

AGENDA ITEM NO:**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
THURSDAY 19 JULY 2012**

Title:	External Assurance on the 2011-12 Quality Report
Responsible Director:	David Rosser, Executive Medical Director
Contact:	Imogen Gray, Head of Quality Development, 13687

Purpose:	To present the findings from KPMG's external assurance of the 2011-12 Quality Report and the Trust's response to the recommendations.
Confidentiality Level & Reason:	N/A
Annual Plan Ref:	CORE PURPOSE 1: CLINICAL QUALITY Strategic Aim: To deliver and be recognised for the highest levels of quality of care through the use of technology, information, and benchmarking
Key Issues Summary:	<ul style="list-style-type: none">• The Trust has been issued with a limited assurance opinion without qualifications on the content of the 2011-12 Quality Report and the two mandated indicators.• Minor improvement is needed in relation to patient experience data.• The Trust's response to KPMG's recommendations is shown in Appendix A. The Trust has implemented both recommendations by 30 June 2012.
Recommendations:	The Council of Governors is asked to: Note the contents of the report.

Signed:	Date: 10 July 2012
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS THURSDAY 19 JULY 2012

EXTERNAL ASSURANCE ON THE 2011-12 QUALITY REPORT

PRESENTED BY EXECUTIVE MEDICAL DIRECTOR

1. Introduction

The purpose of this paper is to present the findings from KPMG's external assurance of the 2011-12 Quality Report and the Trust's response to the recommendations. The Council of Governors is asked to note the contents of the report.

2. Background

2.1 Monitor published its final guidance on the external assurance requirements for the 2011-12 Quality Reports in March 2012. Trusts' external auditors were required to provide a limited assurance opinion on the content of the 2011-12 Quality Report (*C. difficile* infection and 62 day GP referral to treatment for cancer). The local indicator selected by the Council of Governors – patient experience data – was not however subject to a limited assurance opinion this year. The table below provides further details of the external assurance requirements for 2011/12:

Assurance Area	Requirements
Content of Quality Report	Limited assurance report to state that, based on the auditors' work, nothing has come to their attention that leads them to believe that: <ul style="list-style-type: none">• The Quality Report does not meet the requirements of the guidance• The Quality Report is not consistent with other specified information
Mandated indicators	Limited assurance report on whether two mandated indicators included in the Quality report have been reasonably stated in all material respects.
Local indicator	Governors' Report on the outcome of the external work performed on the content of the Quality Report plus the mandated and local indicators.

2.2 During the period March-May 2012, KPMG audited both the content of the Trust's 2011/12 Quality Report and conducted sample testing for three indicators:

2.2.1 *C. difficile* infection;

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

2.2.3 Patient experience data.

3. External Assurance Findings

3.1 Limited Assurance Opinion on Content of the 2011-12 Quality Report and Mandated Indicators

3.1.1 KPMG presented their draft audit opinion and report to the Audit Committee on 24 May 2012. The Trust has been issued with a limited assurance opinion without qualifications on the content of the 2011-12 Quality Report and the two mandated indicators (*C. difficile* infection and 62 day GP referral to treatment for cancer).

3.1.2 The Trust has implemented some minor changes to the reporting process for *C. difficile* infection data following the sample testing by KPMG. This is to ensure sample collection dates are consistent across the various systems involved: Prescribing Information and Communication System (PICS), Telepath (Laboratory system) and Informatics reports.

3.2 Local Indicator – Patient Experience Data

KPMG identified that minor improvement is needed in relation to the way the Trust records and stores patient experience data. The two recommendations relating to patient experience data are shown in Appendix A.

4. Trust Response to the Recommendations

The Trust has fully implemented both recommendations as per the action plan shown in Appendix A by 30 June 2012. Progress will continue to be monitored and reported to the Council of Governors and the Audit Committee during the year.

5. Recommendations

The Council of Governors is asked to:

Note the contents of the report.

