

AGENDA ITEM NO:**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF GOVERNORS
FRIDAY 17 JUNE 2011**

Title:	External Assurance on the 2010- 11 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 2010-11 Quality Report and the Trust's response to the recommendations.
Confidentiality Level & Reason:	N/A
Medium Term Plan Ref:	Strategic Aim 1: To deliver the highest levels of quality evidenced by technology, information and benchmarking
Key Issues Summary:	<ul style="list-style-type: none">• The draft external assurance report on the 2010-11 Quality Report by KPMG is attached at the end of the paper.• A draft limited assurance opinion has been issued on the content of the report without qualifications; minor improvements are needed in relation to two of the indicators.• The Trust's initial response to KPMG's recommendations is shown in Appendix A.
Recommendations:	The Board of Governors is asked to: Note the contents of the report.

Signed:	Date: 7 June 2011
----------------	--------------------------

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF GOVERNORS FRIDAY 17 JUNE 2011

EXTERNAL ASSURANCE ON THE 2010-11 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 2010-11 Quality Report and the Trust's response to the recommendations. The Board 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 2010-11 Quality Reports at the end of March 2011. Trusts' external auditors are required to provide a limited assurance opinion on the content of the 2010-11 Quality Report and a long form report for the mandated and local indicators, as detailed in the table below:

Timescale/ Assurance Area	2010-11
Content of Quality report	Limited assurance opinion plus long form 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
Indicators – mandated	Long form report
Indicators – local	

2.2 KPMG has audited both the content of the Trust's 2010-11 Quality Report and conducted sample testing for three indicators during April/May 2011:

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 Missed antibiotic doses data (selected by the Board of Governors).

3. External Assurance Findings

3.1 Content of the 2010-11 Quality Report

KPMG presented their draft audit opinion and report to the Audit Committee on 2 June 2011. The Trust has been issued with a limited assurance opinion on the content of the 2010-11 Quality Report without qualifications. KPMG identified a number of minor areas where the Trust could include additional information and/or provide clarification. These have been addressed in the final draft of the 2010-11 Quality Report prior to submission to Monitor and publication.

3.2 Indicators

KPMG have set out two minor recommendations relating to the systems and processes the trust uses to generate accurate data for the 62 day cancer and missed antibiotic doses indicators.

4. Trust Response to the Recommendations

The Trust is currently implementing both recommendations as per the action plan shown in Appendix A, with the actions scheduled for completion by 31 December 2011.

5. Next Steps

5.1 The draft KPMG external audit opinion will be submitted to Monitor alongside the Trust's final 2010-11 Quality Report by 7 June 2011. The final audit opinion will be submitted to Monitor and published with the Trust's final Quality Report on NHS Choices by 30 June 2011.

5.2 A progress update will be provided to the Audit Committee in September 2011 on the implementation of the two recommendations.

5.3 For the 2011-12 report, a limited assurance opinion will also be required for the mandated indicators; the local indicators will not be subject to a limited assurance opinion in 2011-12. The Trust will therefore be working closely with KPMG and Monitor during the year to plan for the external audit of the 2011-12 Quality Report.

6. Recommendations

The Board of Governors is asked to:

Note the contents of the report.

David Rosser
Executive Medical Director

Appendix A: Trust Response to KPMG Recommendations

No.	Risk	KPMG Recommendation	Trust's Response	Trust Lead(s)	Deadline
1	Low risk	<p>Recording the date of receipt for GP referral letters</p> <p>The Trust should ensure that all GP referral letters are stamped on receipt into the Trust to record the actual date of receipt.</p> <p>The training and development plans of the Quick and Early Diagnosis team should be updated to include reference to the importance of recording dates of receipt accurately.</p>	<p>The Trust will ensure that all fax machines are calibrated with the correct date and that staff date stamp all GP referral letters upon receipt.</p> <p>This will be achieved through updated objectives and/or job descriptions.</p>	<p>Neil Grogan, Director of Patient Services</p> <p>Michelle Harris, Group Manager, Cardiology, Cardiac Surgery, Endoscopy & Gastrointestinal Medicine</p>	<p>31 August 2011</p> <p>31 December 2011</p>
2	Low risk	<p>Data quality assurance over scripts</p> <p>The Trust should ensure that all scripts written by the Informatics team undergo the same high level of data quality checks.</p> <p>This will ensure the level of scrutiny and data quality assurance remains the same for all data extractions from PICS.</p>	<p>The data quality checks expected when developing any script will be reiterated to the Informatics staff by their manager at the next team meeting, with all managers reminded that it is their responsibility to ensure their staff comply with this.</p>	<p>Daniel Ray, Director Informatics & Patient Administration</p>	<p>30 June 2011</p>



