

Report on the Quality Account 2015/16

Surrey and Sussex NHS Trust

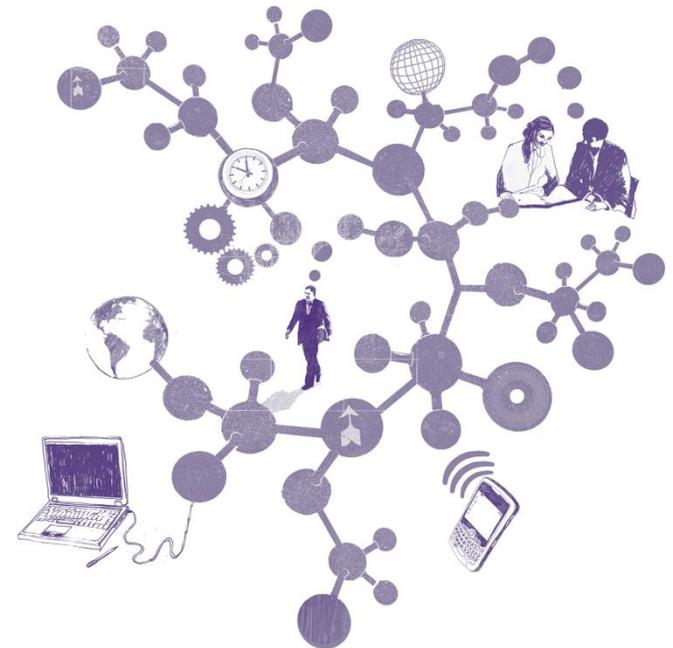
Year ended 31 March 2016

21/06/2016

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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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Executive summary

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.

Purpose of this report

This report to the Board summarises the results of our independent assurance engagement on your Quality Account. This report 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.

In performing this work, we followed the Department of Health 'NHS Quality Accounts Auditor Guidance 2014-15', which is still extant for 2015/16.

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

- your Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- your Quality Account is not consistent in all material respects with the sources specified in the Guidance; and

- 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

Conclusion

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

- Reviewing the final version of the quality account
- Reviewing feedback from stakeholders

Subject to this, we are proposing to issue an unqualified conclusion on your Quality Account.

The text of our proposed limited assurance report can be found at Appendix B.

Executive summary

Key messages

- We confirmed that the Quality Account had been prepared in line with the requirements of the Regulations.
- We confirmed that the Quality Account was consistent with the sources specified in the Guidance .
- We confirmed that the commentary on indicators in the Quality Account was consistent with the reported outcomes.
- Our testing of two indicators included in the Quality Account found that these were materially reasonably stated in accordance with the Regulations and six dimensions of data quality.

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	We reviewed the content of the Quality Account against the requirements of 'the Regulations' set by the Secretary of State, as described in: <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>	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 Account is not prepared in all material respects in line with the criteria set out in the Regulations;

Consistency of information

We checked that the Quality Account is consistent in all material respects with the sources specified in the Department of Health "NHS Quality Accounts Auditor guidance 2014/15", which continues to be applicable for 2015/16.

Requirement	Work performed	Conclusion
Consistency with other sources of information	We reviewed the content of the Quality Account for consistency with the documentation specified in the Auditor guidance referred to above. This includes the board minutes and papers for the year, feedback from commissioners, survey results from staff and patients, the Head of Internal Audit opinion and annual governance statement.	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 Account is not consistent in all material respects with the sources specified in the Guidance.
Other checks	We also reviewed the Quality Account: <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. 	Overall, we concluded that: <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 determine whether 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 auditor guidance.

Selecting performance indicators for review

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

We selected two indicators from the four identified by the auditor guidance as being suitable for substantive testing and agreed the scope of our work with the Trust's management team.

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

- Percentage of Patient Safety Incidents resulting in severe harm or death, selected from the subset of mandated indicators because incident reporting has historically been a risk area for this Trust.
- Rate of clostridium difficile infections, selected from the subset of mandated indicators as a more relevant indicator for this Trust.

