

Auditor's Annual Report 2020/21

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

22 June 2021

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This report is addressed to University Hospitals Dorset NHS Foundation Trust (the Trust) and has been prepared for the sole use of the Trust. We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

Summary

Introduction

This Auditor's Annual Report provides a summary of the findings and key issues arising from our first audit of University Hospitals Dorset NHS Foundation Trust (the 'Trust) for the period 1 October 2020 to 31 March 2021. This report has been prepared in line with the requirements set out in the Code of Audit Practice published by the National Audit Office and is required to be published by the Trust alongside the annual report and accounts.

Our responsibilities

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. In line with this we provide conclusions on the following matters:

- Accounts We provide an opinion as to whether the accounts give a true and fair view of the financial position of the Trust and of its income and expenditure during the period. We confirm whether the accounts have been prepared in line with the Group Accounting Manual prepared by the Department of Health and Social Care (DHSC).
- Annual report We assess whether the annual report is consistent with our knowledge of the Trust. We perform testing of certain figures labelled in the remuneration report.
- Value for money We assess the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust's use of resources and provide a summary of our findings in the commentary in this report. We are required to report if we have identified any significant weaknesses as a result of this work.
- Other reporting We may issue other reports where we determine that this is necessary in the public interest under the Local Audit and Accountability Act.

Findings

We have set out below a summary of the conclusions that we provided in respect of our responsibilities:

Accounts	We issued an unqualified opinion on the Trust's accounts on 22 June 2021. This means that we believe the accounts give a true and fair view of the financial performance and position of the Trust.
	We have provided further details of the key risks we identified and our response on page 4.
Annual report	We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the Trust.
	We confirmed that the Governance Statement had been prepared in line with the DHSC requirements.
Value for money	We are required to report if we identify any matters that indicate the Trust does not have sufficient arrangements to achieve value for money.
	We have nothing to report in this regard
Other reporting	We did not consider it necessary to issue any other reports in the public interest.



Accounts audit

The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

Risk	Findings	
Fraudulent expenditure recognition	We assessed the design and operation of process level controls for the purchase ordering of goods and services and the accrual of expenditure at the end of the year based on those that have been receipted. We have performed our substantive testing procedures on a sample of expenditure incurred during the year and year end accruals agreeing through to supporting documentation and cash payments. We also assessed the outcome of the agreement of balances exercise with other NHS organisations.	
The setting of a year-end financial target can create an incentive for management to manipulate the level of non-pay expenditure. This can take place by purposefully understating or overstating the level of non-pay expenditure recognised at		
the year-end through accruals and prepayments.	At the time of issuing this report, we have no matters to report.	
Management override of controls	We tested the operation of controls over the posting of journals including post closing adjustments and	
We are required by auditing standards to recognise the risk that management may use their authority to override the usual control environment.	assessed the full population of relevant journal entries to identify journals displaying high risk characteristics and analysed the identified journals. We considered the reasonableness of methodology and assumptions used to prepare accounting estimates as at 31 March 2021 and have no matters to report.	
	At the time of issuing this report, we have no matters to report.	
Fraudulent revenue recognition Auditing standards set a rebuttable assumption that there is a risk revenue is recognised inappropriately. We recognised this risk over all of the Trust's income.	We evaluated the design of controls in place for the Trust to engage in the agreement of balances exercise with other NHS providers and commissioners and follow up variances arising from the exercise. We agreed commissioner income to the agreed block contracts and selected a sample of the largest balances to agree that they have been invoiced in line with the contract agreement and payment has been received.	
uns risk over all of the frusts income.	We tested material other income balances by agreeing a sample of income transactions through to supporting documentation and bank balances. We completed sample testing of invoices for material income in the period prior to and following 31 March 2021 to determine whether income is recognised in the correct accounting period.	
	At the time of issuing this report, we have no matters to report.	
Valuation of Land and Buildings Land and buildings are required to be held at fair value. As hospital buildings are specialised assets and there is not an active market for them they are usually valued on the basis of the cost to replace them with a 'modern equivalent asset'.	We reconciled the fixed asset register to the property, plant and equipment note in the accounts. For a sample of additions, we agreed the amounts capitalised back to supporting documentation and confirmed that they had been classified appropriately. We recalculated the depreciation charge applied by the Trust and found it to be consistent with the Trust's accounting policies.	
	We reviewed the information provided to the valuer with the instructions. We confirmed that the valuation has been undertaken in line with GAM requirements and that appropriate methodologies were applied by the valuer in assessing the valuation of land and building assets.	
	At the time of issuing this report, we have no matters to report.	



