

Annual Audit Report 2022 – Swansea Bay University Health Board

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Summary report

About this report

- 1 This report summarises the findings from my 2022 audit work at Swansea Bay University Health Board (the Health Board) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
 - examine and certify the accounts submitted to me by the Health Board, and to lay them before the Senedd;
 - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
 - satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
 - Audit of accounts
 - Arrangements for securing economy, efficiency, and effectiveness in the use of resources.
- 3 This year's audit work took place at a time when NHS bodies continued to respond to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. Health bodies were not only tackling the immediate challenges presented by the public health emergency but were also seeking to recover and transform services to respond to the significant numbers of people who are waiting for treatment and improve population health. My work programme, therefore, was designed to best assure the people of Wales that public funds are well managed. I have considered the impact of the current crisis on both resilience and the future shape of public services.
- 4 I aimed to ensure my work did not hamper public bodies in tackling the crisis, whilst ensuring it continued to support both scrutiny and learning. We largely continued to work and engage remotely where possible using technology, but some on-site audit work resumed where it was safe and appropriate to do so. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.
- 5 As was the case in the previous two years, the delivery of my audit of accounts work has continued mostly remotely. The success in delivering it reflects a great collective effort by both my staff and the Health Board's officers.
- 6 I have adjusted the focus and approach of my performance audit work to ensure its relevance in the context of the crisis and to enable remote working. I have commented on how NHS Wales is tackling the backlog of patients waiting for planned care. My local audit teams have commented on how governance arrangements have adapted to respond to the pandemic, and the impact the crisis has had on service delivery.

- 7 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1**). I also include a summary of the status of work still underway, but not yet completed.
- 8 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2022 Audit Plan.
- 9 **Appendix 3** sets out the audit of accounts risks set out in my 2022 Audit Plan and how they were addressed through the audit.
- 10 The Chief Executive, Chair, Director of Finance and Board Secretary have agreed the factual accuracy of this report. We presented it to the Board on 30th March 2023. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 11 I would like to thank the Health Board's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

- 12 I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified true and fair audit opinion on them. My work did not identify any material weaknesses in the Health Board's internal controls relevant to my audit of the accounts.
- 13 However, I qualified the regularity opinion in two respects. Alongside my audit opinion, I placed a substantive report on the Health Board's financial statements to highlight the regularity issues.
- 14 Firstly, and in line with prior years, the regularity opinion was qualified because the Health Board did not meet its revenue resource allocation over the three-year period ending 2021-22. The Auditor General's substantive report also reported the fact that the Health Board did not meet its financial duty to have an approved three-year Integrated Medium-Term Plan (IMTP) for the period 2019-20 to 2021-22 (the period extant when the process for the 2020-23 IMTP was paused in spring 2020). The regularity opinion was not qualified for this.
- 15 Secondly a new regularity opinion qualification arose due to the accounts including £1.9 million of expenditure and funding in respect of clinicians' pension tax liabilities.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 16 My programme of Performance Audit work has led me to draw the following conclusions:
- the Health Board has generally good governance arrangements in place and updating the organisation's ten-year strategy presents an opportunity for the Health Board to enhance these arrangements further by ensuring key governance structures, processes, and resources are fully aligned to strategic objectives and risks.
 - despite the additional investment in waiting list recovery, the significant growth in the numbers of people waiting is likely to mean that waiting lists will not return to pre-pandemic levels for many years.
 - the contract arrangements following the Health Board boundary change in 2019 are sound and supported by good operational oversight and project management. However, there has been no clear programme for disaggregation of services until recently, and the lack of commissioning capacity and programme management, alongside the impact of COVID-19, has meant that the original timetable has not been met. Oversight and scrutiny of the programme at Board and Committee level within both health boards also need to be improved, as well as the management of risk.
- 17 These findings are considered further in the following sections.

