Producing quality reports

External assurance of foundation trust quality reports 2009/10
Health briefing, March 2011

Audit Practice briefing
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The Audit Practice is the Audit Commission's team of in-house auditors.
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Introduction

This briefing summarises the findings from the Audit Commission’s Audit Practice reviews of quality reports at 52 (out of 115) foundation trusts (FTs) in summer 2010. It aims to help FTs improve quality reports and the arrangements that underpin their production.

Monitor, the FT regulator, required FTs to get external assurance on their quality reports for the first time in 2009/10. The Audit Commission's Audit Practice is the largest supplier of FT audits – delivering the quality report assurance work at 52 trusts. We have summarised the key findings and good practice identified through our work.

Legislation creates the duty for all NHS healthcare providers in England to produce an annual quality account (Ref. 1). Monitor requires FTs to produce a quality report that incorporates the legal requirements for quality accounts, and it has recently consulted on the assurance that it will require FTs to get on their 2010/11 quality reports. Quality reports are often referred to as 'quality accounts' but for the purposes of this briefing we have called them quality reports.

The Department of Health (the Department) expects community service providers to prepare quality reports in 2010/11 and, following evaluation, intends to extend quality reports to primary care services in future years (Ref. 2). The Department has confirmed that auditors will provide assurance on all acute and mental health NHS trusts' quality accounts, with a ‘dry-run’ exercise for 2010/11. All these bodies will have an interest in quality reports and will want to learn from the experiences of the first year’s work.
Summary

What did we find?

As this is the first time quality reports have been subject to external review it was perhaps inevitable that auditors would find some opportunities for improvement. Although there is a long way to go, auditors found the examples of good practice set out in this briefing, and confirmed that quality reports can drive continuous improvement as well as enhance accountability to the public and local stakeholders. There were four key improvement areas.

- The widespread lack of comprehensive systems and controls for compiling quality reports will preclude auditors from providing ‘reasonable assurance’ opinions until arrangements have improved. Auditors are likely to report on a ‘limited assurance’ basis for at least the next two years.
- Trusts’ corporate arrangements for ensuring data quality are variable. Some will need to improve to keep pace with the ambitions signalled in the NHS White Paper to increase the quantity and quality of published performance and clinical quality information.
- Most trusts have not fully documented or identified the key data quality controls within the systems that produce information for quality reports. Our work has helped them to better understand their own arrangements.
- Trusts have interpreted some of the performance indicator definitions differently; for example, the ‘minimising delayed transfers of care’ indicator in mental health trusts. The reported information is not always directly comparable between quality reports.

* ‘Reasonable assurance’ is a positive expression by auditors that in their opinion the quality report presents a fair view. ‘Limited assurance’ is a negative form of expression (for example: based on our work nothing has come to our attention that leads us to believe that the quality report is not fairly stated) – International Standard on Assurance Engagements (ISAE) 3000.
Who is this report for?

This report will help all healthcare providers to produce good quality reports and prepare for external assurance on them. It will be of particular interest to:

- NHS trust and FT boards including non-executive directors;
- NHS trust and FT directors of finance and information;
- FT governors; and
- primary care trusts (PCTs) and, in the future, GP consortia.

We have identified the key questions these groups will want to ask. Addressing these broad questions will help improve the value of your quality reports. Later sections of the report contain more detailed recommendations.

What questions should you ask?

**NHS trust and FT boards including non-executive directors**

- Have you responded effectively to the issues identified in your local auditor’s ‘dry run’ report on your 2009/10 quality report?
- Are you ready for the 2010/11 quality report – have you agreed the pathway for approving and publishing it? How do you make sure it represents a balanced view of performance?
- Is there clear responsibility for data quality at board level and for committees that report to the board?
- Are the right controls in place to assure you about the integrity of the performance information you will include in your quality report?

**NHS trust and FT directors of finance and information**

- Have you identified the key controls over data quality and evaluated their effectiveness?
- Do you have an agreed action plan for improving data quality and are you overseeing progress against it effectively?
- Are your data quality policies up to date?
- Do all relevant staff know that data quality is part of their responsibilities?

