

Report to Governors on the Quality Report 2015 /16

Liverpool Heart and Chest Hospital NHS Foundation Trust

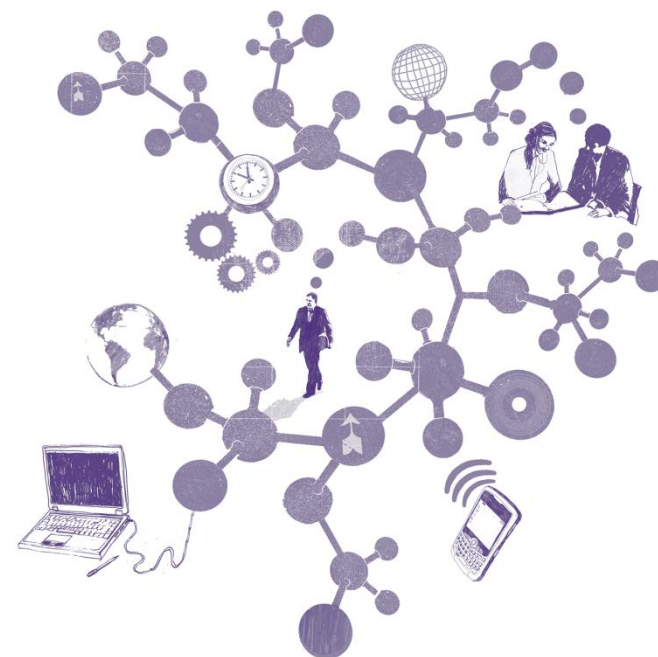
Year ended 31 March 2016

25 May 2016

Jackie Bellard
Engagement Lead
T 0161 234 6394
E jackie.bellard@uk.gt.com

Jo Whittingham
Engagement Manager
T 0161 214 6361
E jo.e.whittingham@uk.gt.com

Ashling Conway
In-charge
T 0151 224 7237
E ashling.conway@uk.gt.com



The contents of this report relate only to the matters which have come to our attention, which we believe need to be reported to you as part of our audit process. It is not a comprehensive record of all the relevant matters, which may be subject to change, and in particular we cannot be held responsible to you for reporting all of the risks which may affect the Council or any weaknesses in your internal controls. 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.

Contents

Section

Executive Summary	3
Our conclusion	5
Compliance with regulations	6
Consistency of information	7
Data quality of reported performance indicators	8
Fees	11

Executive Summary

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 2016.

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

In performing this work, we followed Monitor's Detailed guidance for external assurance on quality reports 2015/16' ('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 FT annual reporting manual (ARM) and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in Monitor's Guidance;

- the indicators in the Quality Report subject to limited assurance are not reasonably stated in all material respects in accordance with the ARM and supporting guidance and the six dimensions of data quality set out in the Guidance.

Conclusion

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

- checking the final version of the Quality Report to ensure it reflects changes discussed with management
- final reconciliation checks between the indicators tested and reported data
- obtaining an original signed letter of engagement and a letter of representation from management

On completion of our audit we are proposing to issue an unqualified conclusion on your Quality Report.

Executive Summary

Key messages

We would like to highlight the following key messages arising from our review:

- The final draft report presented for audit was comprehensive and apart from a number of minor presentational issues was of a good quality.
- We confirmed the Quality Report had been prepared in all material respects in line with the requirements of the ARM and supporting guidance.
- We confirmed the Quality Report was not materially inconsistent with the sources specified in Monitor's Guidance
- Our testing of the mandated indicator for referral to treatment incomplete pathways included in the Quality Report is **unqualified**
- Our testing of the mandated indicator for 62 day wait for cancer treatment included in the Quality Report is **unqualified**
- Our testing of the local indicator selected by governors, 'home for lunch' was qualified. The system for calculating the indicator allows the end date and time i.e. the time the patient was discharged to their discharging area to be input manually at anytime. We are unable to stratify the population into those with or without manual adjustments and therefore are unable to provide independent assurances over the reliability of the data set.
- The arrangements for preparing the accounts and responding to audit queries has improved.

Our full recommendations are set out in the Appendix.

Acknowledgements

We would like to thank the Trust staff for their co-operation in completing this review and complement the staff on the improvements made during the year.

Compliance with regulations

We checked that the Quality Report had been prepared in line with the requirements set out in Monitor’s *Annual Reporting Manual*.

Requirement	Work performed	Conclusion
Compliance with regulations	We reviewed the content of the Quality Report against the requirements of Monitor’s published guidance which are specified in Annex 2 to Chapter 7 of the NHS Foundation Trust <i>Annual Reporting Manual</i> 2015/16 and the additional detailed guidance for Quality Reports 2015/16.	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 2016, the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust <i>Annual Reporting Manual</i> .