cutting through complexity™

2010-11: External assurance on the Quality Report

University Hospitals
Birmingham NHS
Foundation Trust

DRAFT – June 2011

Contents

The contacts at KPMG in connection with this report are:

Jon Gorrie

Director
Birmingham
KPMG LLP (UK)
Tel: 0121 232 3694
Fax: 0121 232 3538
jon.gorrie@kpmg.co.uk

David Sharif

Senior Manager
Birmingham
KPMG LLP (UK)
Tel: 0121 232 3694
Fax: 0121 232 3538
david.sharif@kpmg.co.uk

Sophie Jenkins

Manager
Birmingham
KPMG LLP (UK)
Tel: 0121 232 3221
Fax: 0121 232 3538
sophie.jenkins@kpmg.co.uk

Kiran Gabri

Assistant Manager
Birmingham
KPMG LLP (UK)
Tel: 0121 335 2539
Fax: 0121 232 3538
harkiran.k.gabri@kpmg.co.uk

Independent Assurance on the Quality Report

- Executive Summary
- Section one: scope of work performed
- Section two: content of the Quality Report
- Section three: specific performance indicators
 - Process for collation
 - Design of controls
 - Indication of data accuracy

Appendices

- Appendix A: Recommendations
- Appendix B: Draft Limited Assurance Opinion on Content
- [Appendix C: Indicator testing across the KPMG client base] - to follow
- [Appendix D: Notable practice from the KPMG client base] – to follow

This report is addressed to the Board of Directors and the Board of Governors of 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 only and conducted in accordance with generally accepted assurance standards. Our work on the proposed indicators is a further dry-run exercise from the prior year in preparation for a limited assurance opinion to be issued in 2011-12

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 17 April 2011.

University Hospitals Birmingham NHS Foundation Trust

Executive Summary

Conclusion

Based on the work performed to date:

- you have achieved a draft limited assurance opinion on the content of your Quality Report and we do not anticipate any difficulties in issuing you with a finalised limited assurance opinion for submission to Monitor by 30 June 2011; and
- you need to make only minor improvements to your processes for assuring the quality of data underpinning the specified performance indicators in order to seek a limited assurance opinion in future periods.

Our work will be completed once we have carried out our final checks to ensure our comments have been reflected in the report and to review changes made by the Trust after the date of this report. We have identified two minor recommendations which are detailed in [Appendix A](#). Our detailed findings, including areas of good practice noted, are provided in the body of the report and our draft limited assurance opinion on the content of the Quality Report is in [Appendix B](#).

[Further information on indicator testing across our client base, including average findings and an overview of the local indicators chosen by Foundation Trusts for testing, is provided in [Appendix C](#) Notable good practice identified from across our client base has been summarised for you at [Appendix D](#).] (to follow).

Summary findings

A summary of our findings is provided in the table below, together with a comparison to other KPMG NHS FT clients for our testing of three indicators. 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).

