

External assurance on the Trust's Quality Report

5 Boroughs Partnership NHS Foundation Trust

Audit 2011/12



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Key messages

This report summarises the findings from my external assurance work on the Trust's Quality Report for 2011/12. It includes a summary of:

- **my limited assurance work on the content of the Quality Report and the two indicators mandated by Monitor; and**
- **the findings from my work on the indicator selected by Governors.**

Appendix 1 sets out the scope of my work.

Limited assurance report

Following minor amendments made by the Trust, the content of the Quality Report is in line with Monitor's requirements and consistent with other specified information.

The two mandated indicators are accurate and supported by evidence. I did not identify any concerns about the accuracy of these indicators.

Testing of the indicator selected by Governors

My testing of the number of complaints showed this indicator was accurate and supported by evidence. I did not identify any concerns about this indicator.

Content of the Quality Report

I identified the following matters that the Trust has now addressed in its Quality Report.

- Monitor requires the Report to include examples of action being taken to improve healthcare following national and local clinical audits (section 2.4.3). In response to this, the Trust initially reported its process for completing action plans. It now provides specific examples of action taken to improve the quality of healthcare provided.
- The performance against Monitor targets (section 3.2) was originally shown as quarter 4 only; this now covers the whole of 2011/12.

As a result, I have concluded that I have not identified anything to cause me to believe that the Quality Report is not:

- prepared in line with the criteria in Monitor's *Annual Reporting Manual* (ARM); and
- consistent with the other information specified by Monitor.

Mandatory performance indicators

I have not identified anything to suggest the indicators mandated by Monitor for a limited assurance review are not reasonably stated.

I reviewed the Trust's systems for collecting the necessary information to support the indicators mandated by Monitor [minimising delayed transfers of care, admissions to inpatient services had access to crisis resolution home treatment teams].

I also tested a sample of individual cases to test that they were supported by evidence. The assurance is limited and does not extend to the population as a whole.

Minimising delayed transfers of care

There are clear controls and procedures for preparing this indicator. This includes system flowcharts on how to extract data and calculate the indicator.

In addition, a document must now be completed with details of any delayed discharge entered onto OTTER by clinical staff in wards. This helps to identify exactly when a patient was deemed fit to be discharged but incurred a delay.

Controls have been assessed and we have confirmed they cover Monitor's six dimensions of data quality (accuracy, validity, reliability, timeliness, relevance, completeness).

We tested patients classified as delayed discharge and also checked patients excluded from the indicator. We agreed details to supporting

Admissions to inpatient services had access to crisis resolution home treatment teams

There are clear controls and procedures for preparing this indicator. This includes system flowcharts on how to extract data and calculate the indicator.

Controls have been assessed and we have confirmed they cover Monitor's six dimensions of data quality.

The key control is the validation of patient admissions onto wards and information on whether they had access to crisis resolution home treatment teams.

This indicator is based on 'acute' wards only; it excludes patient admitted to non-acute wards such as under 18s and over 65s. Although guidance does not refer to 'acute' wards, the Trust has confirmed with Monitor that this interpretation is correct.

Minimising delayed transfers of care

records for all items tested. We also confirmed the accuracy of the number of available beds used in the calculation. The items tested were accurate and agreed to supporting records.

The Trust classified 3.3% of patients as delayed discharge in 2011/12 and our testing has confirmed this is accurate.

Admissions to inpatient services had access to crisis resolution home treatment teams

Results of substantive testing show patients recorded as subject to gatekeeping were accurate. Our testing did not identify any errors. The indicator reported in quality report is 99.62% and our testing has confirmed this is accurate.

Performance indicator selected by members

Findings from my review of the system for reporting number of complaints

The Members selected the system for reporting the number of complaints for me to review.

I reviewed the Trust's system for collecting the necessary information to support the indicator. I also tested a sample of individual cases to check that the reported indicator was supported by evidence.

We have documented the Trust's complaints process, including the Knowsley Integrated Provider Services (KIPS) system. KIPS is similar to the Trust's existing process in terms of recording key information (guidance on what is a complaint / concern, time to respond, investigation processes etc.). The difference is a separate complaints recording system used by KIPS.

