

**PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE**

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 18 June 2024 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Financial Assurance Report |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Huw Thomas, Director of Finance |
| SWYDDOG ADRODD: REPORTING OFFICER: | Tim John, Senior Finance Business Partner (Accounting & Statutory Reporting) |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Audit and Risk Assurance Committee (ARAC) requires assurance on a number of financial areas as outlined in the body of the report.

Cefndir / Background

The Standing Orders require that ARAC provides assurance to the Board that the University Health Board's assurance processes are operating effectively. Critical to this is Financial Assurance, which cannot be measured only by the UHB's main finance report and requires further information in order to assess the control environment in place; the risk assessment and management process; and the control activities.

Asesiad / Assessment

This report outlines the assurances which can be provided to the Committee.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to:

- Discuss and note the report

| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | |
|---|---|
| Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor: | 2.4 The Committee's principal duties encompass the following: 2.4.2 Seek assurance that the systems for financial reporting to Board, including those of budgetary control, are effective, and that financial systems processes and controls are operating. 3.10 The Committee will be responsible for reviewing the UHB's Standing Orders and Standing Financial Instructions and Scheme of Delegation annually, (including associated framework documents as appropriate), monitoring compliance, and reporting any proposed changes to the Board for consideration and approval. 3.13 Approve the writing-off of losses or the making of special payments within delegated limits. 3.15 Receive a report on all Single Tender Actions and extensions of contracts. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | BAF SO9-PR20 BAF SO10-PR33 |
| Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com) | Not Applicable |
| Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com) | Not Applicable |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | 6. Sustainable use of resources |
| Amcanion Cynllunio Planning Objectives | 2c Workforce and OD strategy 6a Clinical services plan 8c Financial Roadmap |
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022 | 10. Not Applicable |

| Gwybodaeth Ychwanegol: Further Information: | |
|--|---|
| Ar sail tystiolaeth: Evidence Base: | Monitoring returns to Welsh Government based on the Health Board's financial reporting system. Activity recorded in the AR and AP modules of the Oracle |

| | |
|--|---|
| | business system and activity recorded in the procurement Bravo system. |
| Rhestr Termiau: Glossary of Terms: | <p>AP - Accounts Payable AR – Accounts Receivable BGH – Bronglais General Hospital BT PSBA – British Telecom Public Sector Broadband Aggregation CF – Counter Fraud COS – Contracted Out Service VAT EOY – End of Year ERs NI – Employers National Insurance GGH – Glangwili General Hospital HMRC – His Majesty’s Revenue and Customs IFRS – International Financial Reporting Standards NWSSP – NHS Wales Shared Services Partnership PID – Patient Identifiable Data PO – Purchase Order POL – Probability of Loss PPH – Prince Philip Hospital PSPP – Public Sector Payment Policy SFI – Standing Financial Instructions SLA – Service Level Agreement STA – Single Tender Action VAT – Value Added Tax WGH – Worthybush General Hospital WRP – Welsh Risk Pool</p> |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee: | <p>UHB’s Finance Team UHB’s Management Team</p> |

| | |
|---|--|
| Effaith: (rhaid cwblhau) | |
| Impact: (must be completed) | |
| Ariannol / Gwerth am Arian: Financial / Service: | Financial implications are inherent within the report. |
| Ansawdd / Gofal Claf: Quality / Patient Care: | Risk to our financial position affects our ability to discharge timely and effective care to patients. |
| Gweithlu: Workforce: | Overpayments are reported within this report. |
| Risg: Risk: | Financial risks are detailed in the report. |
| Cyfreithiol: Legal: | The UHB has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year. |
| Enw Da: Reputational: | Adverse variance against the UHB’s financial plan will affect our reputation with Welsh Government, Audit Wales and with external stakeholders. |

| | |
|------------------------------------|----------------|
| Gyfrinachedd: Privacy: | Not Applicable |
| Cydraddoldeb: Equality: | Not Applicable |

1.1 Purpose

- The purpose of this report is to outline the financial assurances which the Audit & Risk Assurance Committee requires.
- The framework agreed is included below in Figure 1, and the remainder of the report is based on this.

| Figure 1: Compliance requirements for the Audit and Risk Assurance Committee | | |
|---|--|---|
| Compliance requirement | Reporting | Frequency |
| Scheme of delegation changes | <ul style="list-style-type: none"> • Exception reporting for approval | As and when |
| Compliance with Purchase to Pay requirements | <ul style="list-style-type: none"> • Breaches of the No PO, No Pay policy • Instructions for noting • Public Sector Payment Policy (PSPP) compliance • Tenders awarded for noting • Single tender action | Bi-monthly |
| Compliance with Income to Cash requirements | <ul style="list-style-type: none"> • Overpayments of staff salaries and recovery procedures for noting | Bi-monthly |
| Losses & Special payments and Write offs | <ul style="list-style-type: none"> • Write off schedule • Approval of losses and special payments | Bi-monthly |
| Compliance with Capital requirements | <ul style="list-style-type: none"> • Scheme of delegation approval for capital | Following approval of annual capital plan |
| Compliance with Tax requirements | <ul style="list-style-type: none"> • Compliance with VAT requirements • Compliance with employment taxes | Bi-monthly |
| Compliance with Reporting requirements | <ul style="list-style-type: none"> • Changes in accounting practices and policies • Agree final accounts timetable and plans • Review of annual accounts progress • Review of audited annual accounts and financial statements | Annually |

2.1 Scheme of delegation changes

No changes.

2.2 Compliance with Purchase to Pay Requirements

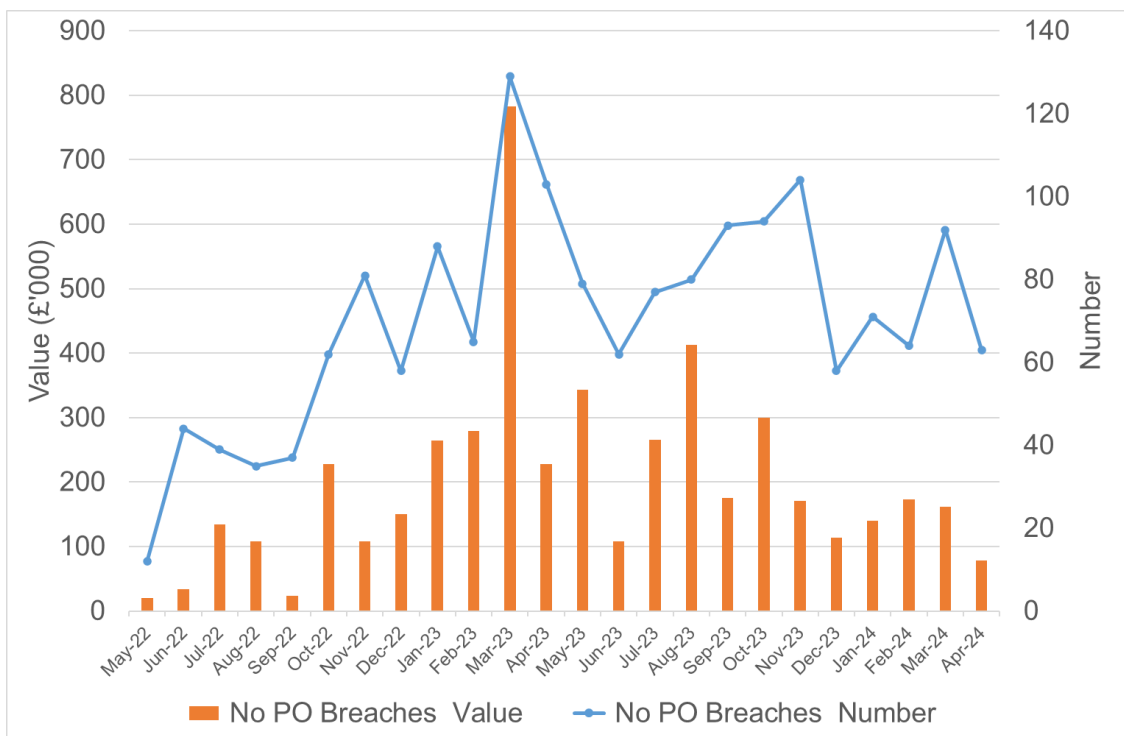
2.2.1 Breaches of the No PO, No Pay Policy

The Health Board has adopted the All Wales No PO, No Pay Policy, which will ensure that all non-pay expenditure (unless listed as an exception) is procured and receipted through the Oracle system.

Figure 1 below illustrates the numbers and value of breaches against the No PO, No Pay policy. For the month of April 2024 there were a total of 63 breaches with a combined value of £78k. This compares to a total of 92 breaches with a combined value of £162k for March 2024.

The cumulative position as at end of April 2024 was a total of 238 breaches with a combined value of £215k. This compares to the cumulative position of 236 breaches in total with a combined value of £351k as at the end of March 2024.

