

# **Annual Audit Letter**

Year ending 31 March 2020

NHS Redditch and Bromsgrove Clinical Commissioning Group 27 July 2020



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# **Executive Summary**

#### **Purpose**

Our Annual Audit Letter (Letter) summarises the key findings arising from the work that we have carried out at the Clinical Commissioning Group (the CCG) for the year ended 31 March 2020. The CCG ceased to exist as a new merged body, Herefordshire and Worcestershire CCG was established on 1 April 2020 and as a result this letter will be presented to the new body.

This Letter is intended to provide a commentary on the results of our work to the CCG and external stakeholders, and to highlight issues that we wish to draw to the attention of the public. In preparing this Letter, we have followed the National Audit Office (NAO)'s Code of Audit Practice and Auditor Guidance Note (AGN) 07 – 'Auditor Reporting'. We reported the detailed findings from our audit work to the CCG's Audit Committee, as those charged with governance, in our Audit Findings Report.

#### **Respective responsibilities**

We have carried out our audit in accordance with the NAO's Code of Audit Practice, which reflects the requirements of the Local Audit and Accountability Act 2014 (the Act). Our key responsibilities are to:

- give an opinion on the CCG's financial statements and regularity assertion (section two), and
- assess the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion) (section three).

In our audit of the CCG's financial statements, we comply with International Standards on Auditing (UK) (ISAs) and other guidance issued by the NAO.

#### **Our work**

Materiality	We determined materiality for the audit of the CCG's accounts to be £4.5 million, which is 1.9% of gross expenditure year .
Financial Statements opinion	We gave an unqualified opinion on the CCG's financial statements on 25 June 2020. The CCG presented us with draft financial statements in accordance with the national deadline and provided a good set of working papers to support them. The finance team responded promptly and efficiently to our queries during the course of the audit.  As well as an opinion on the financial statements, we are required to give a regularity opinion on whether expenditure has been incurred 'as
	intended by Parliament'. Based on our review of the CCG's expenditure we gave an unqualified regularity opinion.
NHS Group consolidation template (WGA)	We also reported on the consistency of the accounts consolidation template provided to NHS England with the audited financial statements. We concluded that these were consistent.
Use of statutory powers	We did not identify any matters which required us to exercise our statutory powers.
Value for Money arrangements	We were satisfied that the CCG put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources. We reflected this in our audit report.
Certificate	We certify that we have completed the audit of the accounts the CCG in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.
Annual Report, including the Governance Statement	We are also required to review the CCG's Annual Report and the Governance Statement included within the Annual Report. The CCG provided these on a timely basis with the draft financial statements with supporting evidence. There were no issues.

# **Executive Summary**

#### **Working with the CCG**

The outbreak of the Covid-19 coronavirus pandemic has had a significant impact on the normal operations of the CCG. Given the unprecedented operational challenge for CCG, the Department of Health and Social Care (DHSC) extended the deadline for preparation of the financial statements up to 27 April 2020, with flexibility to extend to 11 May 2020, and the date for audited financial statements to 25 June 2020.

Restrictions for non-essential travel has meant both CCG and audit teams have had to adapt to new remote working arrangements such as remote access to financial systems, video calling and different means to verifying the completeness and accuracy of information produced by the entity.

Despite these challenges, the CCG submitted their accounts in line with the revised submission dates and is keeping up to date with emerging guidance in relation to the requirements impacted by the pandemic.

During the year we have delivered a number of successful outcomes with you:

- An efficient audit we streamlined the audit process to work across the four former CCGs in Herefordshire and Worcestershire, ensuring that our way of working reflected your joint way of working.
- Sharing our insight we provided regular audit committee updates and also CCG Key Issues Bulletins covering best practice. We also responded to several ad hoc requests for good practice in different areas.
- Providing training we provided your teams with training on financial accounts and annual reporting.
- Benchmarking information we provided benchmarking on your annual report compared to other CCGs
- Opportunities to network-we ran several events in our Birmingham office for lay members on a variety of topics.

We would like to record our appreciation for the excellent assistance and cooperation provided to us during our audit by the CCG's staff.

Grant Thornton UK LLP July 2020

### **Our audit approach**

#### **Materiality**

In our audit of the CCG's financial statements we use the concept of materiality to determine the nature, timing and extent of our work, and in evaluating the results of our work. We define materiality as the size of the misstatement in the financial statements that would lead a reasonably knowledgeable person to change or influence their economic decisions.

