

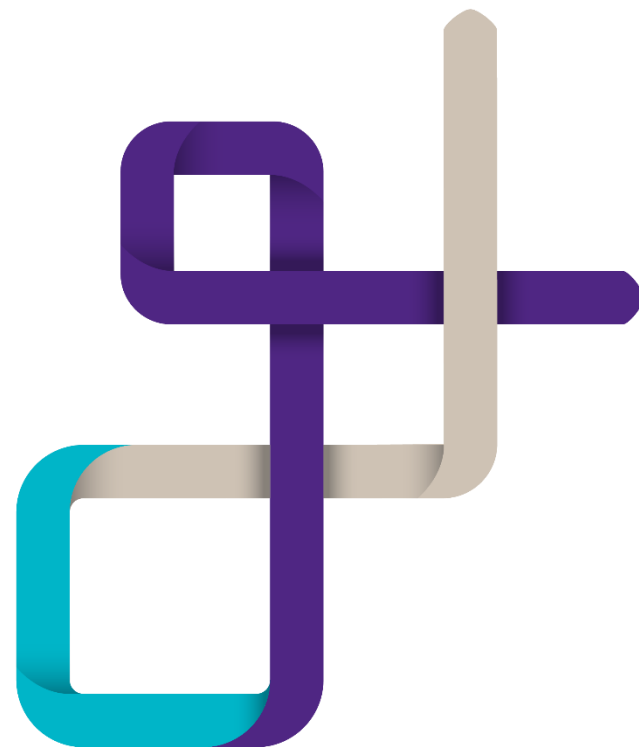
# Report to the Governors on the Quality Report

*Year ending 31 March 2018*

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The Clatterbridge Cancer Centre NHS Foundation Trust

17 May 2018



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The contents of this report relate only to those matters which came to our attention during the conduct of our normal audit procedures which are designed for the purpose of expressing our opinion on the financial statements. Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify control weaknesses, we will report these to you. In consequence, our work cannot be relied upon to disclose all defalcations or other irregularities, or to include all possible improvements in internal control that a more extensive special examination might identify. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

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# Headlines

## The Quality Report

The Quality Report is a mandatory part of a foundation trust's Annual Report. Its specific aim is to encourage and improve the foundation trust's public accountability for the quality of the care it provides. It allows leaders, clinicians, governors and staff to show their commitment to continuous, evidence-based quality improvement, and to explain progress to the public.

## Purpose of this report

This report to governors summarises the results of our independent assurance engagement on your Quality Report. It is issued in conjunction with our signed limited assurance report, which is published within the Quality Report section of the Trust's Annual Report for the year ended 31 March 2018.

In addition, this report provides the findings of our work on the indicator you selected for us to perform additional substantive testing on to support your governance responsibilities.

In performing this work, we followed NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18' ('Guidance').

The output from our work is a limited assurance opinion on whether anything 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 2017/18' and supporting guidance;
- the Quality Report is not consistent, in all material respects, with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report have not been reasonably stated, in all material respects, in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

## Conclusion

Our work on your Quality Report is substantially complete although we are finalising our procedures in respect of:

- checking the final version of the Quality Report, reflecting changes discussed with management
- reviewing feedback from stakeholders to ensure that it is reflected in the final version of the Quality Report
- obtaining a letter of representation from management

Subject to this, we are proposing to issue an unqualified opinion on your Quality Report.

The text of our proposed limited assurance report can be found at Appendix C.

## Key messages

- We confirm that the Quality Report has been prepared in all material respects in line with the requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.
- We confirm that the Quality Report is not materially inconsistent with the sources specified in NHS Improvement's Guidance.
- Our testing of two indicators included in the Quality Report found no evidence that these two indicators were not reasonably stated, in all material respects, in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.
- Our testing of the indicator selected by the governors found no evidence that this indicator was not reasonably stated, in all material respects, in accordance with relevant guidelines on calculation. In line with NHS Improvement's Guidance, we do not express any assurance in respect of this indicator.

We have made a recommendation for improvement in relation to the data validation process of Haemato oncology referral to treatment pathways, which we have discussed and agreed with management. This can be found at Appendix A.

## Acknowledgements

We would like to thank the Trust staff for their co-operation in completing this engagement.

# Compliance with regulations

We checked that the Quality Report had been prepared in line with the requirements set out in the 'NHS foundation trust annual reporting manual 2017/18 and supporting guidance.

