

**Paper C**

<b>To:</b>	<b>Trust Board</b>
<b>From:</b>	Director of Clinical Quality
<b>Date:</b>	<b>23 June 2011</b>
<b>CQC regulation:</b>	16

<b>Title:</b>	Statement of Directors' Responsibilities in Respect of the Quality Account										
<b>Author/Responsible Director:</b>	Director of Clinical Quality/Medical Director										
<b>Purpose of the Report:</b>	To provide the Trust Board with information in respect of the requirement of the Statement of Directors' Responsibilities in Respect of the Quality Account to enable sign off.										
<b>The Report is provided to the Board for:</b>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Decision</td> <td style="width: 25%;"></td> <td style="width: 25%;">Discussion</td> <td style="width: 25%;"><b>X</b></td> </tr> <tr> <td>Assurance</td> <td><b>X</b></td> <td>Endorsement</td> <td><b>X</b></td> </tr> </table>			Decision		Discussion	<b>X</b>	Assurance	<b>X</b>	Endorsement	<b>X</b>
Decision		Discussion	<b>X</b>								
Assurance	<b>X</b>	Endorsement	<b>X</b>								
<b>Summary / Key Points:</b>	<p>UHL's second Quality Account was presented at the June Trust Board on the 2<sup>nd</sup> June. Following discussion at the meeting further amendments have been made to reflect that feedback.</p> <p>In addition to the statement by the Chief Executive on page 5 of the Quality Account regarding accuracy of the report there is an increasing requirement of evidence of internal and external assurance.</p> <p>The Department of Health has asked that a "dry run" of external assurance of Quality Accounts be undertaken on the 2010/11 accounts and has provided guidance to external auditors in this respect.</p> <p>Our external auditors, KPMG have received the draft Quality Account together with stakeholders commentary.</p> <p>Information in support of the steps taken to assure data quality is included at 2.7.</p>										
<b>Recommendations:</b>	<p>The Executive Team at its meeting on 17<sup>th</sup> May reviewed the Statement of Directors Responsibilities and at that time draft Quality Account.</p> <p>The Trust Board are asked to approve the Statement of Directors Responsibilities attached at Appendix 1.</p>										
<b>Previously considered at another corporate UHL Committee ?</b>	Executive Team										
<b>Strategic Risk Register</b>	N/A	<b>Performance KPIs year to date</b>	Q&P Report								
<b>Resource Implications (eg Financial, HR)</b>	None										

<b>Assurance Implications</b> Dry run of assurance
<b>Patient and Public Involvement (PPI) Implications</b> In public domain
<b>Equality Impact</b> N/A
<b>Information exempt from Disclosure</b> No
<b>Requirement for further review ?</b> No

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**Report to:** Trust Board

**Report from:** Director of Clinical Quality

**Date:** 23 June 2011

**Subject:** Statement of Directors' Responsibilities in Respect of the Quality Account

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## **1.0 Background**

1.1 UHL's second Quality Account was presented at the June Trust Board on the 2<sup>nd</sup> June. Following discussion at the meeting further amendments have been made to reflect that feedback.

1.2 In addition to the statement by the Chief Executive on page 5 of the Quality Account regarding accuracy of the report there is an increasing requirement of evidence of internal and external assurance.

1.3 The Quality Account was revised to address feedback from stakeholders (OSC, Leicester City and Leicestershire LINKs and the PCT).

1.4 The PCT have an additional role to the OSC and LINKs in terms of commenting on the data within the Quality Account.

## **2.0 Assurance for the 2010/11 Quality Account**

2.1 The Department of Health has asked that a "dry run" of external assurance of Quality Accounts be undertaken on the 2010/11 accounts and has provided guidance to external auditors in this respect.

2.2 Our external auditors, KPMG have received the draft Quality Account together with stakeholders commentary.

2.3 It is understood that there is no requirement to publish KPMG's findings with the Quality Account, however the findings will clearly be of interest to the Board and will be used to develop the 2011/12 Quality Account. It is understood that KPMG will focus on whether the Quality Account:-

- Has followed national guidance (the toolkit) and
- Is representative

2.4 Formal feedback is awaited from KPMG however in the absence of this feedback we are required to submit the Quality Account to the Department of Health and place on the NHS Choices website by 30<sup>th</sup> June and this cannot be delayed.

