

Trust Board Report

Meeting Date:	25 July 2011
Title:	External Assurance - Quality Account Pricewaterhouse Coopers
Executive Summary:	<ol style="list-style-type: none"> 1. Summary of External Assurance on the Quality Account 2. Changes made to the final copy of the 2010/11 Quality Account following June Trust Board
Action Requested:	To note the external audit view of the Trust's Quality account 2010/11
Report of:	RWHT Quality Account 2010/11
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Resource Implications:	None
Public or Private: (with reasons if private)	Public
References: (eg from/to other committees)	None
Appendices/ References/ Background Reading	'The Royal Wolverhampton Hospitals NHS Trust 2010/11 External assurance on the Quality Account' June 2011 Pricewaterhouse Coopers (PWC)
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> ✚ Equality of treatment and access to services ✚ High standards of excellence and professionalism ✚ Service user preferences ✚ Cross community working ✚ Best Value ✚ Accountability through local influence and scrutiny

Background Details

1.0	A Quality Account is a report about the services provided by an NHS provider. The reports are published annually and the first was in June 2010 covering activity for the previous year. The Department of Health is aiming for a consistent approach to quality accounts and as a first step towards achieving this has required quality accounts to be subject to external assurance. The Audit Commission has mandated its appointed auditors to undertake a 'dry
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	run' of gaining successful assurance on accounts in 2010/11.
2.0	<p>The audit included</p> <ul style="list-style-type: none"> • A review of the Trust's arrangements • Testing two performance indicators included in the account
2.1	<p>Review of Trust arrangements:</p> <p>PWC considered the adequacy of arrangements in place for:</p> <ul style="list-style-type: none"> • Governance arrangements • Systems and processes for producing Quality Accounts • Quality Account reporting
2.2	<p>Review of two performance indicators: Relevant and reliable data underpin the indicators stated in the Quality Account; the Trust is calculating the indicators correctly.</p> <p>The two indicators tested:</p> <ul style="list-style-type: none"> • Clostridium difficile infections • The maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers
3.0	<p>Summary of findings : Overall the findings were good with no significant gaps noted.</p>
3.1	<ul style="list-style-type: none"> • Governance arrangements: The corporate framework is sound, Recommendation was made to provide the Board with formal assurance around the data quality arrangements. • Systems and processes for producing Quality Accounts: The arrangements are sound. Recommendation was made to formalise the policy and process of writing the Quality Account. • Quality Account reporting: Compliant with relevant DH regulations and drivers
3.2	<p>Two performance indicators reviewed</p> <ul style="list-style-type: none"> • Clostridium difficile infections: No errors noted. Recommendation made on control issue now reconciled with DIPC • The maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers: No errors noted. Recommendation made include monthly review of data and weekly breach meetings, lessons learnt, formally noted.
4.0	<p>Following June Trust Board some minor changes were made to the text and illustrations in the Quality Account.</p> <p>Minor changes made include:</p> <p>Ensuring illustrations were representative of our local population</p> <p>Clarity of meaning and less jargon.</p>

The Royal Wolverhampton Hospitals NHS Trust 2010/11 External assurance on the Quality Account

June 2011

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Code of Audit Practice and Statement of Responsibilities of Auditors and of Audited Bodies

In April 2010 the Audit Commission issued a revised version of the 'Statement of responsibilities of auditors and of audited bodies'. It is available from the Chief Executive of each audited body. The purpose of the statement is to assist auditors and audited bodies by explaining where the responsibilities of auditors begin and end and what is to be expected of the audited body in certain areas. Our reports and letters are prepared in the context of this Statement. Reports and letters prepared by appointed auditors and addressed to directors or officers are prepared for the sole use of the audited body and no responsibility is taken by auditors to any director or officer in their individual capacity or to any third party.

A. Introduction and background

The Health Act 2009 and associated regulations (*The National Health Service (Quality Accounts) Regulations 2010* and *Amendment Regulations 2011*) require all NHS healthcare service providers in England to publish an annual quality account, from April 2010.