Requirement	Work performed	Conclusion
Compliance with regulations	We reviewed the content of the Quality Report against the requirements of the 'NHS foundation trust annual reporting manual 2017/18' and the supporting guidance 'Detailed requirements for quality reports for foundation trusts 2017/18'.	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 2018, 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 2017/18 and supporting guidance.
Consistency with other sources of information	We reviewed the content of the Quality Report for consistency with specified documentation, set out in the auditor's guidance provided by NHS Improvement. This includes the board minutes and papers for the year, feedback received on the Quality Report, survey results from staff and patients and the Head of Internal Audit opinion.	<p>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 2018, the Quality Report is not consistent, in all material respects, with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'.</p> <p>At the time of writing the Trust is still awaiting receipt of feedback from some stakeholders and the national staff survey results.</p>
Other checks	We also checked the Quality Report to ensure that the Trust's process for identifying and engaging stakeholders in the preparation of the Quality Report has resulted in appropriate consultation with patients, governors, commissioners, regulators and any other key stakeholders.	Overall, we concluded that the process has resulted in appropriate consultation.

# Data quality of reported performance indicators

We undertook substantive testing on certain indicators in the Quality Report.

## Selecting performance indicators for review

The Trust is required to obtain assurance from its auditors over three indicators.

NHS Improvement requires that we select two indicators in a prescribed order of preference from the list of four mandated indicators that are relevant to this Trust. Two of the four indicators were not applicable to the Trust. These were percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge and Summary Hospital-level Mortality Indicator.

These two indicators are subject to a limited assurance opinion in line with the requirements set by NHS Improvement. We have to report on whether there is evidence to suggest that they have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

In line with the auditor guidance, we have reviewed the following indicators:

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period selected as the first priority from the subset of mandated indicators
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers selected as the second priority from the subset of mandated indicators.

In 2017/18, NHS foundation trusts also need to obtain assurance through substantive sample testing over one additional local indicator included in the Quality Report, selected by the governors of the Trust. Although the Trust's external auditors are required to undertake the work, this indicator does not form part of the limited assurance report.

In line with the auditor guidance, we have reviewed the following local indicator:

- 30 day mortality rate (radical chemotherapy). This was selected by the Council of Governors at their January 2018 meeting.

# Data quality of reported performance indicators – Indicators subject to limited assurance report

Indicator & Definition	Indicator outcome	Work performed	Conclusion
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period	Target: 92% Performance: 96.3%	<p>We documented and walked through the process used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Report reconciled to the underlying data.</p> <p>We then tested a sample of 25 items in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation of the indicator was in accordance with the definition.</p> <p>Included within our sample was a number of patients who were recorded in the source data as residing outside of England, who were reviewed to ensure the completeness of the indicator. We also tested a number of patients whose pathway clock was stopped during week 17 to gain assurance over the timeliness and accuracy of the indicator.</p>	<p>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 2018, the indicator has not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.</p> <p>Whilst we did not identify any errors, we have made a recommendations to the Trust in relation to the data validation processes over the Haemato oncology service pathways, which were transferred to the Trust in 2017/18. This is set out in the Action Plan.</p>

# Data quality of reported performance indicators – Indicators subject to limited assurance report

Indicator & Definition	Indicator outcome	Work performed	Conclusion
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers	Target: 85% Performance: 79.3%	<p>We documented and walked through the process used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Report reconciled to the underlying data.</p> <p>We then tested a sample of 20 items in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation of the indicator was in accordance with the definition.</p> <p>As part of our sample we tested a number of patients recorded in the source data as being a NHS Cancer Referral, this was to ensure the completeness of the reported indicator. We also tested a number of patients who were treated on day 62 to test the accuracy and timeliness of the data.</p>	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 2018, the indicator has not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

# Data quality of reported performance indicators – Local indicator not subject to limited assurance report

Indicator & Definition	Indicator outcome	Work performed	Conclusion
<p>30 day mortality rate (radical chemotherapy)</p> <p>In line with the requirements of NHS Improvement's guidance, this indicator is not subject to a limited assurance opinion. We do not provide the governors with any formal assurance in relation to whether this indicator is fairly stated.</p>	<p>Target: N/a</p> <p>Performance: 0.67%</p>	<p>We documented and walked through the process used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Report reconciled to the underlying data.</p> <p>We then tested a sample of 20 items in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation of the indicator was in accordance with the definition.</p> <p>As part of our sample testing we ensured that all the data recorded in the patient administration system agreed to the source data used to compile the indicator.</p>	<p>Based on the results of our procedures we did not identify any material issues in relation to the calculation of this indicator or the six dimensions of data quality.</p>



# Fees



## Fees for our work on the Quality Report

We confirm below our final fees charged for this work.

