



# Year-end survey 2015/16

Summer 2016

## Introduction

In 2013/14 and 2014/15, the HFMA surveyed all CCG/ CSU attendees at the HFMA pre-accounts planning conferences as members of the HFMA's committees to identify how the year-end process had operated and to identify where improvements could be made.

This was done for CCGs because they were new organisations. The year-end for their third year of operation, 2015/16, felt like business as usual. However, the feedback received was useful to both the Department of Health and NHS England as well as informing the HFMA's work programme and the content of the pre accounts planning conferences.

It was therefore agreed that the HFMA's accounting and standards committee would sponsor a similar survey of all NHS bodies.

The results of this survey have been shared with NHS Improvement, NHS England, the Department of Health and the National Audit Office to form part of their year-end review process. The HFMA's Accounting and Standards Committee will use the results of the survey to inform its work programme in 2016/17 as well as to develop the 2017 pre-accounts planning conferences.

## Overview

In total 84 responses were received from:

- 35 CCGs (13 of which undertook co-commissioning of primary care services during 2015/16)
- 4 CSUs
- 30 NHS foundation trusts
- 15 NHS trusts.

Not all individuals answered every question and the percentages referred to are percentages of respondents answering the specific question. (Some tables may not add up to 100% due to rounding.)

We also asked respondents whether they were responding on a personal basis or on behalf of an organisation. Most responses were a bit of both:

- 31 personal responses
- 12 responses on behalf of their organisation
- 40 responses were a bit of both.

Our survey focussed on the process of producing the annual report and accounts rather than the output. Therefore, the results of this survey do not provide any information on whether deadlines were met or the quality of the annual report and accounts produced.

The survey revealed the following key points:

- 2015/16 was generally a 'business as usual' year, where NHS bodies did experience difficulties they were in relation to one off events
- Other than one off events, such as mid-year mergers, the difficult issues tended to be dealing with new initiatives such as the better care fund and primary care co-commissioning
- Due to the financial pressures in the year, there was additional auditor scrutiny. In particular, this was as a result of some of the communications about prudence coming from the centre
- As usual, the agreement of balances exercise took lots of time and resource
- The remuneration report and, in particular, disclosures around pensions is an area where respondents would like additional guidance.

### Preparing for the year end – training and guidance

This survey was sent to all of those who attended the pre accounts planning conferences. It is therefore unsurprising that most respondents said that they had attended that conference. Those who did not attend commented that they sent a deputy or another member of staff from their organisation.

All of the CCGs and CSUs that responded, except 2, attended the workshops held by NHS England.

There is a wide range of training events available some of which were better attended than others:

	CCGs and CSUs	Provider bodies <sup>1</sup>	Total
HFMA's pre accounts planning conference	39	36	75 (89%)
HFMA branch events	3	10	13 (15%)
FSD events	4	7	11 (13%)
NHS England's workshops	37	1	38 (45%)
HFMA webinar in February 2016	8	11	19 (23%)
Training events held by auditors	20	14	34 (40%)
Other: <ul style="list-style-type: none"> <li>• SBS webinar</li> <li>• Other auditors events</li> </ul>	3	1	4 (5%)

We asked which sources of guidance NHS bodies referred to during the preparation and finalisation of the annual report and accounts:

	CCGs and CSUs	Provider bodies	Total
DH Manual for Accounts	39	28	67 (80%)
Monitor Annual Reporting Manual	2	32	34 (41%)

<sup>1</sup> In this report, NHS foundation trusts and NHS trusts together will be referred to as provider bodies.

HM Treasury FReM	18	21	39 (46%)
DH's guidance on the agreement of balances	31	36	67 (80%)
IFRS standards (free versions)	17	24	41 (49%)
IFRS standards (access to the full versions by subscription)	1	5	6 (7%)
Other	10	7	17 (20%)
<ul style="list-style-type: none"> <li>• NHS England guidance (on SharePoint) and FAQs</li> <li>• NHS England workshop documentation</li> <li>• NHS Pensions Agency/Greenbury</li> <li>• External auditors</li> <li>• NHS SBS</li> <li>• Sustainable Development Unit</li> <li>• Finman FAQs</li> <li>• Other internet searches/guidance</li> </ul>			

It should be noted that all CCGs, CSUs and NHS trusts referred to the DH Manual for Accounts, as well as 10 (77%) of the NHS foundation trusts who responded. All NHS foundation trusts referred to the Monitor Annual Reporting Manual as well as 2 NHS trusts and 1 CCG.

