Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

**COUNCIL OF GOVERNORS**
**11th July 2012**

| | |
|---|---|
| **TITLE** | **Annual Audit Report 2011/2012** |
| **EXECUTIVE SUMMARY** | The statutory responsibilities and powers of appointed auditors for Foundation Trusts are set out in the National Health Service Act 2006 ('the Act').<br><br>In discharging these specific statutory responsibilities and powers, they are required to carry out their work in accordance with Monitor's Audit Code for NHS Foundation Trusts (the Code) which is available from www.monitor-nhsft.gov.uk. This summarises where the responsibilities of auditors begin and end and what is expected from the trust as the audited body.<br><br>Under the NHS Act 2006 the annual accounts and 'any report of the auditor on them ' must be presented to the Council of Governors at a general meeting. |
| **The Council is asked to:** | Receive the Annual Audit Report for the period 1st April 2011 to 31st March 2012 |
| **Submitted by:** | Simon Marshall<br>Director Finance and Information |
| **Date:** | 23rd June 2012 |
| **Decision:** | For receiving |

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# 2011/12: External assurance on the Quality Report

Ashford and St. Peter's Hospitals NHS Foundation Trust

11 June 2012

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## Independent Assurance on the Quality Report

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This report is addressed to the Board of Directors and the Council of Governors of Ashford and St. Peter's Hospitals NHS Foundation Trust ("the Trust") and has been prepared for your use only. We accept no responsibility towards any member of staff acting on their own, or to any third parties.

This engagement is an assurance engagement over the content of the Quality Report and mandated indicators conducted in accordance with generally accepted assurance standards. Our work on the local indicator is a further dry-run exercise from the prior year in preparation for a limited assurance opinion to be issued in 2012/13.

In preparing our report, our primary source has been information made available and representations made to us by management. We do not accept responsibility for such information which remains the responsibility of management. We have satisfied ourselves, so far as possible, that the information presented in our report is consistent with other information which was made available to us in the course of our work in accordance with the terms of our Engagement Letter dated 08 April 2011.

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## Conclusion

Based on the work we have performed:

- You have achieved a limited assurance opinion on the content of your Quality Report; and
- You have achieved a limited assurance opinion on the reasonableness of your mandated performance indicators in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual;
- You need to make improvements to your processes for assuring the accuracy of data being reported to the Board for the local indicator in order to seek a limited assurance opinion in future periods.

We have identified three recommendations which are detailed in **Appendix A**. We have set out our detailed findings in the body of this report. In addition, we have provided:

- Our Limited Assurance opinion on content of the Quality Report and mandated performance indicators in **Appendix B**; and
- The Statement of Directors' Responsibilities in respect of the Quality Report, in **Appendix C**;

We detail what is meant by a limited assurance opinion in Section two.

## Summary findings

The table below is a summary of our findings for each of the two objectives we have met. For the findings for objective one, Management has amended the draft quality report in light of the comments we raised. For the findings of objective two, where we report the testing on the three indicators, further details are provided in Section three of this report.

In comparison to the prior year we have noted improvement in the inclusion of mandatory content and in the first draft provided to KPMG for audit.

| Objective | Findings | |
|---|---|---|
| | **Area reviewed** | **Your Trust** |
| **Objective One**<br>Limited assurance report on the content of the Quality Report being consistent with other information about the Trust<br>*Have you secured a limited assurance opinion this year?* | Content addresses requirements of Monitor's *Annual Reporting Manual* | The content of the quality report was accurately reported in line with the guidance published by Monitor. |
| | Content is not inconsistent with other information sources specified by Monitor in its *Detailed Guidance for External Assurance on the Quality Report* | We reviewed the information sources specified in Monitor's *Detailed Guidance* and the Quality Report and identified that:<br>• Significant matters in the specified information sources were reflected in the quality report;<br>• Significant assertions in the quality report were supported by the specified information sources. |
| | **Overall** | **Assurance opinion provided without qualifications** |