**FT governors**

- Does the quality report give you the information you require to understand how your FT is performing?
- Are you actively involved in shaping the content of the 2010/11 quality report?
- Is the content of the quality report consistent with your knowledge of the FT?
- Have you discussed the results of the local auditor’s ‘dry run’ report with the executive directors?
PCTs and, in the future, GP consortia

- Did you formally comment on the relevant 2009/10 quality report(s)?
- Are you aware of the timetable for formal comments on the relevant 2010/11 quality report(s)?
- Are you using the information contained in the quality report(s)? If not, are you influencing future quality reports so they become more useful to you?
Understanding quality reports

What are quality reports?

Quality reports are annual reports to the public from providers of NHS healthcare services describing the quality of their services. They should be short, readable documents that set out how good services are, where improvement is needed and how they intend to achieve it. The aim is to encourage boards and leaders of healthcare organisations to improve quality, by making them as visibly accountable for service quality as they are for their finances. Quality reports allow leaders, clinicians and staff to explain their progress to the public. The Department has recently published a toolkit to support providers in developing quality reports and this also describes their purpose.

Quality reports

What are they and what are they for?

- Aim to improve organisational accountability to the public and engage boards in the quality improvement agenda.
- Enable providers to review services, decide and show where they are doing well, but also where improvement is required.
- Enable providers to demonstrate what improvements they plan to make.
- Provide information on the quality of services to patients and the public.
- Demonstrate how providers respond to feedback from patients and the public, as well as other stakeholders.

Source: Department of Health Quality Accounts Toolkit, December 2010
**Why should quality reports be subject to external review?**

Monitor wanted to increase the public’s confidence in quality reports. Therefore it required FTs to get external assurance on their 2009/10 quality reports.

The Kings Fund found that quality accounts ‘need to be perceived as a fair and representative account of quality, particularly given that quality accounts are necessarily only a partial picture of all the services offered by a provider’ (Ref. 3).

External assurance assesses whether quality reports are based on robust data and whether they provide a fair and representative account of service quality, considering both successes and areas for improvement. Combined with good patient, public and stakeholder engagement, external assurance can help build confidence in quality reports.

The Audit Commission has a long-standing commitment to encourage improvements in data quality. For example, in 2007 we published *Improving Information to Support Decision Making: Standards for Better Data Quality*. Public bodies were encouraged to adopt these standards.

**What did auditors look at?**

Auditors reviewed the management arrangements and the controls over the performance data reported in the quality report. Table 1 summarises the approach. Monitor’s detailed guidance for auditors provides a more extensive description of the methodology (Ref. 4).

<table>
<thead>
<tr>
<th>Theme</th>
<th>Key question</th>
<th>Has the trust put in place the following</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance and leadership</td>
<td></td>
<td>A corporate framework for management and accountability of data quality in relation to quality performance, with a commitment to secure a culture of data quality throughout the organisation?</td>
</tr>
<tr>
<td>Policies</td>
<td></td>
<td>Appropriate policies or procedures to secure the quality of the data it records and uses for reporting in the quality report?</td>
</tr>
</tbody>
</table>

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[Ref. 4]
<table>
<thead>
<tr>
<th>Theme</th>
<th>Key question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systems and processes</td>
<td>Systems and processes which secure the quality of data underpinning the quality report as part of the normal business of the body?</td>
</tr>
<tr>
<td>People and skills</td>
<td>Arrangements to ensure that staff have the knowledge, competencies and capacity for their roles in relation to data quality underpinning the quality report?</td>
</tr>
<tr>
<td>Data use and reporting</td>
<td>Arrangements that focus on ensuring that data supporting reported quality information is actively used in the decision-making process, and is subject to a system of internal control and validation?</td>
</tr>
</tbody>
</table>

**Control testing – of the systems generating the performance indicators**

**Acute NHS foundation trusts**
- MRSA.
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.
- 18 weeks data.

**Mental health foundation trusts**
- 100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital.
- Minimising delayed transfers of care.
- Admissions to inpatient services had access to crisis resolution home treatment teams.

*Source: Monitor*

**Where was the work undertaken?**

Audit Commission auditors reviewed quality reports at 52 of the 115 FTs approved as at 31 March 2010. We are the largest supplier of audit services to FTs. Other audit suppliers completed the work at the remaining FTs.
Recommendations for improvement

Auditors agreed action plans for improvement with each FT. On average, auditors made five or six recommendations at each FT.