Consistency of information

We checked that the Quality Report is consistent in all material respects with the sources specified in Monitor's *Detailed Guidance for External Assurance on Quality Reports 2015/16*

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 Monitor. This includes the board minutes for the year, feedback from commissioners, and survey results from staff and patients.	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 2016, the Quality Report is not consistent in all material respects with the sources specified in the <i>Detailed Guidance for External Assurance on Quality Reports</i> .
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.

Monitor requires that we select two indicators from the subset of three mandated indicators applying to this type of trust, and RTT must be selected if relevant .

These two indicators are subject to a limited assurance opinion: 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* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

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

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

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period: the testing of this indicator was mandated by Monitor
- performance against the 62 day cancer wait target: selected from the subset of mandated indicators following discussion with management

In 2015/16, NHS foundation trusts also need to obtain assurance through substantive sample testing over one additional local indicator included in the quality report, as selected by the governors of the trust. Although the foundation trust's external auditors are required to undertake the work, this is not subject to a formal limited assurance opinion in 2015/16 (this may be reviewed by Monitor in future years).

In line with the auditor guidance, we are reviewing the following local indicator:

- % of patients who are discharged on or before 12 noon (Home for Lunch 15/16)

Data quality of reported performance indicators (continued)

Indicators subject to limited assurance opinion

Indicator & Definition	Indicator outcome	Work performed	Conclusion
<p>Performance against the 18 week incomplete RTT pathway</p> <p>Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.</p>	92.28%	We reviewed the process used to collect data for the indicator. We then tested a sample of 25, in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation is in accordance with the definition. We also checked that the indicator presented in the Quality Report reconciled to the underlying data.	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 2016, the indicator has not been reasonably stated in all material respects.
Indicator & Definition	Indicator outcome	Work performed	Conclusion
<p>Performance against the 62 day cancer wait target</p> <p>Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer.</p>	91.57%	We reviewed the process used to collect data for the indicator. We then tested a sample of 23, in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation is in accordance with the definition. We also checked that the indicator presented in the Quality Report reconciled to the underlying data.	<p>Based on the results of our procedures, with the exception of the matter reported below, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2016, the indicator has not been reasonably stated in all material respects.</p> <p>We did identify one unusual case that was included in error as being on the pathway, we extended our sample and tested a further 12 cases to review if they had been included on the pathway appropriately, which they had. No further issues to report.</p>

Data quality of reported performance indicators (continued)

Local indicator not subject to limited assurance opinion

Indicator & Definition	Indicator outcome	Work performed	Conclusion
Home for lunch – the number of people discharged before 12 noon as a percentage of the number of those discharged in the day	10.3%	We reviewed and documented the process used to collect data for the indicator. We assessed the arrangements in place for gaining and giving assurances over the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation is in accordance with the definition.	<p>Regrettably we are unable to confirm the accuracy, completeness, validity or reliability of this data. This is due an inherent risk in the design of the system for recording the time patients are discharged from the ward. This time may be entered into the system manually at any point in time and the system does not provide an audit trail for those records that have been manually adjusted. As such there are no controls in place to prevent or detect any changes made to the in the data either knowingly or unknowingly.</p> <p>We have also noted that the indicator as defined is, '<i>the percentage of patients who are ready for discharge who have been discharged before 12 noon</i>', this indicator would exclude any patients who have been discharged to discharge lounge where they may or may not have a further wait for prescriptions etc., this means technically the patient is not 'home for lunch'. The Trust should clarify the definition of the indicator and ensure the performance data supports it, i.e. does if the indicator relate to freeing up beds before mid day or having people on their way home at mid day.</p> <p>We would like to reiterate that we have <u>not</u> identified any instances of data error or manipulation, and should the data set be reliable then the reported percentage of 10.3 is correct.</p> <p>In conclusion, the inherent limitations of the system as it has been designed and operated throughout the year prevent us from issuing an independent assurances over the:</p> <ul style="list-style-type: none"> - Accuracy of the data i.e. should be sufficiently accurate for its intended purpose: and - Completeness i.e. the quality of the data which can reflect problems in recording of certain data items.

Fees

Fees for the audit of the Quality Report

Service	Fees £
For the audit of the Quality Report 2015/16	£6,000



© 2015 Grant Thornton UK LLP. All rights reserved.

'Grant Thornton' means Grant Thornton UK LLP, a limited liability partnership.

Grant Thornton is a member firm of Grant Thornton International Ltd (Grant Thornton International). References to 'Grant Thornton' are to the brand under which the Grant Thornton member firms operate and refer to one or more member firms, as the context requires.

Grant Thornton International and the member firms are not a worldwide partnership. Services are delivered independently by member firms, which are not responsible for the services or activities of one another. Grant Thornton International does not provide services to clients.

grant-thornton.co.uk