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Council of Governors: 16/10/18
Agenda Item: CGo.10.18.5

Presentation to the Council of Governors

2017/18 External Audit

5 October 2018

Scope of our work

Accounts and Annual Report

- Identification and testing of the key risk areas.
- Performance of sample testing and analytical review.
- Testing of the auditable sections of the Remuneration Report.
- Review of the work of relevant regulatory bodies.
- Review of:
  - The Annual Report for consistency with the content of the Financial Statements.
  - The Annual Governance Statement.

Quality Report

- Review and testing of the form and content of the Quality Report.
- Testing of quality indicators

'True and Fair' Opinion on Accounts

Standard 'Limited Assurance' opinion on Quality Report

Value for Money & Going Concern

Consistency of the Consolidation Schedules

Confirmation to National Audit Office over content of WGA schedules

All opinions other than the Limited Assurance Opinion on the Quality Report were unmodified

Our audit explained

Identify changes at the Trust and its environment

The Trust continues to operate in a financially constrained environment and must address challenges connected to achieving financial stability.

During the year the Trust went live with its new EPR system which had wide ranging effects on the Trust's operations.

Scope of our work

Our scope is planned in line with NHSI requirements.

Our final report

An unmodified audit report was issued to the Trust in line with the national deadlines.

Determine materiality

Materiality was assessed at £8m with all errors over £250k being reported to the Audit Committee.

Significant risk assessment

Recognition of CQUIN Income and STF revenue.

Accounting for the impairment to the EPR system.

Management override of controls.

Quality and Independence

We confirm all Deloitte network firms are independent of Bradford Teaching Hospitals NHS FT. We take our independence and the quality of the audit work we perform very seriously. Audit quality is our number one priority.

Key Findings

Audit findings

Accounting Performance

The Trust submitted its draft and audited Annual Report and Accounts in accordance with the national deadlines.

Regular meetings have been held with management throughout the year.

The working papers produced to support the draft accounts were of a good standard.

No uncorrected misstatements were identified.

Annual governance statement

The review of the Trust's Annual Governance Statement identified no significant issues.

Annual Report

The Trust provided a draft of the annual report which required minor adjustments from the draft version and incorporated all of the significant changes required.

Accounting policies and financial reporting

We reviewed the Trust's accounting policies and found them to be consistent with sector norms.

We provided comments to the Trust on presentational matters which have been reflected in the financial statements.

Controls findings

We raised 2 control findings through our audit concerning recording donated asset in the fixed asset register and management access to the online banking system. Neither control issue noted required a change to the audit approach.

Quality Report Audit

The scope of our work is to support a “limited assurance” opinion, which is based upon procedures specified by NHSI in their “Detailed Guidance for External Assurance on Quality Reports 2017/18”.

Our audit responsibilities are to review the content and consistency of the quality report and to undertake testing of three performance indicators, 2 of which are mandated by NHSI whilst the third is selected by Governors.

In response to the growth of performance indicators across the NHS, we have developed a framework of considerations for evaluating data quality. We have used this framework in evaluating our findings and the recommendations we have raised.

We completed our review, including validation of the selected indicators, of the 2017/18 quality report and documentation in line with the agreed timetable.

There were no issues identified in relation to the content and consistency aspects of the Quality Report. Recommendations were raised in relation to all of the indicators tested.

Quality Accounts : content and consistency findings

Key Questions	Assessment
Is the length and balance of the content of the report appropriate?	A
Is there an introduction to the Quality Report that provides context?	G
Is there a glossary to the Quality Report?	G
Is the number of priorities appropriate across all three domains of quality (Patient Safety, Clinical Effectiveness and Patient Experience)?	G
Has the Trust set itself SMART objectives which can be clearly assessed?	G
Does the Quality Report clearly present whether there has been improvement on selected priorities?	G
Is there appropriate use of graphics to clarify messages?	G
Does there appear to have been appropriate engagement with stakeholders (in both choosing priorities as well as getting feedback on the draft Quality Report)?	G
Is the language used in the Quality Report at an appropriate readability level?	G

Quality Accounts : Indicator testing

	A&E 4 Hour Waits	18 week RTT	Ambulance Handovers
Accuracy Is data recorded correctly and is it in line with the methodology.	B	R	R
Validity Has the data been produced in compliance with relevant requirements.	G	A	A
Reliability Has data been collected using a stable process in a consistent manner over a period of time.	G	R	B
Timeliness Is data captured as close to the associated event as possible and available for use within a reasonable time period.	G	G	G
Relevance Does all data used generate the indicator meet eligibility requirements as defined by guidance.	G	G	G
Completeness Is all relevant information, as specific in the methodology, included in the calculation.	B	R	R
Recommendations identified?	🗐	🗐	🗐
Overall Conclusion	B	R	N / A

