

Monitor

Making the health sector
work for patients

Detailed guidance for external assurance on quality reports 2015/16



About Monitor

As the sector regulator for health services in England, our job is to make the health sector work better for patients. As well as making sure that independent NHS foundation trusts are well led so that they can deliver quality care on a sustainable basis, we make sure: essential services are maintained if a provider gets into serious difficulties; the NHS payment system promotes quality and efficiency; and patients do not lose out through restrictions on their rights to make choices, through poor purchasing on their behalf, or through inappropriate anti-competitive behaviour by providers or commissioners.

Contents

Introduction	4
1. Overview of requirements	5
1.1. NHS foundation trust requirements for 2015/16.....	5
1.2. NHS foundation trust auditor requirements for 2015/16.....	5
1.3. Summary of changes compared to 2014/15	6
1.4. Results of consultation.....	7
2. Detailed scope of work for NHS foundation trust auditors for 2015/16.....	8
2.1. Auditors' limited assurance report on the content of the quality report.....	8
2.2. Auditors' report on performance indicators for 2015/16	9
3. Auditor reporting.....	13
4. Ongoing advice and support	14
5. Auditor's deliverables and timescales	14
Annex A: Limited assurance report on the content of the quality reports and mandated performance indicators	15
Annex B: Quality reporting deadlines	19
Annex C: Mandatory performance indicator definitions	20
Annex D: Summary of responses to consultation.....	31

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.

Foundation trusts must also publish quality accounts each year, as required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended¹ ('the quality accounts regulations').

The quality report incorporates all the requirements of the quality accounts regulations as well as Monitor's additional reporting requirements.

We also require trusts to obtain external assurance on their quality reports. Subjecting them to independent scrutiny improves the quality of data on which performance reporting depends.

These requirements are part of our requirements to foundation trusts as to the information to be included in their annual reports.²

¹ SI 2010/279; as amended by the NHS (Quality Accounts) Amendments Regulations 2011 (SI 2011/269 and the NHS (Quality Accounts) Amendments Regulations 2012 (SI 2012/3081)

² See paragraph 26 of Schedule 7 to the National Health Service Act 2006.

1. Overview of requirements

1.1. NHS foundation trust requirements for 2015/16

The external assurance engagements that will be undertaken on 2015/16 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 quality report for inclusion in the quality report and annual 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.

Section 1.3 summarises the changes in this document compared to 2014/15.

1.2. NHS foundation trust auditor requirements for 2015/16

The external assurance engagements that will be undertaken on the 2015/16 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 2015/16*, which is combined with the quality accounts requirements in Monitor's document *Detailed requirements for quality reports 2015/16*
- 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 2015/16* and accompanying guidance 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 2015/16* and supporting guidance 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 set out below.

- Wording to be included with the Annual Governance Statement can be found within annex 6 to chapter 7 of the *NHS foundation trust annual reporting manual 2015/16*.
- A pro forma Statement of Directors' Responsibilities for the Quality Report is provided as part of annex 2 to chapter 7 of the *NHS foundation trust annual reporting manual 2015/16* and this is replicated within the *Detailed requirements for quality reports 2015/16*.
- Annex A provides guidance on the wording for the limited assurance report for 2015/16.
- Annex B provides a timetable for key submissions.
- Annex C sets out definitions for the mandated indicators.

1.3. Summary of changes compared to 2014/15

Content of quality report

There are no changes to the mandatory content requirements for the quality report in 2015/16 compared to 2014/15. However, a letter from NHS England recommends additional considerations for inclusion in the quality account (and so quality report) for 2015/16. These are listed in the *Detailed requirements for quality reports 2015/16*.

Assurance over the quality report

Compared to the 2014/15 requirements, we have made the following changes to this document:

- Section 2.2 – We have changed the mandated indicators for acute NHS foundation trusts in line with our consultation
- Section 2.2 – We have added guidance for cases where a mandated indicator is temporarily not being reported by the trust
- Section 3 – We have added a new section setting out the forms that the auditor’s limited assurance opinion can take
- Annex C, indicator definitions:
 - Definition added for four hour A&E indicator
 - Care Programme Approach 7 day follow-up: additional note added on comparison to definition in our *Risk Assessment Framework*
 - Minimising delayed transfers of care: additional note added on comparison to definition in our *Risk Assessment Framework*.

