1.1 NHS foundation trust requirements for 2013/14

The external assurance engagements that will be undertaken on 2013/14 quality reports will require NHS foundation trusts to:

- include a brief description of the key controls in place to prepare and publish a quality report in the Annual Governance Statement in the published accounts;
- sign a Statement of Directors' Responsibilities in respect of the content of the quality report and mandated indicators for inclusion in the annual report;
- sign a Statement of Directors' Responsibilities in respect of all other indicators included within the quality report to provide to their auditors (this is not required to be published in the quality report);
- include the signed limited assurance report provided by their auditors on the content of the quality report and the mandated indicators in the annual report; and
- submit a copy of their auditors' report on the outcome of the external work performed on the content of the quality report, and the mandated and local indicators, to Monitor and to the NHS foundation trust's council of governors. This is referred to as the Governors' Report to distinguish it from the limited assurance report.

1.2 NHS foundation trust auditor requirements for 2013/14

The external assurance engagements that will be undertaken on the 2013/14 quality reports will require NHS foundation trust auditors to:

- review the content of the quality report against the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2013/14*;
- review the content of the quality report for consistency against the other information sources detailed in Section 2.1 of this guidance;
- provide a signed limited assurance report in the quality report on whether anything has come to the attention of the auditor that leads them to believe that the quality report has not been prepared in line with the requirements set out in the *NHS Foundation Trust Annual Reporting*

Manual 2013/14 and is not consistent with the other information sources detailed in Section 2.1 of this guidance;

- undertake substantive sample testing on two mandated performance indicators and one locally selected indicator (to include, but not necessarily be limited to, an evaluation of the key processes and controls for managing and reporting the indicators and sample testing of the data used to calculate the indicator back to supporting documentation);

- provide a signed limited assurance report in the quality report on whether there is evidence to suggest that the two mandated indicators have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual 2013/14*; and

- provide a report to the NHS foundation trust's council of governors and board of directors (the Governors' Report) of their findings and recommendations for improvements concerning the content of the quality report, the mandated indicators and the locally selected indicator.

More detail on the scope of the work for NHS foundation trust auditors is provided below along with further guidance as follows:

- Annex A includes guidance on the wording for the Annual Governance Statement;

- Annex B provides a *pro forma* Statement of Directors' Responsibilities (which covers all requirements for the statement);

- Annex C provides guidance on the wording for the limited assurance report for 2013/14;

- Annex D provides a timetable for key submissions; and

- Annex E sets out definitions for the mandated indicators.

2. Detailed scope of work for NHS foundation trust auditors for 2013/14

2.1 Auditors' limited assurance report on the content of the quality report

The NHS foundation trust's auditors are required to undertake a review of the content contained within the quality report. This will involve:

1) reviewing the content of the quality report against the requirements of Monitor's published guidance, which are specified in paragraph 7.77 of the *NHS Foundation Trust Annual Reporting Manual 2013/14*, issued on 13 December 2013; and

2) reviewing the content of the quality report for consistency with:

   - board minutes for the financial year and up to the date of signing the limited assurance report (the period);
   - papers relating to the quality report reported to the board over the period;
   - feedback from commissioners;
   - feedback from governors;
   - feedback from local Healthwatch organisations;
   - the trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009;
   - feedback from other named stakeholder(s) involved in the sign off of the quality report;
   - latest national and local patient survey;
   - latest national and local staff survey;
   - the Head of Internal Audit's annual opinion over the trust's control environment; and
   - Care Quality Commission quality and risk profiles.

The auditor should consider the processes which NHS foundation trusts have undergone to engage with stakeholders. The auditor will provide a limited assurance report on the content of the quality report, as set out in Annex C to this

guidance, and a report on the key findings and recommendations concerning the content of the quality report. It is expected that auditors will detail the information reviewed in the limited assurance report (as set out in Annex C).

2.2 Auditors' report on performance indicators for 2013/14

A. Assurance over mandated indicators

For 2013/14, auditors will provide a limited assurance report on whether two mandated indicators included in the quality report have been reasonably stated in all material respects. Guidance for the wording of the limited assurance report is set out in Annex C.