Value for money

Introduction

We consider whether there are sufficient arrangements in place for the Trust for each of the elements that make up value for money. Value for money relates to ensuring that resources are used efficiently in order to maximise the outcomes that can be achieved.

We undertake risk assessment procedures in order to assess whether there are any risks that value for money is not being achieved. This is prepared by considering the findings from other regulators and auditors, records from the organisation and performing procedures to assess the design of key systems at the organisation that give assurance over value for money.

Where a significant risk is identified we perform further procedures in order to consider whether there are significant weaknesses in the processes in place to achieve value for money.

Further details of our value for money responsibilities can be found in the Audit Code of Practice at Code of Audit Practice (nao.org.uk)

Matters that informed our risk assessment

The table below provides a summary of the external sources of evidence that were utilised in forming our risk assessment as to whether there were significant risks that value for money was not being achieved:

Care Quality Commission rating	Good
Governance statement	There were no significant control deficiencies identified in the governance statement.
Head of Internal Audit opinion	Moderate

Commentary on arrangements

We have set out on the following pages commentary on how the arrangements in place at the Trust compared to the expected systems that would be in place in the sector.

Summary of findings

We have set out in the table below the outcomes from our procedures against each of the domains of value for money:

Domain	Risk assessment	Summary of arrangements
Financial sustainability	One risk identified	No significant w eaknesses identified
Governance	No significant risks identified	No significant w eaknesses identified
Improving economy, efficiency and effectiveness	No significant risks identified	No significant w eaknesses identified

We did not identify a significant weakness with regards to the Trust's arrangements.



Value for money

Financial sustainability

Description

This relates to ensuring that the Trust has sufficient arrangements in place to be able to continue to provide its services within the resources available to it.

We considered the following areas as part of assessing whether sufficient arrangements were in place:

- How the Trust sets its financial plans to ensure services can continue to be delivered;
- How financial performance is monitored and actions identified where it is behind plan; and
- How financial risks are identified and actions to manage risks implemented.

Commentary on arrangements

Financial Sustainability

- The Covid-19 pandemic has had a major impact on the NHS and this has resulted in changes to the financial planning regime. On 17 March 2020 normal contractual arrangements with NHS providers were suspended and the NHS moved to block contract payments on account that remain applicable to trust. The value of these were determined centrally, rather than being agreed between the CCG and the providers. NHS organisations were also reimbursed with additional funding as required in order to reflect the additional costs incurred as a result of Covid-19.
- UHD started on 1 October 2020. For months 7-12 (October March) of 2020/21, NHSE/I provided allocations for each CCG, with further funding made available to cover additional cost pressures due to Covid-19 and the provision of services. Following the changes, the Trust presented a Financial Plan with a deficit of £5.6m in November 2020, which was reduced to an expected forecast outturn deficit of £3.1 million. The plan was based on a £29.6m system top up for months 7-12 and £13m COVID funding to cover the Trusts significant underlying deficit. The Trust has continued to report the financial position to the Finance and Performance Committee, and to the Board, to mitigate the forecast deficit.
- 2020/21 is a highly unusual year as financial rules mean that usual Cost Improvement Plans (CIP) approaches had been suspended. However as part of the overall Integrated Care System (ICS) plan a target of £1.6m was identified. Reporting of delivery against plan is included within the Finance and Performance Committee financial performance report.
- The future financial regime continues to be uncertain, with block contracts extended to June 2021 and likely to be further extended. There is therefore uncertainty around future efficiency requirements for the Trust. However directorates have been asked to identify cost improvement schemes as part of planning for 2021/22.