Of more concern is the fact that the DH's guidance on agreement of balances was only referred to by 80% of respondents. Of those who indicated that they had not referred to the guidance only 3 were responding on behalf of their organisation. All 3 of these were CCGs who may have relied on CSUs to undertake agreement of balances. The other respondents who did not refer to this guidance were responding, at least in part, on their own behalf so may not have referred to this guidance if agreement of balances is not part of their role.

Some of the other guidance referred to by respondents are websites. We asked how frequently respondents referred to these sites during the close-down period. Some of the sites are specific to different types of NHS bodies so we have analysed these results by NHS body:

CCGs/CSUs	Daily	Weekly	Occasionally	Never
DH/finman website	11	16	11	
Monitor's accounting update website			6	18
NHS England's SharePoint site	33	5	1	
Our external auditor's website	1	9	7	12
Other		2	3	8
		<ul style="list-style-type: none"> <li>• SBS</li> </ul>	<ul style="list-style-type: none"> <li>• SDU</li> <li>• HFMA</li> </ul>	

NHS trusts	Daily	Weekly	Occasionally	Never
DH/finman website	6	9		
Monitor's accounting update website			1	6
NHS England's SharePoint site				7
Our external auditor's website		1	5	3
Other		3	2	1
		<ul style="list-style-type: none"> <li>• Other auditors guidance</li> <li>• Accounting standards</li> </ul>	<ul style="list-style-type: none"> <li>• HFMA</li> <li>• Deloitte IFRS e-Learning</li> </ul>	

NHS foundation trusts	Daily	Weekly	Occasionally	Never
DH/finman website	3	8	17	1
Monitor's accounting update website	4	17	7	1
NHS England's SharePoint site			1	17
Our external auditor's website	1	4	6	12
Other		3	2	7
		<ul style="list-style-type: none"> <li>• IFRS</li> <li>• Other auditors websites</li> </ul>	<ul style="list-style-type: none"> <li>• IFRS</li> <li>• PwC Inform</li> </ul>	

We asked whether all of the relevant guidance was available as needed. 68 (83%) of respondents said that it was available.

One recurring theme is that guidance is issued in different ways by different regulators and it is difficult to keep track of changes to that guidance. This is best summarised in these comments:

*'A lot of guidance this year, which was good but confusing at the same time, as there were multiple sources of guidance many being updated frequently throughout the year end process.'*

*'Often there is too much guidance from too many sources which makes recall for later referencing difficult. A condensed fully comprehensive pack would be really beneficial.'*

The fact that the manual for accounts was issued early this year was recognised. However, the number and timing of subsequent FAQs was a frustration to some:

*'The manual of accounts were published in good time, but there were some very late additions/clarifications. The pro forma accounts were published far too late and in a different format which was not user-friendly and created more work than before.'*

*'Get the finance manual right the first time and avoid all the FAQ additional items. The removal of brought forward depreciation on the note 15.1 for Land & Buildings could have been dealt with in the first release on 05/08/2015. We have had a bad school report (ISA260) as a result of not being compliant in the draft accounts (submitted on 23/04/2016) when the FAQ4 was issued on 02/05/2016!!! The Finance Director and Deputy Finance Director now think I am incompetent as this is such a basic task that I did not process in the draft accounts.'*

There were also comments about the quality of the guidance and forms. In particular:

- The information received from the NHS Business Services Authority in relation to pensions
- The NHS trust pro forma accounts and late macro fixes
- Paragraph 4.91 of the manual for accounts which incorrectly stated that the intra government balances note was still required
- That the manuals do not provide much guidance on how particular notes, in particular the operating expenses note should be compiled:

*'Manual for accounts is not helpful with specific guidance on where to allocate items of income and expenditure in TRU forms.'*

*'Guidance on the meanings of the different categorisations of income and expenditure is almost non-existent. For example, should stationary expenditure incurred by an R&D team be classed as R&D or stationary expense?'*

*'Guidance isn't really specific enough on the FTCs, it is left open to interpretation what to do sometimes e.g. lifecycle additions and how to classify PFI revenue spend. ESA10 didn't seem to be well covered.'*

- The guidance in the manual for accounts in relation to the better care fund.