Objective	Findings	
	Area reviewed	Your Trust
Objective One Limited assurance opinion 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 addressed Monitor's Annual Reporting Manual requirements with the exception of providing prior period data for priority 3 (patient experience). We identified a number of minor areas where the Trust could clarify its narrative in respect of data that has changed between periods as a result of validation checks or definition amendments. Management have amended the Quality Report to address these issues.
	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

University Hospitals Birmingham NHS Foundation Trust

Executive Summary

Objective Two	Indicator	Your Trust	Average Acute (KPMG clients)
Limited testing of specific indicators <i>How ready are you to secure a limited assurance opinion in the future, or is improvement needed?</i>	C. Difficile	No improvement needed	To be confirmed
	62 day maximum wait from urgent referral to first treatment for cancer	Minor Improvement needed	
	Missed doses – Antibiotics	Minor Improvement needed	

Our work provides additional assurance to the Trust over the data quality of key performance indicators, building on the significant assurance opinion already provided by Internal Audit in March 2011 in their 'Data Quality and Clinical Indicators Review'.

Purpose of this report

This report aims to provide you with a clear understanding of the work we have performed and the different types of assurance opinion that Monitor is likely to require you to secure from 2011-12. We have provided a summary here and more detail about this in the scope section of this report.

Monitor changed its approach from 2009-10, when it anticipated auditors publishing a **reasonable assurance** opinion over the **arrangements for preparing** the Quality Report. For 2010-11, Monitor requires auditors to provide a **limited assurance** opinion over the **content** of the Quality Report. As a result, our work needed to review various sources of information about the Trust (and specified by Monitor) and to ensure your Quality Report was not inconsistent with that information.

Similar to the approach in 2009-10, we have also carried out sample testing over the preparation of two mandated indicators and a locally selected indicator. In future periods, Monitor anticipates that a **limited assurance** opinion will be sought on the data quality of specified performance indicators.

Therefore, as outlined in our engagement letter and our terms of reference, the purpose of this work has been to:

- provide a limited assurance opinion over the content of the Quality Report; and
- assess the Trust's readiness for securing a limited assurance opinion on the indicators. **Importantly, the work on indicators does not constitute an independent assurance report and no opinion is being given for 2010-11.**

University Hospitals Birmingham NHS Foundation Trust

Section one: Understanding the scope of work performed

Background

The NHS has placed increasing importance on quality and quality improvement:

- The publication of High Quality Care for All in 2008 emphasised the importance of high quality patient care;
- In 2009-10, the Department of Health introduced legislation to require trusts to publish a Quality Report;
- For 2009-10, Monitor, the 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
 - Testing of specific indicators.

On 31 March 2011, Monitor released their *Annual Reporting Manual 2010-11* (including additional reporting requirements) and *Detailed Guidance for External Assurance on the Quality Reports* which sets out the requirements for trusts and auditors in 2010-11. The key changes from 2009-10 are highlighted below:

- The assessment on the management arrangements to prepare the Quality Report is not required. Monitor has replaced this assessment with the requirement for:
 - A published limited assurance opinion on the mandated content of the Quality Report; and
 - A further sample testing exercise on two mandated indicators and for the first time on a locally selected indicator; to assess the readiness for securing an assurance opinion in future periods. This dry-run exercise is a further year's preparation in advance of a limited assurance opinion.
- Amendments to the content of the Quality Report itself, along with inclusion of the Directors' Statement of Responsibility and new content in the Annual Governance Statement.

Work performed

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 on the report's content. For 2010-11, we have carried out sufficient work to provide a limited assurance opinion that states that the content of your Quality Report is not inconsistent with other information specified by Monitor (see section two).

In addition, we have carried out a further dry-run exercise over two mandated indicators and the locally selected indicator.

We have structured the remaining two sections of the report to respond to the two objectives set out in the terms of reference issued to you in April 2011:

- *Content of the Quality Report* – this section outlines the work performed, summarises our findings and concludes on whether a limited assurance opinion has been issued; and
- *Preparation of specific indicators* – this summarises the work performed on the two mandated indicators specified by Monitor and the locally selected indicator (by the Board of Governors) and concludes on whether improvements are needed before you could seek a limited assurance opinion.

Our approach enables us to provide you with recommendations on your readiness for securing the relevant assurance opinions in future periods.

Next steps to conclude the 2010-11 Quality report assurance process

The Trust needs to include our draft (and unsigned) limited assurance opinion (see appendix B) on the content of the quality report in the annual report which the Trust will submit on 7 June to Monitor.