Figure 1: No PO No Pay Breaches



Improving compliance with the No PO No Pay Policy

During this reporting period the Core Processing Team (CPT), Business Partners and Procurement have been undertaking further work collaboratively to address these holds and improve housekeeping.

An All-Wales P2P Governance group has been set up since the closure of the Finance Academy P2P group. The Purchase to Pay policy has been revised and the No PO No Pay Exemption list has been reviewed and will be submitted for approval at the next Shared Services Partnership Committee.

In addition, a Senior Procurement Business Manager has been undertaking a project to look at how the Health Board could improve compliance with the No PO No Pay policy. A brief summary of the work, findings and recommendations are set out below.

Benchmarking the current position of HDdUHB against a comparable Health Board (of a similar size which pays a similar number of invoices) provided an insight into how well the organisation complies with the policy. This looked positive, however on closer investigation, it transpires that HDdUHB raises a significant number of retrospective/confirmation orders every year. This is when departments place an order directly with a supplier, receive the invoice and then raise the requisition after the goods/service have been delivered therefore circumventing and breaching the No PO No Pay policy.

| Reference | HDDUHB | Other HB |
|--------------------------------|-------------|-------------|
| No PO | 976 | 2068 |
| Confirmation Order (under £5k) | 2744 | 690 |
| Grand Total | 3720 | 2758 |

Processing mapping for both the No PO and the standard non catalogue process was completed with staff costs attributed to each stage. This showed that, over a 12-month period, invoices received without a valid purchase order number cost HDdUHB circa £14k in unnecessary administrative tasks.

Three questionnaires were issued with a good response rate to understand if requisitioners, approvers and suppliers were aware of the policy, Standing Financial Instructions (SFIs) and retrospective orders the results were as follows:

Requisitioners

33% of responders were not aware of the No PO No Pay Policy

67% of responders were not aware of the SFIs

25% of responders did not think that raising a retrospective order was a breach of the No PO No Pay Policy

Approvers

8% of responders were not aware of the No PO No Pay Policy

8% of responders were not aware of the SFIs

Only 1 responder did not think that raising a retrospective order was a breach of the No PO No Pay Policy

Suppliers

5% of responders were not aware of the No PO No Pay Policy

40% of responders did not think it was their responsibility to ensure a PO number is obtained prior to providing goods or services

A total of 16 options were initially reviewed as part of the project with five being ruled out following initial SWOT analysis where the weaknesses and threats outweighed the strengths and opportunities. The remaining options were then risk assessed resulting in six clear recommendations which will not only improve the compliance to the No PO No Pay policy but also have additional benefits including, improved stakeholder relationships, improved supplier relationships, prompter payments to suppliers and improved accuracy of the financial position.

Recommendations:

1. Send No PO No Pay policy as part of supplier set up
2. Include the No PO No Pay policy as a mandatory pass/fail option on all quote and tender exercises
3. Design and deliver a procurement education programme for all departments
4. Remove Payment of Invoice lines from the Oracle catalogue (this is linked to the creation of retrospective orders)
5. Where appropriate, introduce call off orders to reduce retrospective orders
6. Implement category strategies for key areas

An implementation plan is being developed.

Recommendations 1 and 2 are easy to implement and will be done in June 2024.

Recommendation 3 – training has already incurred in some areas eg Estates.

This will be reviewed and rolled out across other departments.

Further detail will be provided once the implementation plan is completed.

Below is a list of suppliers who frequently fail to provide a valid Purchase Order on submitted invoices, the number and value of these invoices on a cumulative basis and the actions being taken to improve:

| Supplier | No. of Invoices | £ |
|-----------------------------|-----------------|-----------|
| JUST WALES LTD | 29 | 21,753.90 |
| DIRECT HEALTHCARE GROUP LTD | 17 | 21,619.20 |
| GLOBE LOCUMS LTD | 17 | 19,530.00 |
| MEDTRONIC LTD | 17 | 15,221.07 |

| Supplier | Actions to improve: |
|-----------------------------|---|
| JUST WALES LTD | Use of alternative supplier (Health Courier Services (HCS)) |
| DIRECT HEALTHCARE GROUP LTD | Health Board has now changed supplier to Medstrom |

| | |
|------------------|--|
| GLOBE LOCUMS LTD | Accounts Payable – annual supplier statement review ongoing CPT have been liaising with the service to remind them of the importance of following the P2P process and raising a PO prior to booking |
| MEDTRONIC LTD | Accounts Payable – annual supplier statement review ongoing |

2.2.2 Public Sector Payment Policy (PSPP) Compliance

The Health Board has a statutory responsibility to pay 95% of its non-NHS invoices within 30 days.

The Health Board successfully achieved its monthly PSPP target of paying 95% of non-NHS invoices for the month of April 2024 achieving 96.34%.

Regarding the payment of NHS invoices, the Health Board paid 85.00% of these within 30 days for the month of April 2024.

The Core Processing Team is continuing to spend time chasing budget holders to authorise invoices promptly as e-mail requests from NWSSP Accounts Payable are often ignored.

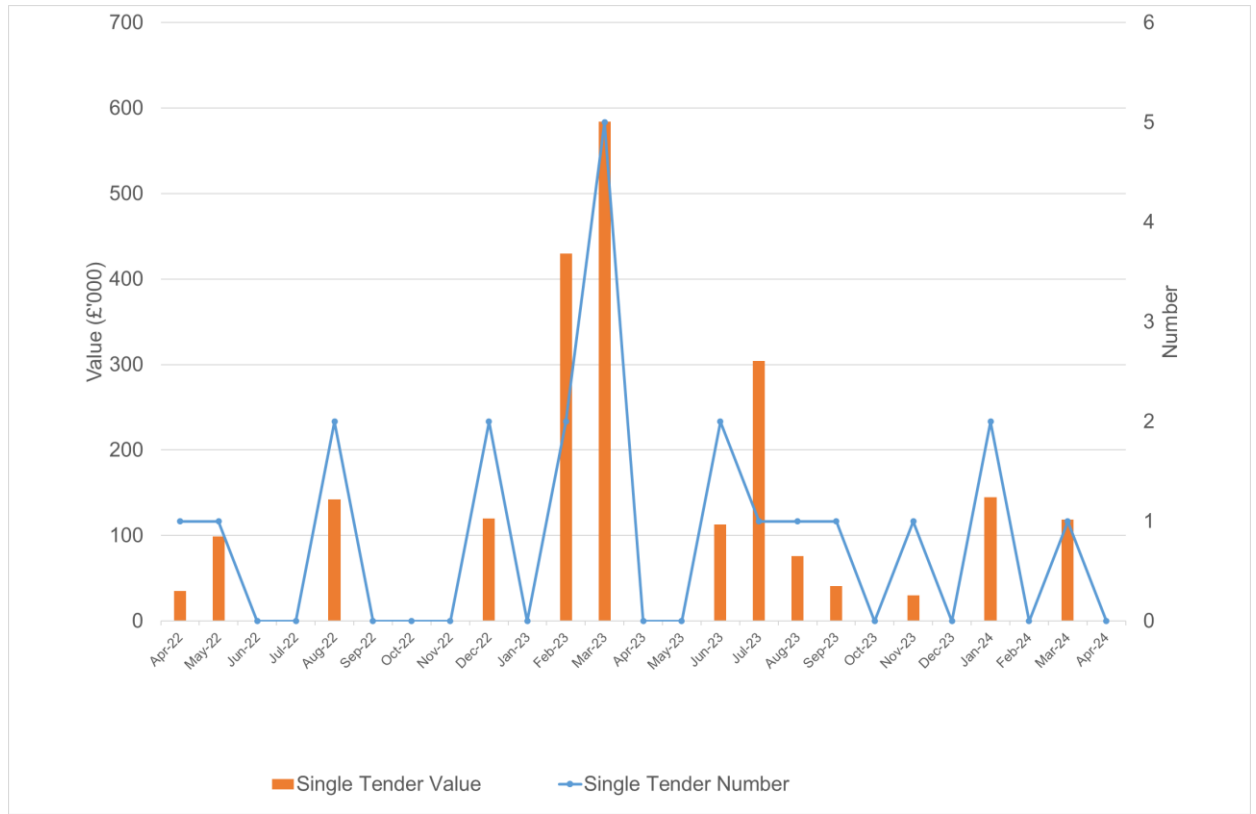
2.2.3 Single Tender Actions

The use of single tender waivers is carefully managed and controlled by the Health Board.

There were no Single Tender Actions (in excess of £25,000) during April 2024.

The graph below (Figure 2) shows the trend of all Single Tender Actions (STA) approved from 1 June 2022 to 30 April 2024.

Figure 2: Numbers and value of Single Tender Actions



2.2.4 Tenders Awarded

During April 2024 there were two contracts awarded totalling £64,135 (in excess of £25,000). Neither contract was a direct award through framework.

Details of these contracts are provided in Appendix 1.

2.2.5 Consultancy contracts

No consultancy contracts were awarded during April 2024.