	Proposed fee	Final fee
Assurance on your Quality Report	£4,000	£4,000

# Action plan

We have identified 1 recommendation as a result of issues identified during the course of our work on the Trust's Quality Report. We have agreed our recommendations with management and we will report on progress on these recommendations during 2018/19.

Assessment	Issue and risk	Recommendations	Management response
 	<p>During our testing of the Referral to Treatment indicator we had difficulty obtaining the patient records relating to the Haemato-oncology service patients who form part of the service transferred to the Trust during 2017/18.</p> <p>We found that these patients are not validated by the same waiting times team as the rest of the indicator population due to being held in a different patient administration system.</p> <p>If the Haemato-oncology service patients are not validated in the same way as other patients, there is a risk that the data quality may be affected.</p>	<p>Management should review the processes used to validate these patients and consider aligning them with the same processes undertaken on the rest of the patients on this type of pathway.</p>	<p><b>Management response</b></p> <p>There is a planned improvement to the referral to treatment data capture which involves the haemato-oncology service being transferred onto the Trust EPR system via a phased approach. It is anticipated that transfer will be in place by October 2018.</p> <p><b>Responsible officer</b></p> <p>Barney Schofield, Director of Operations &amp; Transformation</p> <p><b>Due date</b></p> <p>October 2018</p>

## Assessment

- Significant deficiency – issue leading to qualification of limited assurance report or risk of significant misstatement
- Deficiency – issue for improvement in processes or risk of inconsequential misstatement

# Form of limited assurance report

## Independent Practitioner's Limited Assurance Report to the Council of Governors of The Clatterbridge Cancer Centre NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of The Clatterbridge Cancer Centre NHS Foundation Trust to perform an independent limited assurance engagement in respect of The Clatterbridge Cancer Centre NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and additional supporting guidance in the 'Detailed requirements for quality reports 2017/18' (the 'Criteria').

### Scope and subject matter

The indicators for the year ended 31 March 2018 subject to the limited assurance engagement 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  
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers  
We refer to these national priority indicators collectively as the 'Indicators'.

### Respective responsibilities of the directors and Practitioner

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 2017/18' and supporting guidance 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 2017/18' and supporting guidance; the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'; 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 2017/18' and supporting guidance and the six dimensions of data quality set out in the "Detailed requirements for external assurance for quality reports 2017/18".

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance, 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:

- Board minutes for the period 1 April 2017 to May 2018;
- papers relating to quality reported to the Board over the period 1 April 2017 May 2018;
- feedback from commissioners dated May 2018
- feedback from governors dated 1 April to May 2018
- feedback from local Healthwatch organisations dated May 2018;
- feedback from the Overview and Scrutiny Committee dated 15 May 2018;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, dated May 2018;

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# Form of limited assurance report

the national patient survey dated 2017;  
the national staff survey dated May 2018;  
the Care Quality Commission inspection report dated 1 February 2017;  
the Head of Internal Audit's annual opinion over the Trust's control environment dated March 2018; and  
any other information obtained during our limited assurance engagement .

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.

The firm applies International Standard on Quality Control 1 (Revised) and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

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 The Clatterbridge Cancer Centre NHS Foundation Trust as a body, to assist the Council of Governors in reporting The Clatterbridge Cancer Centre 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 2018, 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 The Clatterbridge Cancer Centre 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 indicators tested against supporting documentation

comparing the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance to the categories reported in the Quality Report; and  
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.

# Form of limited assurance report

## 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 that 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 2017/18' and supporting guidance.

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

Our audit work on the financial statements of The Clatterbridge Cancer Centre NHS Foundation Trust is carried out in accordance with our statutory obligations. This engagement will not be treated as having any effect on our separate duties and responsibilities as The Clatterbridge Cancer Centre NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to The Clatterbridge Cancer Centre NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to The Clatterbridge Cancer Centre NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of The Clatterbridge Cancer Centre NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than The Clatterbridge Cancer Centre NHS Foundation Trust and The Clatterbridge Cancer Centre NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

## Conclusion

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018: 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 2017/18' and supporting guidance; the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'; and the indicators in the Quality Report identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

*Signature to be added*

Grant Thornton UK LLP  
Chartered Accountants  
Manchester

Date to be added



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