We determined materiality for the audit of the CCG's accounts to be £4.5 million, which is 1.9% of gross expenditure year . We used this benchmark as, in our view, users of the CCG's financial statements are most interested in where the CCG has spent its allocation in the year.

We also set a lower level of specific materiality for salaries and allowances of £100,000 and also for pensions benefits of £250,000.

We set a lower threshold of £225,000, above which we reported errors to the Audit Committee in our Audit Findings Report.

#### The scope of our audit

Our audit involves obtaining enough evidence about the amounts and disclosures in the financial statements to give sufficient assurance that they are free from material misstatement, whether caused by fraud or error. This includes assessing whether:

- the accounting policies are appropriate, have been consistently applied and are adequately disclosed;
- · the significant accounting estimates made by management are reasonable; and
- the overall presentation of the financial statements gives a true and fair view.

We also read the remainder of the Annual Report to check it is consistent with our understanding of the CCG and with the accounts included in the Annual Report on which we gave our opinion.

We carry out our audit in accordance with ISAs (UK) and the NAO Code of Audit Practice. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our audit approach was based on a thorough understanding of the CCG's business and is risk based.

We identified key risks and set out overleaf the work we performed in response to these risks and the results of this work.

## **Significant Audit Risks**

These are the significant risks which had the greatest impact on our overall strategy and where we focused more of our work.

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<ul> <li>Improper revenue recognition</li> <li>Under ISA (UK) 240 there is a rebuttable presumed risk that revenue may be misstated due to the improper recognition of revenue. We have rebutted this presumed risk for the CCG because:         <ul> <li>revenue does not primarily involve cash transactions</li> <li>revenue is principally an allocation from NHS England</li> <li>the culture and ethical framework of CCGs, including this CCG, mean that all forms of fraud are seen as unacceptable</li> </ul> </li> </ul>	We therefore do not consider this to be a significant risk for the CCG.  We considered the assessment detailed in the audit plan was still appropriate.	Our audit work did not identify any issues in respect of revenue recognition or that the rebuttal was incorrect.
Management override of internal controls  Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management over-ride of controls is present in all entities. The CCG faces pressure to meet external targets, and this could potentially place management under undue pressure in terms of how they report performance.  We identified management override of controls as a risk requiring special audit consideration.	<ul> <li>evaluated the design effectiveness of management controls over journals</li> <li>gained an understanding of the accounting estimates and critical judgements applied by management and considered their reasonableness</li> <li>evaluated the rationale for any changes in accounting policies or significant unusual transactions</li> <li>obtained a full listing of journal entries, identified and tested unusual journal entries for appropriateness and corroboration including those after the draft accounts stage where applicable</li> </ul>	Our audit work did not identify any issues in respect of management override of controls.

## **Significant Audit Risks**

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
The global outbreak of the Covid-19 virus pandemic has led to unprecedented uncertainty for all organisations, requiring urgent business continuity arrangements to be implemented. We expect current circumstances will have an impact on the production and audit of the financial statements for the year ended 31 March 2020, including and not limited to:  Remote working arrangements and redeployment of staff to critical front line duties may impact on the quality and timing of the production of the financial statements, and the evidence we can obtain through physical observation  Volatility of financial and property markets will increase the uncertainty of assumptions applied by management to asset valuation and receivable recovery estimates, and the reliability of evidence we can obtain to corroborate management estimates  Financial uncertainty will require management to reconsider financial forecasts supporting their going concern assessment and whether material uncertainties for a period of at least 12 months from the anticipated date of approval of the audited financial statements have arisen; and  Disclosures within the financial statements will require significant revision to reflect the unprecedented situation and its impact on the preparation of the financial statements as at 31 March 2020 in accordance with IAS1, particularly in relation to material uncertainties.  We therefore identified the global outbreak of the Covid-19 virus as a significant risk, which was one of the most significant assessed risks of material misstatement.	<ul> <li>Liaised with other audit suppliers, regulators and government departments to co-ordinate practical cross sector responses to issues as and when they arise</li> <li>Evaluated the adequacy of the disclosures in the financial statements in light of the Covid-19 pandemic</li> <li>Evaluated whether sufficient audit evidence using alternative approaches can be obtained for the purposes of our audit whilst working remotely</li> <li>Evaluated whether sufficient audit evidence can be obtained to corroborate significant management estimates such as asset valuations and recovery of receivable balances</li> <li>Evaluated management's assumptions that underpin the revised</li> </ul>	We did not identify any material issues impacting on our audit responsibilities