2.2.6 Response to the review of historic contracting and procurement issues

Following the review undertaken by the Director of Corporate Governance into historic contracting and procurement issues, the following controls have been implemented:

1. All new approaches to market is managed through the Procurement team. New tenders or direct awards are reported on a weekly basis through the Financial Control Group and are subject to approval from that Group.
2. The Financial Control Group is chaired by the Director of Finance, but any activity relating to his areas of expenditure are noted and the conflict of interest duly noted. He does not participate in discussions on these items unless asked to explain factual issues by other Directors present.

3. In line with the Scheme of Delegation, any activity exceeding the delegation of the Executives is reported to the Sustainable Resources Committee and Board.
4. Areas which potentially relate to consultancy activity are separately considered and subject to scrutiny by the Assistant Director of Finance who will advise accordingly.
5. The use of the GCloud framework is carefully controlled through Procurement and is managed with the same rigour and control as the use of Single Tender Waivers.
6. A summary of procurement activity is reported to ARAC; which includes the use of consultancy, GCloud and Single Tender Waivers.

2.3 Compliance with Income to Cash

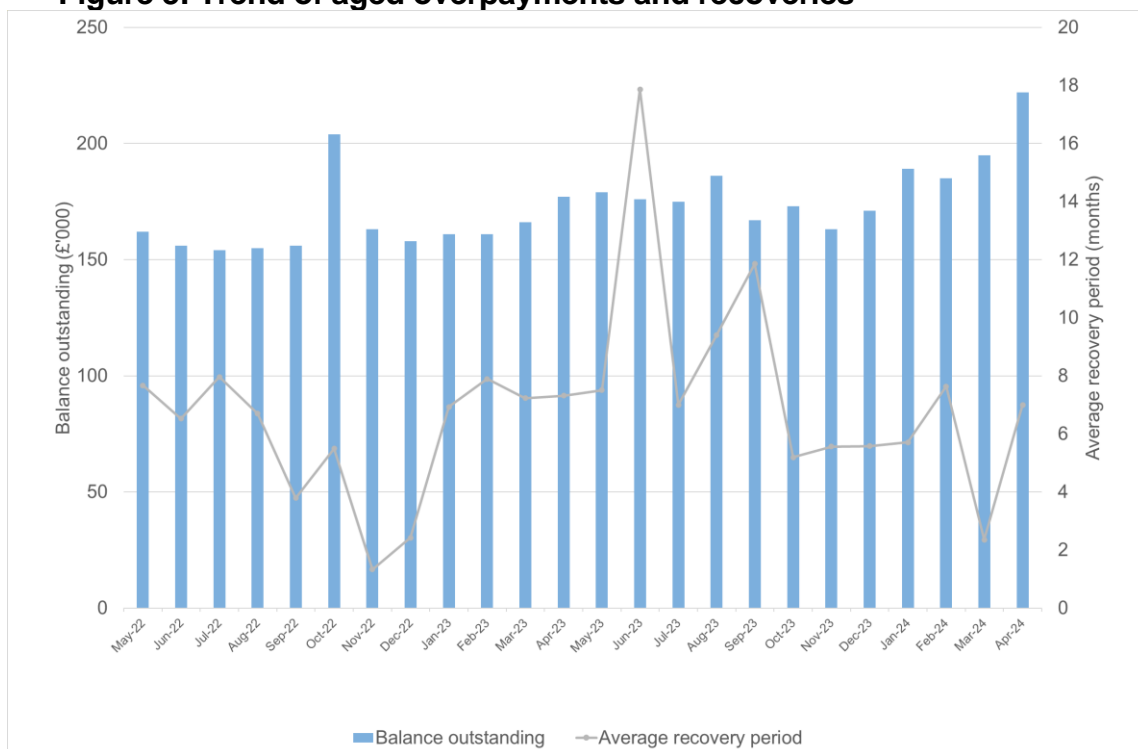
2.3.1 Overpayment of Salaries

Appendix 2 shows the volume and value of invoices raised in respect of overpayments for the period 1 April to 30 April 2024; 18 cases totalling £40,604.

The graph below (Figure 3) demonstrates the total balance outstanding against the average recovery period. The average recovery period reflects the number of debts settled in the current period only. The total value raised in the period ended 30 April 2024 was £41k compared to £59k in the period ended 31 March 2024.

The overall debt balance has increased to £222k at the end of April 2024 compared to £195k at the end of March 2024, with the average recovery period increasing to seven months at the end of this period, compared to two months at the end of the previous period. The increases relate to a change in the invoicing process following the introduction of an Overpayments dashboard.

Figure 3: Trend of aged overpayments and recoveries

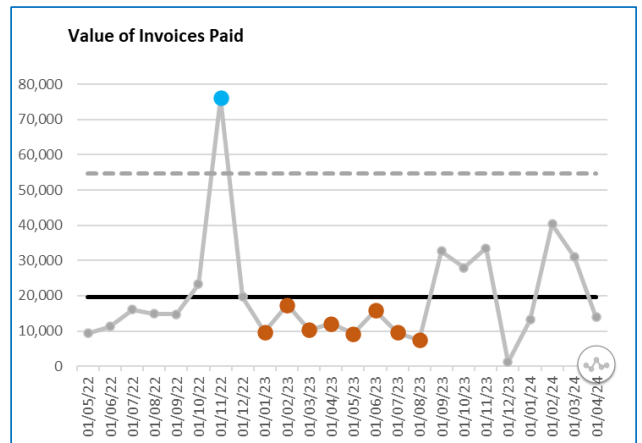
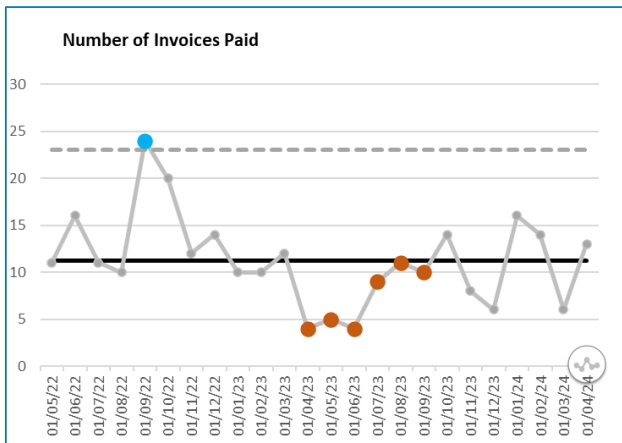
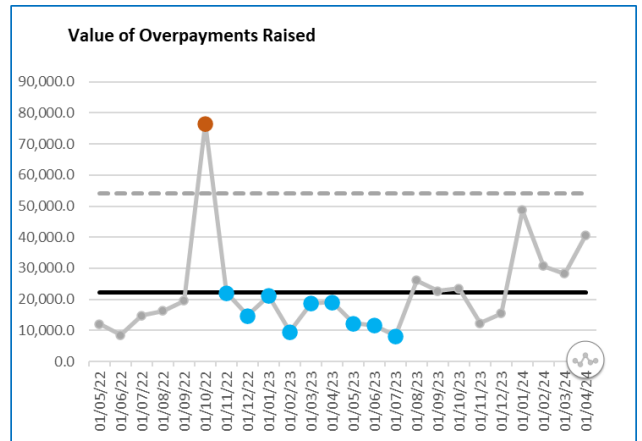
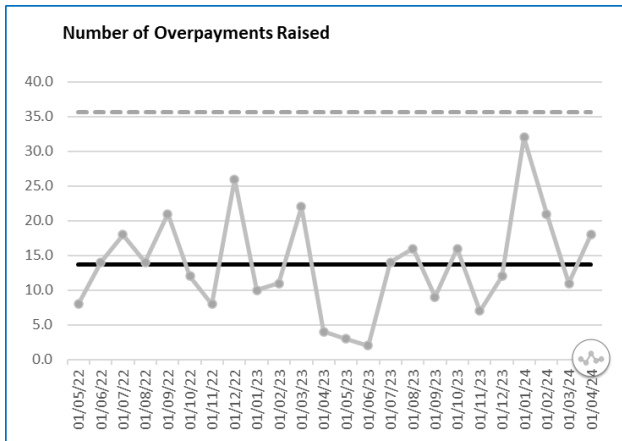


Further statistical analysis in respect of the overpayment of salaries is provided below:

The four charts below show the number and volume of invoices raised by the Health Board in respect of the overpayment of salaries during the period May 2022 to April 2024.

The rate at which the invoices have been raised varies based on the information gathered by the Payroll Department. The average number of invoices raised has increased to 14 invoices compared to 13 invoices raised at the end of the last period in March 2024 and the average value per month has also increased to £22k from £20k when compared to the same period.

The rate at which the Health Board receives payment for these invoices has remained at the same average of 11 when compared to the end of the last period. The average of 11 invoices are paid per month but the average value recovered has increased from £19k to £20k since the end of March 2024.