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| | Indicator | Your Trust |
|---|---|---|
| **Objective Two**<br>Limited assurance report on two mandated performance indicators<br>*Have you secured a limited assurance opinion this year?* | Mandated indicator one: Clostridium difficile – all cases of Clostridium difficile positive diarrhoea in patients aged two years or over that are attributed to the Trust; | **Assurance opinion provided without qualifications** |
| | Mandated indicator two: 62 Day cancer waits – the percentage of patients treated within 62 days of referral from GP | **Assurance opinion provided without qualifications** |
| Limited testing on one local performance indicator<br>*How ready are you to secure a limited assurance opinion in the future, or is improvement needed?* | Local indicator: Patient falls resulting in harm | **Major improvement needed** |

## Purpose of this report

This report aims to provide you with a clear understanding of the work we have performed and the different types of assurance opinion that Monitor is likely to require you to secure from 2011/12. We have provided a summary here and more detail about this in the scope section of this report.

For 2011/12 Monitor requires auditors to provide a **limited assurance** report over the content of the Quality Report and the mandated performance indicators. As a result, we needed to:

- Review various sources of information about the Trust's performance for the period (and specified by Monitor);
- Assess your Quality Report for inconsistencies with that information (and the requirements of Monitor); and
- Test three specific indicators - similar to the approach in 2010/11 – two mandated and one local indicator.

In future periods, Monitor anticipates that a limited assurance opinion will be sought on the data quality of indicators mandated for inclusion by the Department of Health (DH).

Therefore, as outlined in our engagement letter dated 08 April 2011 and our agreed terms of reference, the purpose of this work has been to:

- Provide a limited assurance opinion over the content of the Quality Report and for the mandated indicators; and
- Assess the Trust's readiness for securing a limited assurance opinion on the local indicator.

## Structure of this report

In summary, the remaining sections of this report cover the:

- **Scope of work performed** – this section provides further details on our approach, output and its limitations;
- **Content of the Quality Report** – this section outlines the work we performed, summarises our findings and concludes on whether a limited assurance opinion has been issued; and
- **Preparation of specific indictors** – this summarises our work performed on the two mandated indicators specified by Monitor and the local indicator (selected by the Council of Governors). It concludes on whether a limited assurance opinion has been issued for the mandated indicators and whether improvements are needed before you could seek a limited assurance opinion on the local indicator.

Our approach results in recommendations to help you secure the relevant assurance opinions in the future.

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### Next steps to conclude the 2011/12 Quality Report assurance process

1) The Trust also needs to provide a signed letter of management representation and its Statement of Directors' Responsibilities in respect of the Quality Report (see Appendix C).
2) In line with Monitor's reporting requirements, we will provide a final signed opinion by 25 June 2012. This will be in addition to a finalised version of this report concluding our work up to that date.
3) The Trust needs to include our limited assurance opinion on the content of the quality report and the mandated indicators (see Appendix B) in the Annual Report which the Trust will submit to Monitor on 31 May 2012.

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# Ashford and St. Peter's Hospitals NHS Foundation Trust
# Section one: Scope of work performed

## Background

The publication of *High Quality Care for All* in 2008 placed quality and quality improvement at the heart of current debate in the NHS. In 2009/10, the DH introduced legislation to require the publication of a Quality Report to support that focus on quality. Monitor, the Foundation Trust (FT) independent regulator, mandated a dry-run external assurance review of aspects of the Quality Report: a review of the management arrangements for ensuring data quality; and the testing of indicators.

On 15 March 2012 Monitor released their *Detailed Guidance for External Assurance on Quality Reports 2011/12.* This document provides an overview of the external assurance requirements for the Quality Report. The table below sets out our responsibilities and the relationship between our work and our output:

<table>
<tr><th>External audit work</th><th colspan="2">Our output from that work</th></tr>
<tr><td>1. Review the content of the Quality Report against the requirements set out in Monitor's NHS FT Annual Reporting Manual (ARM).</td><td rowspan="2">A signed limited assurance report in the Quality Report on whether anything has come to our attention that leads us to believe that the Quality Report has not been prepared in line with the requirements set out in the NHS FT ARM and is not consistent with the other information sources detailed in the Monitor guidance.</td><td rowspan="4">A report (the Governors' report) to the NHS FT Council of Governors of our audit findings and recommendations for improvements concerning the content of the Quality Report, the mandated indicators and the local indicator.</td></tr>
<tr><td>2. Review the content of the Quality Report for consistency against the other information sources detailed in the Monitor guidance.</td></tr>
<tr><td>3. Undertake substantive sample testing of two mandated performance indicators (to include, but not necessarily be limited to, an evaluation of the key processes and controls for managing and reporting the indicators and sample testing of the data used to calculate the indicator back to supporting documentation).</td><td>A signed limited assurance report in the Quality Report on whether there is evidence to suggest that mandated indicators have not been reasonably stated in all material respects in accordance with the NHS FT ARM.</td></tr>
<tr><td>4. Undertake substantive sample testing of one locally selected indicator (as above).</td><td></td></tr>
</table>