The NHS foundation trust's auditors will undertake substantive sample testing of the mandated indicators included in the quality report as follows:

For acute NHS foundation trusts:

Two indicators from the following three:

1) C. difficile;
2) maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers; and
3) emergency re-admissions within 28 days of discharge from hospital.

For mental health NHS foundation trusts:

Two indicators from the following three:

1) 100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital;
2) minimising delayed transfers of care; or
3) admissions to inpatient services had access to crisis resolution home treatment teams.

For ambulance NHS foundation trusts:

The following two indicators:

1) category A call – emergency response within eight minutes; and
2) category A call – ambulance vehicle arrives within 19 minutes.

If a NHS foundation trust is not required to report the indicators which have been mandated or has no reported cases under those indicators, the governors, in consultation with the auditors, must select an alternative to ensure at least two indicators are subject to a limited assurance report. The purpose of consulting with the auditors in this case is to ensure that the alternative indicator is one which can reasonably be subject to a limited assurance report.

If a NHS foundation trust has only a very small number of cases subject to the mandated indicators, they may wish to consider whether to subject a third indicator to a limited assurance report. This indicator must be selected by the governors, in consultation with the auditors.

Definitions for the mandated indicators above are set out in Annex E.

It may be helpful to the readers of the quality report if the NHS foundation trust includes a detailed definition of the mandated indicators, in line with the requirements of ISAE 3000, within the content of the quality report.

B. Testing strategy for mandated indicators

Monitor does not propose to define a testing strategy for the indicators selected. This will be for the NHS foundation trust's auditor to determine as it will, in part, be determined by the specific processes and controls in place at each NHS foundation trust.

In undertaking their tests for mandated indicators, auditors will need to document the systems used to produce the specified indicators, perform a walkthrough of the system to gain an understanding of the data collection process, and then test the indicators substantively back to supporting documentation to gain assurance over the six dimensions of data quality, which are:

1. **Accuracy.** Is data recorded correctly and is it in line with the methodology for calculation?
2. **Validity.** Has the data been produced in compliance with relevant requirements?
3. **Reliability.** Has data been collected using a stable process in a consistent manner over a period of time?
4. **Timeliness.** Is data captured as close to the associated event as possible and available for use within a reasonable time period?

5. **Relevance**. Does all data used to generate the indicator meet eligibility requirements as defined by guidance?
6. **Completeness.** Is all relevant information, as specified in the methodology, included in the calculation?

The auditor will provide a report on its findings and recommendations for improvements on the mandated indicators to the board of directors and the council of governors of the NHS foundation trust.

C. Additional work for NHS foundation trusts over local indicators

In 2013/14, NHS foundation trusts also need to obtain assurance through substantive sample testing over one local indicator included in the quality report, as selected by the governors of the trust. Although the foundation trust's external auditors will be required to undertake the work, it is not proposed that they will have to provide a limited assurance report over this indicator in 2013/14 (this may be reviewed by Monitor in future years). Depending on the specialist nature of the indicator selected, external auditors may wish to build upon the expertise of others, including internal auditors' peer review, specialist review, or a combination of these methods.

Monitor does not propose to define a testing strategy for this indicator. This will be for the auditor to determine as it will, in part, be determined by the specific processes and controls in place at each NHS foundation trust. In undertaking their tests, and in anticipation of providing a limited assurance report for this indicator in future years, auditors are expected to follow the guidance relating to other mandated indicators as set out in Section 2.2B.

The auditor will provide a report on its findings and recommendations for improvements on this indicator to the board of directors and the council of governors of the NHS foundation trust.

3. Ongoing advice and support

Monitor recognises that the process of gaining external assurance on the quality reports is a developing area and NHS foundation trusts may have questions or need further clarification throughout the process. Please send any queries to compliance@monitor.gov.uk, and put 'Quality report assurance' in the subject field.

4. Auditor's deliverables and timescales

The deliverables from the work undertaken by the NHS foundation trust's auditor are as follows:

1) A limited assurance report on the content of the quality report.
2) A limited assurance report on the mandated performance indicators.
3) A report addressed to the NHS foundation trust's council of governors and board of directors (Governors' Report) which provides:
    - the scope of review;
    - details of the audit findings under each area tested; and
    - recommendations for improvement.