Overall, auditors made a higher number of recommendations in mental health trusts than in acute trusts. This probably reflects the increased scrutiny that acute trust performance data has received until now. This scrutiny has resulted in some improvements in the arrangements for data collection and reporting. Data collection and reporting arrangements are less developed in mental health trusts.

Governance and leadership

Trusts’ wider arrangements for ensuring good data quality should underpin the quality reports. Auditors found that some trusts did not have a corporate framework to ensure accountability for, and management of, data quality. Table 2 sets out where the opportunities for improvement lay in many trusts.

Table 2: Areas for improvement – governance and leadership

<table>
<thead>
<tr>
<th>Key feature</th>
<th>Areas for improvement at some trusts</th>
<th>Recommendations</th>
<th>FTs where this applied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting and publishing</td>
<td>Quality reports do not give a balanced view of performance. While they include all the mandatory indicators, the description often highlighted positive development and paid less attention to areas that had not performed as well.</td>
<td>Improve the approach to producing the published quality report. Ensure it gives a balanced view and the board approves it.</td>
<td>16 (31%)</td>
</tr>
<tr>
<td>Key feature</td>
<td>Areas for improvement at some trusts</td>
<td>Recommendations</td>
<td>FTs where this applied</td>
</tr>
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<td>------------------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>Objectives</strong></td>
<td>Data quality policy focuses solely on checks to ensure accuracy of data. Some trusts miss opportunities to set out a strategic approach to data quality and how this supports business objectives.</td>
<td>Set data quality objectives and ensure these link to business objectives.</td>
<td>14 (27%)</td>
</tr>
<tr>
<td><strong>Leadership and responsibility</strong></td>
<td>Board level leadership on data quality is not visible. For example, leadership is not clear because directors or managers share responsibility for data quality. As a result the organisation does not prioritise data quality consistently. Data quality is not a priority for any individual trust committee or working group and is therefore not subject to enough scrutiny to drive improvement.</td>
<td>Clarify board and committee level responsibility for data quality.</td>
<td>12 (23%)</td>
</tr>
<tr>
<td><strong>Planning</strong></td>
<td>There is no data quality audit and improvement programme and external reviews provide assurance to trusts.</td>
<td>Set up a data quality audit and improvement programme.</td>
<td>5 (10%)</td>
</tr>
</tbody>
</table>

*Source: Audit Commission*

But there are many examples of good practice. Around half the FTs have increased the corporate priority placed on data quality and many have also clarified responsibilities for data quality at board level. For example, some have set up a quality board as a sub-committee of the board or specific board reporting on their quality report (Case study 1).
Case study 1

Great Western Hospitals NHS Foundation Trust

Quarterly board report on quality report
The Trust produces a quarterly board report specifically on the quality report and the improvement plans that underpin it. This enables the board to prove due scrutiny of, and give due priority to, its safety and quality agenda. The report provides a summary risk assessment (traffic light) of the 27 indicators included in the quality report, supplemented by a short report on the improvement plans supporting these.

The key benefit is that it allows monitoring of safety, quality and performance together; the local commissioning PCTs support this. This not only stops duplication of reporting but also provides more holistic and efficient performance management – internally and externally.

Source: Audit Commission

Policies

Many trusts performed well in this area, demonstrated by the low number of recommendations. Most have comprehensive data quality policies, supplemented by readily accessible guidance for staff; translating corporate commitment into practice. Trusts inform staff of policy and procedure updates as they occur, through the intranet and briefings.

However, the data quality policies at ten trusts were out of date, or did not reflect the requirement to produce quality reports. Some data quality policies were incomplete. For example, they only covered some of the Audit Commission’s six dimensions of data quality, or they only covered some of the arrangements for compiling performance information.
The six dimensions of data quality

Audit Commission research identified six key characteristics of good quality data. These characteristics can help organisations to assess the quality of their data and take action to address potential weaknesses.

- 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 they are used?
- Completeness – Is all the relevant data included?


Table 3 sets out the main areas where auditors identified opportunities for improvement.