David Rosser
Executive Medical Director

Appendix A: Trust Response to KPMG Recommendations

No.	Priority	Issue and Recommendation	Trust's Management Response	Trust Responsible Officer(s)	Deadline
1	Medium	<p>Retention of paper based surveys</p> <p>To ensure that the local indicator is fully auditable across all data sources, and enable the Trust to seek a limited assurance opinion over this indicator in future periods, the Trust should establish and retain an audit trail for responses recorded using paper-based surveys. In doing so, the Trust should consider the cost of implementing this against the benefits of seeking a limited assurance opinion on this indicator in future years.</p> <p>To establish an audit trail, the Trust will need to ensure that a unique identifier and time is recorded.</p>	<p>The vast majority of patient surveys carried out in the Trust are electronic either through the bedside TVs or handheld tablets. This recommendation relates only to the paper surveys used in Ambulatory Care due to the high volume of patients who come through this area on a daily basis, which are then inputted electronically.</p> <p>The Trust plans to improve the storage of and audit trail for the paper forms as follows:</p> <p>Date/time and signature of person entering data to be recorded on each paper survey as it is entered onto the electronic system.</p> <p>Paper surveys to be stored in date order once entered onto the electronic system and archived in accordance with the Trust's procedure for storing documents. An appropriate system will be put into place to facilitate the retrieval of data when required for auditing purposes.</p>	<p>- Matron Ambulatory Care Associate Director of Patient Affairs</p>	<p>- Completed Process started 30 June 2012</p>

2	<p>Low</p>	<p>Monitoring of data verification checks</p> <p>The Trust have prepared validation procedures to identify potential duplicate data. This is to address instances where patients complete multiple surveys in a short space of time using their bedside televisions or multiple submissions from the handheld tablets.</p> <p>The Trust needs to reconcile the source data to its verified data and record and understand the level of duplicate data recorded in its source systems.</p> <p>By undertaking this monitoring on a quarterly basis, the Trust will be able to identify any trends in duplicate responses and address these if applicable.</p>	<p>The Trust now actively reconciles source data to verified data - which has duplicates removed – every month.</p> <p>A record of any duplicate records is kept by Informatics and the Patient Experience Lead is notified of the duplicate numbers.</p>	<p>Information Lead - Patient Experience</p>	<p>Completed 1 June 2012.</p>
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**Report to governors:
External assurance
on the Quality Report
2011/12**

University Hospitals
Birmingham NHS
Foundation Trust
June 2012

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This report is addressed to the Board of Directors and the Council of Governors of University Hospitals Birmingham NHS Foundation Trust (“the Trust”) and has been prepared for your use only. We accept no responsibility towards any member of staff acting on their own, or to any third parties.

This engagement is an assurance engagement over the content of the Quality Report and mandated indicators conducted in accordance with generally accepted assurance standards. Our work on the local indicator is a further dry-run exercise from the prior year in preparation for a limited assurance opinion to be issued in 2012/13.

In preparing our report, our primary source has been information made available and representations made to us by management. We do not accept responsibility for such information which remains the responsibility of management. We have satisfied ourselves, so far as possible, that the information presented in our report is consistent with other information which was made available to us in the course of our work in accordance with the terms of our Engagement Letter dated 8 March 2012.

University Hospitals Birmingham NHS Foundation Trust

Executive Summary

Conclusion

Based on the work we have performed, the Trust has achieved the best possible outcome for the scope of work specified.

This is expressed as:

- ✓ a limited assurance opinion on the content of your Quality Report; and
- ✓ a limited assurance opinion on the reasonableness of your mandated performance indicators in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual.

We detail what is meant by a limited assurance opinion in Section two.

We have made two recommendations in **Appendix A** to strengthen and develop your processes underpinning your chosen local indicator (patient experience). Improving this indicator's audit trail and using the data collected to help the Trust identify any issues with the technology used will also help the Trust achieve limited assurance opinion in future periods if required.

In addition, we have provided in this report our Limited Assurance opinion on content of the Quality Report and mandated performance indicators in **Appendix B**.

Once we have collated the results from across our client base of over 40 FTs, we will also provide you with:

- Results on our indicator testing, including an overview of the local indicators chosen by Governors for testing; and
- Notable good practice identified from across our client base.

Summary findings

We have set out a summary of our findings in the table below on those aspects aiming to secure a limited assurance report. As in the previous year, the Trust has performed better than the average of KPMG's acute Trust clients (including non-Foundation Trusts for the mandatory indicators).

In 2010/11, the Trust was one of eight of our acute Trusts that was assessed as requiring minor improvement for the 62 day maximum wait indicator. We have assessed the Trust as requiring no improvement in this indicator in 2011/12.