Only 13 of our respondents were CCGs with responsibility for co-commissioning primary care services. There was a particular issue with accounting for co-commissioning expenditure which is best summarised in this comment:

*'Co-commissioning was handled really poorly by NHSE. The lack of service auditor reports caused an issue and resulted in local testing. The co-operation from NHSE with this local testing was also poor (incomplete reports, lack of response to queries). We raised the issue of related parties for co-commissioning in November 2015. Eventually NHSE gave us some instruction and then made a U-turn late March. Also there was a lack of central advice from NHSE on what to report for co-commissioning related parties. We had to argue our case with our auditors to only include payments to GPs who were office holders.'*

In the HFMA's survey of CCGs in 2013/14 and 2014/15, there were comments about the SharePoint site and although some of these seem to have been resolved, other CCGs still find it difficult to navigate:

*'Format of information on SharePoint needs improving, guidance was posted across different folders not in one central place. All folders had to be checked daily in case something had been posted there.'*

*'The SharePoint information worked well. Unable to print guidance and timetable from SharePoint in a user friendly format'*

74 (88%) of respondents said that they had read the DH year-end supplementary guidance<sup>2</sup> which was issued on 1 April 2016 on the DH's finman website. This was the guidance which followed the joint letter issued by Monitor and the NHS Trust Development Authority (TDA) on 15 January 2016 which required collective action by providers to try to ensure that the provide sector was within the control total of £1.8bn. The comments received indicated that when answering this question respondents also considered the FAQs 1 to 15 issued by the Department of Health between 14 December 2015 and 13 May 2016.

Of those who had read the guidance, 47 (65%) said that they had taken action as a result of this action. Most of those who had taken action indicated that they had used the guidance to double check they were already compliant rather than making late changes to their accounts. For instance, they used the guidance to check discount rates, review accruals, review pension disclosures and the property, plant and equipment note (in particular, asset valuations).

There were three main reasons why respondents did not take action as a result of the guidance:

- They were already compliant
- None of the guidance was applicable to them
- They had already taken action as a result of the letter in January.

One CCG said that they had not picked up the guidance because they were expecting it to be on SharePoint rather than finman.

In terms of the timing of this particular guidance one respondent said:

*'We had acted as necessary on DH's earlier guidance on year end actions. It would have been too late to take any additional action by this stage. We obviously liaised with our auditors as necessary to ensure a successful year end.'*

Other respondents said:

*'I felt it a shame that the guidance was considered necessary as, as a professional accountant I was already following the rules insofar as prudence, accruals, estimation are concerned.'*

*'We were already taking action, it was helpful to have national issues such as valuing PFIs net of VAT made public but care needs to be taken that some issues don't flag as risks to auditors given the extreme late publication of the additional guidance it is not helpful to raise additional risks at that late stage in a public document.'*

## **Preparing the annual report and accounts**

Just over a quarter of respondents reported unexpected issues occurred during the preparation of the draft annual report and accounts. While some of these issues are clearly one off issues – becoming an NHS foundation trust part way through the year, acquiring an NHS trust or changing auditors – many of the issues relate to issues which are common to many NHS bodies and which occur every year:

- Late changes or additions to the summarisation forms, in particular:
  - The formatting of the CCG template accounts, in particular, the issues in relation to rounding errors
  - Late changes and macro fixes to the TRU forms
  - The late addition of a new FTC tab

---

2

[www.info.doh.gov.uk/doh/finman.nsf/4db79df91d978b6c00256728004f9d6b/aeda7648c62c72c680257e99004acd6/\\$FILE/2015-16%20year-end%20supplementary%20guidance.pdf](http://www.info.doh.gov.uk/doh/finman.nsf/4db79df91d978b6c00256728004f9d6b/aeda7648c62c72c680257e99004acd6/$FILE/2015-16%20year-end%20supplementary%20guidance.pdf)