Table 3: Areas for improvement – policies

<table>
<thead>
<tr>
<th>Key feature</th>
<th>Areas for improvement at some trusts</th>
<th>Recommendations</th>
<th>FTs where this applied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring</td>
<td>Implementing new policies is patchy. Introducing a policy by itself does not ensure adherence to it throughout the trust. There are ‘pockets of resistance’ where new policies are not applied.</td>
<td>Monitor the implementation of, and compliance with, key policies throughout the trust.</td>
<td>10 (19%)</td>
</tr>
<tr>
<td>Updating</td>
<td>Data quality policies are out of date and have not been revised to reflect changes, for example, quality reports.</td>
<td>Review all policies regularly and clarify the process for approving changes and updating the policies.</td>
<td>9 (17%)</td>
</tr>
<tr>
<td>Embedding</td>
<td>Staff are not aware of policies or cannot access them.</td>
<td>Ensure policies are accessible to all relevant staff. Ask staff to confirm that they have read the policy.</td>
<td>4 (8%)</td>
</tr>
</tbody>
</table>

Source: Audit Commission
But there are many examples of good practice. Case study 2 sets out how one trust has improved staff understanding and implementation of data quality policies.

**Case study 2**

**Sussex Partnership Foundation Trust**

**Data quality guidance for staff**

The Information Management and Technology department developed a Quality Management System manual to help staff understand the data quality systems and follow them. It covers data collection, recording, analysis and reporting, and how the data quality targets are constructed. It has helped to improve the quality of data through a continuous process of auditing the data and revising the systems.

Staff now understand how their work contributes to achieving high-quality data and the benefits for the Trust. This has improved staff compliance with data quality policies and procedures.

*Source: Audit Commission*

**People and skills**

Trusts set out roles and responsibilities for data quality in the job descriptions of those staff with significant responsibility for data quality, such as data entry clerks and clinical coders. However, few trusts had ensured that all staff understood their own roles on data quality and that it was everyone's responsibility. For example, few trusts include responsibility for data quality in the job descriptions of staff outside performance and information units, such as clinicians.

Similarly, although many trusts had set out clear data quality standards, most were not able to check that all staff, other than permanent staff with specific responsibility for data quality, adhered to the standards. Trusts that did this well had set up programmes of audit, could check errors back to individual level and offered targeted training or support to prevent similar errors in the future. Few trusts linked data quality to staff appraisal, or had mandatory data quality training for all staff. Data quality training is limited to those with significant responsibility for data entry and not for all staff, including clinicians.

Table 4 sets out the main opportunities for improvement.
<table>
<thead>
<tr>
<th>Key feature</th>
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<th>Recommendations</th>
<th>FTs where this applied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data quality responsibility for all staff</td>
<td>Some staff do not see data quality as their responsibility even though their actions affect the quality of data. Ownership of data quality issues rests with a few named individuals.</td>
<td>Include job specific data quality objectives in relevant job descriptions. Review the objectives in staff appraisals.</td>
<td>18 (35%)</td>
</tr>
<tr>
<td>Training</td>
<td>Some staff do not receive training on data quality even though it is relevant to their job. Relevant temporary workers do not receive training.</td>
<td>Define training requirements for staff that have involvement in data quality. Monitor to ensure all staff carrying out these roles receive training, including temporary staff.</td>
<td>9 (17%)</td>
</tr>
</tbody>
</table>

Source: Audit Commission

Some trusts are making good progress in improving wider staff engagement with data quality, as shown in Case study 3.

**Case study 3**

**Northamptonshire Healthcare NHS Foundation Trust**

The Trust’s policies make it clear who is responsible for data quality beyond specialist information staff. For example, the Trust’s ePEX administration policy describes in the introduction the roles of all staff, such as team managers. Each clinical area also has more comprehensively trained ‘super users’ who have ring-fenced time to act as advisers to other staff and act as a guarantor of data quality standards.

This helps to ensure that high levels of data quality technical expertise are available throughout the Trust.

Source: Audit Commission
Other trusts are starting to monitor data quality more tightly and are identifying staff that may have additional training requirements (Case study 4).

### Case study 4

**Southend University Hospital NHS Foundation Trust**

The Trust’s data quality audits pick up errors. It then uses the audit trail with the Patient Administration System to identify the individual staff members who are making the errors. This enables the manager of the staff to have a discussion with them. If necessary the Trust provides targeted training to meet that individual’s needs. This has helped to increase awareness of data quality and reduce error rates.