The deadline for submission of the Governors' Report to Monitor will be in line with the financial reporting deadlines, as detailed in Annex D. It is expected that the Governors' Report will be presented to the NHS foundation trust's Audit Committee prior to submission to Monitor.

Annex A: Section to be included in annual governance statement

[Square brackets indicate an instruction or information to be inserted rather than *pro forma* wording.]

Annual quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual 2013/14.*

[Here, include a brief description of steps that have been put in place to assure the board that the quality report presents a balanced view and that there are appropriate controls in place to ensure the accuracy of data.

These steps would cover areas such as:

- governance and leadership (including processes to ensure the quality report presents a balanced view);
- policies;
- systems and processes;
- people and skills; and
- data use and reporting (comments on the systems in place to review and report the quality metrics).]

Review of effectiveness

I have drawn on the content of the quality report attached to this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

Annex B: 2013/14 Statement of Directors' Responsibilities in respect of the quality report

[Square brackets indicate information to be inserted rather than *pro forma* wording.]

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the content of the quality report is not inconsistent with internal and external sources of information, including:
  - board minutes and papers for the period April 2013 to [the date of signing of this statement]**;**
  - papers relating to quality reported to the board over the period April 2013 to [the date of signing of this statement]**;**
  - feedback from the commissioners, dated XX/XX/20XX;
  - feedback from governors, dated XX/XX/20XX;
  - feedback from local Healthwatch organisations, dated XX/XX/20XX;
  - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated XX/XX/20XX;
  - the [*latest*] national patient survey, dated XX/XX/20XX;
  - the [*latest*] national staff survey, dated XX/XX/20XX;
  - the Head of Internal Audit's annual opinion over the trust's control environment, dated XX/XX/20XX;

- Care Quality Commission quality and risk profiles, dated XX/XX/20XX;

- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the quality report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the quality report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the quality report (available at www.monitor.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board

Note: sign and date in any colour ink except black

..............................Date..Chair

..............................Date..Chief Executive

Annex C: 2013/14 limited assurance report on the content of the quality reports and mandated performance indicators

[Square brackets indicate an instruction rather than *pro forma* wording.]

Independent auditor's report to the council of governors of XYZ NHS Foundation Trust on the quality report

We have been engaged by the board of governors of XYZ NHS Foundation Trust to perform an independent assurance engagement in respect of XYZ NHS Foundation Trust's quality report for the year ended 31 March 2014 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2014 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

[Here, list the indicators and page numbers if necessary].

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the quality report is not consistent in all material respects with the sources specified in [here, include source or list]; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

We read the quality report and consider whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual*, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with [either refer back to the specified documents in the guidance, or list those documents below:

- board minutes for the period April 2013 to [the date of signing of the limited assurance opinion];
- papers relating to quality reported to the board over the period April 2013 to [the date of signing of the limited assurance opinion];
- feedback from the Commissioners, dated XX/XX/20XX;
- feedback from local Healthwatch organisations, dated XX/XX/20XX;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated XX/XX/20XX, dated XX/XX/20XX;
- the [*latest*] national patient survey, dated XX/XX/20XX;
- the [*latest*] national staff survey, dated XX/XX/20XX;
- Care Quality Commission quality and risk profiles, dated XX/XX/20XX;
- the Head of Internal Audit's annual opinion over the trust's control environment, dated XX/XX/20XX; and
- any other information included in our review.]

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of XYZ NHS Foundation Trust as a body, to assist the Council of

Governors in reporting XYZ NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2014, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and XYZ NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- Making enquiries of management.
- Testing key management controls.
- [Here, include analytical procedures].
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.
- Comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the quality report.
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*.

The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by XYZ NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the quality report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the quality report is not consistent in all material respects with the sources specified in [here, include source]; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual*.