The limited assurance report on the content of the Quality Report and mandated performance indicators, (as incorporated into the Annual Report) will be submitted to Monitor by 25 June 2012.

## Approach to our work

Our work has been based on the principles of ISAE 3000 (*Assurance Engagements other than Audits and Reviews of Historical Financial Information*) in order to provide an independent assurance opinion.

For 2011/12, we have carried out sufficient work in accordance with guidance specified by Monitor to provide a limited assurance opinion that states that the:

- Quality Report has been prepared in line with the specified guidance;
- Quality Report is not inconsistent in all material respects with the sources specified by Monitor; and
- Mandated indicators in the Quality Report are reasonably stated in all material respects.

The remainder of this section provides you with important information on the type of opinion we are providing from this approach and the limitations of our work.

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### What is a limited assurance opinion?

We will issue a report to you with:

- *A limited assurance opinion on the content of your Quality 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 content of the Quality Report is not in accordance with reading we have been directed to undertake or is inconsistent with the documents above.
- *A limited assurance opinion on the mandated indicators* – 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 there is evidence to suggest that mandated indicators have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual.

This output is based on the work described below.

### Responsibilities of the Board of Directors and the Council of Governors and limitations associated with this engagement

It is important that the Board of Directors and Council of Governors, as the intended users of this report, understand the limitations associated with the procedures performed for this engagement:

- Procedures designed to assess the content of the Quality Report in order to be able to provide a 'limited assurance' opinion have been performed. Where an opinion has been issued, we have carried out sufficient work to ensure that there is nothing that has come to our attention in the Quality Report that is not inconsistent with other information as specified in Monitor's Detailed Guidance for External Assurance on the Quality Report. This is not as detailed as providing a reasonable assurance opinion because we only have been required to review a limited amount of information. We have set out this limited information on the following page.
- Procedures designed to assess readiness for a 'limited assurance' opinion on the specified and local performance indicator are not as detailed or as challenging as those designed for 'reasonable assurance'. A limited assurance opinion on a performance indicator does not mean that indicator has been confirmed as accurate only that, based on the limited procedures performed including identification of controls and walkthroughs of systems nothing has come to our attention to suggest the indicator is inaccurate.
- Some indicators carry an inherent uncertainty which means you and we need to note that uncertainty when we comment on the indicator. For indicators like this in future periods, we will ask you to explain that inherent uncertainty in your reporting and we will include a 'matter of emphasis' in our opinion on that indicator. We will bring you more information on this as we plan the approach for 2012/13.

The Statement of Directors' Responsibilities in respect of the Quality Accounts outlines the directors' responsibilities under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 in preparing Quality Accounts and the expectations of Monitor, the Independent Regulator. This work, and any subsequent work to provide an assurance opinion in future periods, is not a substitute for these responsibilities which remain with the Board of Directors of the Trust.

As set out in the Executive Summary next steps paragraph, we will require a management representation around the responsibility of the Board for data quality and the inclusion of all relevant content, as well as a signed Statement of Directors' Responsibilities before we issue any opinion. This is included in Appendix C.

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## Overall conclusion

We have provided a limited assurance opinion on the content of your quality report. Overall, our work suggests that there is sufficient evidence to provide that opinion. We have included our opinion in Appendix B to this report.

We have outlined below our detailed findings arising from our work.

## Work performed and findings

In this section, we report our work on the content of the Quality Report against two criteria:

1) A review of content to ensures it addresses the requirements of Monitor's Annual Reporting Manual; and
2) A review of content in the Quality Report for consistency with the content of other information specified by Monitor in its *Detailed Guidance for External Assurance on the Quality Reports.* This work addressed:
   - Significant matters in the specified information sources relevant to the priorities selected by the Trust for the Quality Report to be reflected in the Quality Report; and
   - Significant assertions in the Quality Report to be supported by the specified information sources. The documents and reports we have been required to review to ensure consistency with the Quality Report are set out below.