The Trust also needs to provide a signed letter of management representation and its Statement of Directors' Responsibilities in respect of the Quality Accounts, see next section.

As required by Monitor, we will provide a final signed opinion by 30 June 2011, in addition to a finalised version of this report concluding our work up to that date.

University Hospitals Birmingham NHS Foundation Trust

Section one: scope of work performed

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

It is important that the Board 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. This is set out on the following page.
- Procedures designed to assess readiness for a 'limited assurance' opinion on specified and local performance indicators 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 2011-12.

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. We will require a management representation around the responsibility of the Board for data quality and the inclusion of all relevant content, as well as a signed Statement of Directors' Responsibilities before we issue any opinion.

Arrangements for 2011-12

In 2011-12 Monitor anticipates that the following opinions will be sought:

- a 'limited assurance' opinion on the content of the Quality Report (as per 2010-11); and
- a 'limited assurance' opinion on the data quality underpinning a number of performance indicators reported in the Quality Report.

We anticipate that the locally selected indicator will be subject to a further year of a dry-run in 2011-12.

University Hospitals Birmingham NHS Foundation Trust

Section two: content of the Quality Report

Overall conclusion

This year we have carried out sufficient work to provide a draft limited assurance opinion that states that the content of your Quality Report is not inconsistent with other information specified by Monitor.

Overall, our work suggests that there is sufficient evidence to provide that opinion. We have included our draft opinion in Appendix B to this report.

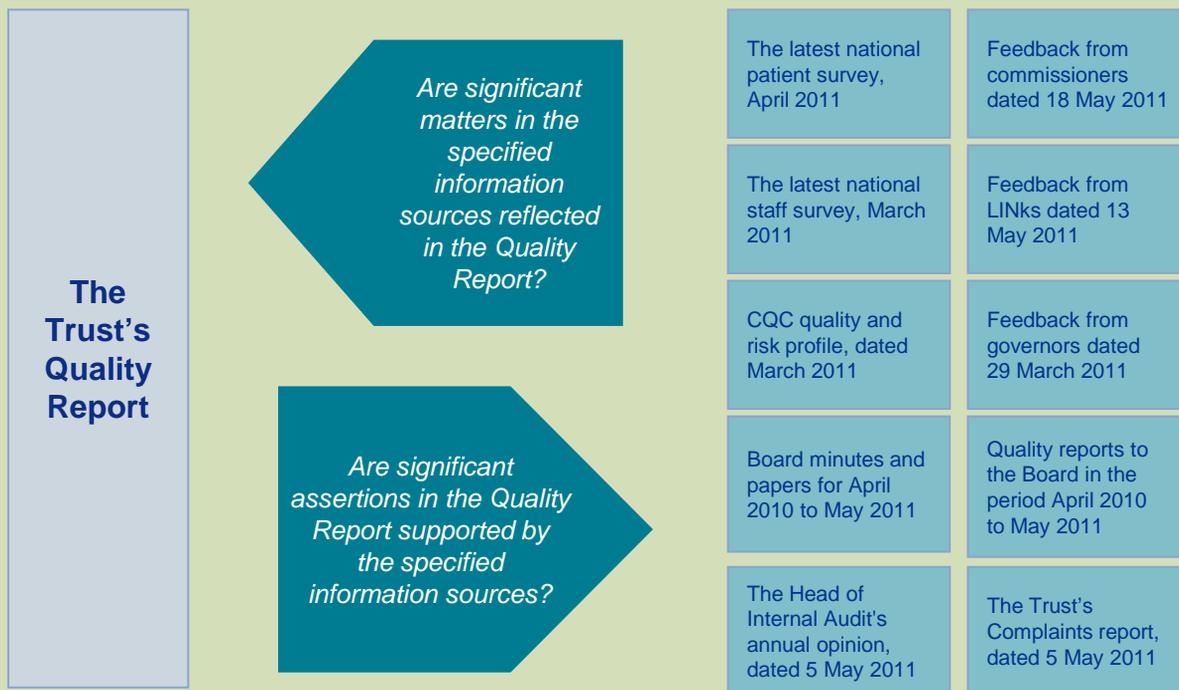
We have outlined below our detailed findings arising from our work.