## **Significant Audit Risks**

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
Secondary healthcare expenditure – contract variations  A significant percentage of the CCG's expenditure is on contracts for healthcare with NHS providers and non-NHS providers, such as operations and hospital care. This expenditure is primarily derived through 'block' contracts that are agreed up front for a predetermined cost or level of activity. Contract variations are agreed with the supplier throughout the year to recognise demand and price adjustments against the agreed contracts. Costs related to contract variations are recognised when the adjustment has been agreed with the provider, with accruals raised at the year-end for completed activity for which an invoice has not been issued.  We consider the risk to relate to the potential understatement of expenditure and thus have identified the accuracy and completeness of associated payables and accruals, as a significant risk, which was one of the most significant assessed risks of material misstatement.	<ul> <li>To address this risk we:</li> <li>Gained an understanding of the financial reporting processes used for the purchase of secondary healthcare and evaluate the design of the associated controls</li> <li>Agreed all significant (over performance materiality) to contract annual expenditure to signed annual contracts</li> <li>Agreed, on a sample basis, invoices for variations to secondary healthcare contracts to supporting evidence</li> <li>Used the DHSC mismatch report, to will investigate unmatched expenditure and payable balances with NHS bodies over the NAO £0.3m threshold, corroborating the unmatched balances used by the CCG to supporting evidence</li> <li>Agreed, on a sample basis, payable and accrual balances relating to secondary healthcare to supporting evidence</li> <li>The completeness of accruals for contracts and the April payments have been reviewed.</li> </ul>	We did not identify any material issues impacting on our audit responsibilities

### **Audit opinion**

We gave an unqualified opinion on the CCG's financial statements on 25 June 2020.

As well as an opinion on the financial statements, we are required:

- · to give a regularity opinion on whether expenditure has been incurred 'as intended by Parliament', and
- to form a view as to whether other information published with the financial statements, is consistent with our knowledge of the CCG and the financial statements we have audited.

Based on our review of the CCG's expenditure we gave an unqualified regularity opinion and concluded that the other information was consistent.

#### **Preparation of the financial statements**

The CCG presented us with draft financial statements in accordance with the national deadline, and provided a good set of working papers to support them. The finance team responded promptly and efficiently to our queries during the course of the audit.

### **Annual Report, including the Governance Statement**

We are also required to review the CCG's Annual Report and the Governance Statement included within the Annual Report. It provided these on a timely basis with the draft financial statements with supporting evidence.

### **Whole of Government Accounts (WGA)**

We also reported on the consistency of the accounts consolidation template provided to NHS England with the audited financial statements. We concluded that these were consistent.

#### Certificate of closure of the audit

We certified that we have completed the audit of the financial statements of the CCG in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice on 25 June 2020.

# Value for Money arrangements

### **Background**

We carried out our review in accordance with the NAO Code of Audit Practice, following the guidance issued by the NAO in November 2017 which specified the criterion for auditors to evaluate:

In all significant respects, the audited body takes properly informed decisions and deploys resources to achieve planned and sustainable outcomes for taxpayers and local people.

### **Key findings**

Our first step in carrying out our work was to perform a risk assessment and identify the key risks where we concentrated our work.

The key risks we identified and the work we performed are set out overleaf.

### **Overall Value for Money conclusion**

We are satisfied that in all significant respects the CCG put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2020.

# Value for Money arrangements

### **Key Value for Money Risk**

Risk identified in our audit plan

#### Sustainable resource deployment:

# Planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions:

The CCG is forecasting to deliver a balanced position in 2019/20 and has set itself a challenging savings (QIPP) target to achieve this. The CCG has an underlying deficit which will be carried forward into the new merged CCG.

We will gain an understanding of what steps the CCG has taken to manage its financial position. We will review the CCG's arrangements for pulling together and agreeing a financial plan for the new merged CCG including the identification and delivery of savings plans. This will include how findings are communicated to the Governing Body and Finance Committee.