- Late changes to accounting treatment or balances by provider bodies and/or NHS Property Services Ltd
- Incomplete or late pensions information
- Late auditor statements in relation to third party information. This was particularly an issue in relation to primary care co-commissioning this year.
- Accounting for PFI
- The better care fund

### Support during the year-end process

We asked respondents whether they had sought help from a regulator or consolidating body during the year-end process (either during the preparation of the draft annual report and accounts or during the audit period). 46 (58%) of respondents indicated that they had:

	CCGs and CSUs	Provider bodies
NHS England local team	23	
NHS England central team	22	1
NHS Improvement – FT support (the Monitor team)		7
NHS Improvement – trust support (the NHS TDA team)		8
Auditors	17	20
Other	<ul style="list-style-type: none"> <li>• CSU</li> <li>• Other colleagues</li> <li>• Pensions agency</li> </ul>	

Of those who sought help, 50 (84%) found that the response adequately addressed their query. Those whose query was not resolved indicated that this was because of a disagreement with or misunderstanding on the part of the responding body. The impression seems to be that those in the centre do not understand what life is like for those ‘at the coal face’.

This could be improved by:

- An acknowledgement that the query has been received and is being looked at
- Rather than a generic email address, names and phone numbers of those who can respond to queries.

### Agreement of balances

Each year, the agreement of balances exercise takes considerable time and effort. The agreement of balances guidance is under constant review so we asked questions to feed into that review process.

In 2015/16, for the first time, NHS bodies were required to agree income and expenditure at quarter 4. In previous years, only payable and receivable balances were agreed in quarter 4 with income and expenditure only being agreed at quarter 3. We asked whether this

improved the agreement of balances exercise – 43 (58%) of respondents agreed that it had. Of those that agreed that the process had been improved 21 were CCGs/CSUs and 22 were provider bodies.

We asked for suggestions to improve the process of agreeing balances and responses can be summarised as follows:

- Find a way to automate the process
- Change the thresholds for responding to statements, although there was disagreement as to whether the threshold should be increased or reduced
- Standardise the forms to be used as part of the agreement
- Mandate the process, there is still a lack of involvement from some. Alongside this, some advocated sanctions for non-compliance
- Revise the timetable as a tight timetable means that there is less accuracy.

Several respondents indicated that they thought that agreement of a balance should be an agreement to pay it. However, others indicated that they were not fully engaged with the process as they did not want to pre-empt on-going discussions by disclosing the amount that they had accrued.

Many respondents indicated that they felt that counter-parties did not understand the process and were not following it correctly. This is especially the case in relation to accruals, pre-payments and unusual payment arrangements such as the maternity pathway. It would seem that there is an on-going training need and this goes beyond the financial accountants to the management accountants and contract managers.

Identifying the right part of NHS England to agree balances with continues to be an issue. This was raised at the pre-accounts planning conferences and additional guidance was issued but this remains a problem.

The main difficulties with the agreement of balances exercise were seen to be:

	CCGs and CSUs	Provider bodies
Lack of engagement from FTs	25	9
Lack of engagement from trusts	12	7
Lack of engagement from CCGs	2	14
Lack of engagement from NHS England	8	13
Difficulty identifying the appropriate part of NHS England to agree balances with	25	32
Difficulty engaging with NHS Property Services	29	20
Lack of understanding in how to complete the paperwork	2	6
The level of disputes	6	10
Difficulties understanding the guidance	1	3
Other		20



We also asked respondents to estimate in terms of WTE days the amount of time the agreement of balances exercise took them each quarter. Perhaps unsurprisingly, quarter 2 is less time intensive than quarters 3 and 4.

The differences in the time that this exercise takes in the commissioning and provider sectors was not marked.

	1 week or less	Between 1 and 3 weeks	Between 3 and 5 weeks	Between 5 and 10 weeks
Quarter 2	41 (59%)	26 (38%)	2 (3%)	
Quarter 3	24 (34%)	38 (54%)	6 (9%)	2 (3%)
Quarter 4	9 (13%)	37 (54%)	18 (26%)	5 (7%)

Some CCGs could not provide this information as this exercise is undertaken by their CSUs. Two commented that the AoB toolkit produced by NHS England has helped the process and significantly reduced the time spent on the exercise.