Objective	Findings	
	Area reviewed	Your Trust
Objective One Limited assurance report on the content of the Quality Report being consistent with other information about the Trust <i>Have you secured a limited assurance opinion this year?</i>	Content addresses requirements of Monitor's <i>Annual Reporting Manual</i>	The content of the quality report was accurately reported in line with the guidance published by Monitor.
	Content is not inconsistent with other information sources specified by Monitor in its <i>Detailed Guidance for External Assurance on the Quality Report</i>	We reviewed the information sources specified in Monitor's <i>Detailed Guidance</i> and the Quality Report and identified that: <ul style="list-style-type: none"> • Significant matters in the specified information sources were reflected in the Quality Report where appropriate; and • Significant assertions in the Quality Report were supported by the specified information sources.
	Overall	Assurance opinion provided without qualifications

Continued overleaf...

University Hospitals Birmingham NHS Foundation Trust

Executive Summary

Objective Two	Indicator	Your Trust
Limited assurance report on two mandated performance indicators <i>Have you secured a limited assurance opinion this year?</i>	Mandated indicator one: C. Difficile	Assurance opinion provided without qualifications
	Mandated indicator two: 62 day wait	Assurance opinion provided without qualifications

Purpose and structure of this report

Following Monitor's guidance we, as external auditors, provide this report (the "governors" report) to the Council of Governors on our findings and recommendations for improvements concerning the content of the Quality Report, the mandated indicators and the local indicator.

This report also aims to provide you with a clear understanding of the work we have performed and the implications of our findings for 2012/13. We have provided a summary here and more detail about this in the scope section of this report.

For 2011/12 Monitor requires auditors to provide a **limited assurance** report over the content of the Quality Report and the mandated performance indicators. As a result, we needed to:

- Review various sources of information about the Trust's performance for the period (and specified by Monitor);
- Assess your Quality Report for inconsistencies with that information (and the requirements of Monitor); and
- Test three specific indicators - similar to the approach in 2010/11 – two mandated and one local indicator.

In future periods, Monitor anticipates that an additional limited assurance opinion will be sought on the local indicator as chosen by the Council of Governors.

As outlined in our engagement letter dated 8 March 2012 and our agreed terms of reference, the purpose of this work has been to:

- Provide a limited assurance opinion over the content of the Quality Report and for the mandated indicators; and
- Assess the Trust's readiness for securing a limited assurance opinion on the local indicator.

In summary, the remaining sections of this report cover the:

- **Scope of work performed** – this section provides further details on our approach, output and its limitations;
- **Content of the Quality Report** – this section outlines the work we performed, summarises our findings and concludes on whether a limited assurance opinion has been issued; and
- **Preparation of specific indicators** – this summarises our work performed on the two mandated indicators specified by Monitor and the local indicator (selected by the Council of Governors). It concludes on whether a limited assurance opinion has been issued for the mandated indicators and whether improvements are needed before you could seek a limited assurance opinion on the local indicator.

Our approach results in recommendations to help you secure the relevant assurance opinions in the future.

Next steps to conclude the 2011/12 Quality Report assurance process

- 1) The Trust needs to provide its Statement of Directors' Responsibilities in respect of the Quality Report (see Section one of this report).
- 2) In line with Monitor's reporting requirements, we will provide a final signed opinion by 25 June 2012. This will be in addition to a finalised version of this report concluding our work up to that date including formal management responses from the Trust.
- 3) The Trust needs to include our limited assurance opinion on the content of the quality report and the mandated indicators (see Appendix B) in the Annual Report which the Trust will submit to Monitor on 25 June 2012.

University Hospitals Birmingham NHS Foundation Trust

Section one: Scope of work performed

Background

The publication of *High Quality Care for All* in 2008 placed quality and quality improvement at the heart of current debate in the NHS. In 2009/10, the DH introduced legislation to require the publication of a Quality Report to support that focus on quality. Monitor, the Foundation Trust (FT) independent regulator, mandated a dry-run external assurance review of aspects of the Quality Report: a review of the management arrangements for ensuring data quality; and the testing of indicators.

