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NHS
Gloucestershire Care Services
NHS Trust

Annual Report and Accounts
2019-20 (part-year)

Apr 1 to Sep 30, 2019

Understanding You

Gloucestershire Care Services NHS Trust
Annual Report and Accounts 2019-20
Presented in accordance with the Department of Health and Social Care Group Manual for Accounts 2019-20

Contents

Annual Report and Accounts 2019-20

About this document

This document fulfils the annual reporting requirements for NHS trusts.

This report and accounts were prepared for the six months until 1st October 2019 when Gloucestershire Care Services NHS Trust merged with 2gether NHS Trust, to become Gloucestershire Health and Care NHS Foundation Trust. The impact of Covid-19 is therefore reflected in the report and accounts of the successor body.

Copies of this document are available from our website at www.ghc.nhs.uk, or by emailing: trustsecretary@ghc.nhs.uk. You can also request a copy by writing to: Trust Secretary, Gloucestershire Health and Care NHS Foundation Trust, Edward Jenner Court, 1010 Pioneer Avenue, Gloucestershire Business Park, Brockworth, Gloucester, GL3 4AW.

If you would like this report in a different format – such as large print – or in a different language, please contact the Trust Secretary (trustsecretary@ghc.nhs.uk).

Foreword

Welcome from the Chair

Having been Chair of Gloucestershire Care Services since its inception in 2013, it is with mixed emotions that I present this final Annual Report and Accounts for the Trust which covers the period from Monday 1 April, 2019 up to its last day of activity on Monday 30 September 2019, prior to its merger with 2gether NHS Foundation Trust the following day.

I'm proud of the work and the achievements of Gloucestershire Care Services over the last six years, the way colleagues across the organisation have developed and evolved new ideas and services, and the way we have grown in confidence and stature, evidenced by our most recent 'Good' rating from the Care Quality Commission. The Trust has been a success story at a time of increasing pressure on NHS services, helping to lead the way in the development of innovative and effective community-based healthcare, and I can't help feel slightly sad that this chapter in our development has come to an end.

At the same time we are now looking forward to something new. The merger with 2gether to form Gloucestershire Health and Care NHS Foundation Trust presents new opportunities to create services which better meet the needs of people, and which address clear inequalities across physical and mental health.

Life expectancy for people with long-term mental health problems is 15 to 20 years shorter than for the general population, while people with long-term physical health conditions are three times as likely to have mental health problems. So there are compelling reasons to merge so that we can meet the needs of the whole person – any combination of physical, mental and learning disabilities needs – with evidence-based plans for better care.

Clearly, preparations for the merger have been the focus of our planning and corporate services throughout the period covered by this report. Anyone who has been through significant organisational change like this knows how unsettling this can be. Our senior leadership team has done a great job of navigating these challenges, while ensuring that the performance of our teams has not suffered. Now we can begin the process of transforming and developing services and we have exciting opportunities, and great potential, ahead.

Amongst my Board colleagues, I would like to thank Susan Field, who served the Trust as Director of Nursing for three years, driving improvements in the quality of our care, and in our governance, with compassion and empathy.

I'd also like to thank Candace Plouffe, Chief Operating Officer from April 2016 to September 2019,

Foreword

Welcome from the Chair

who guided the development of many of our services with a calm and level-headed authority, and whose leadership style became a model for many brilliant senior managers at the Trust.
I'm conscious that their contributions to the NHS extended far beyond serving on our Board. Susan has been a lifelong nurse and a passionate advocate of nursing throughout her career, while Candace was an occupational therapist who helped us develop and refine our multi-disciplinary care. We wish them both the best for the future.

Welcomed to the Board during this period was Helen Goodey, who became a non-voting member on April 1, alongside her role as a director at Gloucestershire Clinical Commissioning Group. This joint role has enabled Helen to act as a liaison between our Trust and our commissioners and strengthened her role as an advocate of the integrated, place-based care we want to develop.