A quality account is a report about the quality of services provided by an NHS healthcare service. The report is published annually by each NHS healthcare provider and is available to the public. The first statutory quality accounts were published in June 2010, covering activity for 2009/10.

Quality accounts aim to enhance accountability to the public and engage the leaders of the organisation in their quality improvement agenda.

Monitor, as the regulator for NHS foundation trusts (FTs), required FTs to undertake a 'dry-run' of gaining external assurance on their quality reports in 2009/10. For 2010/11, Monitor required FTs to obtain a limited assurance report on the content on the quality report and proposes the requirement for a limited assurance report over mandated performance indicators in 2011/12.

The Department of Health (DH) is aiming for a consistent approach to quality accounts assurance for FTs and non-FTs from 2011/12. As a first step towards achieving that, for 2010/11, the DH has required NHS trust quality accounts to be subject to external assurance. The Audit Commission has mandated its appointed auditors to undertake a 'dry-run' of gaining external assurance on quality accounts in 2010/11.

Our work has been undertaken as part of our 2010/11 audit. The work has been undertaken in line with the Audit Commission's *External assurance on quality accounts auditor guidance 2010/11*.

The purpose of this report is to provide the management team of The Royal Wolverhampton Hospitals NHS Trust ("the Trust") with our key findings and recommendations for improvements, in accordance with the Audit Commission's requirements.

B. Scope

The Audit Commission required our audit work to include:

- a review of the Trust's arrangements for satisfying itself that the Quality Account is fairly stated, and in accordance with relevant arrangements; and
- testing of two performance indicators included in the Quality Account.

Review of arrangements for producing quality accounts

The purpose of this was to consider whether the Trust has proper arrangements for producing its Quality Account, including ensuring the quality of data reported, and has followed the relevant DH requirements.

Proper arrangements

We were required to consider whether the Trust has proper arrangements for producing the Quality Account by considering the adequacy of the arrangements in place in the following areas:

- Governance arrangements;
- Systems and processes for producing the Quality Account; and
- Quality Account reporting.

The Audit Commission provided example indicators of proper arrangements across the above three areas; these are included at Appendix 1.

We were also required to consider whether the information contained in the Quality Account was consistent with the Trust's statement on internal control (SIC).

Compliance with relevant requirements

We were required to consider whether the Trust had complied with relevant DH requirements and had considered the associated DH guidance when producing its Quality Account.

'Relevant requirements' was defined by the Audit Commission as those set out in the Quality Accounts Regulations and 'relevant guidance' as that set out in the *Quality Accounts Toolkit 2010/11*.

For 2010/11, DH required the Trust to sign a statement of directors' responsibilities in respect of the content of the 2010/11 Quality Account. As part of our work on management arrangements, we were required to consider whether the Trust had made appropriate arrangements to ensure it was able to make the required disclosures.

Review of performance indicators

The purpose of this aspect of the work was to consider whether, based on testing of two indicators:

- the Trust was producing relevant and reliable data to underpin the indicators reported in its Quality Account;
- the Trust was calculating the indicators according to the required definitions and guidance; and

- the Trust's arrangements for data quality were working in practice and were consistently applied, providing evidence to support our work on management arrangements.

Specified performance indicators

We were required, where possible, to test two of the indicators that Monitor specified for auditors of FTs to review as part of their 2010/11 work in order to support a consistent approach to quality account assurance for FTs and non-FTs from 2011/12.

Monitor's specified performance indicators, for acute trusts, were:

- MRSA bacteraemias or Clostridium difficile infections; and
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

We agreed with the Trust that we would review the indicators relating to Clostridium difficile infections and the maximum 62 days waiting time (from urgent GP referral to first treatment for all cancers).

Testing strategy

To help achieve consistency between auditors' work on the Quality Account performance indicators, the Audit Commission specified a testing strategy. The testing strategy required us to:

- confirm the definition and guidance used by the Trust to calculate the performance indicator;
- document and walk through the Trust's systems used to produce the performance indicator; and
- undertake substantive testing on the underlying data against six specified data quality dimensions (set out in Appendix 2).