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.

1.4. Results of consultation

In January 2016 we issued a [consultation](#)³ on our proposals for the content requirements and assurance requirements for quality reports in 2015/16. The results of the consultation are reflected in this guidance.

Annex D provides more details on responses to the consultation. We would like to thank all those who took the time to respond to our consultation.

³ <https://www.gov.uk/government/consultations/consultation-on-requirements-for-content-and-assurance-for-quality-reports-201516>

2. Detailed scope of work for NHS foundation trust auditors for 2015/16

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 the *NHS foundation trust annual reporting manual 2015/16* and supporting guidance 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
 - feedback from the Overview and Scrutiny Committee
 - 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 Intelligent Monitoring Report.

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 A 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 A).

2.2. Auditors' report on performance indicators for 2015/16

A. Assurance over mandated indicators

For 2015/16, auditors will provide a limited assurance report as to whether, based on the procedures performed and evidence obtained, anything has come to their attention that causes them to believe that the two mandated indicators have not been prepared, in all material respects, in accordance with the applicable criteria. Guidance for the wording of the limited assurance report is set out in Annex A.

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

NHS foundation trusts providing acute services:

NHS foundation trusts providing acute services should select two indicators that are relevant for the trust. These should be selected from the following list in order (ie if (1) and (2) below are both reportable then those should be selected):

- 1) percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
- 2) percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge
- 3) maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers⁴
- 4) emergency re-admissions within 28 days of discharge from hospital.

If there are not two indicators in the above list that are relevant for your trust, the foundation trust should select an additional indicator(s) of its choice. Two indicators should be subject to the limited assurance report. Guidance on choosing an additional indicator can be found below.

NHS foundation trusts focusing on specialist services:

Specialist NHS foundation trusts should follow the same guidance as acute NHS foundation trusts above.

NHS foundation trusts providing mental health services:

Two indicators from the following three:

⁴ For trusts with cancer patients where the 62-day pathway does not apply or there are only a very small number of patients to whom this applies, the trust may substitute this with a 31-day cancer wait indicator if desired.

- 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.

Ambulance NHS foundation trusts:

The following two indicators:

- 1) category A call – emergency response within 8 minutes and
- 2) category A call – ambulance vehicle arrives within 19 minutes.

NHS foundation trusts providing community services:

Community NHS foundation trusts should select two indicators that are relevant for the trust. Two should be selected in the following order of preference (ie if (1) and (2) are both reportable then those are selected):

- 1) percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
- 2) emergency re-admissions within 28 days of discharge from hospital
- 3) maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers⁴
- 4) other indicator(s) included within the quality report. Guidance on choosing an additional indicator if this is required is provided below.

For NHS foundation trusts providing a mix of different types of services:

NHS foundation trusts providing a mix of different services should follow the guidance above for the category of services from which they receive the majority of their income.

Guidance for all NHS foundation trusts:

If an 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 an 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 C.

It may be helpful to the readers of the quality report if the NHS foundation trust includes a detailed definition of the mandated indicators within the content of the quality report.

Approach when a mandated indicator is currently not being reported

In some instances a foundation trust may have a planned failure to report an indicator, where the Board has assessed that its data is insufficiently robust to report it. Where a mandated indicator set out above is relevant for the trust but the trust is not fully reporting:

- If a figure for the indicator is presented in the quality report then this should be subject to assurance as normal.
- If no figure is presented for the indicator in the quality report then the selection for assurance should move to the next indicator in the list above. The auditor should clearly refer to this in the 'scope' section of their limited assurance opinion but the limited assurance opinion would not be modified for this indicator (as it would not be tested).

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 2015/16, 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 2015/16 (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. Auditor reporting

Auditors' work to provide assurance on quality reports is an 'engagement' carried out with reference to the International Standard on Assurance Engagements (ISAE) 3000. *ISAE 3000*⁵ refers to different forms of the limited assurance report based on the results of the engagement.