### Consistency of the Quality Report with information specified by Monitor

**The Trust's Quality Report**

***Are significant matters in the specified information sources reflected in the Quality Report?***

***Are significant assertions in the Quality Report supported by the specified information sources?***

| | |
|---|---|
| Board minutes and papers from April 2011 to May 2012 | Quality Report updated to the Board from April 2011 to May 2012 |
| The Head of Internal Audit's annual opinion, dated [TBC] 2012 | CQC quality and risk profile, dated April 2012 |
| The Trust's Complaints report, dated 11 April 2012 | Feedback from governors, dated 15 May 2012 |
| The 2011 national patient survey | Feedback from commissioners, dated [TBC] 2012 |
| The 2011 national staff survey | Feedback from LINks, dated 30 April 2012 |
| Feedback from other named stakeholders involved in the sign off of the Quality Report: London Borough of Hounslow and Health Overview and Scrutiny Committee, dated May 2012 | |

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The remainder of this section details our findings against these two criteria, considering areas where the Trust may not have included information which would have provided a more balanced picture of the organisation, on an exception basis.

### 1) Content addresses requirements of Annual Reporting Manual

Our work here reviewed the content of the Quality Report against guidance issued by Monitor.

| Issue considered | Findings |
|---|---|
| Inclusion of all mandated content | We have not identified any areas of mandated content that had not been reflected in the report during the audit. |

### 2) Consistency of Quality Report content with specified other information

Our work here included review of a specified list of documents as set out on the previous page.

| Issues considered | Findings |
|---|---|
| Are significant matters in the specified information sources reflected in the Quality Report? | We identified that the Trust reflected its significant matters, relevant to the selected priorities from the specified information sources, in its Quality Report.<br><br>In particular, we note that the Trust has been open and honest in its assessment of performance against targets set for 2011/12, and has provided context and action plans for improvement where necessary. |
| Are significant assertions in the Quality Report supported by the specified information sources? | Significant assertions in the Quality Report are supported by the relevant information sources.<br><br>We noted that significant assertions in the quality report (including 2011/12 performance against selected Trust indicators, national priorities and core standards) were found to be appropriately supported. We were able to agree performance for indicators to Trust system reports and internal reports and could confirm other assertions to a variety of relevant sources including external reports and stakeholder statements. |

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## Overall conclusion

For the 2011/12 indicator testing, the Trust selected the following indicators for review from the options available:

1) Mandated indicator one: Clostridium difficile – all cases of Clostridium difficile positive diarrhoea in patients aged two years or over that are attributed to the Trust
2) Mandated indicator two: 62 Day cancer waits – the percentage of patients treated within 62 days of referral from GP
3) Local indicator: Patient falls resulting in harm

In conclusion, our work on the mandated indicators suggests there is sufficient evidence to provide a limited assurance opinion over the mandated indicators. We have included our opinion in Appendix B to this report.

Our work on the local indicator suggests you need to make improvements to the systems and processes you use to generate the local indicator in order to seek a limited assurance opinion in future periods.

The detailed findings of our work including areas of good practice and areas for improvement are outlined below.

In future periods, Monitor anticipates selected indicators in the Quality Report will continue to be independently assured and a 'limited assurance' opinion will be sought from an independent assurance provider on the accuracy of those indicators.

## Work performed

For the three specified indicators, we have performed limited procedures in three areas:

Please note that the extent of the procedures performed is reduced for limited assurance. The nature of the procedures may be different and less challenging that those used for reasonable assurance. **Therefore, our work was not a reasonable assurance audit of either the performance indicators or the processes used to collate and report them.**

The table below details the improvements needed based on work performed for each indicator.