These estimates came with ‘health warnings’ from some respondents:

*‘We endeavour to prepare on a monthly basis and make use of the wider team, so individual workload at a specific time is often fairly limited, but the amount of work to keep on top of the quarterly returns and subsequent mismatch reports is reflected above.’*

*‘Work is done monthly to aid this work, the figure above is an estimate for the time spent across the Finance Directorate.’*

*‘Agreeing balances at Q2 and Q3 does not improve the process. Invoices move immediately that the exercise is complete and disputes do not get resolved any sooner as a result of the amount of resource expended.’*

We asked what could be done to improve the process so most of the comments were around the process/guidance mandated by the Department and other regulatory bodies. One respondent simply suggested that all of the bodies involved in the process should hold ‘more conversations between organisations’.

### **Third party information**

Some of the information in an NHS body’s annual report and accounts is not produced internally but comes from third parties. This is particularly the case for CCGs who rely on NHS England for delegated primary care co-commissioning information and on local authorities for information relating to better care fund and other pooled budget arrangements.

When that information is material, it is important that it is available on a timely basis and that it is accurate. To ensure that it can be relied on and included in the annual report and accounts there should be arrangements in place to provide the receiving NHS body and their auditors with necessary assurances.

We asked whether any material information required for the annual report and accounts was only available from third parties. As expected, CCGs are more reliant on third party information but there is some information often relating to staff costs and related disclosures that most NHS bodies receive from third parties.

	CCGs and CSUs	Provider bodies
Delegated co-commissioning information from NHS England	13	2
Better care fund information from local authorities	31	3
Remuneration report information from payroll providers	27	21
Information from subsidiary bodies (including NHS charities)	3	7
Other <ul style="list-style-type: none"> <li>• NHS Litigation Authority</li> <li>• Local Government pension scheme information</li> <li>• Sickness data and ill health retirement</li> <li>• Bank statements</li> <li>• Maternity prepayment and partially completed spells estimates provided by main acute providers.</li> <li>• Property valuation (Surveyor)</li> </ul>	6	9

We also asked whether that information was available on a timely basis. Of those that relied on third party information, this is the percentage that indicated that it was available on a timely basis:

	CCGs and CSUs	Provider bodies
Delegated co-commissioning information from NHS England	38%	
Better care fund information from local authorities	84%	33%
Remuneration report information from payroll providers	96%	95%
Information from subsidiary bodies (including NHS charities)	100%	86%
Other	100%	44%

Local authorities have different, and later, closedown timetables to NHS bodies so the better care fund was an area of concern going into the year-end. It is perhaps unsurprising that those NHS providers involved in the better care fund struggled more to get information on a timely basis as other surveys undertaken by the HFMA indicated that providers have been much less involved in these arrangements than commissioning bodies.

We also asked whether the information, once received, was reliable. Again, the results are shown as a percentage of those who needed to rely on the information:

	CCGs and CSUs	Provider bodies
Delegated co-commissioning information from NHS England	62%	50%
Better care fund information from local authorities	97%	33%
Remuneration report information from payroll providers	93%	100%
Information from subsidiary bodies (including NHS charities)	67%	86%
Other	100%	67%

We also asked if a third party was used to provide support service, for example, shared services and CSUs. Only 13 (29%) of provider bodies said that they did whereas 28 (72%) of CCGs use support services.

Of those that use third party support services 23 (82%) of CCGs and 9(69%) of providers relied on the service auditor report. In three cases this was because there was no report available and in 2 cases because the report was not available on time.