On 15 March 2012 Monitor released their *Detailed Guidance for External Assurance on Quality Reports 2011/12*. This document provides an overview of the external assurance requirements for the Quality Report. The table below sets out our responsibilities and the relationship between our work and our output:

External audit work	Our output from that work	
1. Review the content of the Quality Report against the requirements set out in Monitor's NHS FT Annual Reporting Manual (ARM).	A signed limited assurance report in the Quality Report on whether anything has come to our attention that leads us to believe that the Quality Report has not been prepared in line with the requirements set out in the NHS FT ARM and is not consistent with the other information sources detailed in the Monitor guidance.	A report (the Governors' report) to the NHS FT Council of Governors of our audit findings and recommendations for improvements concerning the content of the Quality Report, the mandated indicators and the local indicator.
2. Review the content of the Quality Report for consistency against the other information sources detailed in the Monitor guidance.		
3. Undertake substantive sample testing of two mandated performance indicators (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).	A signed limited assurance report in the Quality Report on whether there is evidence to suggest that mandated indicators have not been reasonably stated in all material respects in accordance with the NHS FT ARM.	
4. Undertake substantive sample testing of one locally selected indicator (as above).		

The limited assurance report on the content of the Quality Report and mandated performance indicators, (as incorporated into the Annual Report) will be submitted to Monitor by 25 June 2012.

Approach to our work

Our work has been based on the principles of ISAE 3000 (*Assurance Engagements other than Audits and Reviews of Historical Financial Information*) in order to provide an independent assurance opinion.

For 2011/12, we have carried out sufficient work in accordance with guidance specified by Monitor to provide a limited assurance opinion that states that the:

- Quality Report has been prepared in line with the specified guidance;
- Quality Report is not inconsistent in all material respects with the sources specified by Monitor; and
- Mandated indicators in the Quality Report are reasonably stated in all material respects.

The remainder of this section provides you with important information on the type of opinion we are providing from this approach and the limitations of our work.

University Hospitals Birmingham NHS Foundation Trust

Section one: Scope of work performed

What is a limited assurance opinion?

A limited assurance opinion is the result of work where the extent of the procedures performed is reduced. The nature of the procedures may be different and less challenging than those used for reasonable assurance.

We will issue a report to you with:

- *A limited assurance opinion on the content of your Quality Report* – 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 content of the Quality Report is not in accordance with reading we have been directed to undertake or is inconsistent with the documents above.
- *A limited assurance opinion on the mandated indicators* – 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 there is evidence to suggest that mandated indicators have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual.

Responsibilities of the Board of Directors and the Council of Governors and limitations associated with this engagement

It is important that the Board of Directors and Council of Governors, as the intended users of this report, understand the limitations associated with the procedures performed for this engagement:

- Procedures designed to assess the content of the Quality Report in order to be able to provide a 'limited assurance' opinion have been performed. Where an opinion has been issued, we have carried out sufficient work to ensure that there is nothing that has come to our attention in the Quality Report that is not inconsistent with other information as specified in Monitor's Detailed Guidance for External Assurance on the Quality Report. This is not as detailed as providing a reasonable assurance opinion because we only have been required to review a limited amount of information. We have set out this limited information on the following page.
- Procedures designed to assess readiness for a 'limited assurance' opinion on the specified and local performance indicator are not as detailed or as challenging as those designed for 'reasonable assurance'. A limited assurance opinion on a performance indicator does not mean that indicator has been confirmed as accurate only that, based on the limited procedures performed including identification of controls and walkthroughs of systems nothing has come to our attention to suggest the indicator is inaccurate.
- Some indicators carry an inherent uncertainty which means you and we need to note that uncertainty when we comment on the indicator. For indicators like this in future periods, we will ask you to explain that inherent uncertainty in your reporting and we will include a 'matter of emphasis' in our opinion on that indicator. We will bring you more information on this as we plan the approach for 2012/13.

The Statement of Directors' Responsibilities in respect of the Quality Accounts outlines the directors' responsibilities under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 in preparing Quality Accounts and the expectations of Monitor, the Independent Regulator. This work, and any subsequent work to provide an assurance opinion in future periods, is not a substitute for these responsibilities which remain with the Board of Directors of the Trust.

As set out in the Executive Summary next steps paragraph, we will require a signed Statement of Directors' Responsibilities before we issue any opinion.