Audit firm

[Chartered Accountants

City]

Date

Annex D: Quality reporting deadlines

Requirement	Included in published 2013/14 accounts?	Deadline for submission	Submitted to
Annual report, including: • the quality report; • the Annual Governance Statement (which includes a brief description of key controls in place to prepare and publish a quality report); • the Statement of Directors' Responsibilities in respect of the content of the quality report and mandated performance indicators; and • the limited assurance report on the content of the quality report and mandated performance indicators (as incorporated into the Annual Report).	Yes	30 May 2014	Monitor
Quality Accounts to meet Department of Health requirements	No	30 June 2014	Uploaded to NHS Choices
Pro forma statement of Directors' Responsibilities in respect of the local performance indicators.	No	NHS foundation trusts to agree with external auditors	External auditors
Submission of the Governors' Report	No	30 May 2014	Monitor

Annex E: Mandatory performance indicator definitions

The following indicator definitions are based on Department of Health guidance, including the *NHS Outcomes Framework 2013/14* Technical Appendix. Monitor does not set definitions for indicators but, for convenience and to address potential inconsistencies between sources, we provide definitions for the mandated quality report indicators and require that these are used for 2013/14 quality reports.

In the 2014/15 Outcomes Framework, the Department of Health acknowledges that inconsistencies and inaccuracies have sometimes emerged between the Technical Appendix to the Operating Framework and the information published by the Health and Social Care Information Centre (HSCIC). Therefore, to avoid these problems and to ensure consistency, all of the technical detail for live indicators in the NHS Outcomes Framework for 2014/15 will be published in one document on the HSCIC website in the spring of 2014 at www.hscic.gov.uk.

Once the HSCIC definitions have been published, we will consider whether they should supersede the definitions given here for future reporting periods.

Acute NHS foundation trusts

C. difficile[1]

Detailed descriptor

Number of *Clostridium difficile* (C. difficile) infections, as defined below, for patients aged two or over on the date the specimen was taken.

Data definition

A C. difficile infection is defined as a case where the patient shows clinical symptoms of C. difficile infection, and using the local trust C. difficile infections diagnostic algorithm (in line with Department of Health guidance), is assessed as a positive case. Positive diagnosis on the same patient more than 28 days apart should be reported as separate infections, irrespective of the number of specimens taken in the intervening period, or where they were taken.

In constructing the C. difficile objectives, use was made of rates based both on population sizes and numbers of occupied bed days. Sources and definitions used are:

For acute trusts: The sum of episode durations for episodes finishing in 2010/11 where the patient was aged two or over at the end of the episode from Hospital Episode Statistics (HES).

Basis for accountability

Acute provider trusts are accountable for all C. difficile infection cases for which the trust is deemed responsible. This is defined as a case where the sample was taken on the fourth day or later of an admission to that trust (where the day of admission is day one).

To illustrate:

- admission day;
- admission day + 1;
- admission day + 2; and

[1] The Quality Accounts Regulations requires the C. difficile indicator to be expressed as a rate per 100,000 bed days. If C. difficile is selected as one of the mandated indicators to be subject to a limited assurance report, the NHS foundation trust must also disclose the number of cases in the quality report, as it is only this element of the indicator that we intend auditors to subject to testing.

- admission day + 3 – specimens taken on this day or later are trust apportioned.

Accountability

The approach used to calculate the C. difficile objectives requires organisations with higher baseline rates (acute trusts and primary care organisations) to make the greatest improvements in order to reduce variation in performance between organisations. It also seeks to maintain standards in the best performing organisations.

Appropriate objective figures have been calculated centrally for each primary care organisation and each acute trust based on a formula which, if the objectives are met, will collectively result in a further national reduction in cases of 26% for acute trusts and 18% for primary care organisations, whilst also reducing the variation in population and bed day rates between organisations.

Timeframe/baseline

The baseline period is the 12 months, from October 2010 to September 2011. This means that objectives have been set according to performance in this period.

Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

Detailed descriptor[2]

PHQ03: Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer.

Data definition

All cancer two month urgent referral to treatment wait.

Denominator

Total number of patients receiving first definitive treatment for cancer following an urgent GP (GDP or GMP) referral for suspected cancer within a given period for all cancers (ICD-10 C00 to C97 and D05).