Auditor reporting

We were required to report our key findings and recommendations for improvement to the Trust's management team before 30 June 2011.

We were not required to give an assurance opinion on the Quality Account in 2010/11.

C. Summary of findings

Review of arrangements in place for producing quality accounts

Proper arrangements

We reviewed the arrangements in place for producing the Quality Account, including arrangements to ensure the quality of data supporting the Account. Our findings can be summarised as follows:

Area and scope	Findings
<p>Governance arrangements</p> <p>The NHS Trust has a corporate framework of management and accountability for its Quality Account.</p>	<p>We found that the Trust's corporate framework for the Quality Account is sound, and that accountability arrangements are in place. We have recommended that in future information should be provided to the Trust Board to provide more formal assurance of the Trust's data quality arrangements.</p>
<p>Systems and processes for producing the Quality Account and for ensuring data quality</p> <p>The NHS Trust has systems and processes for producing its Quality Account, including for securing the quality of data underpinning the Account.</p>	<p>We found that systems and processes for producing the Quality Account and securing data quality are in place and are sound. We have recommended that policies and procedures with regard to the Quality Account and data quality should be more formally documented.</p>
<p>Quality Account reporting</p> <p>The NHS Trust has arrangements for ensuring its Quality Account complies with relevant DH regulations and directives.</p>	<p>We found that the Trust has arrangements for ensuring its Quality Account complies with relevant DH regulations and directives.</p>

Our detailed findings and recommendations are set out in Section D.

Consistency with the Statement on Internal Control (SIC)

We were also required to consider whether the information contained in the Quality Account was consistent with the Trust's SIC.

Our review of the information contained in the Quality Account against the SIC, as reported within the Annual Report, identified no issues.

Compliance with relevant requirements

We were required to consider whether the Trust had complied with the requirements set out in the Quality Accounts regulations and had considered the *Quality Accounts Toolkit 2010/11* when producing its Quality Account.

We found no areas to report in this respect.

At the time of our review, the Care Quality Commission (CQC) was undertaking its own review at the Trust. The scope of our work has not included a detailed review of the matters subject to review by the CQC. However, we have recommended to the Trust that information be included on the scope of the CQC's work within its Quality Account. The Trust agreed with this recommendation and has included within its Quality Account reference to the ongoing work of the CQC.

Directors' statement disclosures

For 2010/11, DH required NHS trusts to provide their auditors with a signed statement of directors' responsibilities in respect of the 2010/11 Quality Account.

We did not identify any significant issues with the arrangements that the Trust has made to ensure it was able to make the required disclosures. The Trust provided to us the signed statement on 28 June 2011. We have made one recommendation with regard to how to strengthen these arrangements further in future years in Section D.

Review of performance indicators

As discussed earlier, the Audit Commission's testing strategy required the testing of two specified performance indicators included in the Trust's Quality Account. The indicators agreed for review were:

- Clostridium difficile infections; and
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

Our findings can be summarised as follows:

Mandated performance indicator	Findings
<ul style="list-style-type: none"> • Clostridium difficile infections 	No errors identified in the sample tested 1 control issue identified
<ul style="list-style-type: none"> • Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers. 	No errors identified in the sample tested 2 control issues identified

Our detailed findings are set out in Section E.

D. Review of arrangements for producing quality accounts

We were required to consider whether the Trust had proper arrangements in place for producing its Quality Account, including ensuring the quality of data supporting its Account, and had followed the relevant DH requirements.

Proper arrangements

As specified by the Audit Commission, our work focussed on the specific arrangements for the data and information required for the Quality Account. As required, we ensured that the results of the performance indicator were used to support our work on management arrangements.

Our findings are summarised in the tables below.