Based on ISAE 3000 the auditors' limited assurance report can take the following forms:

- Unmodified – based on the procedures performed and evidence obtained, no matter(s) has come to the auditor's attention that causes them to believe that the quality report has not been prepared, in all material respects, in accordance with the applicable criteria.
- Unmodified with emphasis of matter – it may be necessary to draw readers' attention to a matter disclosed in the quality report that, in the auditor's judgement, is so important it is fundamental to readers' understanding of the quality report.
- Modified:
 - Disclaimer of conclusion – in the auditor's judgement, a scope limitation exists and the effect of the matter could be material and pervasive.
 - Adverse conclusion – in the auditor's judgement, the quality report (or element of it) is materially misstated and pervasive to the overall report.
 - Qualified – in the auditor's judgement, the effects of a scope limitation or misstatement are not so material or pervasive as to require a disclaimer of conclusion or adverse conclusion. A qualified conclusion is expressed as being 'except for' the effects, or possible effects, of the matter to which the qualification relates.

A modified limited assurance opinion should take the form of one of these above, rather than the scope of the engagement being varied as a result of findings.

It is a matter for the auditor's judgement whether identified findings are pervasive to the overall report. For example, an auditor may identify issues in testing two indicators that lead to qualifications in respect of those conclusions but not consider them to be pervasive, so these issues would not lead to a disclaimer of conclusion overall. Alternatively the auditor may issue a disclaimer of conclusion if they consider the issues are considered pervasive.

If the auditor modifies the limited assurance opinion, they must briefly describe the reasons for the modification. The private report to governors will set out further details, including corresponding recommendations.

⁵ ISAE 3000 (revised): <https://www.ifac.org/publications-resources/international-standard-assurance-engagements-isae-3000-revised-assurance-enga>

4. Ongoing advice and support

Any queries relating to quality reports assurance should be addressed to FT.Accounts@monitor.gov.uk Please put 'Quality report assurance' in the subject field.

5. 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 B. 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: 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 council 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 2016 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2016 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' and supporting guidance
- 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 supporting guidance 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 2015 to [the date of signing of the limited assurance opinion]
- papers relating to quality reported to the board over the period April 2015 to [the date of signing of the limited assurance opinion]
- feedback from Commissioners, dated XX/XX/20XX
- feedback from governors, dated XX/XX/20XX
- feedback from local Healthwatch organisations, dated XX/XX/20XX
- feedback from Overview and Scrutiny Committee 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 Intelligent Monitoring Report, 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 2016, 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 2016:

- 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' and supporting guidance
- 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' and supporting guidance.

Audit firm

[Chartered Accountants

City]

Date

Annex B: Quality reporting deadlines

Requirement	Included in published 2015/16 annual report and accounts?	Deadline for submission	Submitted to
Annual report, including: <ul style="list-style-type: none"> 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 quality report). 	Yes	27 May 2016, noon	Monitor. See 'FT annual reporting manual' for full instructions
Submission of the Governors' Report	No	27 May 2016, 5pm	Monitor. See 'FT annual reporting manual' for full instructions.
Quality Accounts to meet Department of Health requirements	No	30 June 2016	Uploaded to NHS Choices

Annex C: 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 2015/16 quality reports.

In order to improve the consistency in indicator definitions, the Health and Social Care Information Centre (HSCIC) has now published an Indicator Portal available at <https://indicators.ic.nhs.uk/webview/>. Where relevant this is referred to in the definitions provided below but in some cases where the HSCIC Indicator Portal does not provide a detailed definition of the indicator this document continues to use older sources of indicator definitions.

Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways

Source of indicator definition and detailed guidance

The indicator is defined within the technical definitions that accompany *Everyone counts: planning for patients 2014/15 - 2018/19* and can be found at www.england.nhs.uk/wp-content/uploads/2014/01/ec-tech-def-1415-1819.pdf

Detailed rules and guidance for measuring referral to treatment (RTT) standards can be found at <http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/>

Detailed descriptor

E.B.3: The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period

Numerator

The number of patients on an incomplete pathway at the end of the reporting period who have been waiting no more than 18 weeks

Denominator

The total number of patients on an incomplete pathway at the end of the reporting period

Accountability

Performance is to be sustained at or above the published operational standard. Details of current operational standards are available at: www.england.nhs.uk/wp-

[content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf](https://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf) (see Annex B: NHS Constitution Measures).

Indicator format

Reported as a percentage

Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge

Source of indicator definition and detailed guidance

The indicator is defined within the technical definitions that accompany *Everyone counts: planning for patients 2014/15 - 2018/19* and can be found at www.england.nhs.uk/wp-content/uploads/2014/01/ec-tech-def-1415-1819.pdf

Detailed rules and guidance for measuring A&E attendances and emergency admissions can be found at <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/03/AE-Attendances-Emergency-Definitions-v2.0-Final.pdf>

Additional information

This indicator is as required to be reported by the *Risk Assessment Framework*:

A&E four-hour wait: waiting time is assessed on a provider basis, aggregated across all sites: no activity from off-site partner organisations should be included. The four-hour waiting time indicator applies to minor injury units/walk-in centres.

Paragraph 6.8 of the [NHS England guidance](#) referred to above gives further guidance on inclusion of a type 3 unit in reported performance:

We are an acute trust. Can we record attendances at a nearby type 3 unit in our return?

Such attendances can be recorded by the trust in the following circumstances.

a) The trust is clinically responsible for the service. This will typically mean that the service is operated and managed by the trust, with the majority of staff being employees of the trust. A trust should not assume responsibility for reporting activity for an operation if the trust's involvement is limited to clinical governance.

b) The service is run by an IS provider on the same site as a type 1 unit run by the trust. This would need to be agreed by the parties involved, and only one organisation should report the activity.

Where an NHS foundation trust has applied criterion (b) and is including type 3 activity run by another provider on the trust site as part of its reported performance, this will therefore be part of the population of data subject to assurance work.

In rare circumstances there may be challenges in arranging for the auditor to have access to the third party data in these cases. In this scenario the NHS foundation trust may present an *additional* indicator in the quality report which only relates to its own activity and have this reported indicator be subject to the limited assurance opinion.

Numerator

The total number of patients who have a total time in A&E of four hours or less from arrival to admission, transfer or discharge. Calculated as:

(Total number of unplanned A&E attendances) – (Total number of patients who have a total time in A&E over 4 hours from arrival to admission, transfer or discharge)

Denominator

The total number of unplanned A&E attendances

Accountability

Performance is to be sustained at or above the published operational standard. Details of current operational standards are available at: www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf (see Annex B: NHS Constitution Measures).

Indicator format

Reported as a percentage

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

Detailed descriptor⁶

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

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)

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)

Accountability

Performance is to be sustained at or above the published operational standard. Details of current operational standards are available at: [/www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf) (see Annex B: NHS Constitution Measures).

⁶ 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 hospital⁷

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 31 March 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

More information

Further information and data can be found as part of the [HSCIC indicator portal](#).

⁷ 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).

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

Detailed descriptor

The percentage of patients on Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period.

Data definition

Numerator

The number of people under adult mental illness specialties on CPA who were followed up (either by face-to-face contact or by phone discussion) within seven days of discharge from psychiatric in-patient care during the reporting period.

Denominator

The total number of people under adult mental illness specialties on CPA who were discharged from psychiatric in-patient care. All patients discharged from psychiatric in-patient wards are regarded as being on CPA during the reporting period.

Details of the indicator

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. Where a patient has been transferred to prison, contact should be made via the prison in-reach team. The seven-day period should be measured in days not hours and should start on the day after the discharge.

Exemptions include patients who are readmitted within seven days of discharge; patients who die within seven days of discharge; patients where legal precedence has forced the removal of the patient from the country; and patients transferred to an NHS psychiatric inpatient ward.

All CAMHS (child and adolescent mental health services) patients are also excluded.