Work performed and findings

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

- 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*. 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:

Consistency of the Quality Report with information specified by Monitor



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.

Issue considered	Findings
Inclusion of all mandated content	<p>The content of the Quality Report addressed Monitor’s Annual Reporting Manual requirements with the exception of providing prior period data for priority 3 (patient experience).</p> <p>We identified a number of minor areas where the Trust could clarify its narrative in respect of data that has changed between periods as a result of validation checks or definition amendments.</p> <p>Management have amended the Quality Report to address these issues.</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?	Yes, 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?	Yes, 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 2010-11 indicator testing, the Trust selected the following indicators for review from the options available:

- 1) C Difficile;
- 2) 62 day maximum wait from urgent referral to first treatment for cancer; and
- 3) Missed doses – antibiotics (the locally selected indicator).

In conclusion, our work on these indicators suggests you need to make only minor improvements to the systems and processes you use to generate accurate data for these indicators 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.

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

Work performed

For the three specified indicators, we have performed limited procedures in three areas to identify whether you would be able to secure limited assurance on the accuracy of these indicators in future periods.

A) The process for collating and reporting the indicator

B) The design of controls over quality of data

C) Testing to indicate data accuracy

Please note that the extent of procedures performed is reduced for limited assurance and 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 improvements needed based on work performed for each indicator.

	C. Difficile	62 day maximum wait from urgent referral to first treatment for cancer	Missed doses - antibiotics
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.	We did not identify any improvements required with regard to the process.
B) design of controls	We did not identify any improvements required with regard to the design of controls.	<p>The Trust manually inputs the date of receipt of the referral letter into the patient administration system (Lorenzo). This data feeds into the Somerset cancer system which is used to report this indicator.</p> <p>From our review, we noted that in some cases, the referral letters had been date stamped on receipt into the Trust, and in others, there was no date stamp.</p> <p>For one of our sample, the fax date was a day in 1996. In this case, the Trust had date stamped the fax and input the correct date into Lorenzo.</p> <p>However, as not all referral letters are date stamped, there is a risk that dates from inaccurately calibrated fax machines are input into Lorenzo.</p> <p>We have raised a recommendation in Appendix A to address this.</p>	We did not identify any improvements required with regard to the design of controls.

Continued overleaf ...

University Hospitals Birmingham NHS Foundation Trust

Section three: specific performance indicators

	C. Difficile	62 day cancer wait	Missed doses - antibiotics
C) testing as indication of data accuracy	<p>We reviewed the records of 15 patients who had been tested for C. Difficile.</p> <p>Of the 15 records we traced back to microbiology screening, the result of the C. Difficile screening test was correctly captured on the Lorenzo system and in the patients notes in 100% of cases.</p>	<p>We selected a sample of 15 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 our sample of 15 patients, we identified one instance where the date on the GP referral letter was one day earlier than the date recorded on the Lorenzo and Somerset systems.</p> <p>As a result of our work, the Trust investigated this further and we agreed with their conclusion that it was as a result of an instance of human error and there was no evidence of a systematic issue.</p> <p>The corrected total number of days waited by this patient did not result in a breach of the target.</p>	<p>The Trust produced an ad hoc script to extract a selection of patients who received antibiotics and where the system recorded a missed dose of antibiotics to treat infection. From this, we selected a sample of 15 patients</p> <p>We agreed each instance to the Trust's Prescribing and Information Communication System (PICS) to verify the missed dose.</p> <p>We identified two instances where patients were prescribed a 125mg dose of Erythromycin (a commonly used antibiotic). However, the administration of Erythromycin at 125mg dose is not used to treat infection despite being an antibiotic as per standard practice for improving gut motility.</p> <p>Therefore, the Trust's selection of relevant patients should not have included instances of 125mg dose of Erythromycin as a missed dose for antibiotic drugs (although this would be captured as a missed dose for non- antibiotic drugs).</p> <p>As a result of our work, the Trust investigated this further and confirmed the error in the ad hoc script used to extract the data from PICS for our testing. Informatics revised the script to take account of a 125mg dose of Erythromycin.</p> <p>Using the updated script, we selected a second sample of 15 patients for whom a dose of antibiotics to treat infection had not been administered.</p> <p>Of the 15 patients we selected in our second sample, the missed antibiotic dose was accurately recorded on PICS in 100% of cases.</p>
Overall	No improvement needed	Minor improvement needed	Minor improvement needed
	<p>In total, two recommendations have been made relating to the indicators tested, summarised in Appendix A.</p> <p>In summary, the Trust needs to make a minor improvement to seek a limited assurance opinion in future periods.</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:

<p> High risk</p> <p>Fundamental issues which have resulted or could result in a qualification of the limited assurance opinion and require immediate action</p>	<p> Medium risk</p> <p>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</p>	<p> Low risk</p> <p>Minor improvements which, if corrected, would benefit the organisation but would not in isolation be likely to prevent an assurance opinion being sought</p>
--	---	---

#	Risk	Issue and Recommendation	Management Response / Responsible Officer / Due Date
1	 Low risk	<p>Recording the date of receipt for GP referral letters</p> <p>The Trust should ensure that all GP referral letters are stamped on receipt into the Trust to record the actual date of receipt.</p> <p>The training and development plans of the Quick and Early Diagnosis team should be updated to include reference to the importance of recording dates of receipt accurately.</p>	Agreed in principle - detailed response to follow
2	 Low risk	<p>Data quality assurance over scripts</p> <p>The Trust should ensure that all scripts written by the Informatics team undergo the same high level of data quality checks.</p> <p>This will ensure the level of scrutiny and data quality assurance remains the same for all data extractions from PICS.</p>	Agreed in principle - detailed response to follow

University Hospitals Birmingham NHS Foundation Trust

Appendix B: **DRAFT** 2010-11 Limited Assurance Report on the Content of your Quality Report

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

We have been engaged by the Board of Governors of University Hospitals Birmingham NHS Foundation Trust to perform an independent assurance engagement in respect of the content of University Hospitals Birmingham NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the "Quality Report").

Scope and subject matter

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 become aware of any material omissions.

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2010-11 issued by the Independent Regulator of NHS Foundation Trusts ("Monitor") and dated 31 March 2011.

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 the NHS Foundation Trust Annual Reporting Manual or is inconsistent with the documents.

We read the other information contained in the Quality Report and considered whether it is materially inconsistent with:

- Board minutes for the period April 2010 to June 2011;
- Papers relating to Quality reported to the Board over the period April 2010 to June 2011;
- Feedback from the Commissioners dated 18/05/2011;
- Feedback from Governors dated 29/03/11;
- Feedback from LINKs dated 13/05/2011;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 05/05/2011;
- The latest national adult inpatient survey, dated April 2011;
- The latest national staff survey, dated 16/03/2011;
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 05/05/2011; and
- CQC quality and risk profiles dated 16/03/2011

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

This report, including the conclusion, has been prepared solely for the Board of Governors of University Hospitals Birmingham NHS Foundation Trust as a body, to assist the Board of Governors in reporting University Hospitals Birmingham NHS Foundation Trust's quality agenda, performance Independent Auditor's Report to the Board of Governors of University Hospitals Birmingham NHS Foundation Trust on the Annual Quality Report and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2011, to enable the Board of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the Quality Report. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board 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.

University Hospitals Birmingham NHS Foundation Trust

Appendix B: **DRAFT** 2010-11 Limited Assurance Report on the Content of your Quality Report

Independent Auditor's Report to the Board of Governors of University Hospitals Birmingham NHS Foundation Trust on the Annual Quality Report (continued)

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:

Making enquiries of management;

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

It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual dated 31 March 2011.

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 2011, the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual.

Jon Gorrie

KPMG LLP

Chartered Accountants

Birmingham

Date x June 2011