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Commentary on arrangements

- We found effective arrangements for the alignment of financial, workforce and operational plans. During the financial planning
 process, medium/long term plans are aligned to the budgets (financial plans) approved by budget holders. Budget holders also
 have joint ownership of workforce and operational plans, which ensures alignment of key planning documents within the Trust
- We found that the Trust has an appropriate reporting framework in place. The detailed financial performance of the Trust is reported each month to the Finance and Performance Committee with identification of risks within the position. There was evidence of discussion and challenge by the Committee. A summary report is then provided to the Board.
- The Trust has identified financial sustainability as a strategic objective, which is included on the Board Assurance Framework reported to the Board. The principle risks identified including not returning to financial sustainability, failing to be efficient and failing to secure sufficient funding to ensure financial sustainability. The risk register includes a risk for financial sustainability that is reported to the Audit Committee, and financial risks are reported through FPC. Refer to page 7 for our review of risk management.
- A Cost Improvement Programme target for the current year (M7-M12) is 0.6% of turnover during the period and amounting to £1.6 million. This was challenging yet achievable when considering the savings resulting from merger together with the capital charge savings arising from the full on-site revaluation of the Poole Hospital site. The plan set was a budgeted deficit of £5.6 million, reduced to an expected forecast outturn deficit of £3.1 million. However, the Trust reported a control total surplus of £145K.
- Based upon the arrangements that the Trust had in place for 2020/21, we have not identified a significant weakness. We do note, how ever, that there is significant risk in relation to the processes for ensuring financial sustainability at the ICS level in the medium term due to underlying deficits, together with a residual uncertainty due to the pause of the 2021-22 planning process at a national level.



Value for money

Governance

Description

This relates to the arrangements in place for overseeing the Trust's performance, identifying risks to achievement of its objectives and taking key decisions.

We considered the following areas as part of assessing whether sufficient arrangements were in place:

- Processes for the identification and management of strategic risks:
- Decision making framework for assessing strategic decisions:
- Processes for ensuring compliance with laws and regulations;
- How controls in key areas are monitored to ensure they are w orking effectively.

Commentary on arrangements

Risk management

- We consider the Trust to have effective processes in place to monitor and assess risk. Strategic risks are recorded and
 identified using the Board Assurance Framework, and any identified risks are reported to the Board. The Board Assurance
 Framework is reviewed by the Audit Committee on a quarterly basis and at least bi-annually by the Board.
- A 5 x 5 scoring matrix is used by the Trust to score operational risks. All risks rated 12-25 will be escalated to the Board of Directors and risk status reviewed monthly and are reported to the Audit Committee and risk controls and action plans discussed quarterly. Our review of the risk register found this was sufficiently detailed to effectively manage key risks and we reviewed evidence of review within both the Audit Committee and Board throughout the year.
- Within the risk register, individual risks are marked and described, including the affecting Board Assurance Framework objective. Each risk is marked with a score per category. Our review of the financial plan has confirmed risks have been appropriately considered.

Fraud, Laws and Regulation and Office Compliance

- The effectiveness of internal controls is monitored by the Audit Committee, through reporting from Internal Audit, Local Counter Fraud, commercial compliance reports and SIRO reports. The programme of workfor each organisation is approved at the start of the financial year by the Audit Committee along with quarterly progress report to audit committee including any reactive work
- Any recommendations raised by Internal Audit or the Local Counter Fraud are reported to the Audit Committee. Our review of the Audit Committee papers confirmed that there was appropriate discussion and follow up of recommendations for both Internal Audit and Local Counter Fraud.
- The Trust has a set of policies, which clearly outline the expected behaviour of staff members in relation to areas such as Gifts and Hospitality, Whistleblowing Policy and Manging Conflicts of Interest. All policies have been approved in line with their review requirements. These policies continued to apply throughout the period.
- We did not identify any significant risks associated with the arrangements in place for monitoring Fraud, compliance with Laws and Regulation and Officer Compliance with policies.



Value for money

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Commentary on arrangements

Approval of the Financial Plan and Ongoing Monitoring of Budgets

- As noted within the Financial Sustainability section, Financial Plans are approved by the Board after appropriate recommendation by FPC, and following review and sign off by budget holders, who monitor performance on a monthly basis, with results reported to the Finance and Performance Committee.
- We found there to be appropriate scrutiny and challenge of the budgets and appropriate approval through the budget holders and the Finance and Performance Committee. In order to understand their financial performance against their budget, budget holders are provided with a monthly budget statement which is also reviewed by the Finance Manager. Discussions between Finance Managers and budget holders allowed for appropriate challenge and response to adverse variances. We also found appropriate processes in place to ensure accurate recording and monitoring of the additional costs associated with Covid-19. Monthly submissions are made to NHS England through the PFR which is approved by the Chief Financial Officer.
- The Finance and Performance Committee scrutinise monthly performance, before recommending any specific actions to be escalated to the Board. Our review of the Committees indicated that there was sufficient detail and follow up to understand any significant variances to plan.