*Source: Audit Commission*

### Systems and controls, data use and reporting

Systems and processes for generating performance data were generally more robust at acute trusts than mental health trusts. One reason for this is that mental health trusts’ operations are often dispersed over numerous sites and include community-based activity. So, data collection in mental health trusts has been more dependent on manual systems. However this is changing. Many mental health trusts are now implementing new, integrated electronic patient record and patient administration systems. This provides an opportunity to improve data quality.

Most trusts are making good progress in automating the systems they use to compile key performance information. This enables them to build validation checks into the data-gathering process and supports an increased emphasis on ‘getting it right first time’. So less time is spent correcting errors in the data.

New technology is enabling live data collection and centralising data processing. For example some clinicians use mobile phones or personal digital assistants (PDAs) to collect and submit patient activity information in real time, even in community settings. This reduces the need for manual transcription of information and thus the possibility of error.

Trusts are giving more responsibility for data quality to service managers. The managers are encouraged to challenge the quality of
information they receive. This challenge helps to improve the quality of data; individuals responsible for inputting and processing data are held to account.

Active information governance committees are increasingly driving improvements in data quality. They do this by overseeing progress against data quality improvement goals and timescales, instilling a sense of urgency when necessary.

Table 5 sets out the main opportunities for improvement.

<table>
<thead>
<tr>
<th>Key feature</th>
<th>Areas for improvement at some trusts</th>
<th>Recommendations</th>
<th>FTs where this applied</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>System and control documentation</strong></td>
<td>Lack of documentation of systems and limited consideration of controls over data accuracy. This creates a risk that reported information will be inaccurate.</td>
<td>Document all systems that support reporting performance on key indicators. Identify the key controls and address any gaps in controls.</td>
<td>15 (29%)</td>
</tr>
<tr>
<td><strong>Data validation and audit</strong></td>
<td>No internal testing of performance information systems.</td>
<td>Set up a programme of internal audit of performance information systems.</td>
<td>12 (23%)</td>
</tr>
<tr>
<td><strong>Business continuity</strong></td>
<td>Systems resilience has not been tested and there is no plan to prevent data loss if the system fails.</td>
<td>Ensure assessments of business continuity arrangements include performance information systems.</td>
<td>5 (10%)</td>
</tr>
</tbody>
</table>

*Source: Audit Commission*

We also found inconsistency in interpretation of the definitions for two key performance indicators in mental health trusts (Table 6). The Department and Monitor need to clarify the definitions.
Table 6: **Definition issues**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delayed transfers of care (patients fit for discharge)</td>
<td>Some mental health trusts include all delayed patients irrespective of their discharge destination. Some exclude patients awaiting a social care package or placement. Others allow a ‘period of grace’ of two weeks for a home care package and four weeks for a residential placement before a patient is recorded as having a delayed discharge. As well as definitional issues this raises concerns about efficiency. If good discharge planning starts on admission, there should be few delays because social services and the family will be involved at an early stage and will start to look for suitable care. The risk with exceptions is that little discharge planning takes place until the consultant assesses the patient as being fit for discharge, thereby extending length of stay unnecessarily. Decisions about the definition are for the Department to settle. But we think there is a strong case for making it clear that exceptions or periods of grace are not permitted.</td>
</tr>
<tr>
<td>Patients receiving follow-up contact within seven days of discharge from hospital</td>
<td>Some trusts exclude all elderly patients from this indicator or patients cared for in mental health units for the elderly. Others include all discharged patients.</td>
</tr>
</tbody>
</table>

*Source: Audit Commission*

### Data quality controls

This was the weakest area of performance nationally. Few trusts document their performance information systems or identify the key controls on which they place reliance for assuring data quality. Data quality controls need to improve. Our work has helped FTs to understand their own systems and introduce more complete controls as a result.

Auditors made a recommendation similar to this at almost every trust.

- **Document a flowchart for each performance indicator showing how assurance over each dimension of data quality is gained through the evidenced controls in place.** This will provide the board and other stakeholders with assurance that there is an explicit controls framework underpinning quality performance measures. This may take the form of a staged, risk-based roll-out, over an agreed period of time.
Auditors found gaps in controls in a wide range of areas. Some of the most frequent and significant gaps were:

- lack of reconciliation between multiple databases that might be expected to contain similar records; and
- lack of control over exclusions. This could allow reported performance to be better than actual performance. For example through the exclusion of patients from waiting time calculations or from MRSA testing.