Detailed report

Audit of accounts

- 18 Preparing annual accounts is an essential part of demonstrating the stewardship of public money. The accounts show the organisation's financial performance and set out its net assets, net operating costs, gains and losses, and cash flows. My annual audit of those accounts provides an opinion on both their accuracy and the proper use ('regularity') of public monies.
- 19 My 2022 Audit Plan set out the key risks for audit of the accounts for 2021-22 and these are detailed along with how they were addressed in **Appendix 3**.
- 20 My responsibilities in auditing the accounts are described in my [Statement of Responsibilities](#) publications, which are available on the [Audit Wales website](#).

Accuracy and preparation of the 2021-22 accounts

- 21 **I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified true and fair audit opinion on them. My work did not identify any material weaknesses in internal controls (as relevant to my audit), however, I brought some issues to the attention of officers and the Audit Committee for improvement.**
- 22 I received draft accounts by the deadline and the supporting working papers were of good quality.
- 23 I reviewed those internal controls that I considered to be relevant to the audit to help me identify, assess, and respond to the risks of material misstatement in the accounts. I did not consider them for the purposes of expressing an opinion on the operating effectiveness of internal control. My review did not identify any significant deficiencies in the Health Board's internal controls.
- 24 I must report issues arising from my work to those charged with governance for consideration before I issue my audit opinion on the accounts. My Financial Audit Manager reported these issues to the Health Board's Audit Committee and Board on 8 June 2022. **Exhibit 1** summarises the key issues set out in that report.

Exhibit 1: issues reported to the Audit Committee

| Issue | Auditors' comments |
|---------------------------|---|
| Uncorrected misstatements | There were two uncorrected misstatements. |

| Issue | Auditors' comments |
|--------------------------|--|
| Corrected misstatements | There were several adjustments made to the draft accounts which in the main related to additional narrative to provide more clarity. |
| Other significant issues | <p>I qualified my regularity opinion and issued a substantive report because the Health Board did not achieve its financial duty to achieve financial balance for the three years ending 2021-22 and because the accounts included expenditure and funding in respect of clinicians' pension tax liabilities.</p> <p>I also reported some issues regarding the governance and controls over Senior Officer Remuneration.</p> |

- 25 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Health Board's financial position on 31 March 2022 and the return was prepared in accordance with the Treasury's instructions.
- 26 My separate audit of the charitable funds accounts is complete, and I issued an unqualified audit opinion on 20 December 2022.

Regularity of financial transactions

- 27 The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive the income and incur the expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur.
- 28 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion.
- 29 The Health Board did not achieve financial balance for the three-year period ending 31 March 2022, and in addition incurred expenditure on NHS Clinicians' pension tax liabilities, which I deem to be outside its powers to spend, so I have issued a qualified opinion on the regularity of the financial transactions within the Health Board's 2021-22 accounts.
- 30 In 2021-22, the Health Board reported a year-end deficit of £24.4 million. In addition, the Health Board breached its cumulative resource limit by spending £64.9 million over the £3.1 billion that it was authorised to spend in the three-year period 2019-20 to 2021-22.

- 31 In 2021-22, the accounts included £1.9 million of expenditure and funding in respect of clinicians' pension tax liabilities. The amounts were included following a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government to proceed with plans to commit to making payments to clinical staff to restore the value of their pension benefits packages for additional work undertaken. If NHS clinicians opted to use the 'Scheme Pays' facility to settle annual allowance tax charges arising from their 2019-20 NHS pension savings (i.e., settling the charge by way of reduced annual pension, rather than by making an immediate one-off payment), then their NHS employers would meet the impact of those tax charges on their pension when they retire. The Ministerial Direction was required because this solution could be viewed by HMRC to constitute tax planning and potentially tax avoidance, hence making the expenditure irregular. Managing Welsh Public Money (which mirrors its English equivalent) specifically states that 'public sector organisations should not engage in...tax evasion, tax avoidance or tax planning.'
- 32 All NHS bodies will be held harmless for the impact of the Ministerial Direction. However, in my opinion, the transactions included in the Health Board's financial statements to recognise this liability are irregular and material by their nature. This is because the payments are contrary to paragraph 5.6.1 of Managing Welsh Public Money and constitute a form of tax planning which will leave the Exchequer as a whole worse off. The Minister's direction alone does not regularise the scheme. Furthermore, the arrangements are novel and contentious and potentially precedent setting. As a result, the 'regularity' opinion for 2021-22 was qualified.
- 33 Alongside my audit opinion, I placed a substantive report on the Health Board's accounts to highlight the failure to achieve financial balance, the failure to have an approved three-year plan in place, and the NHS Clinicians' pension tax liabilities issue. I have the power to place a substantive report on the Health Board's accounts alongside my opinions where I want to highlight issues. Due to the issues set out above, I issued a substantive report setting out the factual details.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 34 I have a statutory requirement to satisfy myself that the Health Board has proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:
- undertaking a structured assessment of the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically.