Accountability

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

Detailed guidance

More detail about this indicator and the data can be found within the [Mental Health Community teams Activity section](#) of the NHS England website.⁸

⁸ <http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/>

Additional note: Risk Assessment Framework

Our *Risk Assessment Framework*⁹ uses a simplified definition which refers to the indicator excluding patients transferred to another psychiatric unit without specifying 'NHS' unit as the definition above does. For foundation trusts affected by this distinction, we are content with the trust disclosing on either basis in the quality report, provided that:

- the basis is consistent between years and quality reports
- if specifying 'NHS' unit transfers as an exemption makes a difference to the reported indicator, the trust should disclose which basis is being applied.

Minimising delayed transfer of care¹⁰

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 is used as the numerator.

Provider denominator_04: Average number of occupied beds¹¹

Details of the indicator

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

⁹ <https://www.gov.uk/government/publications/risk-assessment-framework-raf>

¹⁰ This definition was provided to Monitor by the Mental Health and Disability Division of the Department of Health.

¹¹ In the quarter open overnight.

[b] a multidisciplinary 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.

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.

Detailed guidance and data

Further guidance and the reported SitRep data on the monthly delayed transfers of care can be found on the NHS England [website](#).¹²

Additional note: Risk Assessment Framework

Our [Risk Assessment Framework](#)¹³ uses a simplified definition which removes the reference to acute patients as the indicator was used only for mental health delayed transfers of care. The definition provided above covers all activities of the trust, recognising that some trusts provide a mix of services. Our analysis suggests that the distinction in the indicator definition affects only a small number of foundation trusts. For foundation trusts affected, we are content with the trust disclosing on either basis in the quality report, provided that:

- the basis is consistent between years and quality reports
- if the inclusion or non-inclusion of acute services makes a difference to the reported indicator, the trust should disclose which basis is being applied.

Admissions to inpatient services had access to crisis resolution home treatment teams

Detailed descriptor

The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period

¹² www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

¹³ <https://www.gov.uk/government/publications/risk-assessment-framework-raf>

Data definition

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.

Numerator

The number of admissions to the trust's acute wards that were gatekept by the CRHT during the reporting period.

Denominator

The total number of admissions to the trust's acute wards

Details of the indicator

An admission has been gatekept by a crisis resolution team if it has assessed the service user before admission and was involved in the decision-making process which resulted in an admission. An assessment should be recorded if there is direct contact between a member of the CRHT team and the referred patient, irrespective of the setting, and an assessment is made. The assessment may be made via a phone conversation or by any face-to-face contact with the patient.

Exemptions include 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; and planned admissions for psychiatric care from specialist units such as eating disorder units.

Partial exemption is available for 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 area. Crisis resolution team should assure themselves that gatekeeping was carried out. This can be recorded as gatekept by crisis resolution teams.

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.

Accountability

Achieving at least 95% of patients in the quarter.

Detailed guidance

More detail about this indicator and the data can be found within the [Mental Health Community teams Activity section](#) of the NHS England website.⁸

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.

Numerator

The total number of category A incidents that 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.

Details of the indicator

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.

Accountability

Details of current operational standards are available at:

<http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf> (see Annex B: NHS Constitution Measures).

Detailed guidance

Further information can be found on the [Ambulance Quality Indicators](#) section of the NHS England website.¹⁴

¹⁴ www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/

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.

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.

Accountability

Details of current operational standards are available at:

<http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf>
(see Annex B: NHS Constitution Measures).

Detailed guidance

Further information can be found on the [Ambulance Quality Indicators](#) section of the NHS England website.

Annex D: Summary of responses to consultation

In January 2016 we issued a [consultation](#)¹⁵ on our proposals for the content requirements and assurance requirements for quality reports in 2015/16.

There were 22 responses to the consultation. Of these, 17 were from NHS foundation trusts and 5 were from accounting firms.

Question 1 of the consultation related to the content of quality reports rather than assurance. The responses to these questions are considered in our separate publication on the content requirements for quality reports 2015/16.

