

CGo.7.19.5

2018/19 External Audit; Report to the Council of Governors

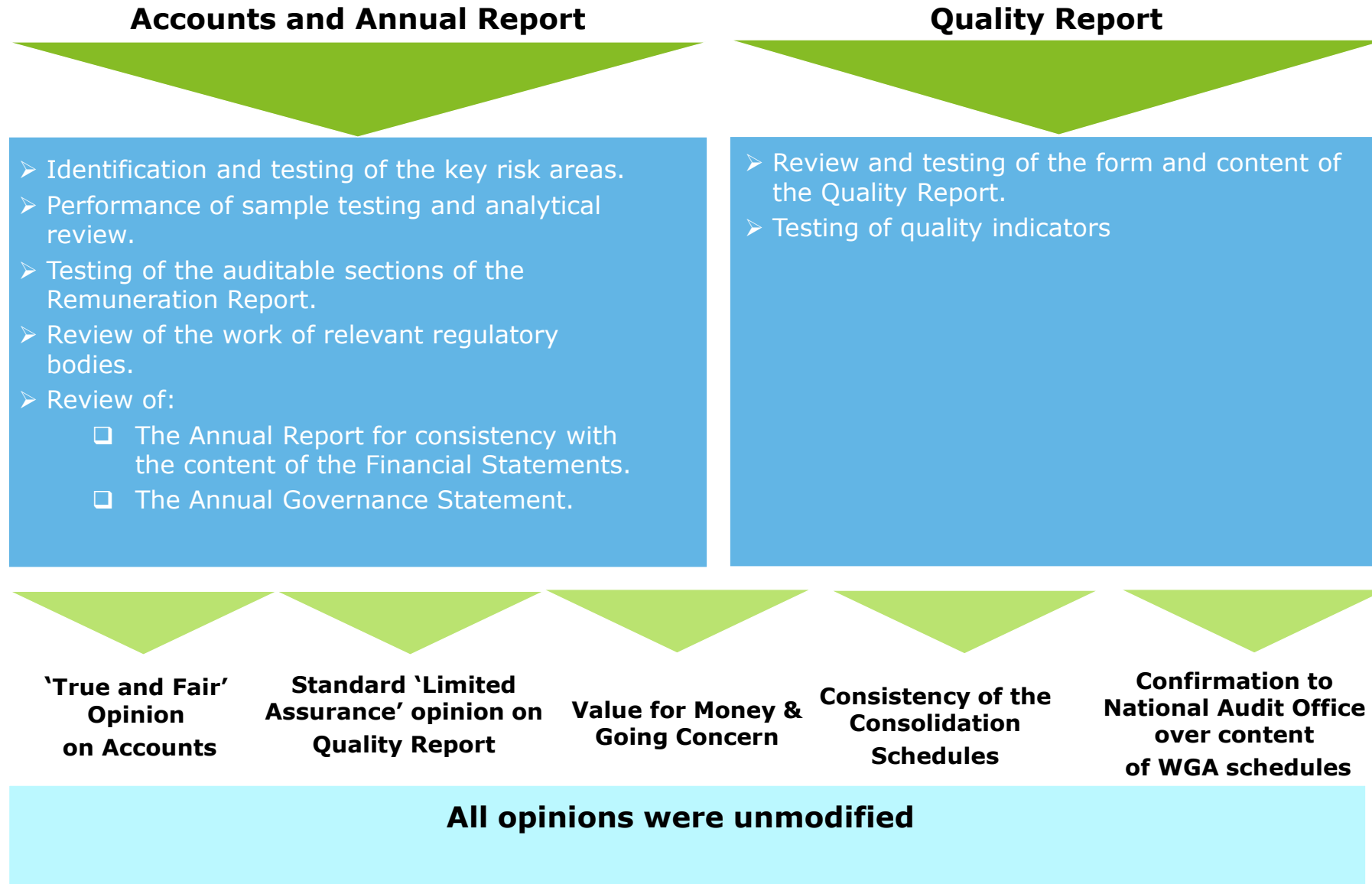


Report to the Governors

2018/19 audit

July 2019

Scope of our work



Key Findings

Audit findings

Accounting Performance

The Trust submitted its draft and audited Annual Report and Accounts ahead of the NHSI timetable.

Regular meetings have been held with management through the year.

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

As part of our audit we identified uncorrected misstatements in relation to the understatement of depreciation and the recognition of the Capital Goods Scheme debtor. The net impact of these is an increase of £3.0m in the deficit for the period.

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 minimal adjustment 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 one control finding through our audit concerning the need for a review of Plant and machinery held on the fixed asset register with a nil net book value. None of the control issues noted required a change to the audit approach. We also raised a point around the need for the Trust to complete its work around the implementation of IFRS 16 Leases as soon as is practicable.

Quality Report Audit



The scope of our work is to support a “limited assurance” opinion, which is based upon procedures specified by NHS Improvement in their “Detailed requirements for external assurance for quality reports 2018/19”.










Our audit responsibilities are to review the content and consistency of the quality report and to undertake testing of three performance indicators, two of which are mandated and one of which is selected by the Council of 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 2018/19 quality report and documentation in line with the reporting deadline.

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


Quality Accounts : content and consistency findings


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


Quality Accounts : Indicator testing

	A&E 4 hour waits	62 day Cancer waits	SHMI
Accuracy Is data recorded correctly and is it in line with the methodology.	A	G	G
Validity Has the data been produced in compliance with relevant requirements.	G	G	G
Reliability Has data been collected using a stable process in a consistent manner over a period of time.	G	G	G
Timeliness Is data captured as close to the associated event as possible and available for use within a reasonable time period.	B	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.	G	G	G
Recommendations identified?	✓	-	-
Overall Conclusion	A	G	N/A

 No issues noted

 Requires improvement

 Satisfactory – minor issues only

 Significant improvement required



This document is confidential and it is not to be copied or made available to any other party. Deloitte LLP does not accept any liability for use of or reliance on the contents of this document by any person save by the intended recipient(s) to the extent agreed in a Deloitte LLP engagement contract.

If this document contains details of an arrangement that could result in a tax or National Insurance saving, no such conditions of confidentiality apply to the details of that arrangement (for example, for the purpose of discussion with tax authorities).

Deloitte LLP is a limited liability partnership registered in England and Wales with registered number OC303675 and its registered office at 1 New Street Square, London, EC4A 3HQ, United Kingdom.

Deloitte LLP is the United Kingdom affiliate of Deloitte NSE LLP, a member firm of Deloitte Touche Tohmatsu Limited, a UK private company limited by guarantee ("DTTL"). DTTL and each of its member firms are legally separate and independent entities. DTTL and Deloitte NSE LLP do not provide services to clients. Please see www.deloitte.com/about to learn more about our global network of member firms.

© 2019 Deloitte LLP. All rights reserved.