- undertaking a high-level review of how NHS Wales is tackling the planned care backlog.
- undertaking a joint review at both Swansea Bay and Cwm Taf Morgannwg University Health Board of the arrangements for overseeing and managing the contractual agreements established following the realignment of Health Board boundaries¹.

35 My conclusions based on this work are set out below.

Structured assessment

- 36 My 2022 structured assessment work took place at a time when NHS bodies were not only continuing to tackle the challenges presented by COVID-19 but were also seeking to recover and transform services to respond to the significant numbers of people who are waiting for treatment and improve population health.
- 37 My team focussed on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on the organisation's governance arrangements; strategic planning arrangements; financial management arrangements; and arrangements for managing the workforce, digital assets, the estate, and other physical assets. Auditors also paid attention to progress made to address previous recommendations.

Governance arrangements

- 38 My work considered the Health Board's governance arrangements, with a particular focus on:
- Board and committee effectiveness;
 - the extent to which organisational design support supports good governance; and
 - key systems of assurance.
- 39 My work found that **governance arrangements are generally effective, with open and transparent discussions. However, there needs to be further refinement of the Board Assurance Framework (BAF) to strengthen sources of assurance and ensure committees are providing appropriate oversight of risks to delivering the long-term strategy.**

¹ On 1 April 2019, the Welsh Government introduced changes to the boundaries of Abertawe Bro Morgannwg University Health Board (ABMUHB) and Cwm Taf University Health Board. Neath Port Talbot, Singleton and Morrison Hospitals, and services relating to the Swansea and Neath Port Talbot population became part of the new Swansea Bay University Health Board (UHB). The Princess of Wales Hospital, formerly part of ABMUHB, became part of the new Cwm Taf Morgannwg University Health Board (CTMUHB). Commissioning responsibility for the health needs of the Bridgend population transferred to CTMUHB.

40 Whilst the Health Board's BAF and systems of assurance continue to evolve, there is a need to tighten-up sources of assurance and better align the framework with the refreshed long-term strategy. The Board and its committees are generally operating well, however, opportunities exist to enhance public transparency, and strengthen staff and patient feedback. The committee structure needs to align with the BAF, and self-review mechanisms need to be in place. There is currently a stable Executive Team, but there remain staffing gaps at senior levels within the Morriston Hospital Service Group.

Strategic planning arrangements

41 My work considered the Health Board's strategic planning arrangements, with a particular focus on the organisation's:

- vision and strategic objectives;
- Integrated Medium-Term Plan (IMTP);
- planning arrangements; and
- arrangements for implementing and monitoring the delivery of corporate strategies and plans.

42 My work found that **whilst approval of the Health Board's 2022-25 IMTP is positive, it needs to revisit its current long-term strategy. Planning remains a strength but monitoring and reporting on the delivery of plans could be sharper.**

43 The Health Board has a long-term strategy, but this is out of date and a decision needs to be taken about its future, or whether it will be refreshed to reflect changes to strategic priorities, the developing population health strategy, and the boundary change in 2019. For the first time in several years, the Health Board has produced a Welsh Government approved IMTP for 2022-25, which was developed with good engagement from the Board. Good arrangements are also in place for developing other corporate plans and strategies and monitoring delivery of the IMTP. However, oversight of plans supporting the Clinical Services Plan needs to be improved and the effectiveness of commissioning arrangements needs to be an area of focus.

