

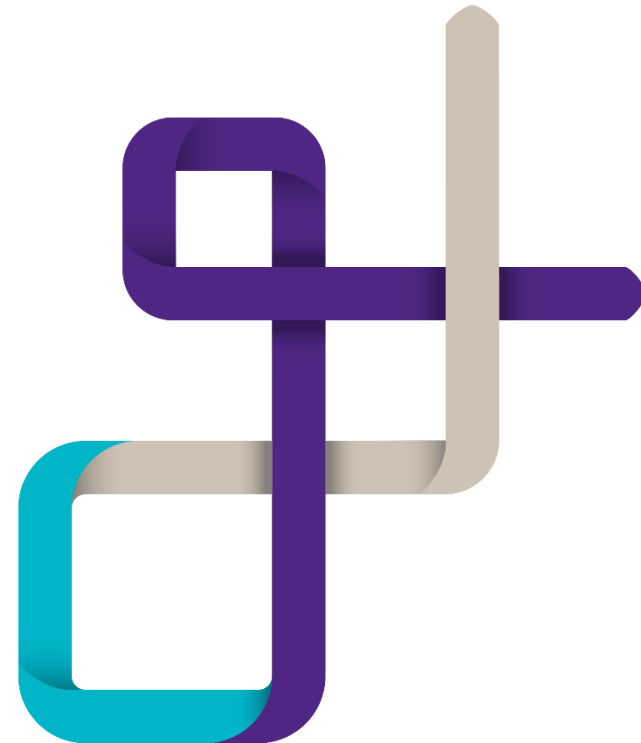


Report to the Governors on the Quality Report

Year ending 31 March 2018

Liverpool Heart and Chest Hospital NHS Foundation Trust

29 May 2018



Contents



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The contents of this report relate only to those matters which came to our attention during the conduct of our normal audit procedures which are designed for the purpose of expressing our opinion on the financial statements. Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify control weaknesses, we will report these to you. In consequence, our work cannot be relied upon to disclose all defalcations or other irregularities, or to include all possible improvements in internal control that a more extensive special examination might identify. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

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Headlines

The Quality Report

The Quality Report is a mandatory part of a foundation trust's Annual Report. Its specific aim is to encourage and improve the foundation trust's public accountability for the quality of the care it provides. It allows leaders, clinicians, governors and staff to show their commitment to continuous, evidence-based quality improvement, and to explain progress to the public.

Purpose of this report

This report to governors summarises the results of our independent assurance engagement on your Quality Report. It is issued in conjunction with our signed limited assurance report, which is published within the Quality Report section of the Trust's Annual Report for the year ended 31 March 2018.

In addition, this report provides the findings of our work on the indicator you selected for us to perform additional substantive testing on to support your governance responsibilities.

In performing this work, we followed NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18' ('Guidance').

The output from our work is a limited assurance opinion on whether anything has come to our attention which leads us to believe that:

- the Quality Report is not prepared, in all material respects, in line with the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance;
- the Quality Report is not consistent, in all material respects, with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report have not been reasonably stated, in all material respects, in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

Conclusion

Our work on your Quality Report is substantially complete although we are finalising our procedures in respect of:

- obtaining a letter of representation from management.

Subject to this, we are proposing to issue an unqualified opinion on your Quality Report.

The text of our proposed limited assurance report has been reported separately.

Key messages

- We confirm that the Quality Report has been prepared in all material respects in line with the requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.
- We confirm that the Quality Report is not materially inconsistent with the sources specified in NHS Improvement's Guidance.
- Our testing of two indicators included in the Quality Report found no evidence that these two indicators were not reasonably stated, in all material respects, in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance. Although we did identify an error in the Referral To Treatment indicator, we carried out extended testing and did not identify any further errors.
- Our testing of the indicator selected by the governors found no evidence that this indicator was not reasonably stated, in all material respects, in accordance with relevant guidelines on calculation. In line with NHS Improvement's Guidance, we do not express any assurance in respect of this indicator.

Acknowledgements

We would like to thank the Trust staff for their co-operation in completing this engagement.

