

External Assurance on the Trust's Quality Report

Oxford University Hospitals NHS Foundation Trust

24 May 2017

Ernst & Young LLP



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The Board of Governors
Oxford University Hospitals NHS Foundation Trust
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24 May 2017

Dear Governors,

External Assurance on the Trust's Quality Report

We are pleased to present our findings following our review of the Trust's 2016/17 Quality Report. The purpose of this report to Governors is to set out the work that we have performed, our findings and conclusions and any recommendations for improvement concerning the content of the Trust's Quality Report and our testing on mandated and local indicators.

We would like to take this opportunity to thank the employees of the Trust for their assistance during the course of our work.

Yours faithfully

Maria Grindley
Executive Director
For and on behalf of Ernst & Young LLP
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The contents of this report are subject to the terms and conditions of our appointment as set out in our engagement letter.

This report is made solely to the Audit Committee, Board of Directors, Governors and management of Oxford University Hospitals NHS Foundation Trust in accordance with our engagement letter. Our work has been undertaken so that we might state to the Audit Committee, Board of Directors, Governors and management of the Trust those matters we are required to state to them in this report and for no other purpose. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the Audit Committee, Board of Directors, Governors and management of the Trust for this report or for the judgements we have formed. It should not be provided to any third-party without our prior written consent.

1. Executive summary

1.1 Responsibilities

As part of our overall engagement as external auditors by the Board of Governors of Oxford University Hospitals NHS Foundation Trust we are also required to perform an independent assurance engagement in respect of Oxford University Hospitals NHS Foundation Trust's Quality Report for the year ended 31 March 2017 (the 'Quality Report') and certain performance indicators contained within the report. Our review is undertaken in accordance with the detailed guidance issued by NHS Improvement for each financial year.

NHS Improvement's 'Detailed Requirements for External Assurance for Quality Reports for foundation trusts 2016/17' sets out the work that we are required to complete on the Trust's Quality Report for the year ended 31 March 2017, which is published as part of its Annual Report.

As auditors we are required to:

- ▶ review the content of the Quality Report against the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2016/17, which is combined with the quality accounts requirements in NHS Improvement's document 'Detailed requirements for quality reports 2016/17';
- ▶ review the content of the Quality Report for consistency against the other information published by the Trust;
- ▶ undertake substantive sample testing on two mandated performance indicators and one locally selected indicator;
- ▶ provide the Trust with a Limited Assurance Report confirming that the Quality Report meets NHS Improvement's requirements and that the two mandated indicators are reasonably stated in all material respects;
- ▶ provide the Trust's Governors with a report setting out the findings of our work including the content of the quality report, mandated indicators and the locally selected indicator.

1.2 Key findings

We have reviewed the Trust's Quality Report and found that:

- ▶ its content is in line with NHS Improvement's requirements; and
- ▶ it is consistent with other information published by the Trust.

We have also undertaken testing on two mandated indicators and one local indicator. The two mandated indicators tested are:

- ▶ percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
- ▶ percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge

In both instances we found no evidence to suggest that the two mandated indicators have not been reasonably stated in all material respects. Further details of our findings are in Section 2.2.

The local indicator tested was:

- ▶ Venous Thromboembolism (VTE) - Percentage of patients who have had VTE Risk Assessment

We found no evidence to suggest that the local indicator has not been reasonably stated in all material respects. Further details of our findings are in Section 2.3.

As a result of our findings from the work we have performed, we will issue an unqualified Limited Assurance report to the Trust. This will conclude that, nothing 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 Foundation Trust Annual Reporting Manual' and supporting guidance;
- ▶ the quality report is not consistent in all material respects with the sources specified in the Detailed Guidance for External Assurance on Quality Reports 2016/17; and
- ▶ the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance and the six dimensions of data quality set out in the 'Detailed Guidance for External Assurance on Quality Reports'.

A copy of this report is provided in Appendix A.

2. Detailed findings

2.1 Content of the Quality Report

Compliance with the requirements of the Annual Reporting Manual

We have reviewed the content of the Quality Report against the requirements set out by NHS Improvement in their Annual Reporting Manual.

In all regards we found that the Trust met these requirements.