2.3.2 Underpayment of salaries

NWSSP have provided details of emergency payments requested and paid in April 2024 for underpaid salaries, the total of which was £25,270. Reasons for salary underpayments include:

- Wrong bank account details provided
- Incorrect recording of sick leave
- Late Authorisation of payment sent
- Incorrect Change forms

2.4 Losses and Special Payments for Approval

2.4.1 General Losses and Special Payments

Losses and special payments require the Audit & Risk Assurance Committee's approval given their contentious nature. There are no write-offs over £5k requiring the Committee's approval.

Losses and write offs under £5k, as per requirement under FP02 – Income and Cash Collection, have been presented and approved by Director of Finance and Chief Executive. In total these amounted to £11,485.

2.5 Compliance with Capital Requirements

The Health Board is now required to make payments for new major capital schemes through a Project Bank Account (PBA).

As previously advised, two separate project bank accounts (Glangwili Fire Enforcement Phase 1 and Withybush Fire Enforcement Decant Ward Projects) were set up by the supply chain partner IHP and issues were identified with IHP's operation of these accounts.

A detailed update was provided at the February meeting outlining the issues being encountered and actions being taken. The Health Board continues to work with Welsh Government to resolve these issues. However, this is not impacting on operational delivery.

There is no update to provide further to that of February; any further updates will be provided as additional information becomes available.

2.6 Compliance with Tax Requirements

2.6.1 Compliance with VAT Requirements

Updates regarding existing matters are set out in the following table:

| Key VAT issue | Update |
|--|---|
| <p>BT PSBA network – VAT recovery non-statutory clearance request</p> | <p>HMRC has been considering the recoverability of VAT charged on service charges connected with the all-Wales PSBA data network.</p> <p>In April 2024, the Health Board, through its VAT advisors, returned a response to the latest request for information from HMRC. The Health Board currently awaits HMRC’s response.</p> <p>The Health Board continues to recover the VAT in question in full based on the advice of its advisors. VAT potentially at risk of repayment to HMRC currently amounts to £187k. A provision has not been recognised in respect of this potential liability as it continues to be considered as possible, rather than probable.</p> |
| <p>Capital Front of House Scheme (Bronglais Hospital)</p> | <p>The Health Board continues to await HMRC’s decision on whether to accept the Health Board’s current VAT recovery position in respect of this scheme or raise a formal assessment for VAT which it believes has been over-claimed by the Health Board. Any VAT which may become repayable to HMRC has been fully provided.</p> <p>In an update received in April 2024, HMRC confirmed that it is still considering its position in light of challenges received from other customers regarding the VAT recovery assessment process for schemes under the Designed for Life capital framework.</p> |

2.6.2 Compliance with Employment Tax Requirements

No updates or issues to report.

2.7 Compliance with reporting requirements

IFRS 17 – Insurance Contracts. IFRS 17 Insurance contracts will be applicable in the public sector from 1 April 2025. The standard requires full retrospective adoption, so the transition date will be 1 April 2024 and it will have an impact on the accounting treatment for any organisation that has issued, or issues, a contract that meets the definition of an insurance contract.

Initial indications are that the Health Board is unlikely to have issued any insurance contracts, but application guidance is currently being reviewed in conjunction with Audit Wales and the position will be confirmed during production of the year end accounts.

Annual Accounts 2023/24 – the draft Accounts were submitted on 3 May 2024 and together with the draft Remuneration Report, Accountability Report and Performance Report were presented to ARAC on 9 May 2024. In response to the Finance team’s presentation, a request was made for further details on the 20% increase in clinical negligence claims for 2023/24, which are provided in Appendix 3.

Audit Wales are currently undertaking their review of the draft accounts.

Audit Wales are proposing audit certification of the 2023/24 annual accounts by **15 July 2024**.

Further enhancement of the Health Board’s operational financial control environment has been undertaken under the stewardship of the Financial Control Sub-Group (FCSG). Details are provided in Appendix 4

The Healthcare Financial Management Association (HFMA) has produced a guide *The external audit: best practice in working well together 05 April 2024*. (Appendix 5) There are elements that are specific to NHS England but there are also some useful pointers of what the required basics for an effective external audit are as set out in Figure 3 of Appendix 5. The Health Board and the Audit Wales team are already doing much of this but will consider what improvements can be made as part of the lessons learnt process following this year’s audit.

2.8 Financial Compliance

As previously detailed, the Finance Team, in conjunction with NWSSP is developing a reporting pack in respect of financial compliance.

The key systems feeds and journal processes have been mapped and the Accounts Payable system and Pharmacy system reviews have been undertaken and completed. In addition, the Budgetary Control Process key controls have also been incorporated into the Accounts Payable documentation. Work has commenced on the Budget Setting System and documenting the controls within multiple month end processes.

3.1 Recommendations

The Audit and Risk Assurance Committee is asked to:

- Discuss and note the report

Appendix 1: Contracts awarded (including direct awards through framework) – current report period

| Contracts awarded post competitive tender | | | | | | | | | | |
|--|-------------------------------|------------------|----------------|-------------------|------------|------------|--|--|-----------|--|
| Reference | Period covered by this report | | | | | Apr-24 | Apr-24 | | | |
| | Professional Service | Supplier | Value ex VAT £ | One off or period | | Department | Description | Date of Board Approval - if applicable | Compliant | Comment |
| | | | | Start | End | | | | | |
| HDD-RFQ-55642 | Yes | Lee Wakemans Ltd | £28,945 | 15/04/2024 | 20/06/2026 | Estates | QS Professional Services for Aseptics Capital Project at Withybush & Bronglais General Hospitals | N/a | Yes | Following a competitive tender, Lee Wakemans Ltd were awarded a 24-month contract for QS Professional Services for Aseptics Capital Project at Withybush & Bronglais General Hospitals. This contract award does not allow for an extension. |
| HDD-RFQ-55583 | Yes | SABA Consult Ltd | £35,190 | 15/04/2024 | 20/06/2026 | Estates | Mechanical and Electrical Engineering Professional | N/a | Yes | Following a competitive tender, SABA Consult Ltd were awarded a 24- |

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | Services for Aseptics Capital Project at Withybush & Bronglais General Hospitals | | | month contract for Mechanical and Electrical Engineering Professional Services for Aseptics Capital Project at Withybush & Bronglais General Hospitals. This contract award does not allow for an extension. |
|--|--|--|--|--|--|--|--|--|--|--|

Appendix 2: Overpayment of Salaries

| Period covered by this report: Apr-24 | | | |
|---------------------------------------|----------------------------------|------------------|--------------------|
| Ref | Reason for Overpayment | Value (£) | Number of invoices |
| 1 | Processing Error | 1,072.69 | 1 |
| 2 | Late Notification of Changes | 1,775.14 | 3 |
| 3 | Late Notification of Termination | 29,136.71 | 12 |
| 4 | Late Notification of Absence | 8,619.55 | 2 |
| | | | |
| | | 40,604.09 | 18 |

Appendix 3: Clinical Negligence

| <u>Cases Summary</u> | <u>2023/2024</u> | | | <u>2022/2023</u> | | |
|-----------------------------|------------------------|------------------------|-----------------------|------------------------|------------------------|-----------------------|
| | <u>Number of cases</u> | <u>Provision £'000</u> | <u>Avg/Case £'000</u> | <u>Number of cases</u> | <u>Provision £'000</u> | <u>Avg/Case £'000</u> |
| <u>Clinical Negligence:</u> | | | | | | |
| CN - Secondary Care | 212 | £73,473,628 | £347 | 197 | £85,945,696 | £436 |
| Redress - Secondary Care | 105 | £953,868 | £9 | 85 | £1,012,524 | £12 |
| Primary Care | 34 | £771,226 | £23 | 12 | £176,898 | £15 |
| | 351 | £75,198,721 | £214 | 294 | £87,135,118 | £296 |