Governance arrangements			
Scope			
The NHS Trust has a corporate framework of management and accountability for its Quality Account.			
Strengths identified:			
<ul style="list-style-type: none"> The Trust has clearly defined roles and responsibilities for the Quality Account process. Overall responsibility has been assigned to the Director of Nursing and Midwifery, supported by the Deputy Director of Nursing and Midwifery – Quality and Safety. Individual leads have been identified for each priority area within the Quality Account process. The Information Team also has clear responsibility for data quality. The Trust Board approves the draft Quality Account document and the Trust's management team has been involved in selecting the Quality Account priorities for 2011/12. The Trust Board regularly receives performance updates against its Integrated Business Plan where performance is graded under a RAG system. The Trust continues to make steps to ensure that its Quality Account is integrated within the ongoing work of the Trust. The Trust's Quality Account priorities for 2011/12 have been chosen. Steps have been taken to ensure that indicators are clear and measurable so that progress can be effectively monitored. Regular update reports on progress will be sent to the Trust Board. Further developments are also planned aimed at aligning key indicators within the Quality Account process to specific directorates within the Trust. This will further strengthen accountability arrangements and increase the relevance of the Quality Account to directorates within the Trust. Quality Account related information is included within the Trust's bulletin and staff newsletter. Posters are also displayed across the hospital site setting out the priorities for the coming year. 			
Issues identified:			
No.	Issues	Impact	Recommendations
1	Whilst the Board receives updates on the Quality Account process and also detailed information on key performance indicators, further information could be provided to give the Board assurance that the Trust's data quality controls are operating effectively and that performance information is reliable and accurate.	The Board may not have sufficient assurance to make the required disclosures in the directors' statement.	<p>The quality assurance processes undertaken by the Trust should be more formally set out for the Board's consideration as part of the production and approval of the Directors' Statement.</p> <p>Reports to the Board on the Quality Account should contain more information around the data collection and data quality controls that are in place.</p>

Systems and processes for producing the Quality Account and for ensuring data quality

Scope

The NHS Trust has systems and processes for producing its Quality Account, including for securing the quality of data underpinning the account.

Strengths identified:

- The Trust has prepared its Quality Account through reference to the requirements of the Department of Health Toolkit and the West Midlands Quality Account Guide.
- The information contained within the Quality Account has been reviewed against the requirements of the Trust's Information Governance Toolkit.
- Internal Audit have reviewed the data quality arrangements underpinning the Trust's performance reporting. This has provided the Board with additional assurance regarding the quality of the data included within the Quality Account.
- The SharePoint repository contains details of all of the performance indicators in place at the Trust. A timetable has been developed by the Service Improvement Team which sets out when information should be uploaded onto SharePoint. The Information Manager has responsibility for uploading performance against the indicators onto the SharePoint system.
- Information entered into SharePoint is reviewed by the Performance Manager who investigates inconsistent or unusual data through contacting the relevant information source / lead.
- The Trust's Datix system records incidents, complaints, risks and claims. This allows for triangulation of data received where there is inter-relationship. KPIs are set around incidents and complaints reporting and the process is monitored via a Governance scorecard.
- Arrangements are in place to independently check the accuracy of data. This includes data quality internal audit reviews, clinical coding audits and peer reviews.
- Arrangements for the provision of appropriate training are in place (including the Datix system and cancer database).

Issues identified:

No.	Issues	Impact	Recommendations
1	Our work found that systems and processes are in place for producing the Quality Account and securing data quality. Accountability for the delivery of KPIs and the reporting of performance is clearly set out and our work identified no significant issues with regard to the accuracy of the Trust's reporting. There is however a lack of formally documented policies and procedure notes with regards to the Quality Account and data quality.	Key data controls and management activities may be inconsistently applied across the Trust.	The Trust should formally document its policies and procedures with regard to the Quality Account and data quality. These should be made available to all key stakeholders and information owners.