2.5 To support this “dry run” of assurance the Department of Health has written to Chief Executives asking that Trusts complete the Statement of Directors’ Responsibilities. KPMG will require a copy of this. There is no requirement to publish the statement alongside the Quality Account.

2.6 The statement is attached at Appendix 1 and takes the form of four bullet points followed by a signature from the Chairman and Chief Executive.

2.7 The following information is provided in support of the steps taken:

- **The Quality Accounts presents a balanced picture of the Trust’s performance over the period covered**  
The 2010/11 Quality Account reports back on performance in relation to the 2009/10 Quality Account – the priorities for improvement and follows the same format of the previous year’s report to allow comparisons. Recognising that it is difficult to report exhaustively on performance the Quality Account provides a number of web links to detailed performance reports for example the Quality and Performance Report and the CQC reports.
- **The performance information reported in the Quality Account is reliable and accurate**  
Collection of performance information for the Quality Account has been subject to a number of checks and balances including:
  - Triangulation with other data sources/reports, for example those submitted to the Clinical Quality Review Group and Contract Performance Meeting
  - Review by the Assistant Director of Information
  - Amendments following review by the OSC, LINKs and PCT for example removal of information in introduction and use of numerators/denominators where percentages quoted. Another example is removal of the table of comparative information for VTE in an earlier draft.
  - Confirm and Challenge by the Director of Clinical Quality where data conflicting. A clear audit trail of these queries is available and resultant actions.
- **There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice**  
The internal controls over collection and reporting of measures of performance in the Quality Account has been subject to review by KPMG in February 2011. Development of the Quality Account has been discussed at QPMG and GRMC in 2010/11.
- **The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance**  
There are close working arrangements with the Information Department.

Performance data is considered, confirmed and challenged at various groups including: Confirm and Challenge meetings, QPMG, F&PC, GRMC and TB in addition to 'specialist' committees such as the Clinical Audit and the Research and Development Committees.

2.8 The Department of Health toolkit (accessible via [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_122540.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122540.pdf)) has been reviewed and all mandatory statements included are explicit through their inclusion in bold text.

2.9 Department of Health guidance has been provided to TB, GRMC members, LINKs, PCT and the OSC through various reports and presentations.

### 3.0 General Assurance of Data Quality

3.1 In addition there are a number of internal controls and standards in relation to data quality including:

- **NHS Healthcare Income Audit** – East Midlands SHA Internal audit Feb 2011. The audit opinion demonstrated significant assurance.
- **Information Quality Policy** – DMS Doc 20243 – last approved January 2011. The policy gives the Trust's standards on maintaining high information quality.
- **Clinical Coding Audit** - external audit by D&A Clinical Coding, December 2010 to Connecting for Health Standards. The report demonstrated 0.7% error rate for cardiothoracic specialties, therefore very good results.
- **UHL Internal Clinical Coding Audit** – Orthopaedics March 2011
- **2009-10 Payment by Results Outpatient Data Assurance Framework** – Audit Commission report. Arrangements were found to be good for all areas tested (accountability for data quality, policies and procedures, data entry and IT systems).
- **Casenote Audit** There are 300 patient activity records e.g. Inpatient record / Outpatient record audited internally each month to compare the casenote content against the electronic record. Detailed reports to Divisions, summaries to CEC and GRMC – good results.
- **Monthly reporting to the Clinical Effectiveness Committee** on current data quality standards for the year
- **Quarterly reporting to the Governance and Risk management Committee** on current data quality standards for the year. We are among the highest performing Trusts.
- **Documentation of routine data quality processes is available** e.g. daily monitoring of duplicate records created, and checks against current demographic information.

- **Operational and Management reporting.** There are a whole suite of daily and weekly data quality reports available to support local management of data and identification/correction of errors in a timely manner.

#### **4.0 Recommendations**

4.1 The Executive Team at its meeting on 17<sup>th</sup> May reviewed the Statement of Directors Responsibilities and at that time draft Quality Account.

4.2 The Trust Board is asked to approve the Statement of Directors Responsibilities attached at Appendix 1.

**STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY ACCOUNT**

The directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Accounts presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

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

By order of the Board

NB: sign and date in any colour ink except black

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