Appendix 4: Enhancement of operational financial control environment

Financial improvement measures

(FCSG: Financial Control Sub Group)

| Area | Further scrutiny |
|--|--|
| Admin and clerical including Estates and Ancillary | <p>If a directorate is escalated for Finance, then there is an automatic A&C / Management recruitment freeze within the directorate. There are options available to the directorate, these include:</p> <ol style="list-style-type: none"> 1. Assessing opportunities for digital improvements to reduce the need for the A&C / Management role; 2. Assessing opportunities for collaboration with other directorates to remove the need for the role; 3. Move staff from lower value activities to replace the activities undertaken in the role; 4. Forego the role as a saving to contribute toward the 5% saving. <p>In extremis, the General Manager or Executive Director will need to attend FCSG to explain why no other options can be pursued.</p> <p>Variable pay (including bank, overtime or agency) usage for this staff group is not acceptable. Services that require the use of variable pay should seek authorisation from FCSG, and the service will require a workforce plan to reduce back to zero. In extremis, the General Manager and Service Lead will need to meet with the Director of Workforce and OD and attend FCSG to explain why this cannot be achieved.</p> |
| Medical agency | <p>From 1 August, any new medical agency requests can only be agreed provided the speciality is at least 90% compliant with job planning.</p> <p>From 1 July, any new medical agency request will be required to note a live TRAC advert reference number to demonstrate active recruitment efforts are in place, or provide evidence that the JD is with the Royal College for sign-off.</p> <p>With immediate effect, Medical agency outside of the Medacs Framework is not permitted. Any requests for agency workers that do not sit on the Medacs framework will require sign off by the Medical Director prior to approval by FCSG. Evidence will be required to demonstrate that ongoing medical agency provision has been reviewed with Medacs within the last 3 months to ensure it is the most cost-effective provision. Any issues of continuity of care require a risk assessment.</p> <p>In extremis, the General Manager and Clinical Director will need to meet with the Medical Director and attend FCSG to explain why this cannot be achieved.</p> |

| | <p>Where emergency out of hours agency use is required, a written report will need to be provided to the Medical Director within 48 hours of the shift explaining why this was the only appropriate action to take, and the General Manager and Clinical Director will need to attend the next available FCSG.</p> | | | | | | | | |
|--|---|----------------------|-------------------------------|---|---|--|--|---|----------------------|
| Nurse agency | <p>From 1 August, any new nurse agency request can only be agreed provided the nursing roster has been signed off 6 weeks in advance.</p> <p>From 1 July the following escalation levels will be in place:</p> <table border="1" data-bbox="488 520 1688 740"> <thead> <tr> <th data-bbox="488 520 1088 555">Ward rated as</th> <th data-bbox="1088 520 1688 555">Authorisation required</th> </tr> </thead> <tbody> <tr> <td data-bbox="488 555 1088 632">Green (0-1.5wte Vacancy) (48hrs in advance)</td> <td data-bbox="1088 555 1688 632">Head of Nursing Authorisation (or nominated deputy)</td> </tr> <tr> <td data-bbox="488 632 1088 708">Amber (1.6wte - 5wte Vacancy) (72hrs in advance)</td> <td data-bbox="1088 632 1688 708">Deputy Head of Nursing (or nominated deputy)</td> </tr> <tr> <td data-bbox="488 708 1088 740">Red (5wte+ Vacancy) (7 days in advance)</td> <td data-bbox="1088 708 1688 740">Escalation Automatic</td> </tr> </tbody> </table> <p>Variable pay requirements for enhanced patient support should only be granted in line with a risk assessment. A sample check of this process will be undertaken on a monthly basis by the Director of Nursing, with assurance provided to the Financial Control Group.</p> <p>Variable pay requirements for surge beds should only be granted in line with a risk assessment. A sample check of this process will be undertaken on a monthly basis by the Director of Nursing, with assurance provided to the Financial Control Group.</p> <p>Additional roster tiles should not be authorised without prior agreement from Head of Nursing, this agreement should be reviewed monthly. Any additional tile usage should be reported to the Director of Nursing with a report provided on a monthly basis to the Financial Control Group over usage.</p> <p>Healthcare Support Worker agency usage is not allowed.</p> <p>In all these areas, in extremis, the General Manager and Lead Nurse will need to meet with the Director of Nursing and attend FCSG to explain why these requirements cannot be achieved.</p> | Ward rated as | Authorisation required | Green (0-1.5wte Vacancy) (48hrs in advance) | Head of Nursing Authorisation (or nominated deputy) | Amber (1.6wte - 5wte Vacancy) (72hrs in advance) | Deputy Head of Nursing (or nominated deputy) | Red (5wte+ Vacancy) (7 days in advance) | Escalation Automatic |
| Ward rated as | Authorisation required | | | | | | | | |
| Green (0-1.5wte Vacancy) (48hrs in advance) | Head of Nursing Authorisation (or nominated deputy) | | | | | | | | |
| Amber (1.6wte - 5wte Vacancy) (72hrs in advance) | Deputy Head of Nursing (or nominated deputy) | | | | | | | | |
| Red (5wte+ Vacancy) (7 days in advance) | Escalation Automatic | | | | | | | | |

| | |
|---|---|
| Allied Health Professionals and Healthcare Scientists | From 1 July, every Agency request to note a live TRAC advert reference number or evidence that the JD is with job evaluation for sign off prior to authorisation to fill. AG1 authorisation will not be granted by the Director of Therapies and Health Sciences without this being complete. |
| Procurement | <p>Any purchase orders for over £5k not raised against an active contract will be reviewed by NWSSP Procurement and escalated. Where there is a cheaper alternative available, the purchase orders will be rejected by Procurement for that cheaper product unless a reasonable explanation can be provided. Any items on a catalogue, that have been ordered from other suppliers will be rejected by Procurement. A monthly report will be provided to the Director of Finance and Financial Control Group to indicate attempted exceptions.</p> <p>Any new contracts being proposed to be awarded not to the cheapest tender, will be escalated to the Director of Finance for consideration. These will be rejected unless a reasonable justification can be provided for the higher cost.</p> <p>Any breaches of the No PO No Pay policy or Standing Orders / Standing Financial Instructions will be reported to the Director of Finance on a weekly basis, with an expectation that responsible managers provide a root cause analysis of the reasons for the breach and assurance that it will not be repeated. Repeated breaches (three or more in a three-month period) will result in removal of Oracle authorisation privileges, which will be allocated to the next manager above in the hierarchy until conditions allow this to be re-delegated.</p> |
| Salary overpayments | Any salary overpayments will be reported to the Director of Workforce and OD on a weekly basis, with an expectation that responsible managers provide a root cause analysis of the reasons for the overpayment and assurance that it will not be repeated. |
| Budget underspends | There will be a rebuttable presumption that any budget underspend realised in a given month will be recorded as a non-recurrent saving in that month. Exceptions are limited to underspends realised in primary care ringfenced budgets, cluster funds, Regional Partnership Board funding, or ringfenced R&D funding where expenditure is related to grant income receipts. |



The external audit: best practice in working well together

05 April 2024



Summary

The annual external audit is not only a key statutory requirement for NHS organisations, but also provides important and valuable insights into the financial governance of the organisation. The audit process itself can be a challenging one for all involved with tight timelines and complex issues to resolve.

This briefing summarises the current audit context and shares top tips to plan for an audit that runs as smoothly as possible.

Introduction

The annual external audit is not only a key statutory requirement for NHS organisations, but also provides important and valuable insights into the financial governance of the organisation. The audit process itself can be a challenging one for all involved with tight timelines and complex issues to resolve.

The NHS England [audit and assurance guidance](#)¹ reminds NHS organisations that it is their responsibility to ensure that a quality audited annual report and accounts is prepared and submitted by the set deadlines. It emphasises that to achieve this will require working well with the external auditor.

As explored in HFMA's briefings on the [NHS external audit market](#),² the current external audit landscape is challenging with increased expectations on auditors and audit capacity issues reflected in increasing audit fees and a lack of supply in the market. NHS bodies with a good, constructive working relationship with auditors are those bodies that auditors will want to work with.

As the current year-end approaches, it is helpful to reflect on previous years' positive and negative experiences to plan for an audit that runs as smoothly as possible. This briefing aims to support members by summarising the current audit context and sharing top tips from those involved.

Background

All NHS bodies are required to produce a set of financial statements, have them audited, and publish them as part of their annual report and accounts. NHS trusts and integrated care boards (ICBs) are required to prepare their annual report and accounts in accordance with the [Group accounting manual \(GAM\)](#)³ issued by the Department of Health and Social Care (DHSC). Foundation trusts follow the GAM when preparing their financial statements but are required to prepare their annual report in accordance with the [Foundation trust annual reporting manual \(FT ARM\)](#).⁴

The annual report and accounts must be prepared and audited in line with the [DHSC timetable](#).⁵

As well as the annual report and accounts, it is management's responsibility to ensure summarisation schedules are prepared and audited in accordance with the timetable. Summarisation schedules are the method of collecting accounts data by DHSC and NHS England for accounts consolidation purposes. The content within the summarisation schedules must be consistent with the annual report and accounts, as audited by local auditors.

On completion of the audit, auditors are required to issue an auditor's annual report (AAR) bringing together all of the auditor's work over the year. The AAR should be published at the same time as the opinion on the financial statements for local NHS bodies and include a summary of the work on the accounts opinion; commentary on value for money (VFM) arrangements work; recommendations and follow up.

What is an external audit?

The statutory requirement is for both an audit of the financial statements and VFM.

The Code of audit practice (Code)⁶ sets out the work local auditors are required to do to fulfil their statutory responsibilities covering the audit of the financial statements; auditor's work on value for money arrangements; reporting; and the auditor's additional powers and responsibilities.

The 2020 Code applied to NHS audits for the first time in 2020/21, introducing significant changes to auditors' work on arrangements to secure value for money and audit reporting. A VFM commentary is required covering financial sustainability, governance and improving economy, efficiency and effectiveness. There is also the requirement to make a recommendation where significant weaknesses are identified.