Data quality of reported performance indicators (continued)

Indicator & Definition	Indicator outcome	Work performed	Conclusion
<p>Rate of Clostridium Difficile Infections</p> <p>The scope of the indicator includes all cases where the patient shows clinical symptoms of clostridium difficile infection, and has a positive laboratory test result for CDI recognised as a case according to the trust's diagnostic algorithm. A CDI episode lasts for 28 days, with day one being the date the first positive specimen was collected.</p> <p>The following cases are excluded from the indicator:</p> <ul style="list-style-type: none"> • <i>People under the age of two at the date of the sample taken; and</i> • <i>Where the sample was taken before the fourth day of an admission to the trust (where the day of admission is day one)</i> 	<p>Correct</p>	<p>We reviewed the process used to collect data for the indicator. We checked that the indicator presented in the Quality Account reconciled to the underlying data.</p> <p>We then tested a sample of 12 items 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.</p> <p>7 of these 12 sampled were classed as Trust apportioned. Additionally 5 cases were randomly selected from community apportioned cases to ensure the classification was correct. The testing looked at the date of admissions and first testing positive and ensuring the apportionment was correct and that the patient had indeed tested positive.</p>	<p>Based on the results of our procedures with the exception of the matters 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>In the first version of the quality account the Trust had only reported the actual number of cases, and had not included a narrative stating the number of cases per 100,000 bed days, which is a requirement. Following discussion with the Trust this was raised and subsequently amended to include a narrative in line with the guidance.</p>

Data quality of reported performance indicators (continued)

Indicator & Definition	Indicator outcome	Work performed	Conclusion
<p>Patient Safety Incidents resulting in severe harm or death.</p> <p>The scope of the indicator includes all patient safety incidents reported through the National Reporting and Learning Service (NRLS). This includes reports made by the trust, staff, patients and the public.</p>	<p>Correct</p>	<p>We reviewed the process used to collect data for the indicator. We checked that the indicator presented in the Quality Account reconciled to the underlying data.</p> <p>We then tested a sample of cases 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.</p> <p>We placed reliance on work performed by the Internal Audit function, RSM. They had tested 20 cases in a similar manner on 18/06/2016, We retested 5 of these to be able to place reliance on their work. We then sampled an additional 5 cases from the remaining population. We tested by ensuring the information provided agreed to the system and for example was recorded in a timely manner and was included in the correct reporting period.</p>	<p>Based on the results of our procedures, with the exception of the matters 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>The only issue found in respect of this indicator was that the figures reported in the first draft of the quality accounts were incorrect as they included all incidents instead of just patient safety related ones. This was raised with the client and subsequently amended.</p>

Fees

Fees for the work on the Quality Account

Service	Fees (£)
For the limited assurance review of the Trust's Quality Account 2015/16	10,000

Our fee assumptions include:

- our fees are exclusive of VAT

Appendix A – Action plan

There was no deficiencies identified in respect our out work performed on the Quality accounts, therefore we have no recommendation to note on this action plan.

Appendix B – Form of limited assurance report

Independent Auditor's Limited Assurance Report to the Directors of Surrey and Sussex NHS Trust on the Annual Quality Account

We are required to perform an independent assurance engagement in respect of Surrey and Sussex NHS Trust's Quality Account for the year ended 31 March 2016 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance consist of the following indicators:

- Percentage of patient safety incidents resulting in severe harm or death
- Rate of clostridium difficile infections

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of directors and auditors

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. 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; and
- 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.

Appendix B – Form of limited assurance report

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 DH in March 2015 (“the Guidance”); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account 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.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to 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:

- Board minutes for the period April 2015 to June 2016;
- papers relating to quality reported to the Board over the period April 2015 to June 2016;
- feedback from the Commissioners.
- feedback from Local Healthwatch.
- the Trust’s complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009.
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national patient survey.;
- the latest national staff survey dated.;
- the Head of Internal Audit’s annual opinion over the trust’s control environment.
- the annual governance statement dated 31/05/2016.
- the Care Quality Commission’s Intelligent Monitoring Report dated May 2015.
- the results of the Payment by Results coding review.

Appendix B – Form of limited assurance report

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

This report, including the conclusion, is made solely to the Board of Directors of Surrey and Sussex NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. 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 Surrey and Sussex NHS 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 under the terms of 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;
- testing key management controls;
- analytical procedures;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

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 nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Surrey and Sussex NHS Trust.

Appendix B – Form of limited assurance report

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 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; and
- 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.

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