Compliance with regulations

We checked that the Quality Report had been prepared in line with the requirements set out in the **‘NHS foundation trust annual reporting manual 2017/18 and supporting guidance.’**

Requirement	Work performed	Conclusion
Compliance with regulations	We reviewed the content of the Quality Report against the requirements of the ‘NHS foundation trust annual reporting manual 2017/18’ and the supporting guidance ‘Detailed requirements for quality reports for foundation trusts 2017/18’.	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 2018, the Quality Report is not prepared, in all material respects, in line with the criteria set out in the NHS foundation trust annual reporting manual 2017/18 and supporting guidance.

Consistency of information

We checked that the Quality Report had been prepared in line with the requirements set out in the **‘NHS foundation trust annual reporting manual 2017/18 and supporting guidance.’**

Requirement	Work performed	Conclusion
Consistency with other sources of information	We reviewed the content of the Quality Report for consistency with specified documentation, set out in the auditor's guidance provided by NHS Improvement. This includes the board minutes and papers for the year, feedback received on the Quality Report, survey results from staff and patients and the Head of Internal Audit opinion.	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 2018, the Quality Report is not consistent, in all material respects, with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'.
Other checks	We also checked the Quality Report to ensure that the Trust's process for identifying and engaging stakeholders in the preparation of the Quality Report has resulted in appropriate consultation with patients, governors, commissioners, regulators and any other key stakeholders.	Overall, we concluded that the process resulted in appropriate consultation.

Data quality of reported performance indicators

We undertook substantive testing on certain indicators in the Quality Report.

Selecting performance indicators for review

The Trust is required to obtain assurance from its auditors over three indicators.

NHS Improvement requires that we select two indicators in a prescribed order of preference from the list of four mandated indicators that are relevant to this Trust.

These two indicators are subject to a limited assurance opinion in line with the requirements set by NHS Improvement. We have to report on whether there is evidence to suggest that they have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

In line with the auditor guidance, we have reviewed the following indicators:

- All cancers: 62 day wait for first treatment from Urgent GP referral for suspected cancer - this indicator was mandated by NHS Improvement as first in a prescribed order of preference; and
- Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway - this indicator was mandated by NHS Improvement as first in a prescribed order of preference.

In 2017/18, NHS foundation trusts also need to obtain assurance through substantive sample testing over one additional local indicator included in the Quality Report, selected by the governors of the Trust. Although the Trust's external auditors are required to undertake the work, this indicator does not form part of the limited assurance report.

In line with the auditor guidance, we have reviewed the following local indicator:

- Delirium screening for surgical patients - This indicator was selected by the Governors.

Data quality of reported performance indicators – Indicators subject to limited assurance report

Indicator & Definition	Indicator outcome	Work performed	Conclusion
All cancers: 62 day wait for first treatment from Urgent GP referral for suspected cancer	97.05%	<p>We documented and walked through the process used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Report reconciled to the underlying data.</p> <p>We then tested a sample of 25 items in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation of the indicator was in accordance with the definition.</p>	We did not identify any issues from the work performed
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92.15%	<p>We documented and walked through the process used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Report reconciled to the underlying data.</p> <p>We then initially tested a sample of 17 cases in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation of the indicator was in accordance with the definition. We identified one error on cut-off whereby a patient with an earlier clock stop was subsequently included as a non-breach in two subsequent months when they should have been removed from the population. We tested a further 8 cases and did not identify any further errors.</p>	We did not identify any issues from the work performed

Data quality of reported performance indicators – Local indicator not subject to limited assurance report

Indicator & Definition	Indicator outcome	Work performed	Conclusion
Delirium screening for surgical patients	71.49%	<p>We documented and walked through the process used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Report reconciled to the underlying data.</p> <p>We then tested a sample of 25 items in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation of the indicator was in accordance with the definition.</p>	We did not identify any issues from the work performed

Fees

Fees for our work on the Quality Report
We confirm below our final fees charged for this work.

	Proposed fee	Final fee
Assurance on your Quality Report	£4,125	£4,125
Total fee (excluding VAT)	£4,125	£4,125