This briefing focuses on the audit of the financial statements and does not consider the other Code requirements or other assurance work undertaken by auditors.

The Code requires compliance with auditing standards issued by a relevant regulatory body which is the [Financial Reporting Council \(FRC\)](#)⁷ for NHS bodies. To meet their duties in respect of the audit of the financial statements, the auditor has to comply with the *International Standards of Auditing (ISAs)*. Auditing standards for audits of financial statements include objectives for the auditor, together with requirements and related application and other explanatory material.

Quality reviews of audits are undertaken by the FRC's Audit Quality Review Team (AQRT) and ICAEW's Quality Assurance Department (QAD).

The auditor will need to obtain reasonable assurance by obtaining sufficient appropriate audit evidence to reduce audit risk to an acceptably low level. Some of the key terms involved include:

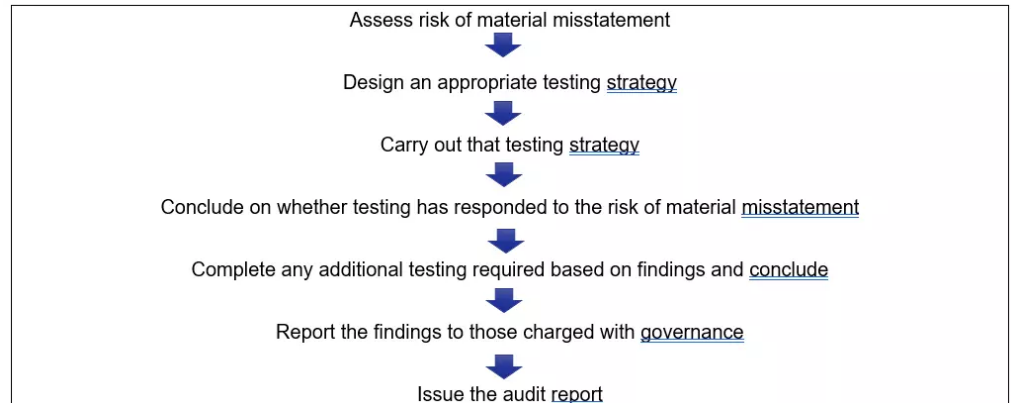
- **Audit risk (ISA 320):** the risk that the auditor expresses an inappropriate audit opinion when the financial statements are materially misstated.
- **Significant risk (ISA 315):** an identified and assessed risk of material misstatement that, in the auditor's judgment, requires special audit consideration. In accordance with *ISA 315*, the auditor will identify and assess the risks of material misstatement through understanding the entity and its environment.
- **Audit evidence (ISA 500):** information used by the auditor in arriving at the conclusions on which the auditor's opinion is based. The quantity of the audit evidence needed is affected by the auditor's assessment of the risks of material misstatement and, also by the quality of such audit evidence.
- **Materiality (ISA 320):** the auditor's determination of materiality is a matter of professional judgment - a key element being whether misstatements at that level could influence the decisions of users of the financial statements.

The revised *ISA 315 Identifying and assessing the risks of material misstatement*, effective for the audits of financial statements for periods beginning on or after 15 December 2021, is designed to drive robust and consistent risk identification and assessment. This affects the way in which auditors design and perform audit procedures and has resulted in an increased amount of work to understand and document a detailed understanding of the NHS body and the environment that it operates within.

Revisions to *ISA 240 The auditor's responsibilities relating to fraud in an audit of financial statements* have also been made to clarify expectations and add specific considerations in some areas.

The main element of the audit is the year-end audit. However, the audit is an ongoing process throughout the year and in most cases involves regular meetings and an interim audit. The key elements of the audit process are set out in **figure 1**.

Figure 1: An audit in a nutshell



On conclusion of the audit, the external audit report is issued and audited accounts submitted to NHS England. Each NHS organisation also publishes its annual report and accounts on its website. [HFMA's briefing⁸](#) provides further detail on what external audit reports mean, auditors' additional powers and duties and what action NHS organisations must take when audit reports are modified.

External audit capacity and procurement

In recent years, some NHS bodies have found it difficult to appoint an external auditor, with little or no interest being shown in invitations to tender to external audit services. There are a number of issues leading to the current issues in the NHS external audit market, some of which result from even more difficulties in the local government sector.

A number of high profile cases of audit failures has resulted in a raft of reviews of the UK audit market. A [white paper⁹](#) on the way that UK companies report on their governance and finances and changes to the audit market was published in 2021. Although not specifically aimed at NHS auditors, these inform the context for audit and provide some common themes for increased scrutiny both by auditors and of auditors.

There are a number of areas commonly identified for improvement such as judgements and estimates, valuations and the completeness of transactions. In all cases, there is often an insufficient challenge of the facts presented by management and insufficient evidence obtained.

The combination of this increased auditor regulation and audit scope, along with: constrained public sector auditor capacity; historically low audit fees; the need for audit firms to split their audit and non-audit work (with non-audit work being more

attractive); and a perception that some NHS organisations do not value the work of their auditors, means that the market is no longer as attractive as it once was.

These issues are explored further in HFMA's briefings on the [NHS external audit market](#).¹⁰

A package of cross-system measures to clear the audit backlog and put the system on a sustainable footing are set out in [Local audit delays: joint statement on update to proposals to clear the backlog and embed timely audit](#).¹¹ The joint statement emphasises: 'For these measures to achieve their intended objectives, auditors and local bodies need to work together to ensure that as many audits can be completed in full as possible.'

The NHS audit experience

Both the preparation and audit of the accounts to standard and time can be a challenge, particularly with an increase in complexity of arrangements that NHS bodies are entering into requiring increased accountancy knowledge. Examples of complex areas that add pressure and time include:

- complex subsidiaries
- sale and leaseback of assets
- property disposals
- complex valuation judgements regarding modern equivalent asset/alternative site property valuations
- PFI accounting
- specific work regarding management override of control, particularly in relation to achievement of the year end position
- accruals and provisions
- agreement of balances
- cashflow statements
- introduction of the international financial reporting standard (IFRS) 16 on leases.

Recent HFMA year-end surveys in [2022](#)¹² and [2023](#)¹³ highlight the main contributory factors leading to tensions between NHS bodies and their auditors as: a lack of understanding of each other's requirements; timetable; changes to the financial regime; workloads and staffing issues.

The length of time taken to prepare and finalise the accounts is the main concern identified by NHS bodies in the surveys. Auditors are also concerned about the quality of draft accounts and the pressure on NHS bodies to report a particular financial position.

The 2022/23 survey confirmed the application of *IFRS 16* as a new area of reporting challenge. Documentation of judgements and estimates, remuneration report disclosures (requiring interactions between multiple teams), agreement of balances and capital accounting remain key issues.

Since the preparation and audit of the 2019/20 annual report and accounts, during the first Covid-19 lockdown, significant amounts of the accounts preparation and audit work has been completed remotely. However, there is now a shift back to on-site auditing, so preparers and auditors should together consider:

- on-site and remote arrangements: the amount of on-site and remote working is likely to differ across NHS organisations with not all key individuals necessarily being available on-site all the time. Good planning and ongoing communication is needed to ensure everyone knows who is available, where and when throughout the audit. A communication plan, frequent check-ins and a shared queries log are key features for an effective audit.
- Inventory: alternative arrangements to the usual auditor stock take attendance for assurance over stock may have been in place during the pandemic. Arrangements need to be put in place ahead of the year-end to ensure auditors know when stock takes are happening so they can arrange attendance as required.

It is good practice for local auditors and clients to hold a de-brief shortly after the audit is concluded to consider any lessons learnt. Experience from the previous year should be considered together at the planning stage to best mitigate against any potential difficulties. As challenges increase for both preparers and auditors, it becomes essential that all involved work together to make the process as smooth as possible.

What works

Figure 2: The basics for an effective external audit

| The basics for an effective external audit | |
|--|---|
| • Joint effort | • Work in partnership, not competition |
| • Early and ongoing engagement | • Accounting issues discussed as they arise |
| • Clear expectations | • Who to contact, when and for what |
| • Effective project management | • Shared timetables |
| • High quality documentation | • Standard working papers |
| • Quality control | • Senior management review |
| • Understanding the audit focus | • Early liaison on audit approach |
| • No surprises | • Key objective of working together |

It is the responsibility of the NHS body's management to have in place an effective system of internal control for day to day accounting, and a well designed and implemented financial reporting and close-down process, including controls over all key estimates and judgements.

Based on feedback from auditors, finance professionals and non-executive directors (NEDs), the most essential ingredient for a smooth external audit is seeing the audit as a joint effort with ongoing discussion of plans and issues. For example, are there clear expectations and agreed actions where there is a risk to readiness such as poor working papers, complexity of accounting items or auditor resource restraints?