Quality Account reporting			
Scope			
The NHS Trust has arrangements for ensuring its Quality Account complies with relevant DH regulations and directives.			
Strengths identified:			
<ul style="list-style-type: none"> • The Trust's Quality Account includes a balanced picture of good practices, successes, and areas for improvement. • Internal consultation on the content of the Quality Account has taken place which has involved the Trust Board, the Board Assurance Committee, the Compliance Committee and the Senior Nurse Forum. • Consultation has been sought from key stakeholders such as Wolverhampton City Council, Wolverhampton City PCT, West Midlands SHA and Wolverhampton City LINK. A stakeholder event was held in April 2011 which allowed members, patients and the public to select their top priorities. Feedback from this event then shaped the final priorities selected for 2011/12. 			
Issues identified:			
No.	Issues	Impact	Recommendations
No specific issues have been noted in this area			

Consistency with the Statement on Internal Control (SIC)

We were also required to consider whether the information contained in the Quality Account was consistent with the Trust's SIC.

Our review of the information contained in the Quality Account against the SIC, as reported within the Annual Report, identified no issues or inconsistencies.

Compliance with relevant requirements

We were required to consider whether the Trust had complied with the requirements set out in the Quality Accounts regulations and had considered the *Quality Accounts Toolkit 2010/11* when producing its quality account.

Our findings are summarised in the table below.

Quality account requirement	Requirement met?
<p>Regulations 1 to 3 These regulations deal with citation, commencement and exemptions.</p>	n/a
<p>Regulation 4 – prescribed information, content and form of document The quality account includes the following sections:</p> <ul style="list-style-type: none"> • Part 1 – containing a written statement, signed by the responsible person (see Regulation 6), summarising the Trust’s view of the quality of NHS healthcare services it has provided. • Part 2 – containing the nationally mandated information set out in the schedule attached to the regulations (covers priorities for improvement and statements relating to the quality of NHS services provided). • Part 3 – containing information chosen by the Trust to demonstrate the quality of NHS healthcare services provided. • An annex containing the statements or copies of the statements referred to in Regulation 5. 	<p>Part 1: Met</p> <p>Part 2: Met</p> <p>Part 3: Met</p> <p>Part 4: Met</p>
<p>Regulation 5 – written statements by other bodies The quality account includes written statements from the appropriate commissioning primary care trust (PCT), Local Involvement Network (LINK) and Overview and Scrutiny Committee (OSC) about their views of the Trust’s quality account. The quality account includes an explanation of any changes made to the quality account after (and possibly because of) the statements provided.</p>	Met
<p>Regulation 6 – signature by senior employee A senior employee (for example, the Chief Executive) of the Trust has signed the written statement (Part 1) stating that to the best of that person’s knowledge, the information in the document is accurate.</p>	Met
<p>Regulation 7 – priorities for improvement The quality account includes a section confirming the Trust has identified key areas for improvement and has in place plans to monitor and report on progress. The section includes:</p> <ul style="list-style-type: none"> • at least three priorities for improvement and how they were identified; • progress from previous priorities; • how progress towards achieving priorities will be monitored and measured by the Trust; and • how and when progress towards achieving priorities will be reported. 	Met
<p>Regulations 8 to 10 – documentation assurance by commissioning PCT or SHA, LINK and OSC The Trust sent a copy of its quality account to its commissioning PCT or SHA, appropriate LINK and OSC for comment, by 30 April 2011. A statement from each, if offered, has been presented in the quality account (see Regulation 4).</p>	Met
<p>Regulation 11 – publication and provision of copies The Trust has made the appropriate arrangements for uploading its quality account onto NHS Choices and sending a copy to the Secretary of State by 30 June 2011.</p>	Met

Directors’ statement disclosures

For 2010/11, DH required NHS trusts to provide their auditors with a signed statement of directors’ responsibilities in respect of the 2010/11 quality account. We did not identify any significant issues with the arrangements that the Trust has made to ensure it was able to make the required disclosures. The Trust provided to us the signed statement on 28 June 2011. We have made one recommendation with regard to how to improve these arrangements further in future years in Section D (page 9).