Officer and laws and regulation compliance

- The Trust has in place a staff code of conduct and staff handbook. Specific guidance is in place for teams and managers via standards of behaviour for these roles. Overall compliance with legislation, laws & regulations is monitored by an annual review of license conditions and with regular meetings with the Care Quality Commission.
- A register of interest is in place together with a policy for gifts and hospitality with regular reporting on new entries to the register taking place to the Audit Committee. They also have an engagement policy and managing conflicts of interest policy in place.



Value for money

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Commentary on arrangements

Decision making

Key strategic decisions are made via the Trust's governance process. A scheme of delegation is in place which sets out where different decisions/approvals should take place. Key decisions are made through management and escalation process for such matters at divisional operational, executive management and Board level. The Standing Financial Instructions and Scheme of Delegation provide for authorisation limits and responsibility for decision making. National guidance during the pandemic determined some decision making and was received through the Trust's Incident Management arrangements. This was overseen by the executive management team and reported to the Board, who recognised the need to reaffirm decision making processes where urgent decisions were required and there was insufficient time to hold the discussion at Board level..

Based on the procedures performed we have not identified any significant weakness that the Trust does not have sufficient governance arrangements in place to oversee and monitor value for money achievement.



Value for money

Improving economy, efficiency and effectiveness

Description

Commentary on arrangements

This relates to how the Trust seeks to improve its systems so that it can deliver more for the resources that are available to it.

We considered the following areas as part of assessing whether sufficient arrangements were in place:

- The planning and delivery of efficiency plans to achieve savings in how services are delivered;
- The use of benchmarking information to identify areas where services could be delivered more effectively;
- Monitoring of non-financial performance to assess w hether objectives are being achieved; and
- Management of partners and subcontractors.

Assessing Value for Money and Opportunities for Improvement

- We found appropriate processes in place to ensure the Trust used information about costs and performance to improve the way
 they manage and deliver services. We have not identified any significant weaknesses or significant risks associated with
 improving economy, efficiency and effectiveness.
- A monthly savings report is presented to the Finance & Performance Committee in order to report on financial performance, allowing the Trust to assess the level of value for money being achieved.

Monitoring of Performance of Services

 Operational Performance is monitored through the weekly Operational Performance Group and monthly through the Finance and Performance Committee, and bi-monthly through the Board. A detailed Integrated Performance Report has been developed to ensure all key metrics are reported through to the Board. Our review of Board minutes and the weekly operating performance group reports found an appropriate level of review and challenge.

Partnership Working

- The Trust is a member of the Dorset ICS. The Trust's Board is provided with updates through chief executive reports and finance reports. The financial position of the ICS is reported through these reports and the ICS Finance lead attends the Finance and Performance committee meetings quarterly. We have not identified a significant risk in relation to partnership working.
- The Trust holds a leadership role in the Dorset ICS. Being an active member of the ICS this is integral to the work of UHD, with most major decisions being shared through the ICS governance, e.g. Clinical Reference Group meeting monthly with Chief Medical and Chief Nursing Officers. The Dorset Non-Executive Director (NED) network (chaired by a UHD NED) also ensures non-executives are also regular and active in partnership work, feedback and oversight at the Board level.
- We found appropriate measures in place for the Trust to monitor outsourced services, both clinical and non-clinical, through regular contract meetings and performance reporting.



Value for money

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- Monitoring of non-financial performance to assess w hether objectives are being achieved; and
- Management of partners and subcontractors.

Partnership Working

- The proposed revenue budget represents a break-even position during the first half of the year supported by continued national top-up funding and COVID funding.
- The trust has submitted a financial plan for H1 of 2021-22 w hich shows a balanced position. This is based on receipt of block top-up funding consistent with 2020-21, and assumes an efficiency factor of 0.5%. However, this should be considered indicative only at this stage pending the H2 planning guidance and financial allocations, which are expected within the coming months.
- We found appropriate processes in place to ensure the Trust used information about costs and performance to improve the way
 they manage and deliver services. We have not identified any significant weaknesses associated with improving economy,
 efficiency and effectiveness.









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