Numerator

Number of patients receiving first definitive treatment for cancer within 62 days following an urgent GP (GDP or GMP) referral for suspected cancer within a given period for all cancers (ICD-10 C00 to C97 and D05).

Accountability

Performance is to be sustained at or above the published operational standard. Details of current operational standards are available at: http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103431.pdf

[2] Cancer referral to treatment period start date is the date the acute provider receives an urgent (two week wait priority) referral for suspected cancer from a GP and treatment start date is the date first definitive treatment commences if the patient is subsequently diagnosed. For further detail refer to technical guidance at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131880

Emergency re-admissions within 28 days of discharge from hospital[3]

Indicator description

Emergency re-admissions within 28 days of discharge from hospital.

Indicator construction

Percentage of emergency admissions to **a hospital that forms part of the trust** occurring within 28 days of the last, previous discharge from **a hospital that forms part of the trust**.

Numerator

The number of finished and unfinished continuous inpatient spells that are emergency admissions within 0 to 27 days (inclusive) of the last, previous discharge from hospital (see denominator), including those where the patient dies, but excluding the following: those with a main speciality upon re-admission coded under obstetric; and those where the re-admitting spell has a diagnosis of cancer (other than benign or *in situ*) or chemotherapy for cancer coded anywhere in the spell.

Denominator

The number of finished continuous inpatient spells within selected medical and surgical specialities, with a discharge date up to March 31 within the year of analysis. Day cases, spells with a discharge coded as death, maternity spells (based on specialty, episode type, diagnosis), and those with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the spell are excluded. Patients with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the 365 days prior to admission are excluded.

Indicator format

Standard percentage.

[3] This definition is adapted from the definition for the 30 days re-admissions indicator in the *NHS Outcomes Framework 2013/14: Technical Appendix*. We require trusts to report 28 day emergency re-admissions rather than 30 days to be consistent with the mandated indicator requirements of the NHS (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081).

Mental health NHS foundation trusts

100% enhanced Care Programme Approach (CPA) patients receive follow-up contact within seven days of discharge from hospital

Detailed descriptor

The proportion of those patients on a CPA, discharged from inpatient care who are followed up within seven days.

Data definition

All patients discharged to their place of residence, care home, residential accommodation, or to non-psychiatric care must be followed up within seven days of discharge. All possibilities need to be exploited to ensure patients are followed up within seven days of discharge.[4] Where a patient has been discharged to prison, contact should be made via the prison in-reach team.

Exemption:

- Patients who die within seven days of discharge may be excluded.
- Where legal precedence has forced the removal of the patient from the country.
- Patients transferred to NHS psychiatric inpatient ward.
- CAMHS (children and adolescent mental health services) are not included.

The seven-day period should be measured in days not hours and should start on the day after discharge.

Accountability

Achieving at least a 95% rate of patients followed-up after discharge each quarter.

[4] Follow-up may be face-to-face or by telephone contact. This excludes text or phone messages.

Minimising delayed transfer of care[5]

Detailed descriptor

The number of delayed transfers of care per 100,000 population (all adults, aged 18 plus).

Data definition

Commissioner numerator_01: Number of Delayed Transfers of Care of acute and non-acute adult patients (aged 18+ years).

Commissioner denominator _02: Current Office for National Statistics resident population projection for the relevant year, aged 18 years or more.

Provider numerator_03: Number of patients (acute and non-acute, aged 18 and over) whose transfer of care was delayed, averaged over the quarter. The average of the three monthly sitrep figures[6] is used as the numerator.

Provider denominator_04: Average number of occupied beds.[7]

A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.

A patient is ready for transfer when:

[a] a clinical decision has been made that the patient is ready for transfer AND

[b] a multi-disciplinary team decision has been made that the patient is ready for transfer AND

[c] the patient is safe to discharge/transfer.

To be effective, the measure must apply to acute beds, and to non-acute and mental health beds. If one category of beds is excluded, the risk is that patients will be relocated to one of the 'excluded' beds rather than be discharged.

Accountability

The ambition is to maintain the lowest possible rate of delayed transfers of care.