Other reasons give include:

- That the auditors relied on it but not the NHS body
- That the auditors decided not to rely on the report but to undertake substantive testing
- That the report's findings were not applicable

### The audit and completion of the annual report and accounts

We asked which risk areas had been identified by the auditors:

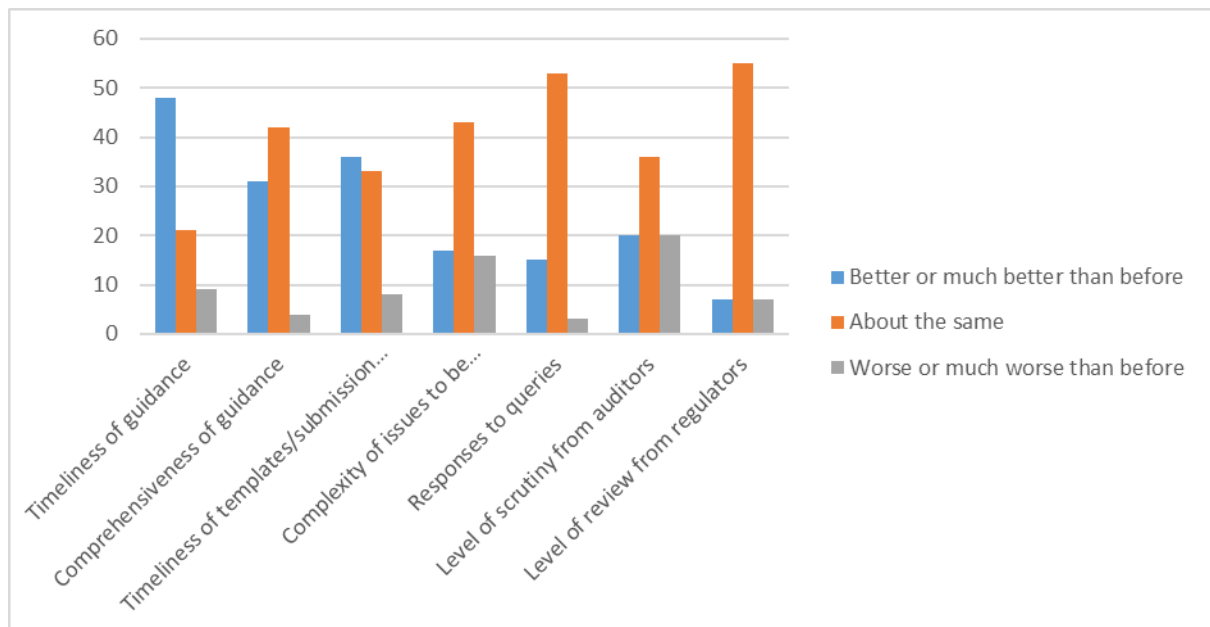
	CCGs and CSUs	Provider bodies
Estimates and accruals	19	18
Management override of controls <sup>4</sup>	17	15
Revenue recognition	9	18
The better care fund	27	
Asset valuation		22
Agreement of balances	13	9
Going concern	3	13
Other	9	4
	<ul style="list-style-type: none"> <li>• Fraud</li> <li>• Secondary healthcare commissioning</li> </ul>	<ul style="list-style-type: none"> <li>• Inventories</li> <li>• Petty cash</li> <li>• Part year accounts</li> </ul>

<sup>4</sup> It should be noted that auditing standards require auditors to consider management override of controls and revenue recognition as risks unless they can demonstrate otherwise.

	<ul style="list-style-type: none"> <li>• Related parties</li> <li>• Delegated co-commissioning</li> </ul>	<ul style="list-style-type: none"> <li>• Operating expenses</li> </ul>
Asset lives	1	5
Reliance on third party information	1	2
PFI		1

We also asked whether the audit opinion had been modified in any way. Only 11 (14%) of bodies had a modified audit opinion. Seven of these modifications were in relation to the value for money (or use of resources) opinion due to the poor financial position of the NHS body. Of those, 4 CCGs also had their regularity opinion qualified as they had breached their resource limit. Two foundation trusts had an emphasis of matter<sup>5</sup> included in their opinion in relation to going concern.