#### 2019/20 financial management

The CCGs have worked together with regulators and providers to manage the financial position on a system wide basis. Throughout the year each CCG has been forecasting achievement of its' individual control total of breakeven. The year end outturn position indicates achievement of the control total with the CCG recording a £22k surplus. The CCG ended the year with an underlying deficit of £8.3m.

The Financial Recovery Board has met regularly, and reported to Governing Body and other sub-committees as appropriate. These reports set out the challenges and actions being taken to address specific areas, such as elective care.

The Financial Recovery Boards for the CCGs respectively meet monthly. The Financial Recovery Boards provide detailed update reports to the monthly Governing Bodies meetings. All reports provide an appropriate level of detail and enable the current financial activity, challenges and associated risks to be communicated clearly, which is supported by the verbal update provided by the Chief Finance Officer.

The CCG received additional income in 2019/20 from a full risk share agreement with the other two Worcestershire CCGs which had been agreed at the March 2019 joint Governing Body. The risk share agreement was designed to help manage in year financial volatility between the CCGs after the CCGs started working more closely together. The financial benefit to Redditch and Bromsgrove CCG in 2019/20 was £4.740m and allowed the CCG to make a small surplus of £22,335 and achieve its statutory targets. We were content that the application of the risk share was in accordance with the principles outlined in the 2016 risk share agreement and was supported by the recommendation made to March 2019 Governing body.

### **Findings**

#### **Auditor view**

Overall we have concluded that you have satisfactory arrangements in place for sustainable resource deployment. We do, however, recognise that delivery of the budget was largely facilitated by the Worcestershire wide risk share agreement.

Going forward, continued close in year monitoring and timely corrective action will be required to ensure the newly merged CCG's budgets is delivered and service redesign with partners implemented.

# Value for Money arrangements

### **Key Value for Money Risk**

Risk identified in our audit plan		plan		Findings and conclusions
Sustainable	resource	deployment	2020/21 and beyond – A Forward plan Herefordshire and Worcestershire CCGs	
(continued):			With effect from 1 April 2020 NHS Redditch and Bromsgrove CCG became part of the new single NHS Herefordshire and Worcestershire CCG.	
			In the run up to the merger CCG finance staff worked with NHSE/I's regional finance team to develop the Finance Strategy for 2020/21. The development of the draft Strategy was reviewed at a series of NHSEI merger checkpoint meetings with the CCGs. Feedback was given at each meeting to help ensure the new Finance Strategy delivered against the key objectives. NHSEI officers were involved throughout, providing challenge and feedback. However, there is an inherent risk in bringing four CCGs together, not least delivery of the challenging combined financial plan, which will necessitate hitting the ground running.	
			The 2020/21 draft financial plan for the new merged CCG was forecasting a break even position. There was however, recognition of the sizeable cumulative and underlying deficit associated with the demising Herefordshire CCG and the pressure this would place on new organisation going forward.	
			Whilst the combined indicative financial plan for the new enlarged CCG for 2020/21 was based on appropriate assumptions and had importantly involved NHSEI who signed off them off in February, further work was identified. Continued efforts will be required to ensure a smooth transition to the new body and further closer working across the wider health economy will be necessary to ensure these challenging financial targets are realised.	
			Covid-19	
			Following the outset of the Covid-19 pandemic in mid-March, NHS England suspended the 2020/21 planning process across all trusts and commissioners in England and introduced a four-month block contract agreement through to the end of July 2020.	

# A. Reports issued and fees

We confirm below our final reports issued and fees charged for the audit and confirm there were no fees for the provision of non audit services.

#### **Reports issued**

Report	Date issued
Audit Plan	February 2020
Audit Plan Addendum	April 2020
Audit Findings Report	June 2020

#### **Fees**

	Planned £	Actual fees £
Statutory audit	42,025	42,025
Total fees	42,025	42,025

#### Fees for non-audit services

Service	Fees £
Mental Health Investment Standard (2018/19)	10,000

#### Non- audit services

- For the purposes of our audit we have made enquiries of all Grant Thornton UK LLP teams providing services to the CCG. The table above summarises all non-audit services which were identified.
- We have considered whether non-audit services might be perceived as a threat to our independence as the CCG's auditor and have ensured that appropriate safeguards are put in place.

The above non-audit services are consistent with the CCG's policy on the allotment of non-audit work to your auditor.



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