Managing financial resources

44 My work considered the Health Board's arrangements for managing its financial resources, with a particular focus on the organisation's:

- arrangements for meeting key financial objectives;
- financial controls; and
- arrangements for reporting and monitoring financial performance.

45 My work found **that although the Health Board failed to meet some of its financial duties in 2021-22 and is set to fail some of them in 2022-23, its**

financial position has improved. Overall, arrangements for financial management, control, and monitoring are good.

- 46 My work found that the Health Board ended the financial year 2021-22 with a financial deficit of £24.4 million, and a three-year cumulative deficit of £64.9 million. Financial deficits in the last two years, means that the Health Board will fail to break-even over the three-year period 2020-23, however it is on-track to achieve a breakeven position for 2022-23 following an uplift in its baseline revenue allocation. It is also on track to deliver the required savings of £27 million and has a balanced financial plan for 2022-25. But cost pressures and discretionary capital are a challenge, with the Health Board working to curtail overspends.
- 47 Appropriate arrangements for financial management and controls are in place. The Health Board has robust processes to ensure compliance with statutory instruments, is aware of its cost drivers, and good controls are in place to manage the financial position. The Health Board also continues to have robust arrangements for monitoring and scrutinising its financial position, with several comprehensive financial reports presented to Board and committees.

Managing the workforce, digital resources, the estate, and other physical assets

- 48 My work considered the Health Board's arrangements for managing its wider resources, with a particular focus on the organisation's:
- arrangements for supporting staff wellbeing;
 - arrangements for managing its digital resources; and
 - arrangements for managing its estate and other physical assets.
- 49 My work **found that that the Health Board is supporting staff well-being, has clear plans for digital, and operationally is managing its estates and physical assets well. But limited capital funding is a challenge, and oversight of estates issues at a corporate level need improving.**
- 50 My work found that the Health Board has adequate arrangements in place to support and oversee staff well-being. The Health Board has developed a COVID-19 Well-being strategy with a focus on intervention and prevention, along with a Staff Stress and Emotional Wellbeing policy. However, it was not systematically seeking staff views on the impact of this.
- 51 The Health Board is prioritising digital transformation but lacks the financial and staff resources to fully implement its ambitions.
- 52 The Health Board has good operational arrangements for the management of estates and physical assets. However, there is no asset management strategy or estates strategy in place at the time of our work. There were good operational arrangements in place for maintaining oversight of the condition of the estates and physical assets but visibility at Board and committee level was limited.

- 53 Availability of capital to improve the Health Board estate is an issue, and there has been a significant reduction in the available capital funds for the Health Board this year.

Tackling the planned care backlog in Wales

- 54 In May 2022, I published a report that set out the extent of the planned care backlog in NHS Wales, and the key actions the system needs to take to start to tackle the backlog. My report highlighted the continued growth of the overall waiting list numbers month on month, whilst noting the rate of growth was slowing. It also noted that the inevitable drop in referrals seen during the pandemic would likely result in this latent demand eventually coming back into the system. Taking these and other factors into account my work estimated that it could be as much as seven years before overall waiting list numbers in Wales returned to pre-pandemic levels.
- 55 The Welsh Government has produced a national recovery plan for planned care with key milestones for health boards to achieve, including an initial focus on those patients facing very long waits. However, those milestones are already proving difficult to achieve.
- 56 In line with the key actions, I set out in my report, the Health Board, along with others in Wales, will need to both build and protect capacity for planned care, and continue to maintain a focus on efficiency and productivity.
- 57 The Health Board will also need to ensure that it actively manages the clinical risks to patients that are facing long waits for treatment and enhance its systems for communicating with patients to help them manage their condition whilst they are waiting and inform them of what to do if their condition deteriorates.