Consistency with other specified documents

The Quality Report is also reviewed for consistency with the following documents:

- ▶ Board minutes for the period April 2016 to May 2017;
- ▶ papers relating to quality, reported to the Board during the same period;
- ▶ feedback from Commissioners;
- ▶ feedback from Governors;
- ▶ feedback from local Healthwatch organisations;
- ▶ feedback from the Overview and Scrutiny Committee;
- ▶ the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009;

- ▶ the latest national and local patient survey;
- ▶ the latest national and local staff survey;
- ▶ the Head of Internal Audit's annual opinion over the Trust's control environment; and
- ▶ Care Quality Commission intelligence monitoring report.

Our review concluded that the contents of the Quality Report published by the Trust are consistent with these documents.

2.2 Testing of mandated performance indicators

In 2016/17, we have performed testing on the following two mandated indicators:

- ▶ percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period;
- ▶ percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.

The results of our testing of these two indicators are detailed below.

Indicator	Findings
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period	<p>The Trust undertakes validation checks on the indicator data with a validation team validating patients less than 18 weeks and the clinical and managerial teams in the divisions validating patients on more than 18 weeks pathways. The Trust carries out monthly spot checks of approximately 20 patients with open pathways which are reported to the data quality group. It is usual for this exercise to identify 1-2 patients where their data needs to be updated.</p> <p>We are therefore able to conclude that the indicator has been reasonably stated in all material respects.</p>
Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge	<p>For our sample testing of 25 patients – 13 breaches and 12 non breaches, we were able to verify the data used to calculate the indicator to supporting information.</p> <p>We are therefore able to conclude that the indicator has been reasonably stated in all material respects.</p>

2.3 Locally selected indicator

In 2016/17, NHS Improvement's guidance also requires the testing of a locally selected indicator. The assurance work on this indicator does not contribute to our limited assurance report in Appendix A.

- ▶ Governors selected Venous Thromboembolism (VTE) - Percentage of patients who have had VTE Risk Assessment

The performance measure that is used is: Percentage of patients who have had VTE Risk Assessment

The result of our testing of this indicator is detailed below.

Indicator	Findings
Venous Thromboembolism (VTE) - Percentage of patients who have had VTE Risk Assessment	For our sample testing of 25 patients, we were able to verify the data used to calculate the indicator to supporting information.

Appendix A Limited assurance report - draft

Limited assurance report on the content of the quality reports and mandated performance indicators

Independent auditor's report to the Council of Governors of Oxford University Hospitals NHS Foundation Trust on the quality report

We have been engaged by the Council of Governors of Oxford University Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of Oxford University Hospitals NHS Foundation Trust's quality report for the year ended 31 March 2017 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
- percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual' issued by NHS Improvement.

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 report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified in the list below; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance and the six dimensions of data quality set out in the 'Detailed Guidance for External Assurance on Quality Reports'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual', and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with those documents below:

- Board minutes for the period April 2016 to May 2017;
- papers relating to quality reported to the Board over the period April 2016 to May 2017;
- feedback from Commissioners, dated 04/05/2017;
- feedback from Governors, dated 27/04/17;
- feedback from local Healthwatch organisations;
- feedback from Overview and Scrutiny Committee dated 10/05/2017;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 09/11/2016;
- the national patient survey, May 2016;
- the national staff survey, September to November 2016;
- Care Quality Commission inspection, dated 24/08/2016;
- the Head of Internal Audit's annual opinion over the trust's control environment, dated May 2017; and
- any other information included in our review.

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

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Oxford University Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting Oxford University Hospitals NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2017, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Oxford University Hospitals NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’, issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’). 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 indicator back to supporting documentation;
- comparing the content requirements of the ‘NHS Foundation Trust Annual Reporting Manual’ to the categories reported in the Quality Report;
- reading the documents.

A limited assurance engagement is smaller 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 affect 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 of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the ‘NHS foundation trust annual reporting manual’.

The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Oxford University Hospitals NHS Foundation Trust.

Conclusion

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 2017:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the ‘NHS Foundation Trust Annual Reporting Manual’ and supporting guidance;

- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement Detailed requirements for quality reports for foundation trusts 2016/17; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance.

Maria Grindley
Executive Director
Ernst and Young LLP

Reading
24 May 2017

The maintenance and integrity of the Oxford University Hospitals NHS Foundation Trust web site is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the Quality Report since it was initially presented on the web site.

Legislation in the United Kingdom governing the preparation and dissemination of the Quality Report may differ from legislation in other jurisdictions.

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