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[5] This definition was provided to Monitor by the Mental Health and Disability Division of the Department of Health.
[6] From the monthly delayed transfers of care sitrep return, see guidance at http://transparency.dh.gov.uk/2012/06/21/dtoc-information/
[7] In the quarter open overnight.

Good performance is demonstrated by a consistently low rate over time, and/or by a decreasing rate. Poor performance is characterised by a high rate, and/or by an increase in rate.

Admissions to inpatient services had access to crisis resolution home treatment teams[8]

Detailed descriptor

The proportion of inpatient admissions gatekept by the crisis resolution home treatment teams.

Data definition

Gatekeeping:

In order to prevent hospital admission and give support to informal carers, CR/HT are required to gatekeep all admission to psychiatric inpatient wards and facilitate early discharge of service users. An admission has been gatekept by a crisis resolution team if they have assessed[9] the service user before admission and if the crisis resolution team was involved in the decision making-process, which resulted in an admission.

Total exemption from CR/HT gatekeeping:

- Patients recalled on community treatment order.
- Patients transferred from another NHS hospital for psychiatric treatment.
- Internal transfers of service users between wards in the trust for psychiatry treatment.
- Patients on leave under Section 17 of the Mental Health Act.
- Planned admission for psychiatric care from specialist units, such as eating disorder unit, are excluded.

Partial exemption:

- Admissions from out of the trust area where the patient was seen by the local crisis team (out of area) and only admitted to this trust because they had no available beds in the local areas. CR team should assure themselves that gatekeeping was carried out. This can be recorded as gatekept by CR teams.

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[8] This indicator applies to patients in the age bracket 16-65 years and only applies to CAMHS patients where they have been admitted to an adult ward.

[9] An assessment should be recorded if there is direct contact between a member of the team and the referred patient, irrespective of the setting, and an assessment made. The assessment should be face-to-face and only by telephone where face-to-face is not appropriate or possible.

Ambulance NHS foundation trusts

Category A call – emergency response within eight minutes

Detailed descriptor

Improved health outcomes from ensuring a defibrillator and timely response to immediately life-threatening ambulance calls.

Data definition

Numerator:

The total number of category A incidents, which resulted in an emergency response arriving at the scene of the incident within eight minutes. A response within eight minutes means eight minutes zero seconds or less. For category A Red 1 calls, the clock start will be the call connect time.

For category A Red 2 calls the clock start will be the earliest of:

I. the point at which the chief complaint of the call has been identified;

II. a vehicle has been assigned to the call; and

III. a 60-second cap from the call connect time.

Denominator:

The total number of category A incidents that resulted in an emergency response arriving at the scene. If there have been multiple calls to a single incident, only one incident should be recorded.

Category A incidents:

Presenting conditions, which may be immediately life threatening and should receive an emergency response within eight minutes, irrespective of location, in 75% of cases.

The ‘clock stops’ when the first emergency response vehicle arrives at the scene of the incident. A legitimate clock stop position can include the vehicle arriving at a pre-arrival rendezvous point when one has been determined as appropriate for the safety of ambulance staff, in agreement with the control room.

Category A call – ambulance vehicle arrives within 19 minutes

Detailed descriptor

Patient outcomes can be improved by ensuring patients with immediately life-threatening conditions receive a response at the scene which is able to transport the patient in a clinically safe manner, if they require such a response.

Data definition

Numerator:

The total number of category A incidents, which resulted in a fully equipped ambulance vehicle (car or ambulance) able to transport the patient in a clinically safe manner arriving at the scene within 19 minutes of the request being made.

Denominator:

The total number of category A calls resulting in an ambulance able to transport the patient arriving at the scene of the incident.

Category A incidents:

Presenting conditions, which may be immediately life threatening and should receive an ambulance response at the scene within 19 minutes, irrespective of location, in 95% of cases.

The ‘clock stops’ when the first emergency response vehicle arrives at the scene of the incident. A legitimate clock stop position can include the vehicle arriving at a pre-arrival rendezvous point when one has been determined as appropriate for the safety of ambulance staff, in agreement with the control room.

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