E. Review of performance indicators

We were required to test two specified performance indicators included in the Trust's Quality Account. Where possible, we were required to test two of the indicators that Monitor specified for auditors of FTs and agree with the Trust which two performance indicators we would review.

The indicators agreed for review were:

- Clostridium difficile infections; and
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

The Audit Commission specified a testing strategy requiring us to:

- confirm the definition and guidance used by the Trust to calculate the performance indicator;
- document and walk through the Trust's systems used to produce the performance indicator; and
- undertake substantive testing on the underlying data against six specified data quality dimensions (set out in Appendix 2).

Our key data quality findings and recommendations for improvement are set out in the tables below.

Clostridium difficile infections			
Reported performance in the Quality Account:			
2010/11 Target: 106		2010/11 Performance: 80	
Testing Performed:			
<ul style="list-style-type: none"> • We obtained an understanding of the key processes and controls for managing and reporting the indicator; • We checked the reported performance in the Quality Account to the supporting system; and • We validated on a sample basis, 25 reported Clostridium difficile infection episodes back to care records. 			
Conclusion:			
Our testing of 25 reported Clostridium difficile infection episodes did not identify any errors. Through gaining an understanding of the data collection process, we noted 1 control issue outlined below.			
Limitations of testing:			
We only tested a sample of reported episodes in the year, as stated above. Our findings are limited to this sample. We have not tested the underlying systems, for example the micro biology system and the data extraction and recording systems.			
Control issues:			
No.	Control Issues	Impact	Recommendations
1	On a monthly basis the microbiology system record of positive results is agreed to a separate record kept on an xls spreadsheet (the bluebook). No evidence of this check was retained.	Key controls may not be undertaken on a consistent basis.	Evidence of the reconciliation/ check between the "blue book" xls spreadsheet and the micro biology system should be retained.

Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers**Reported performance in the Quality Account:**

2010/11 Target: 85%

2010/11 Performance: 81.6%

Testing performed:

- We obtained an understanding of the key processes and controls for managing and reporting the indicator;
- We agreed the reported performance in the Quality Account to the supporting system;
- We validated on a sample basis, 20 referrals back to care records. These tests including checking whether:
 - the 'clock start' was accurate, valid and relevant through agreement to the GP referral form;
 - the 'clock stop' was accurate, valid and relevant through agreement to evidence of treatment, for example an outpatient letter or discharge summary; and
 - the performance against the target as calculated by the Trust was accurate, valid and relevant through recalculating the period from urgent GP referral to first definitive treatment.

Conclusion:

Our testing of 20 cancer wait time cases (both breaches and non-breaches) did not identify any errors. Through gaining an understanding of the data collection process, we noted 2 control issues outlined below.

Limitations of testing:

We only tested a sample of reported referrals in the year, as stated above. Our reported errors below are limited to this sample.

We have not tested the underlying systems.

Control issues:

No.	Control Issues	Impact	Recommendations
1	We understand that management check on a monthly basis cases diagnosed but not treated, treated but not diagnosed and treatments without a flag. These checks are however not documented. Actions from the weekly meeting (which we understand included breach reviews) were also not formally documented.	Key data controls and management activities may be inconsistently applied across the Trust.	Key controls should be evidenced including the review on a monthly basis of cases diagnosed but not treated, treated not diagnosed and treatments without a flag. Actions from the weekly meeting to review any breaches and the lessons learnt should be formally noted.
2	The information included within the draft report for the 62 day cancer waiting time did not include the percentage rate target or performance rate and was therefore not meaningful. <i>We understand that the final 2010/11 Quality Account will be amended for this matter.</i>	Performance information may not be clear and may be misunderstood.	Performance information in the Quality Account should be clear and reported against target as appropriate.

Appendix 1. Indicators of proper management arrangements

The following table contains the Audit Commission's indicators of proper arrangements that an NHS trust might have in place to ensure that their quality account is fairly stated and in accordance with relevant DH requirements.

The indicators are based on the principles set out in the data quality standards in *Improving Information to Support Decision Making: Standards for better quality data*. The indicators are examples only, and not an exhaustive or prescriptive checklist.