University Hospitals Birmingham NHS Foundation Trust

Section two: Content of the Quality Report

Overall conclusion

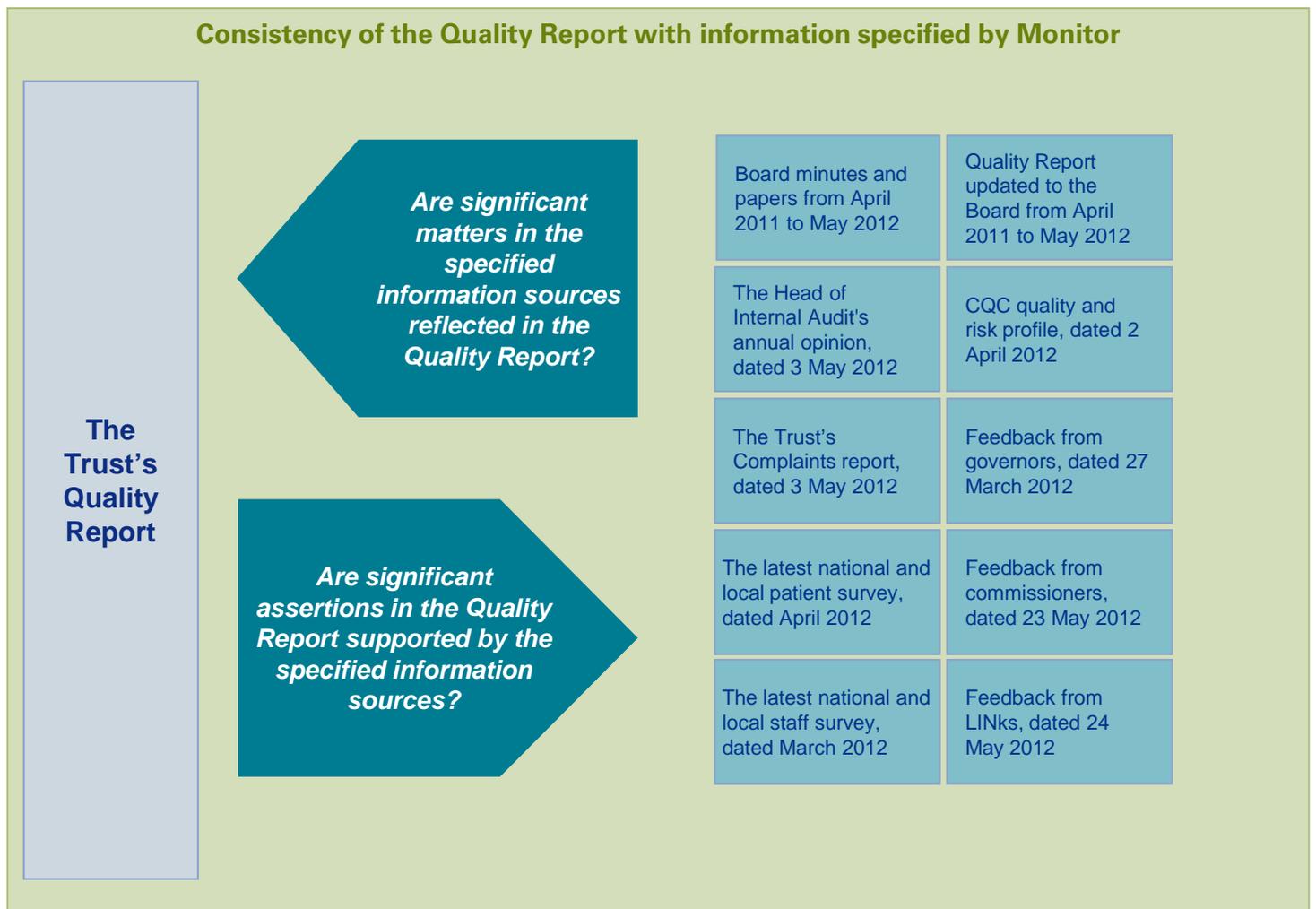
Subject to receipt and verification of statements from Commissioners and LINKs, we are satisfied that there is sufficient evidence to provide a limited assurance opinion on the content of the quality report. We have included our opinion in Appendix B to this report.

We have outlined below our detailed findings arising from our work.

Work performed and findings

In this section, we report our work on the content of the Quality Report against two criteria:

- 1) A review of content to ensure it addresses the requirements of Monitor's Annual Reporting Manual; and
- 2) A review of content in the Quality Report for consistency with the content of other information specified by Monitor in its *Detailed Guidance for External Assurance on the Quality Reports* (see diagram below). This work addressed:
 - Significant matters in the specified information sources relevant to the priorities selected by the Trust for the Quality Report to be reflected in the Quality Report; and
 - Significant assertions in the Quality Report to be supported by the specified information sources. The documents and reports we have been required to review to ensure consistency with the Quality Report are set out below.