| | Mandated indicator one: Clostridium difficile | Mandated indicator two: 62 Day cancer waits | Local indicator: Patient falls resulting in harm |
|---|---|---|---|
| **A) process** | We did not identify any improvements required with regard to the process. | We did not identify any improvements required with regard to the process. | Improvements needed including:<br>• Work needs to be undertaken to ensure that falls resulting in harm that occur late in the month (and therefore incident forms are received after Board papers are sent out) are reported to the Board retrospectively, so that a full picture of performance in the year is provided.<br>• The current system of reporting falls, involving paper incident forms, increases the risk that falls will be underreported, for example if paper forms become lost. We note that the Trust is currently implementing a live electronic system for capturing this data however, so a recommendation will not be raised.<br>See Appendix A for recommendations raised. |

*Continued overleaf …*

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# Section three: Specific performance indicators

| | Mandated indicator one: Clostridium difficile | Mandated indicator two: 62 Day cancer waits | Local indicator: Patient falls resulting in harm |
|---|---|---|---|
| **B) design of controls** | We did not identify any improvements required with regard to the design of controls. | We did not identify any improvements required with regard to the design of controls. | See previous page for details of control issues identified. |
| **C) testing to indicate data accuracy** | Of 27 records traced back from the population of all Clostridium difficile positive cases, 100% were captured on the Data Capture system and correctly classified as either community or hospital acquired.<br><br>However, our testing of Trust acquired positive cases identified that the date of one specimen had been incorrectly entered onto the Data Capture system. The difference of two days did not result in a misclassification of the infection source, but a recommendation has been raised around the lapse in controls. See Appendix A. | From a listing of all patients referred to the Trust with cancer via their GP, a sample of 25 individuals was selected. Of this sample, data was correctly captured on the Cancer Wait Time (CWT) database in 100% of cases. | For records viewed in relation to19 falls resulting in harm, data was consistent between paper documentation and Datix, the data capture system.<br><br>We note however that the figure for falls resulting in harm (19) in 2011/12 is not consistent with that reported to the Board (16). See above for details. |
| **Overall** | **Assurance opinion provided without qualifications** | **Assurance opinion provided without qualifications** | **Major improvement needed** |
| | In total, three recommendations have been made relating to the indicators tested, detailed in Appendix A.<br><br>In summary,<br>• You have achieved a limited assurance opinion on the mandated performance indicators; and<br>• You need to make improvements to your processes for assuring the quality of data underpinning the local indicator in order to seek a limited assurance opinion in future periods. | | |

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# Ashford and St. Peter's Hospitals NHS Foundation Trust
# Appendix A: Recommendations

This appendix summarises the recommendation we have raised in order to address issues identified in our work on the Quality Report. The recommendations are rated as follows:

| | | | | | |
|---|---|---|---|---|---|
| High priority | Fundamental issues which have resulted or could result in a qualification of the limited assurance opinion and require immediate action | Medium priority | Improvements which are required but may not need immediate action. In isolation this issue may not prevent an assurance opinion being issued but it may contribute to a group of issues that could prevent an assurance opinion being sought | Low priority | Minor improvements which, if corrected, would benefit the organisation but would not in isolation be likely to prevent an assurance opinion being sought |

