

Report on the Quality Account 2014/15

Wye Valley NHS Trust

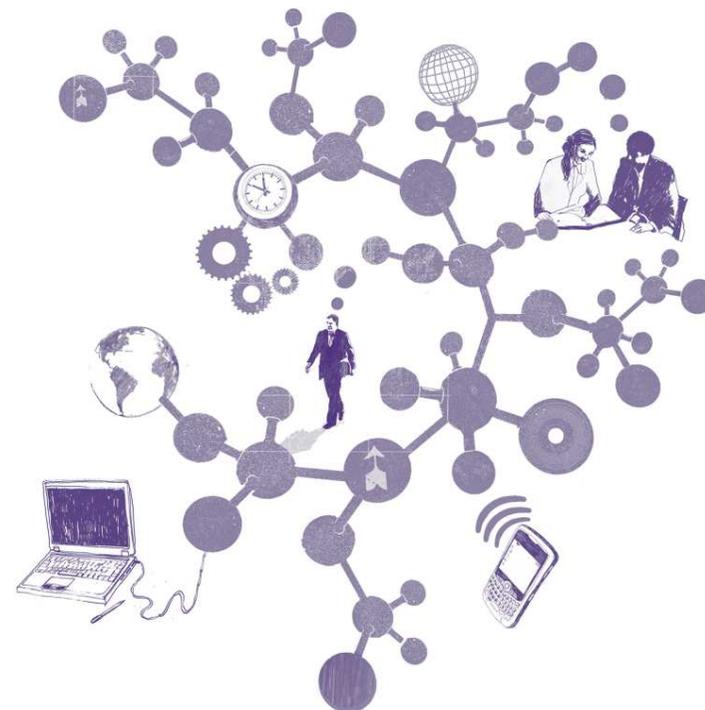
Year ended 31 March 2015

20 June 2015

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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.

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Introduction to our review

The Quality Account

The Quality Account is an annual report to the public from providers of NHS healthcare about the quality of services they deliver. The primary purpose of the Quality Account is to encourage boards and leaders of healthcare organisations to assess quality across all the healthcare services they offer. It allows leaders, clinicians, governors and staff to show their commitment to continuous, evidence-based quality improvement, and to explain progress to the public.

The Trust's responsibilities

All providers of NHS healthcare services in England are required by section 8 of the *Health Act 2009* to publish a Quality Account for each financial year. The Quality Account must include prescribed information set out in the *NHS (Quality Account) Regulations 2010*, the *NHS (Quality Account) Amendment Regulations 2011* and the *NHS (Quality Account) Amendment Regulations 2012* (collectively referred to as “the Regulations”). The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the *Health Act 2009* and the Regulations).

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

- the Quality Account 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, and is subject to appropriate scrutiny and review
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of Directors’ responsibilities within the Quality Account.

The auditor's responsibilities

We are required by the Department of Health to perform an independent assurance engagement in respect of the Quality Account for the year ended 31 March 2015 and certain performance indicators contained therein. This work is classified as audit related services.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations
- the Quality Account is not consistent in all material respects with the sources specified in the *NHS Quality Accounts Auditor Guidance 2014/15* issued by the Department of Health (“the Guidance”)
- the indicators in the Quality Account identified as having been the subject of limited assurance, are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Introduction to our review (continued)

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with the documents specified in the Regulations.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents. Our responsibilities do not extend to any other information.

This report to the Board summarises the results of this independent assurance engagement including testing performance indicators and is provided in conjunction with our signed limited assurance report, which is published with the Trust's Quality Account and enables the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report.

To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and the Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- making enquiries of management
- limited testing, on a selective basis, of the data used to calculate the chosen indicators back to supporting documentation
- comparing the content of the Quality Account to the requirements of the Regulations
- reading the documents.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by the Trust.

Unqualified Conclusion

Our limited assurance 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 2015:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Key messages

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

- we have issued an unqualified conclusion based on our limited assurance procedures
- the Trust has produced a good final draft report that presents information in a well structured and accessible style. The Trust has taken on board comments from external stakeholders as part of the consultation process on the draft report
- there are no recommendations arising for management resulting from this audit.