University Hospitals Birmingham NHS Foundation Trust

Section two: Content of the Quality Report

The remainder of this section details our findings against these two criteria, considering areas where the Trust may not have included information which would have provided a more balanced picture of the organisation, on an exception basis.

1) Content addresses requirements of Annual Reporting Manual

Our work here reviewed the content of the Quality Report against guidance issued by Monitor.

Issue considered	Findings
Inclusion of all mandated content	<p>The content of the Quality Report addressed Monitor's Annual Reporting Manual requirements.</p> <p>From our initial review of the draft Quality Report we identified a number of minor issues addressed by the Trust to improve the presentation of its data.</p> <p>We will review the feedback from Commissioners and LINKs when this is provided to us on 30 May 2012. We understand that the Trust has been in regular dialogue with both Commissioners and LINKs to confirm deadlines and to address any issues or queries raised prior to receipt of a formal statement.</p>

2) Consistency of Quality Report content with specified other information

Our work here included review of a specified list of documents as set out on the previous page.

Issues considered	Findings
Are significant matters in the specified information sources reflected in the Quality Report?	We identified that the Trust reflected its significant matters, relevant to the selected priorities from the specified information sources, in its Quality Report.
Are significant assertions in the Quality Report supported by the specified information sources?	Significant assertions in the Quality Report are supported by the relevant information sources.

University Hospitals Birmingham NHS Foundation Trust

Section three: Specific performance indicators

Overall conclusion

For the 2011/12 indicator testing, the Trust selected the following indicators for review from the options available:

- 1) Mandated indicator one: C. Difficile;
- 2) Mandated indicator two: 62 day maximum wait from urgent referral to first treatment for cancer; and
- 3) Local indicator: Patient experience data

In conclusion, our work on the mandated indicators suggests there is sufficient evidence to provide a limited assurance opinion over the mandated indicators. We have included our opinion in Appendix B to this report.

In future periods, Monitor anticipates selected indicators in the Quality Report will continue to be independently assured and a 'limited assurance' opinion will be sought from an independent assurance provider on the accuracy of those indicators.

Our work on the local indicator suggests you need to make only a few improvements to the systems and processes you use to generate the local indicator in order to seek a limited assurance opinion in future periods.

The detailed findings of our work including areas of good practice and areas for improvement are outlined below.

Work performed

For the three specified indicators, we have performed limited procedures in three areas:



Please note that the extent of the procedures performed is reduced for limited assurance. The nature of the procedures may be different and less challenging than those used for reasonable assurance. **Therefore, our work was not a reasonable assurance audit of either the performance indicators or the processes used to collate and report them.**

The table below details the findings based on work performed for each indicator.

	Mandated indicator one: C. Difficile	Mandated indicator two: 62 day maximum wait from urgent referral to first treatment for cancer	Local indicator: Patient experience data
A) process	We did not identify any improvements required with regard to the process.	We did not identify any improvements required with regard to the process.	<p>The patient experience data is based on a survey of nine questions. The Trust uses a number of methods to collect this information that includes patients entering answers into bedside television, volunteers supporting patients to submit surveys via handheld computers, telephone surveys and, in one ward (Ambulatory Care), a paper-based survey.</p> <p>A ward clerk in the Ambulatory Care ward enters the completed paper-based surveys into a computer system. However, this system does not have a unique identifier to enable the review of individual records in an audit trail from the result recorded to this prime documentation.</p> <p>Ambulatory care responses account for 3,065 patient experience responses out of 23,044 (13%).</p> <p>In the absence of an audit trail, we therefore excluded the ambulatory care survey from the scope of our audit and focused on the bedside television surveys and the handheld tablets (which provided a roughly equal share).</p> <p>We have raised a recommendation in Appendix A to help the Trust strengthen its process should this indicator be selected as a mandatory for a future limited assurance opinion.</p>

Continued overleaf ...