Commissioning and contracting arrangements post Bridgend boundary change

- 58 My work considered the robustness of the arrangements for overseeing and managing the contractual agreements established following the realignment of the health board boundaries in 2019. We also considered the programme for service disaggregation (for relevant services), and whether the arrangements support future regional service models being explored by Cwm Taf Morgannwg University Health Board and Swansea Bay University Health Board.
- 59 My work found that **the contract arrangements are sound and supported by good operational oversight and project management. However, there has been no clear programme for disaggregation of services until recently, and the lack of commissioning capacity and programme management, alongside the impact of COVID-19, has meant that the original timetable has not been met. Oversight and scrutiny of the programme at Board and Committee level**

within both health boards also need to be improved, as well as the management of risk.

- 60 My work found that there are comprehensive programme arrangements in place to provide operational oversight of the Bridgend commissioning arrangements. The current operational governance arrangements work well, with clear leadership and involvement from all relevant corporate functions. Agendas for meetings are well managed, although some agendas can be full and operational and clinical staff are not always involved. However, oversight of the total programme at Board and Committee level within both health boards is not sufficient, with only limited updates provided to the Board in Swansea Bay.
- 61 Arrangements for monitoring the contracts are sound, and regular information is provided to the operational groups to ensure scrutiny. Changes to any contracts are managed well, although there is scope to ensure that any impacts from service changes are appropriately assessed. A joint risk register is in place, which captures the risks appropriately, however, there is no clear process for escalation of these risks to the relevant health board risk register.
- 62 Although there has been progress in disaggregating services, the anticipated time to disaggregate all contracts was underestimated and, up until recently, there has been no clear disaggregation plan in place. The capacity of the commissioning teams has not been enough to enable effective programme management and, compounded with the impact of COVID-19, has affected the ability to disaggregate services at the expected rate. While a plan is now in place, without additional capacity, the ability to disaggregate remaining contracts will be hindered.

Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board since my last annual audit report.

| Report | Date |
|---|---------------|
| Financial audit reports | |
| Audit of Financial Statements Report | June 2022 |
| Opinion on the Financial Statements | June 2022 |
| Audit of Charitable Funds Financial Statements Report and Opinion on the Charitable Funds Financial Statements | December 2022 |
| Performance audit reports | |
| Tackling the Planned Care Backlog in Wales | May 2022 |
| Commissioning and Contracting Arrangements Post Bridgend Boundary Change – Swansea Bay and Cwm Taf Morgannwg University Health Boards | January 2023 |
| Structured Assessment 2022 | March 2023 |
| Swansea Bay University Health Board – Tackling the Orthopaedic Services' Waiting List Backlog | March 2023 |
| Other | |

| Report | Date |
|-----------------|------------|
| 2022 Audit Plan | March 2022 |

My wider programme of national value for money studies in 2022 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the [Audit Wales website](#).

Exhibit 3: performance audit work still underway

There are several performance audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

| Report | Estimated completion date |
|--|---------------------------|
| Unscheduled care – patient flow out of hospital | April 2023 |
| Review of Service Group Governance arrangements | May 2023 |
| Follow-up Review of Primary Care Services | May 2023 |
| Unscheduled care – access to unscheduled care services | July 2023 |

Appendix 2

Audit fee

The 2022 Audit Plan set out the proposed audit fee of £398,376 (excluding VAT). My latest estimate of the actual fee, on the basis that some work remains in progress, is in keeping with the fee set out in the outline.