Common themes for a successful experience include: understanding the audit focus; ongoing communication; clear project management; and high quality documentation. What works well for one audit may be different from that of another, but the key is to discuss each area to determine what will work best for all involved. The basics for an effective audit are set out in **figure 2** and common areas that work well are summarised in **figure 3** and explored further below.

Figure 3: Good practice for a smooth external audit

| Finance teams should..... | External auditors should..... | Non-executive directors should..... |
|--|--|--|
| Planning | | |
| <p>Engage early with auditors, staff involved (finance and non-finance) and audit committee NEDs over both plans and new and complex areas, providing early accounting papers on such items to go through governance. Ensure NHS wide issues or those arising from prior year or interim work raised are addressed.</p> | <p>Engage early and meet regularly with director of finance (DoF) and finance team to identify potential risk areas and provide clear expectations for audit, set out in a requirements schedule. It may be practical to agree a staggered schedule of working papers so finance can prioritise what auditors need first.</p> | <p>Engage early with DoF and auditors via regular discussion, briefings, auditor progress reports and private meetings with auditors as required.</p> |
| <p>Agree plans for interim and final audit including timetable, accommodation, working paper requirements and a process for amending the plan where necessary whilst keeping the completion date unchanged.</p> | <p>Agree a timetable for completion with dates for interim and final audits including a process for amending the plan where necessary whilst keeping the completion date unchanged.</p> | <p>Understand the process for preparing the accounts and the audit arrangements and challenge where necessary.</p> |

Provide training on process and issues to finance, NEDs and those outside finance.

Identify training needs to ensure teams are appropriately trained in both external audit and NHS accounts.

Monitor progress on previous recommendations and ensure actioned.

Prepare and agree a detailed timetable for the preparation and review of the annual report and accounts including all who have a role, both inside and outside of finance. This should include plans to ensure high quality, timely working papers.

Review papers as they are provided and undertake testing in a timely manner. Consider initial testing of any complex areas at interim and discuss potential impact on the final visit.

Undertake early review of officers' papers on areas such as judgements and estimates, accounting policies, disclosure checklist and ensure time and knowledge to challenge with finance teams.

Co-ordinate annual report preparation using one person to lead the overall process including communication with all involved, particularly those outside finance, and overall review.

Plan annual report review, including remuneration report, by understanding arrangements for preparation, particularly for information provided from those outside of the finance team.

Review the comment on the annual report, including remuneration report, before the final committee meeting. The committee should use knowledge of the NHS body to review, and ensure they are comfortable with processes adopted by management.

Work with those outside of finance (i.e. legal, HR, internal audit, local counter-fraud and communications) to review potential issues and prepare clear papers setting out this process.

Provide regular updates to finance and NEDs of both organisational and wider issues.

Understand key changes to organisational arrangements and activity as well as accounting updates and use to robustly review draft accounts.

Undertake quality review of draft annual report and accounts and working papers with documentation of DoF and accounting officer sign off.

Provide clear timely findings of interim work so that these can be acted on before final visit.

Review and challenge draft accounts as early as possible.

On site visits (whether in person or remote)

Be organised, open and clear including use of weekly catch up meetings.

Be organised, open and clear including use of weekly catch up meetings.

Be aware of the audit timetable and ask to be kept up to date in a timely manner of issues arising.

Be available and provide a schedule of who is responsible for each key area and when they are available.

Be available and provide a schedule of when auditors will be completing the audit (on site and remotely).

Raise comments early on draft accounts and annual report rather than holding them back for the final committee meeting.

Keep minimal account versions actioning agreed changes ideally together with changes highlighted for review.

Be clear on any additional testing identified and agreed amendments you are expecting to see on completion.

Understand misstatements, corrections and NEDs' role in considering adjustments identified by audit.

Communication

Ongoing, clear, and honest communication is the number one pre-requisite to a smooth audit. This covers both informal and formal communications between all involved – auditors, staff (inside and outside finance), NEDs and experts. It is good practice to put in place an agreed written protocol with relevant teams, such as internal audit and local counter fraud services, to document the timing and scope of assurances which external audit expect to be shared.

Early discussion of any new, significant, complex, or unusual items is essential, supported by a paper from finance and a timely audit response. This avoids technically complex discussions within the final audit timeframe and avoids a climate of distrust which will arise if the auditor identifies an issue that the NHS body has not previously raised. **Figure 4** sets out top topics for early discussion with auditors.

Figure 4: Topics for early conversations with auditors

Have early and ongoing conversations with auditors and clearly document evidence for....

- application of new accounting standards
- accounting policies, particularly those that are new or changed
- judgements and estimates
- approach to journals
- valuations
- changes in activity including any joint arrangements
- risk sharing agreements
- agreement of balances disputes
- any other large, novel or complex transactions.

Auditors should be clear on expectations, discussing working paper requirement schedules, audit timings and implications of issues arising. Discussions on how the audit will best work for all are key and can consider items such as the opportunity to use technology, how best to raise queries and liaison with staff outside of finance. Audit progress updates for NEDs are helpful, as well as the opportunity to hold private discussions with the auditor as needed.

For the audit visits, it is useful to hold regular catch-up meetings to cover: progress, audit queries and sticking points; impact of errors identified; extended testing; amendments; and reporting consequences. This will help any concerns on how the audit is going - from both finance and the auditor's perspectives - to be raised and addressed quickly. It can be useful to have one key liaison contact at the NHS organisation for all audit queries, to log them and ensure timely quality responses. After the audit is completed a debrief meeting should be held to consider what worked well and not so well to feed into planning for the next audit. As the auditor will need to move on quickly to other audits, it is important to do this before the lessons from the audit experience are lost.

Project management

Good project management helps to strengthen a collaborative approach, clarify expectations and ensure ongoing monitoring of progress. It should be used to remind everyone of the times when the audit needs to be prioritised and how this can work in practice. All areas of the audit must be covered including the financial statements; value for money; annual report and remuneration report; as well as whole of government accounts.

Examples of areas to be covered include:

- liaison meetings throughout the year
- audit committee attendance and requirements
- when and how working papers will be provided, for example, options for electronic upload

- what information is needed from outside finance and how this will be obtained and supported
- wider governance issues, including alerting auditors to any relevant regulatory issues, including those relating to Care Quality Commission (CQC) findings and who, at executive level, is leading on them where relevant
- the annual report can often be fragmented or forgotten as part of the sign off timetable so it is important to agree who, what, when and how for each of its sections – it is helpful to have an overall lead (both for finance and audit) to coordinate its preparation and review
- arrangements for the audit including:
 - accommodation for on-site visits, with minimal changes and physically close to finance
 - who will be available and when (finance team and auditors) and communication plan
 - timing and attendees for catch up meetings
 - who will be responding to audit queries and a realistic time for responses
 - IT issues such as read only access to ledger and wi-fi access
- internal quality review arrangements
- sign-off process.

Documentation and evidence

High quality working papers with relevant and meaningful evidence are needed to demonstrate that the transactions and account balances are supported allowing:

- the director of finance to have confidence in the accounts and analysis readily available to support any review queries
- the accountable officer to have the confidence to sign the annual report and accounts
- NEDs to confidently approve the annual report and accounts
- the external auditor to be able to gain sufficient, appropriate audit evidence to support their audit.

The preparation of the annual report and accounts is the responsibility of the organisation and the accounting officer's statement is very similar to the audit opinion including confirmation on items such as: compliance with reporting requirements; inclusion of appropriate accounting policies; reasonableness of judgements and estimates; preparation is on a going concern basis; and that the annual report and accounts taken as a whole is fair, balanced and understandable. The accounting officer will need to satisfy themselves that they have sufficient assurance to make this statement and NEDs will need to be satisfied by evidence where challenges are made. Clear documentation is a key component for this.

For auditors, *ISA 500* is clear on the requirements of appropriate and sufficient audit evidence. This will include the need to evidence the accuracy and completeness of information provided by management, as well as whether it is sufficiently precise for the auditor's purposes. When using the work of a management's expert, such as a valuer, the auditor will also be required to evaluate the competence, capabilities and

objectivity of that expert; obtain an understanding of the work of that expert; and evaluate the appropriateness of that expert's work as audit evidence.

Audit is more than discussion – understanding the assumptions underpinning key decisions should be a starting point for the auditor not the main audit procedure. Evidence must be sufficient and appropriate, recognising the importance of quality over quantity. This will need to be subject to robust review, challenge and corroboration by the auditor. If the NHS organisation can present third party evidence to support their working papers, then this is ideal. Where judgements and estimates have been made then the thought process and any supporting evidence should be documented. This was covered in the [audit conference session](#) on developing a collaborative approach with audit.¹⁴

Working papers should be produced in a timely manner, be electronic and include a summary schedule of all working papers provided with appropriate cross referencing to detail. For each account balance an individual working paper should be provided which agrees from the accounts to the trial balance, includes narrative and evidence and the person responsible for preparation. It should also include an analytical review to ensure consistency with in-year reporting and activity that provides the reason for variance from expectations. It is also helpful if working papers are written with the assumption that the reader does not know the NHS or the organisation. Auditors should provide, and discuss, a list of expected working papers as early as possible.