Acknowledgements

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

Compliance with regulations

We checked that the Quality Account had been prepared in line with the requirements set out in the Regulations.

Requirement	Work performed	Conclusion
Compliance with regulations	<p>We reviewed the content of the Quality Account against the requirements of 'the Regulations' set by the Secretary of State, as described in:</p> <ul style="list-style-type: none">• <i>the National Health Service (Quality Accounts) Regulations 2010</i>• <i>the National Health Service (Quality Accounts) Amendment Regulations 2011</i>• <i>the National Health Service (Quality Accounts) Amendment Regulations 2012.</i>	<p>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 2015, the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations.</p>

Consistency of information

We checked that the Quality Account is consistent in all material respects with the sources specified in the Department of Health guidance.

Requirement	Work performed	Conclusion
<p>Consistency with other sources of information</p>	<p>We reviewed the content of the Quality Account for consistency with specified documentation, set out in the auditor's guidance provided by the Department of Health. This includes the board minutes for the year, feedback from commissioners, and survey results from staff and patients.</p>	<p>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 2015, the Quality Account is not consistent in all material respects with the sources specified in the Guidance.</p> <p>The Head of Internal Audit's annual opinion, published in May 2015, did identify data quality issues with consistent reporting, completeness, accuracy and the validation process surrounding the diagnostic six week wait performance indicator. However, this indicator is not mandated for inclusion in the Trust's Quality Account and, as a result, we have concluded that this does not impact on our limited assurance conclusion because the Quality Account is not materially inconsistent with other sources of information.</p>
<p>Other checks</p>	<p>We also checked the Quality Account:</p> <ul style="list-style-type: none"> • to check the consistency of indicator commentary with the reported outcomes • to check that Directors' Assertions on controls are consistent with disclosures in the Annual Governance Statement. 	<p>Overall, we concluded that:</p> <ul style="list-style-type: none"> • the indicator commentary was consistent with the reported outcomes • Directors' Assertions on controls are consistent with disclosures in the Annual Governance Statement.

Data quality of reported performance indicators

We undertook substantive testing on two indicators in the Quality Account to report on whether there is evidence to suggest that they have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Department of Health guidance.

Selecting performance indicators for review

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

The Department of Health requires that we then select two indicators from a subset of four mandated indicators deemed suitable for audit, and that apply to this type of Trust.

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

- Rate of Clostridium Difficile infections: selected from the subset of mandated indicators based on risk and agreed with the Trust.
- Percentage of patients risk-assessed for venous thromboembolism (VTE): selected from the subset of mandated indicators based on risk and agreed with the Trust.

Data quality of reported performance indicators (continued)

Indicator & Definition	Indicator outcome	Work performed	Conclusion
<p>Rate of clostridium difficile infections (CDIs)</p> <p>CDIs per 100,000 bed days for patients aged two or more on the date the specimen was taken during the reporting period.</p>	<p>16.9</p>	<p>We reviewed the process used to collect data for the indicator. We then tested a sample of 20 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 Account reconciled to the underlying data.</p>	<p>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 2014, the indicator has not been reasonably stated in all material respects.</p>

Indicator & Definition	Indicator outcome	Work performed	Conclusion
<p>Percentage of patients risk-assessed for venous thromboembolism</p> <p>Number of adult inpatient admissions reported as having had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool divided by the number of adults who were admitted as inpatients (includes day cases, maternity and transfers; both elective and non-elective admissions).</p>	<p>95%</p>	<p>We reviewed the process used to collect data for the indicator. We then tested a sample of 35 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 Account reconciled to the underlying data.</p>	<p>Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the quarter ended 31 December 2015, the indicator has not been reasonably stated in all material respects.</p>

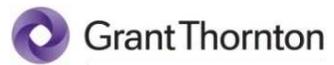
Fees

Fees for the audit of the Quality Account

Service	Fees £
For the audit of the Quality Account 2014/15	£10,000

Our fee assumptions include:

- our fees are exclusive of VAT



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