Appendix 3

Audit of accounts risks

Exhibit 4: audit of accounts risks

My 2022 Audit Plan set out the risks for the audit of the Health Board's 2021-22 accounts. The table below lists these risks and sets out how they were addressed as part of the audit.

| Audit risk | Proposed audit response | Work done and outcome |
|--|---|---|
| <p>The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].</p> | <p>My audit team will:</p> <ul style="list-style-type: none"> • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for biases; and • evaluate the rationale for any significant transactions outside the normal course of business. | <p>My audit team:</p> <ul style="list-style-type: none"> • tested journal entries; • reviewed accounting estimates, particular primary care payments; and • did not identify any transactions outside of the normal course of business. <p>No matters arose from the work carried out.</p> |
| <p>There is a significant risk that the Health Board will fail to meet its first financial duty to break even over a three-year period. The position at month 10 shows a year-to-date deficit of £19.2 million and a forecast year-end deficit of £24.4 million. This, combined with the outturns for 2019-20 and 2020-21, predicts a three-year</p> | <p>We will focus our testing on areas of the financial statements which could contain reporting bias.</p> | <p>My audit team reviewed year-end transactions, in particular accruals and cut-off. No matters arose from the work carried out.</p> <p>I chose to place a substantive report on the financial statements explaining the failure and the circumstances under which it arose.</p> |

| Audit risk | Proposed audit response | Work done and outcome |
|---|--|---|
| <p>deficit of £65 million. Where the Health Board fails this financial duty, we will place a substantive report on the financial statements highlighting the failure and qualify your regularity opinion. Your current financial pressures increase the risk that management judgements and estimates could be biased to achieve the forecast deficit.</p> | | |
| <p>Although COVID-19 restrictions have now been removed, there have been ongoing pressures on staff resource and of remote working that may impact on the preparation, audit, and publication of accounts. There is a risk that the quality of the accounts and supporting working papers may be compromised leading to an increased incidence of errors. Quality monitoring arrangements may be compromised due to timing issues and/or resource availability.</p> | <p>We will discuss your closedown process and quality monitoring arrangements with the accounts preparation team and plan to monitor the accounts preparation process. We will help to identify areas where there may be gaps in arrangements.</p> | <p>My audit team considered the Health Board's closedown process and quality monitoring arrangements as part of the audit. No issues were identified.</p> |
| <p>There continues to be increased funding streams and expenditure in 2021-22 to deal with</p> | <p>We will identify the key issues and associated risks and plan our work</p> | <p>My audit team considered and liaised with the Health Board to ensure the correct</p> |

| Audit risk | Proposed audit response | Work done and outcome |
|--|---|--|
| <p>the COVID-19 pandemic. These could have a significant impact on the risks of material misstatement and the shape and approach to our audit. Examples of issues include accounting for field hospital decommissioning and their associated costs; fraud, error, and regularity risks of additional spend; valuation (including obsolescence) of year-end inventory including PPE; and estimation of annual leave balances.</p> | <p>to obtain the assurance needed for our audit.</p> | <p>accounting treatment and audit implications.</p> |
| <p>The implementation of the 'scheme pays' initiative in respect of the NHS pension tax arrangements for clinical staff is ongoing. Last year we included an Emphasis of matter paragraph in the audit opinion drawing attention to your disclosure of the contingent liability. Applications to the scheme will close on 31 March 2022, and if any expenditure is made in-year, we would consider it to be irregular as it contravenes the requirements of Managing Welsh Public Money.</p> | <p>We will review the evidence one year on around the take-up of the scheme and the need for a provision, and the consequential impact on the regularity opinion.</p> | <p>My audit team considered the evidence accounting treatment. A provision was included for this in the financial statements and the regularity opinion was qualified.</p> |

| Audit risk | Proposed audit response | Work done and outcome |
|--|---|---|
| <p>Introduction of IFRS 16 Leases has been deferred until 1 April 2022. There may be considerable work required to identify leases and the COVID-19 national emergency may pose additional implementation risks. The 2021-22 accounts will need to disclose the potential impact of implementing the standard.</p> | <p>We will review the completeness and accuracy of the disclosures.</p> | <p>My audit team reviewed the completeness and accuracy of the disclosures. No matters arose from the work carried out.</p> |



Audit Wales
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

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