| # | Priority | Issue and Recommendation | Management Response |
|---|---|---|---|
| 1 | High | The number of patient falls resulting in harm reported to the Board for 2011/12 was 16, but the true figure was 19. This underreporting is as a result of timing differences, caused by the late receipt of incident forms which in turn means that the data capture system is updated after Board papers are sent out. The figures are not currently reported retrospectively.<br><br>This weakness in the system presents the risk that the Board is not made aware of performance and may not therefore take action where it is required.<br><br>Work needs to be undertaken to ensure that falls resulting in harm occurring late in the month are recorded on Incident forms in a timely manner to allow inclusion in the following month's reporting to the Board. Management should therefore communicate to nurses the importance of completion of forms for all falls in a timely manner. | The improvement action put in place are that all incidents are now put onto Datix as soon as they come into the Quality department and a separate Excel spread sheet is completed which is accessed by the Information team who prepare the quality dashboards. This will address the issue of incident forms being completed when a patient falls but not sent to the Quality department in a timely manner resulting in discrepancies in the recording of data going to the Trust Board.<br><br>The information team is alerted by e-mail that further incident forms have come into the department and the Excel spread sheet is updated continuously. Thus allowing the information team make the necessary amendments to the data on the relevant dashboards. Retrospective amendments to Falls data will be made when the Quality department receives falls data at a later stage from clinical areas.<br><br>The Trust has purchased DatixWeb and will be piloting the process in June 2012 with a 16 week implementation time. This will reduce the lagtime between a fall occurring and it being reported. Thus reducing the likelihood of there being discrepancy in the data. |
| 2 | Low | Our testing of Trust acquired positive cases of Clostridium difficile identified one instance (from a sample of 27) where the date of specimen had been incorrectly entered onto the Data Capture system. This meant that the specimen sample was incorrectly recorded as 27/10/2011 instead of 25/10/2011.<br><br>The risk is that incorrect data entry results in cases being incorrectly classified as Trust or community attributed. We note however that in this instance, the classification was unaffected by the error.<br><br>We note that the Consultant Microbiologist should perform checks to ensure that dates of admission and specimen dates have been correctly entered. This control appears not to have operated in this instance, and we recommend that management reinforce the importance of performing independent checks of data entry to identify errors. | The Infection Control Nurse enters data onto the Data Capture System as results become available. The Director of Infection Prevention and Control reviews the entries in each organism category prior to the monthly Trust sign off by the Chief Executive and at this time checks details on the system such as patient names and number of patients in each category (Hospital vs Community) and adds clinical details as required . Any spurious cases are readily identified at this point and would be investigated.<br><br>There is the potential to run adhoc checks of data and therefore we have commissioned more frequent mock-audits from our internal auditors, Park Hill, in order to further improve current systems and processes and thus further reduce the likelihood of these errors recurring. |

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# Appendix B: 2011/12 Limited Assurance Opinion on content of the Quality Report and mandated performance indicators

## Independent Auditor's Report to the Council of Governors of Ashford and St. Peter's Hospitals NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of Ashford and St. Peter's Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of Ashford and St. Peter's Hospitals 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:

- Clostridium difficile – incidents of Trust apportioned C. difficile cases; and
- 62 Day cancer waits – the percentage of patients treated within 62 days of referral from GP.

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 the Independent Regulator of NHS Foundation Trusts ("Monitor").

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

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

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

The sources with which we shall be required to form a conclusion as to the consistency of the Quality Report are limited to:

- 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;
- Feedback from the Commissioners dated May 2012;
- Feedback from LINKs dated 30 April 2012;
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 11 April 2012;
- The national outpatient survey 2011 and national inpatient survey 2011;
- The national staff survey dated 2011;
- Care Quality Commission quality and risk profiles dated April 2012;
- The Head of Internal Audit's annual opinion over the trust's control environment dated 18 May 2012; and
- Feedback from other named stakeholders involved in the sign off of the Quality Report – London Borough of Hounslow, dated 09 May 2012 and Health Overview and Scrutiny Committee, dated 04 May 2012.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents We refer to those sources, (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.

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# Appendix B: 2011/12 Limited Assurance Opinion on content of the Quality Report and mandated performance indicators

This report, including the conclusion, has been prepared solely for the Council of Governors of Ashford and St. Peter's Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting Ashford and St. Peter's 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 2012, to enable the Council of Governors to demonstrate that is has discharged its 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 Ashford and St. Peter's Hospitals NHS Foundation 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 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;
- 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 requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the Quality Report; and
- Reading the documents.

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/organisations/entities. In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Ashford and St. Peter's 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 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*.

**Ross Tudor for and on behalf of KPMG LLP, Statutory Auditor**
**London, Date**

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# Appendix C: Statement of Directors' Responsibilities in relation to the Quality Report

### Statement of directors' responsibilities in respect of the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 as amended to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2011-12;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2011 to June 2012
  - Papers relating to Quality reported to the Board over the period April 2011 to June 2012
  - Feedback from the commissioners dated XX/XX/20XX
  - Feedback from governors dated XX/XX/20XX
  - Feedback from LINks dated XX/XX/20XX
  - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated XX/XX/20XX;
  - The [latest] national patient survey XX/XX/20XX
  - The [latest] national staff survey XX/XX/20XX
  - The Head of Internal Audit's annual opinion over the trust's control environment dated XX/XX/20XX
  - CQC quality and risk profiles dated XX/XX/20XX
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, 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 Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual)).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

NB: sign and date in any colour ink except black

.....Date.....Chairman

.....Date.....Chief Executive

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