There are several methods to facilitate a systematic review of data quality controls within a performance information or data collection system. One of the most effective ways to review the controls across the six dimensions of data quality is to use a flow chart to map the systems used by the trust to compile its performance indicators. The examples in Appendix 1 show this approach for a typical:

- crisis resolution team in a mental health trust (Figure 1); and
- MRSA recording system (Figure 2).

Table 7: **Main opportunities for improvement – data quality controls**

<table>
<thead>
<tr>
<th>Key feature</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>System documentation</td>
<td>Document the systems used to compile key performance information</td>
</tr>
<tr>
<td>Key controls</td>
<td>Identify key controls within the system and assess their adequacy</td>
</tr>
</tbody>
</table>

*Source: Audit Commission*
We have prepared this briefing to help NHS healthcare providers improve their quality reports and underpinning arrangements. Considering the findings from our 2009/10 reviews and the key questions set out in this briefing will help providers in driving continuous quality improvement in the future.

Monitor and the Department have recently set out the following: ‘The primary purpose of a quality account [report], therefore, is to spur boards and leaders of healthcare organisations to assess quality across the entire range of their healthcare services, with an eye to continuous quality improvement. It is not a compliance tool, but rather a means for you to:

- demonstrate your organisation’s commitment to continuous, evidence-based quality improvement across all services;
- set out to patients where you will and need to improve;
- receive challenge and support from local scrutineers on what you are trying to achieve; and
- be held to account by the public and local stakeholders for delivering quality improvements.’

Source: Joint Department of Health and Monitor letter to all chief executives, 10 December 2010, Gateway reference no: 15119.

Subject to the finalisation of Monitor’s guidance, we will follow up our 2009/10 findings and produce a second national report once we have completed our review of the 2010/11 quality reports.
Appendices

Appendix 1: example flowcharts

This appendix sets out the flowcharts for two typical systems covered by our audits and the definitions of the indicators.

- Admissions to inpatient services had access to crisis resolution home treatment teams – The percentage of adult patients admitted to inpatient services that had access to crisis resolution home treatment teams. It excludes home transfers between wards (Figure 1).

- MRSA – Number of MRSA bacteraemias (an absolute number) reported by the trust in 2009/10, minus agreed exclusions from the trust’s count divided by the trust’s agreed ‘ceiling’ for number of MRSA bacteraemias for 2009/10 (Figure 2).

In the flowcharts the key controls within the system are identified by the coloured boxes. The auditor’s commentaries on the strength of the controls are shown alongside.
Figure 1: **Example flowchart identifying key controls for a typical crisis resolution team**

- **Crisis Resolution teams** record gatekeeping activity on Client Activity System (CAS)

- **CAS individual case note records**

- **Team managers** check gatekept cases are supported by evidence on CAS of:
  1. contact
  2. SARN assessment
  3. Trust assessment

- **Team managers** email number of admissions and gatekept admissions to Service Manager

- **Service Manager** reviews and raises queries. Breaches are followed up

- **Service Manager** emails the gatekept and admissions numbers to the Performance Manager

- **Performance Manager** calculates summary information - monthly

- **Performance reports** produced for internal management

- **Monthly review by Performance Assurance Group**

- **Performance report** presented to the Board (monthly) and approved

- **Performance information** reported to stakeholders

- **Ward staff** directly input admissions into CAS

- **Admissions + bed occupancy data** routinely audited by Information Team

- **Team managers** generate monthly admissions reports for adult acute wards from CAS

- **Team Managers** manually identify relevant cases (age >18 years) excluding transfers

- **Team Managers** calculate the number of relevant gatekept cases and the number of admissions

- **Performance information** reported to stakeholders

- **Control over timeliness and reliability**

- **Strong control checking the validity, accuracy and relevance of data entry**

- **Control over timeliness and validity and reliability**

- **Strong control covering most aspects of data quality, especially completeness**

- **This is a key manual process without a control. If the manager made a mistake it would not be picked up**

- **Control over timeliness and reliability**

- **Control over timeliness and reliability**

**Source: Audit Commission**
Figure 2: Example flowchart identifying key controls for a typical MRSA recording system

Source: Audit Commission
References

1. The Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010.


3. Accounting for Quality to the Local Community, Kings Fund, April 2010.

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