G No issues noted

B Satisfactory – minor issues only

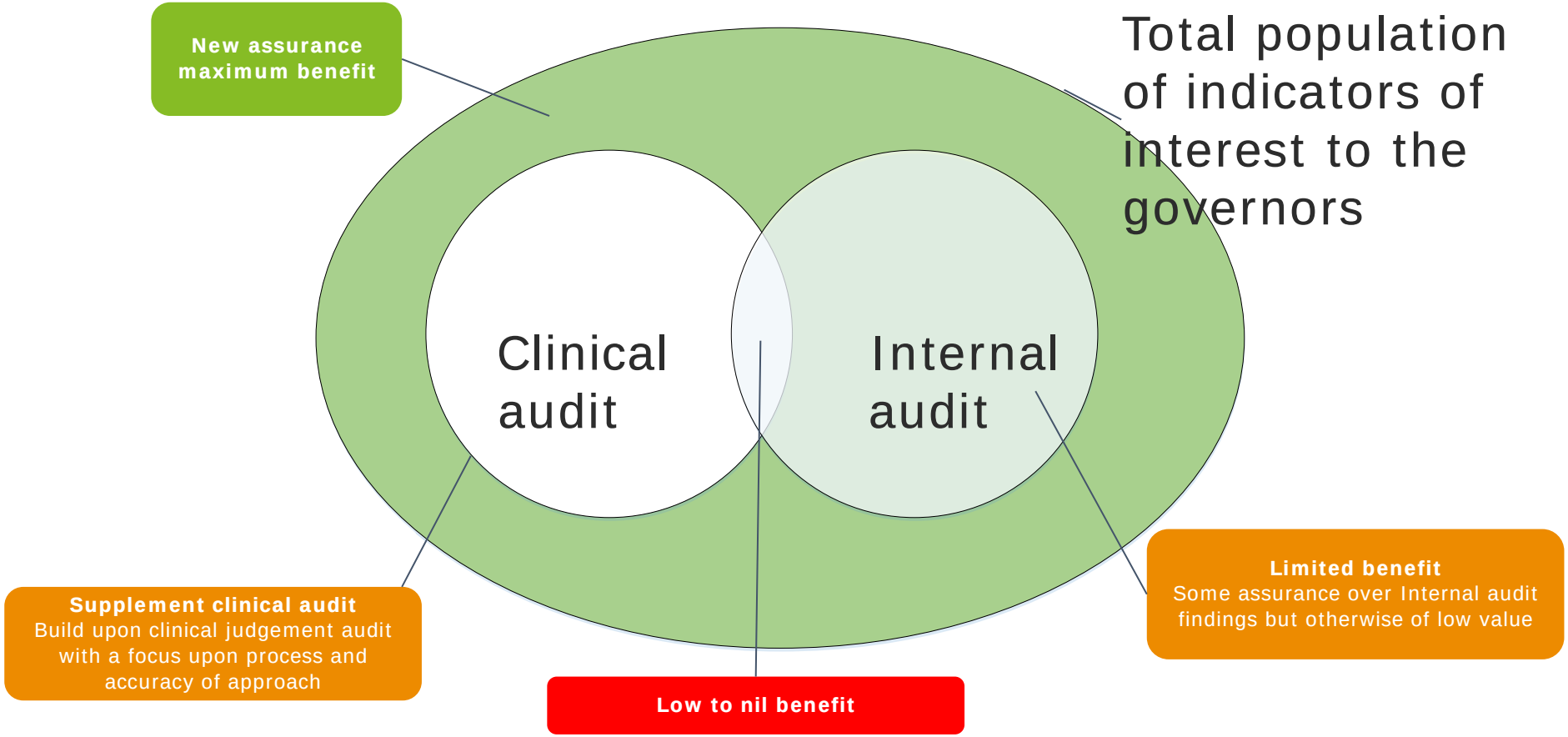
A Requires improvement

R Significant improvement required

Local indicator selection

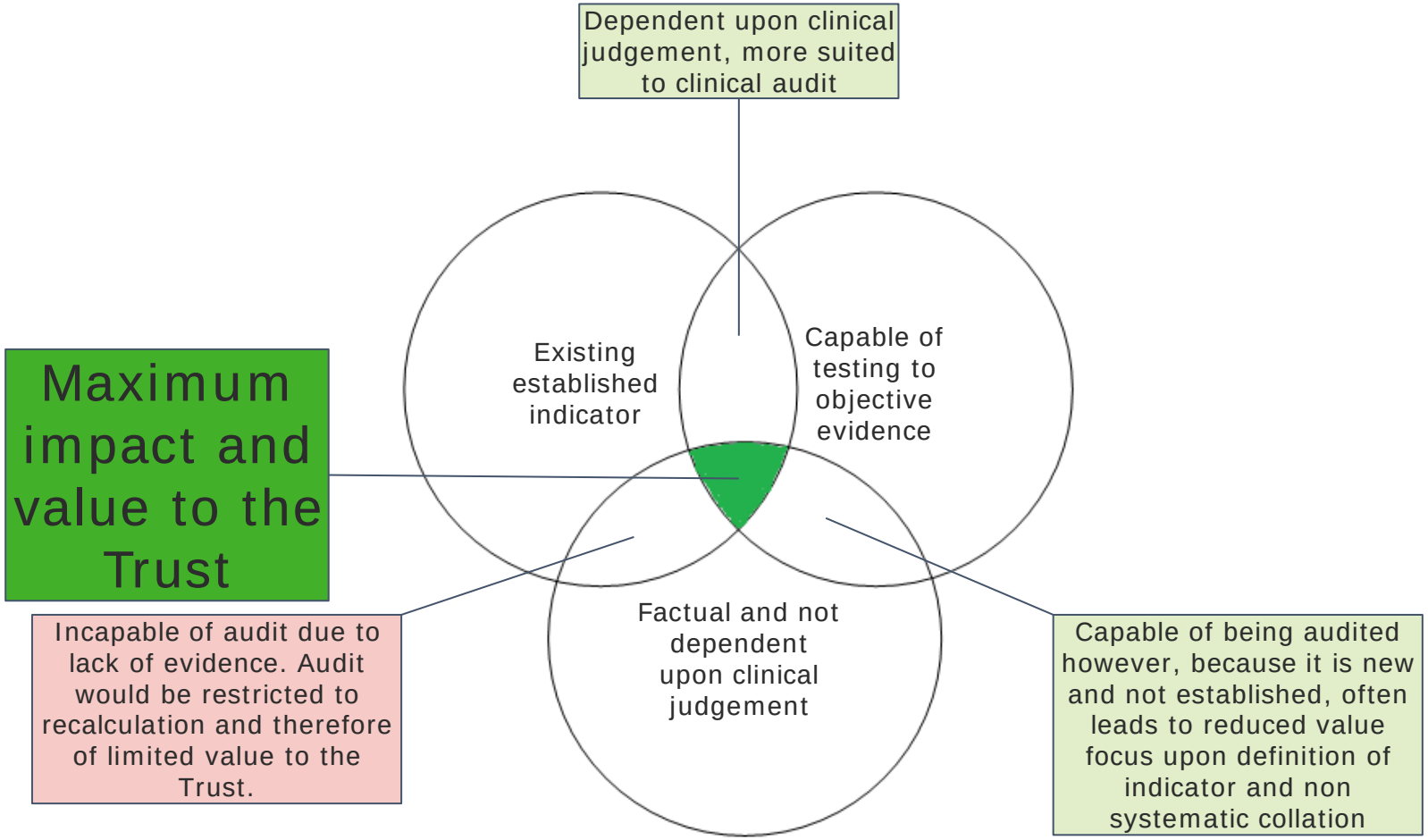
Indicator selection

What makes a good local indicator (continued)



Indicator selection

What makes a good local indicator (continued)



Indicator selection

What do other Trust's select

- Complaints.
- Falls.
- CV line infection rates.
- Pressure ulcers grades 3 and 4.
- Breastfeeding.
- WHO surgical safety checklist.
- Incidents resulting in severe harm or death.
- Incidence of presumed infective Endophthalmitis per 1,000 cataract cases.
- Posterior capsule rupture rates for cataract surgery.
- Achieve the CQUIN for individualised care for patients with dementia including early assessment, identification and communication and caring for the carers of patients with dementia.
- Right place, right time. The percentage of patients being allocated the most appropriate ward when admitted.
- Nutrition quality priorities.
- VTE assessment.
- PROMs.
- Serious incidents.
- 2 day CT turnaround for outpatients.
- C Diff.
- 62 day cancer target.
- Percentage of staff who are up to date with their mandatory training.
- Waits for medicines on discharge.
- Friends and family Test.
- Complaints responded to within specific timeframes.
- Percentage cancelled appointments.
- Less than 6 week diagnostic waits.
- Discharge summaries.
- Waiting times in OPD clinics.
- Surgical site infections.
- Vital signs.
- Biometric accuracy in cataract surgery.
- Stroke.
- Clinical staffing / right people, right place, right time.
- Dementia.
- 90% stay as inpatient on stroke ward.
- Nursing care quality indicators.
- Complete set of observations and pain assessment within 6 hours of admission or transfer to a ward.
- Administration of pain relief for patients with high pain scores of 3.
- Medication safety errors.
- Staff turnover.
- Trust quality and safety assessment for wards.

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