The controls operating within the complaints system cover all of Monitor's six dimensions of data quality (accuracy, validity, reliability, timeliness, relevance, completeness).

A key judgement affecting the indicator is whether to treat an item as a complaint or a concern. The complaints team demonstrated they used the guidelines provided by the Complaints Regulations and Department of Health guidance to make sound judgements. Testing confirmed concerns are recorded separately and correctly, and are excluded from complaint numbers reported.

Our testing found complaints were classified properly and no errors were identified. The total number of complaints in 2011/12 was 242 and our testing has confirmed this is accurate.

Appendix 1 – The scope of my work

Monitor's NHS Foundation Trust Annual Reporting Manual (ARM) sets out your responsibilities in respect of the Quality Report. Its Audit Code for NHS Foundation Trusts sets out my responsibilities, which are to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the ARM;
- the Quality Report is not consistent in all material respects with the sources specified in the ARM; 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 ARM and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

I have met these responsibilities by:

- reviewing the content of the Quality Report to consider whether it has been prepared in line with the requirements set out in the ARM and whether it is consistent with the other information sources as set out in that guidance;
- substantively sample testing the performance indicators mandated by Monitor to consider whether they are reasonably stated in all material respects in line with the requirements set out in the ARM; and
- substantively testing another indicator from the quality report selected by Governors.

Appendix 2 – Limited assurance report

Independent Auditor’s Report to the Council of Members of 5 Boroughs Partnership NHS Foundation Trust on the Annual Quality Report

I have been engaged by the Council of Members of 5 Boroughs Partnership NHS Foundation Trust to perform an independent assurance engagement in respect of 5 Boroughs Partnership NHS Foundation Trust’s Quality Report for the year ended 31 March 2012 (the “Quality Report”) and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2012 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Minimising delayed transfers of care
- Admissions to inpatient services had access to crisis resolution home treatment teams.

I 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 the Independent Regulator of NHS Foundation Trusts (“Monitor”).

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me 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*;
- the Quality Report is not consistent in all material respects with the sources specified in section 2.1 of Monitor’s Detailed Guidance for External Assurance on Quality Reports 2011-12; 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 the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

I read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and considered the implications for my report if I became aware of any material omissions.

I read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2011 to May 2012;
- Papers relating to quality reported to the Board over the period April 2011 to May 2012;
- Papers relating to quality reported to the Clinical Governance and Clinical Risk Committee over the period April 2011 to May 2012;
- Feedback from the Commissioners dated May 2012;
- Feedback from Members dated May 2012
- Feedback from LINKs dated May 2012;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2012;
- The latest national patient survey;
- The latest national staff survey;
- Care Quality Commission quality and risk profiles from 2011/12;
- The Head of Internal Audit's annual opinion over the trust's control environment dated April 2012; and
- Any other information included in our review.

I consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with those documents (collectively the "documents"). My responsibilities do not extend to any other information.

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

This report, including the conclusion, has been prepared solely for the Council of Members of 5 Boroughs Partnership NHS Foundation Trust as a body, to assist the Council of Members in reporting 5 Boroughs Partnership NHS Foundation Trust's quality agenda, performance and activities. I permit the disclosure of this report within the Annual Report for the year ended 31 March 2012, to enable the Council of Members to demonstrate that it has discharged its governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Council of Members as a body and 5 Boroughs Partnership NHS Foundation Trust for my work or this report save where terms are expressly agreed and with my prior consent in writing.

Assurance work performed

I 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'). My 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;
- 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; and
- Reading the documents listed above under the respective responsibilities of the Directors and auditors.

A limited assurance engagement is less 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 Report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of my assurance work has not included governance over quality or non-mandated indicators which have been determined locally by 5 Boroughs Partnership NHS Foundation Trust NHS Foundation Trust.

Conclusion

Based on the results of my procedures, nothing has come to my attention that causes me to believe that, for the year ended 31 March 2012:

- 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*;
- the Quality Report is not consistent in all material respects with the sources specified above; 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 the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

Julian Farmer - Officer of the Audit Commission
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