Generally, respondents felt that this year has been better or about the same as last year in relation to a number of factors:



Those who found that this year was more difficult than usual indicated that this was because of the following reasons:

- The additional year end visits from audit firms appointed by the Department of Health
- The difficulties with getting information in relation to primary care co-commissioning and then getting assurance over it
- The level of scrutiny from auditors was higher this year

*'Level of scrutiny from auditors - although they seemed to significantly increase the amount of testing and reviewing of transactions, which can be deemed much better than before the outcome was much worse for the Finance Team for the significant*

<sup>5</sup> Auditors will add an 'emphasis of matter' paragraph to their audit opinion where they want to highlight the existence of a material uncertainty that may cast significant doubt on the entity's ability to continue as a going concern. The uncertainty will have been appropriately disclosed in the accounts and the auditor is not qualifying their report but they want to draw attention to the issue.

*increase in volume of queries coming out. Also, after the formal audit, we continued to be bombarded with queries from auditors to some additional scrutiny on our accounts by NAO.'*

- Late changes to the guidance. One trust raised a particular issue in relation to the Annual Report:

*'The lack of communication about sending in the Annual Report this year without sufficient time was appalling. This is done in our organisation in August usually so to be told a week before the accounts submission that this was due caused a lot of people a serious amount of stress.'*

## Looking forwards

We asked respondents where they felt that guidance is needed in 2016/17 and beyond:

Overall Rank	Item	Total Score <sup>6</sup>
1	Remuneration report disclosures	607
2	New accounting standard on leases (IFRS 16)	529
3	Agreement of balances	527
4	Governance statement	477
5	New accounting standards on revenue recognition (IFRS 15)	473
6	The impact of control totals and the STP on year-end accounts	471
7	Judgements, estimates and prudence	450
8	Pooled budgets (Better Care Fund)	429
9	New accounting standard on financial instruments (IFRS 9)	423
10	Going concern	392
11	Capital accounting	319
12	Vanguard arrangements	285

Other areas included:

- Co-commissioning assurance and arrangements
- Pension reporting, particularly where individuals are members of two schemes
- Related party transactions.

We also asked what the key lessons respondents had learned to take forward to 2016/17:

<sup>6</sup> Score is a weighted calculation. Items ranked first are valued higher than the following ranks, the score is a sum of all weighted rank counts.

- Read all of the guidance and track the changes to it
- Engage in the process earlier and move as much as possible to before the year-end
- To make year-end 'business as usual' and do as much as possible at the end of each month  
*'Prepare/update as much as possible on a monthly basis, so becomes an established routine.'*
- *'Maintain good local planning/develop annual report during the year rather than see this as a year-end task.'*
- Review templates as soon as they are issued
- Engage with colleagues outside of finance, particularly those preparing the annual report and HR  
*'Improve working in CSU between Financial accountants and management accountants.'*
- Talk to auditors earlier and often  
*'Hold weekly review meetings with auditors to ensure audit proceeding OK and no issues/hold-ups etc.'*
- Recognise the importance of having good, experienced and well trained staff in post  
*'Valuing an established team, providing consistency and a depth of knowledge'*
- Keep on top of housekeeping  
*'Ensure we record start and leave dates of interims for off payroll disclosures.'*  
*'Regular reviews of recharges and how they are coded''*

We also asked what messages NHS bodies would want to share with the Department of Health, NHS England or NHS Improvement:

- Issue guidance early, once and in the same place. Where updates to guidance are necessary make it clear what has changed
- The agreement of balances exercise still is not working well and needs to be reviewed
- Consider the timetable against other priorities. Several respondents indicated that the requirement to complete the planning submissions as well as the annual report and accounts was too much for small finance departments.

### **HFMA events**

Finally, we asked whether respondents had considered entering the HFMA's accounts team of the year award. Twenty four (35%) of respondents said that they had considered it. More interestingly for the HFMA were the reasons given for not entering it:

- Teams don't like to 'blow their own trumpet' but would like to be nominated by someone else
- Team don't have the time to put together an entry
- The judging criteria are not clear
- The accounts are put together well but there is nothing special about doing that
- The annual report is low priority so although the accounts are good there is nothing innovative to submit for the award.

We also asked whether there are any topics that respondents would like to see covered at the pre accounts planning conference, these tend to mirror those items where more guidance is required:

- The remuneration report
- The better care fund
- Accounting for the sustainability and transformation fund and control totals
- New accounting standards, particularly the leasing standard
- Best practice in working papers
- Accounting for partnerships/vanguards
- The annual report.