Specific areas where working papers can often be strengthened include:

- **Agreement of balances:** good explanations and evidence need to be maintained for mismatches throughout the year
- **Judgements and estimates:** documentation of thought process and evidence of underlying data is essential, along with the controls over making judgements and estimates
- **Year-end receivables (debtors) and payables (creditors):** a full breakdown of the final year end debtors, rather than in year transactions is needed to test the final balance
- **Reviews completed outside finance:** discussions such as with human resources on staffing and employment related issues or legal on potential impact of legal cases should be documented
- **Overall final review for internal quality assurance:** keeping documentation of the process provides helpful assurance over what has been reviewed

HFMA's briefing, [Year-end working papers: a good practice guide](#)¹⁵ provides a reminder of what good year-end working papers look like; what arrangements need to be in place to enable staff to prepare them; and some key issues to consider for the 2023/24 year-end.

Understanding the audit focus

As set out in **figure 1** above the audit testing strategy is risk based and, in accordance with *ISA 315*, assesses the risks of material misstatement in the financial statements through understanding the entity and its environment including the entity's internal control. There are some areas that will always be seen as a higher risk, many of those flagged in audit quality reports mentioned above. These include:

New and significant items

Auditors will always need to review new, significant or unusual transactions. It is important to understand key changes to the financial statements to be able to appropriately support these. The HFMA briefings on [financial reporting](#)¹⁶ and [year-end reminders for finance teams](#)¹⁷ and [audit committees](#)¹⁸, as well as HFMA's [year-end podcast](#)¹⁹ identify the key changes for the financial year which may affect NHS bodies' annual reports and accounts.

Revenue recognition

Under ISA 240 there is a presumed risk of fraud in revenue recognition. The audit will therefore have a specific focus on revenue transactions such as contract variations, disputes and unrecoverable debt. As set out in *Practice note 10: Audit of financial statements of public sector bodies in the United Kingdom (PN10)*,²⁰ public sector auditors are likely to focus their consideration of the risk of fraud and error on expenditure 'as most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure may be greater than the risk of material misstatements due to fraud related revenue recognition.'

Management override of controls

Under *ISA 240* there is a presumed risk of management over-ride of controls and there are standard procedures required by the ISA. Auditors will need to be able to articulate specifically where the risk manifests itself in the financial statements and their planned response. The audit is therefore likely to have a specific focus on areas such as journals, one-off unusual transactions, accruals, prepayments and other accounting estimates.

Judgements and estimates

Auditors will apply professional scepticism to judgements and estimates. *ISA 540 (revised) Auditing accounting estimates and related disclosures*²¹ reflects an increasing focus from regulators and other stakeholders on estimates, especially those which are complex and require significant judgements. As a result, auditors will place an increasing emphasis on understanding and assessing internal controls over accounting estimates.

An accounting paper is helpful to demonstrate the thought process that management has adopted for both NEDs and auditors to review and challenge - and these can often be provided early in the year. Examples of things to consider and document are: the justification for taking a particular approach, including references to the standard, particularly if that has changed from prior periods; consistency with other assumptions; realism of assumptions; what alternative assumptions have been considered and why these have not been selected; and what underlying data has been used.

Asset valuations

This is an area where material figures are involved and a small percentage error on a large balance can lead to a non-trivial difference. Auditors will pay particular attention to depreciation and how the public dividend capital (PDC) calculation has been derived. Alongside the significant levels of judgement and estimate involved, the level of reliance by management of work of an external expert means this is a key area of focus for audit. As such, the auditor will look at changes in assumptions; asset lives; whether management understand and have challenged the experts' assumptions; and underlying data. Further information on valuation issues is included in the HFMA briefing on [property, plant and equipment](#).²²

Going concern

There are continuing financial pressures within the NHS and it is important that the NHS body's management and the auditor are aware of the requirements for assessing going concern in the public sector context. As per [PN10](#)²³, 'if the financial reporting framework provides for the adoption of the going concern basis of accounting on the basis of the anticipated continuation of the provision of a service in the future, the auditor applies the continued provision of service approach'. Further detail is provided in the [NAO special guidance note](#).²⁴ The DHSC's [GAM](#)²⁵ and the [FT ARM](#)²⁶ guidance make clear the expectation that it is very unlikely that an NHS body would have a material uncertainty on going concern to disclose. There is an overriding presumption of the continuity of public services by public sector, but this does not exempt the management of NHS bodies from the requirement to undertake a going concern review in accordance with *IAS 1*, and for the auditor to review it. The audit focus on financial standing will also continue, particularly in relation to the value for money requirements.

Conclusion

Looking ahead, the pressure on the public sector external audit market is set to continue, with challenges including tight timeframes, resource constraints and a focus on audit quality. NHS bodies have a statutory duty to appoint an auditor. There is a higher risk for NHS bodies that they will struggle to meet their statutory duty to appoint an external auditor due to the current external audit market issues. Early planning, including briefings to NEDs on the potential issues, ongoing engagement with auditors, and embedding processes for a constructive working relationship are essential.

To deliver a quality audit to time, as well as ensuring the experience is as painless as possible for all involved, requires ongoing planning, continuous communication and understanding of the pressures faced by both parties. Based on members' experiences, the key to a successful audit is a collaborative approach with early discussions of any issues arising. This briefing has shared tips from those involved in public sector audit that they have found to help the audit of the financial statements go as smoothly as possible.

As Kendre Chiles, deputy finance director at University Hospitals of Derby and Burton NHS Foundation Trust, commented during her session at HFMA's 2023 [pre-accounts planning conference](#),²⁷ 'For me it really boils down to these three key areas – communication, planning and how you evidence your figures in the accounts... None of the others will work without really good communication between us and auditors. Sometimes the accounting we do is really complex, the way we work together with our auditors shouldn't be.'

Footnotes

- 1 NHS England, Audit and assurance – a guide to governance, December 2019
- 2 HFMA, The NHS external audit market: current issues and possible solutions, February 2021 and HFMA, The NHS external audit market: an update on current issues, August 2022
- 3 DHSC, Group accounting manual 2023/24, updated January 2024
- 4 NHS England, Foundation trust annual reporting manual, February 2024
- 5 NHS England, NHS accounts timetable 2023/24, February 2024
- 6 National Audit Office, The Code of audit practice, April 2020
- 7 FRC, Current auditing standards, various dates
- 8 HFMA, External audit reports: the role of the audit committee, updated March 2024
- 9 Department for Business, Energy and Industrial Strategy, Restoring trust in audit and corporate governance, March 2021
- 10 HFMA, The NHS external audit market: current issues and possible solutions, February 2021 and HFMA, The NHS external audit market: an update on current issues, August 2022
- 11 Department for Levelling Up, Housing and Communities, Local audit delays: joint statement on the update to proposals to clear the backlog and embed timely audit, February 2024
- 12 HFMA, Year-end survey 2021/22, November 2022
- 13 HFMA, Year-end survey 2022/23, October 2023
- 14 HFMA audit conference, Session 1: developing a collaborative approach with audit, March 2024
- 15 HFMA, Year-end working papers: a good practice guide, March 2024

[16](#) HFMA, Financial reporting – watching brief 2023/24 and beyond, February 2024

[17](#) HFMA, Year-end reminders 2023/24, March 2024

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[19](#) HFMA talk, Navigating the financial year-end, March 2024

[20](#) Public Audit Forum, Statement of recommended practice – Practice note 10: Audit of financial statements of public sector bodies in the United Kingdom (Revised 2022), May 2022

[21](#) IAASB, ISA 540 (revised), auditing accounting estimates and related disclosures, October 2018

[22](#) HFMA, Property, plant and equipment: accounting and valuation issues, February 2022

[23](#) Public Audit Forum, Statement of recommended practice – Practice note 10: Audit of financial statements of public sector bodies in the United Kingdom (Revised 2022), May 2022

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[25](#) DHSC, Group accounting manual 2023/24, updated January 2024

[26](#) NHS England, Foundation trust annual reporting manual, February 2024

[27](#) HFMA, Pre-accounts planning 2023, January 2023



The Healthcare Financial Management Association (HFMA) is the professional body for finance staff in healthcare. For over 70 years, it has provided independent and objective advice to its members and the wider healthcare community. It is a charitable organisation that promotes best practice and innovation in financial management and governance across the UK health economy through its local and national networks.

The association also analyses and responds to national policy and aims to exert influence in shaping the wider healthcare agenda. It has particular interest in promoting the highest professional standards in financial management and governance and is keen to work with other organisations to promote approaches that really are 'fit for purpose' and effective.

The HFMA offers a range of qualifications in healthcare business and finance at undergraduate and postgraduate level and can provide a route to an MBA in healthcare finance.

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