University Hospitals Birmingham NHS Foundation Trust

Section three: Specific performance indicators

	Mandated indicator one: C. Difficile	Mandated indicator two: 62 day maximum wait from urgent referral to first treatment for cancer	Local indicator: Patient experience data
B) design of controls	We did not identify any improvements required with regard to the design of controls.	<p>We did not identify any improvements required with regard to the design of controls.</p> <p>The Trust has addressed our prior year recommendation to ensure that a date stamp is added to referral letters. In addition, the Trust has worked with GPs to develop electronic referrals as opposed to a fax referral.</p>	<p>The Trust performs validation checks to identify and remove duplicate data from the bedside television entries (31 patients entries were removed from the ten months data reviewed) and the handheld tablets (105 patient entries removed).</p> <p>The Trust understands that duplicate records can occur for a variety of reasons, for example when a patient submits an answer more than once in a short space of time to the bedside television survey. The Trust reported that the main source of duplicate entries from handheld tablets is because of disrupted connectivity to the server.</p> <p>The Trust's software cannot control patients making multiple entries on their bedside televisions. However, the Trust has sufficient controls in place to detect these where obvious, for example the same response made nine times as opposed to a complete response to all nine questions made once.</p> <p>We identified that the Trust did not routinely produce a reconciliation of the data collected (in its source servers) to the validated data to understand any trends in duplicates. In addition, we identified that the Trust was not formally recording the level and reasons for amendments to the reported data.</p> <p>As a result, the Trust may not identify any trends in duplicate entries, for example arising malfunctioning equipment.</p> <p>We have raised a recommendation in Appendix A to help the Trust minimise any duplicate records.</p>

Continued overleaf ...

University Hospitals Birmingham NHS Foundation Trust

Section three: Specific performance indicators

	Mandated indicator one: C. Difficile	Mandated indicator two: 62 day maximum wait from urgent referral to first treatment for cancer	Local indicator: Patient experience data
C) testing to indicate data accuracy	<p>We reviewed the records of 25 patients who had been tested for C. Difficile.</p> <p>Of the 25 records we traced back to microbiology screening, the result of the C. Difficile screening test was correctly captured on the system and in the patients' notes in 88% of cases.</p> <p>For the remaining 12%, (three out of the sample of 25), we identified an inconsistency in the date of sample collection between the supporting systems:</p> <ul style="list-style-type: none"> In one case, the date recorded on PICS and the HPA website was one day earlier than the date recorded on the Trust's clinical dashboard. In another case, the date recorded on date on PICS was a day later than the date recorded on the clinical dashboard and HPA website. In the final case, the date on PICS and the Trust's clinical dashboard was one day later than the date recorded on the HPA website. <p>We discussed these discrepancies with the Trust and identified that the discrepancies arose as a result of the interface between the Trust's microbiology system and the PICS system.</p> <p>As a result:</p> <ul style="list-style-type: none"> We undertook additional testing on cases at the start of April 2011 and end of March 2012 to ensure that the Trust has correctly recorded the total number of C Diff cases in the year. We did not identify any issues arising from this additional testing and as a result, these discrepancies did not impact on the overall number of C. Diff cases reported in the year. The Trust plans to investigate its interface further and use dummy data on its system to further understand the nature of the error and enable clear action to be agreed. 	<p>We selected a sample of 25 patients who had been referred to the Trust for suspected cancer by their GP. For each patient, we:</p> <ul style="list-style-type: none"> agreed the date of referral as per the GP letter to the patient file, Lorenzo and the Somerset Cancer system; and agreed the date of first treatment as per the patient file, Lorenzo and the Somerset Cancer system. <p>Of the 25 records we traced back to the file and systems, the dates were correctly captured in 100% of cases.</p>	<p>We selected a sample of 25 patient survey responses, excluding paper based ambulatory care responses, to the source data.</p> <p>We could trace the responses back to source data in 100% of cases.</p>
	Assurance opinion provided without qualifications	Assurance opinion provided without qualifications	Minor improvement needed
Overall	<p>In summary:</p> <ul style="list-style-type: none"> We will issue a limited assurance opinion on the mandated performance indicators; and You would need to make only a few improvements to your processes for assuring the quality of data underpinning this local indicator in order to seek a limited assurance opinion in future periods. In considering this indicator for review in future periods, the Trust will need to find appropriate resources to make these improvements. <p>We have made two recommendations as a result of the local indicator tested, summarised in Appendix A.</p>		

University Hospitals Birmingham NHS Foundation Trust

Appendix A: Recommendations

This appendix summarises the recommendation we have raised in order to address issues identified in our work on the Quality Report. The recommendations are rated as follows:

-  **High priority**

Fundamental issues which have resulted or could result in a qualification of the limited assurance opinion and require immediate action
-  **Medium priority**

Improvements which are required but may not need immediate action. In isolation this issue may not prevent an assurance opinion being issued but it may contribute to a group of issues that could prevent an assurance opinion being sought
-  **Low priority**