Question 2 asked:

Do you have any comments on our proposal to mandate the A&E four-hour wait indicator for external assurance? In particular, are there any issues with the indicator definition or its guidance that we may need to clarify to facilitate effective assurance work?

There were 13 responses to this question. Of these:

- 4 were supportive
- 3 accepted the proposal but offered additional comments
- 5 offered comments with no clear overall opinion
- 1 was against.

As the majority of respondents were in favour of the proposal, we have implemented our proposal.

One accounting firm raised a concern about access to data when a co-located urgent care centre is included within the trust's reporting, and the time available to arrange data access given finalisation of these requirements in March. To address this comment we have added an additional reporting option as part of the indicator definition in Annex C.

Question 3 asked:

Do you have any comments on any of our other proposals for quality reports indicator assurance?

Nine respondents offered comments in response to this question.

One foundation trust commented that the mandated mental health indicators remain very relevant for their trust.

¹⁵ <https://www.gov.uk/government/consultations/consultation-on-requirements-for-content-and-assurance-for-quality-reports-201516>

One accounting firm commented that our requirement that the RTT target be presented in the quality report as an arithmetic 12 month average requires some trusts to retain data from a live system purely for the purposes of assurance, and that instead they believe the indicator should be presented as a year end figure only. We understand the merit in this argument, but we have adopted our current approach for two reasons. Firstly, reporting for the year means that the population of data for assurance is broader so would facilitate early assurance work before the year end data is available, if this is desired. Secondly, and principally, we believe that it is appropriate for the quality report to reflect performance across the year to which the indicator relates. We do accept that in some cases this means that the trust needs to retain data relating to earlier months outside of a live system.

One accounting firm commented that the text in Section 2.2A of this guidance previously stating “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” could be improved to be more in line with the exact nature of auditor reporting. This text has been updated.

One accounting firm requested clarity on the approach to take where the Board of the trust has elected to not report an indicator due to known issues with its data. Guidance for this scenario has been added to Section 2.2.

One foundation trust commented that it is disappointing that there are not more specific community targets and that the quality accounts requirements have not been updated to better reflect community trusts. We will pass on this feedback as part of the future review of quality accounts.

One accounting firm commented that where trusts provide a mix of services (for example mental health and community services) it may be beneficial for trusts to be able to select two indicators that cover both areas of services rather than have to follow our guidance to base indicators in the area they receive the majority of their income. We take this point. We are not proposing to change our guidance following the consultation for this year but will reflect on this for future years.

Two respondents commented that it would be helpful for final requirements for quality reports assurance to be published earlier in the financial year. We accept this comment. There is currently a process which starts with the confirmation of quality accounts requirements and we accept that all steps in the process could helpfully happen earlier.

Question 4 asked:

Do you have any comments on our proposal to set out the options for reporting the results of the limited assurance engagement based on ISAE 3000?

There were 10 responses to this question. Of these:

- 4 were supportive
- 5 accepted the proposal but offered additional comments
- 1 offered comments with no clear overall opinion.

One accounting firm requested that we make it clearer that we are referring to ISAE 3000 (revised) rather than just ISAE 3000. We have expanded the wording in the footnote to make this reference, but on subsequent occasions then continue to refer to 'ISAE 3000' for ease of reading.

This text has been included in Section 3 of this guidance.

Question 5 asked:

We intend that it will continue to be mandatory for foundation trusts to obtain external assurance on their quality report. We propose for 2016/17 onwards that it will continue to be mandatory that the trust's external auditors perform this work. It would continue to form part of the services that foundation trusts tender for in the auditor appointment process.

Do you agree with our proposal, and/or do you have any comments on this?

There were 17 responses to this question. Of these:

	NHS foundation trust	Accounting firm
Supportive	11	2
Accepted proposal but offered additional comments	2	1
Against	0	1

Given that the overwhelming majority of responses were in favour we intend to continue to direct NHS foundation trusts to procure this external assurance from their external auditor, subject to there being no other changes in arrangements for quality reports. Arrangements for quality accounts, quality reports and assurance for 2016/17 will be confirmed at a later date.



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