Governance arrangements

Scope: The Trust has a corporate framework of management and accountability for its quality account.

Example indicators

- The Board (or equivalent) shows clear leadership for the quality of information presented in its quality account.
- The Board (or equivalent) has appropriate arrangements to ensure it is able to make the required disclosures in the directors' statement.
- Producing the quality account is not seen as a separate stand-alone project, but as an important part of the Trust's wider quality improvement agenda.
- The Trust clearly defines the roles and responsibilities relating to its quality account, including for the quality of data underpinning the account.
- The Trust communicates the purpose and importance of the quality account and this is understood by staff.

Systems and processes for producing the quality account and for ensuring data quality

Scope: The Trust has systems and processes for producing its quality account, including for securing the quality of data underpinning the account.

Example indicators

- Up-to-date policies and procedures for producing the quality account and for ensuring the quality of data underpinning the account (these may be part of the NHS trust's wider data quality governance framework).
- Policies and procedures are available to, and understood by, relevant staff, as appropriate.
- Policies and procedures comply with the relevant DH regulations and directives, and define local practices. Mechanisms are in place to check compliance with these policies and procedures, and for reporting results to management as appropriate.
- The Trust has systems and processes in place for collecting, recording and reporting data. Systems and processes focus on securing data that is accurate, valid, reliable, timely, relevant and complete.
- The Trust can demonstrate that it has used the appropriate definition and guidance when calculating the performance indicators included in its quality account.
- Systems and processes work according to the principle of 'right first time' rather than employing extensive data correction and cleansing to produce the information required.
- The Trust has a framework to review the quality of information in its quality account. The programme is proportionate to risk and includes robust scrutiny by those charged with governance.
- Data used to underpin the quality account is subject to appropriate verification, for example internal audit checks and senior management approval, before being used for reporting.
- The Trust has put in place, and trained, the necessary staff to deal with data quality issues.

Quality account reporting

Scope: The Trust has arrangements for ensuring its quality account complies with relevant DH regulations and directives.

Example indicators

- The Trust critically assesses the external reporting requirements for quality accounts. The Trust regularly reviews data provision to ensure it aligns to these requirements.
- The Trust has engaged with key stakeholders, including users of its services, staff and clinical teams, when deciding the content and presentation of its quality account.
- The quality account includes positive information on performance, but also acknowledges areas in need of improvement.
- The quality account is in accordance with relevant DH requirements.
- The information contained in the quality account is consistent with the Trust's description of its quality governance arrangements in its statement on internal control (SIC).
- The directors' statement includes the reasons for any inconsistencies between the quality account and the SIC, board reports and minutes and feedback from key stakeholders, as appropriate.

Appendix 2. Six data quality dimensions

The following table sets out the six data quality dimensions based on the *Improving Information to Support Decision Making: Standards for better quality data*.

Data quality dimension	Description
Accuracy	Is the data sufficiently accurate for the intended purposes?
Validity	Is the data recorded and used in compliance with relevant requirements?
Reliability	Does the data reflect stable and consistent collection processes across collection points and over time?
Timeliness	Is the data up-to-date and has it been captured as quickly as possible after the event or activity?
Relevance	Is the data captured applicable to the purposes for which it is used?
Completeness	Is all the relevant data included?

In the event that, pursuant to a request which The Royal Wolverhampton Hospitals NHS Trust has received under the Freedom of Information Act 2000, it is required to disclose any information contained in this report, it will notify PwC promptly and consult with PwC prior to disclosing such report. The Royal Wolverhampton Hospitals NHS Trust agrees to pay due regard to any representations which PwC may make in connection with such disclosure and The Royal Wolverhampton Hospitals NHS Trust shall apply any relevant exemptions which may exist under the Act to such report. If, following consultation with PwC, The Royal Wolverhampton Hospitals NHS Trust discloses this report or any part thereof, it shall ensure that any disclaimer which PwC has included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

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