Minor improvements which, if corrected, would benefit the organisation but would not in isolation be likely to prevent an assurance opinion being sought

#	Priority	Issue and Recommendation	Management Response	Responsible Officer / Due Date
1	 Medium	<p>Retention of paper based surveys</p> <p>To ensure that the local indicator is fully auditable across all data sources, and enable the Trust to seek a limited assurance opinion over this indicator in future periods, the Trust should establish and retain an audit trail for responses recorded using paper-based surveys. In doing so, the Trust should consider the cost of implementing this against the benefits of seeking a limited assurance opinion on this indicator in future years.</p> <p>To establish an audit trail, the Trust will need to ensure that a unique identifier and time is recorded.</p>	<p>The vast majority of patient surveys carried out in the Trust are electronic either through the bedside TVs or handheld tablets. This recommendation relates only to the paper surveys used in Ambulatory Care due to the high volume of patients who come through this area on a daily basis, which are then inputted electronically.</p> <p>The Trust plans to improve the storage of and audit trail for the paper forms as follows:</p> <p>Date/time and signature of person entering data to be recorded on each paper survey as it is entered onto the electronic system.</p> <p>Paper surveys to be stored in date order once entered onto the electronic system and archived in accordance with the Trust's procedure for storing documents. An appropriate system will be put into place to facilitate the retrieval of data when required for auditing purposes.</p>	<p>Matron - Ambulatory Care and Associate Director of Patient Affairs</p> <p>To start by end June 2012.</p>
2	 Low	<p>Monitoring of data verification checks</p> <p>The Trust have prepared validation procedures to identify potential duplicate data. This is to address instances where patients complete multiple surveys in a short space of time using their bedside televisions or multiple submissions from the handheld tablets.</p> <p>The Trust needs to reconcile the source data to its verified data and record and understand the level of duplicate data recorded in its source systems.</p> <p>By undertaking this monitoring on a quarterly basis, the Trust will be able to identify any trends in duplicate responses and address these if applicable.</p>	<p>The Trust now actively reconciles source data to verified data - which has duplicates removed – every month.</p> <p>A record of any duplicate records is kept by Informatics and the Patient Experience Lead is notified of the duplicate numbers.</p>	<p>Information Lead - Patient Experience</p> <p>1 June 2012.</p>

University Hospitals Birmingham NHS Foundation Trust

Appendix B: 2011/12 Limited Assurance Opinion on content of the Quality Report and mandated performance indicators



Independent Auditor's Report to the Council of Governors of University Hospitals Birmingham NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of **University Hospitals Birmingham NHS Foundation Trust** to perform an independent assurance engagement in respect of **University Hospitals Birmingham NHS Foundation Trust's** Quality Report for the year ended 31 March 2012 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2012 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Clostridium difficile – all cases of Clostridium Difficile positive diarrhoea in patients aged two years or over that are attributed to the Trust; and
- 62 Day cancer waits – the percentage of patients treated within 62 days of referral from GP.

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 the Independent Regulator of NHS Foundation Trusts ("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 below; 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 considered whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual*, and considered the implications for our report if we became aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the sources specified below:

The sources with which we shall be required to form a conclusion as to the consistency of the Quality Report are limited to:

- Board minutes for the period April 2011 to May 2012;
- Papers relating to Quality reported to the Board over the period April 2011 to May 2012;
- Feedback from the Commissioners dated 23 May 2012;
- Feedback from LINKs dated 24 May 2012;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 3 May 2012;
- The latest national and local patient survey, dated April 2012;
- The national staff survey dated March 2012;
- Care Quality Commission quality and risk profiles dated 2 April 2012; and

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- The Head of Internal Audit's annual opinion over the Trust's control environment dated 3 May 2012.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents. We refer to those sources, (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 **University Hospitals Birmingham NHS Foundation Trust** as a body, to assist the Council of Governors in reporting **University Hospitals Birmingham 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 2012, to enable the Council of Governors to demonstrate that it has discharged its 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 **University Hospitals Birmingham NHS Foundation Trust** for our work or this report save 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;
- 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; and
- Reading the documents.

A limited assurance engagement is less 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 impact 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 thereof, 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*.

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The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts/organisations/entities. In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by **University Hospitals Birmingham 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 2012:

- 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 above; 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 the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

A handwritten signature in blue ink that reads 'KPMG LLP'.

KPMG LLP, Statutory Auditor
Birmingham, 20 June 2012



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