I'd like to pay tribute to my fellow non-executive directors for their part in steering the Board, and ensuring the quality of our performance, through this period.

Finally I'd like to thank everyone who has played a part in the success of Gloucestershire Care Services over the last six years, whether directly as a colleague or volunteer, or as one of the many community partners who have supported and guided our work.

Ingrid Barker

Performance Report

Chief Executive's Introduction

As Chief Executive of Gloucestershire Care Services NHS Trust and 2gether NHS Foundation Trust it is my pleasure to present this final Annual Report for Gloucestershire Care Services' 2019-20, which covers the period Monday 1 April, 2019 to Monday 30 September, 2019.

This is, of course, because of the long-planned merger with 2gether NHS Foundation Trust, which has been the focus of my efforts since I took up my joint position in April 2018.

Naturally, the six months covered by this report have been dominated by working towards the anticipated merger. By April 2019 a lot of corporate services from 2gether Trust had moved into Edward Jenner Court, corporate headquarters of Gloucestershire Care Services, while moving clinical teams closer to the communities in which they work. So we were going through the process of creating new organisational and governance structures which would come into place on October 1.

Anyone who has experience of this process will know that it's not always easy to continue working to the best of your ability when there is uncertainty over your personal future and career. So I was deeply impressed throughout this period by the dedication shown by leaders across the two Trusts to ensure a successful merger, separate from any individual circumstances.

When I talk about a 'successful' merger, what does that mean? In our case we decided very early on that it meant keeping everyone safe – so on day one of the new organisation all the services people rely on still had to be there, all the clinical systems still had to work, our IT and communications systems had to function, our records and policies had to be fit for purpose, our finance and accounting systems had to be working as normal.

I'm happy to say that we achieved this with relatively few glitches, and the formation of the new Gloucestershire Health and Care NHS Foundation Trust happened pretty smoothly – even if it was a little bit touch and go getting all the paperwork signed off by the Government!

In many ways, though, all this was background noise. The real work of the Trust – providing care, support and education – has continued day by day in homes, in communities and in our community hospitals. In the six months covered by this report our services have had 548,000 patient contacts, and looked after inpatients over 33,700 bed-days. Performance has remained strong against a national picture of rising demand and a highly competitive market for recruitment. Some highlights include:

Performance Report

Chief Executive's Introduction

- Our Minor Injuries and Illness Units met all seven of their performance targets
- Our compliments have risen by 36%, while concerns are down 16%
- Significant improvements in performance in some service areas, particularly Occupational Therapy and Stroke assessment

I hope you will appreciate that in the circumstances this has not been a six-month period in which we have launched a raft of new services, or been announcing new schemes or initiatives – even while colleagues continue to work with GP practices and primary care in new ways as we develop our Integrated Care System in Gloucestershire. Instead we have been laying the foundations for better co-ordinated care across mental and physical health and learning disabilities services.

One notable exception is in the Forest of Dean, where the conversation around a new community hospital has been ongoing for a long time. Gloucestershire Care Services has been fully committed to building a new hospital in the Forest of Dean since the Board took the decision to do so in January 2018. It is important to place on record that the new Trust is equally committed to this project and that progress is being made.

Within this report you will find our half-year accounts leading up to the merger. One of our most important goals was to ensure that the merger didn't damage the strong financial position of the Trust. I'm happy to report that we have accomplished that task and would like to highlight a few key points within the accounts:

- The Trust met all its financial targets
- We achieved a challenging cost improvement programme while delivering a planned surplus of £0.9m

Gloucestershire Care Services was formed in April 2013 and served the people of this county for six and a half years. Its legacy is a skilled and dedicated healthcare workforce, strong networks, sound governance and management processes and a reputation for high quality services. That's a great platform to build on, and one matched by the qualities of 2gether, which means I'm excited about the opportunity we now have.

The NHS is a fabulous organisation and one of our country's outstanding achievements, but it doesn't stand still. There are ongoing debates around the balance between hospital care and

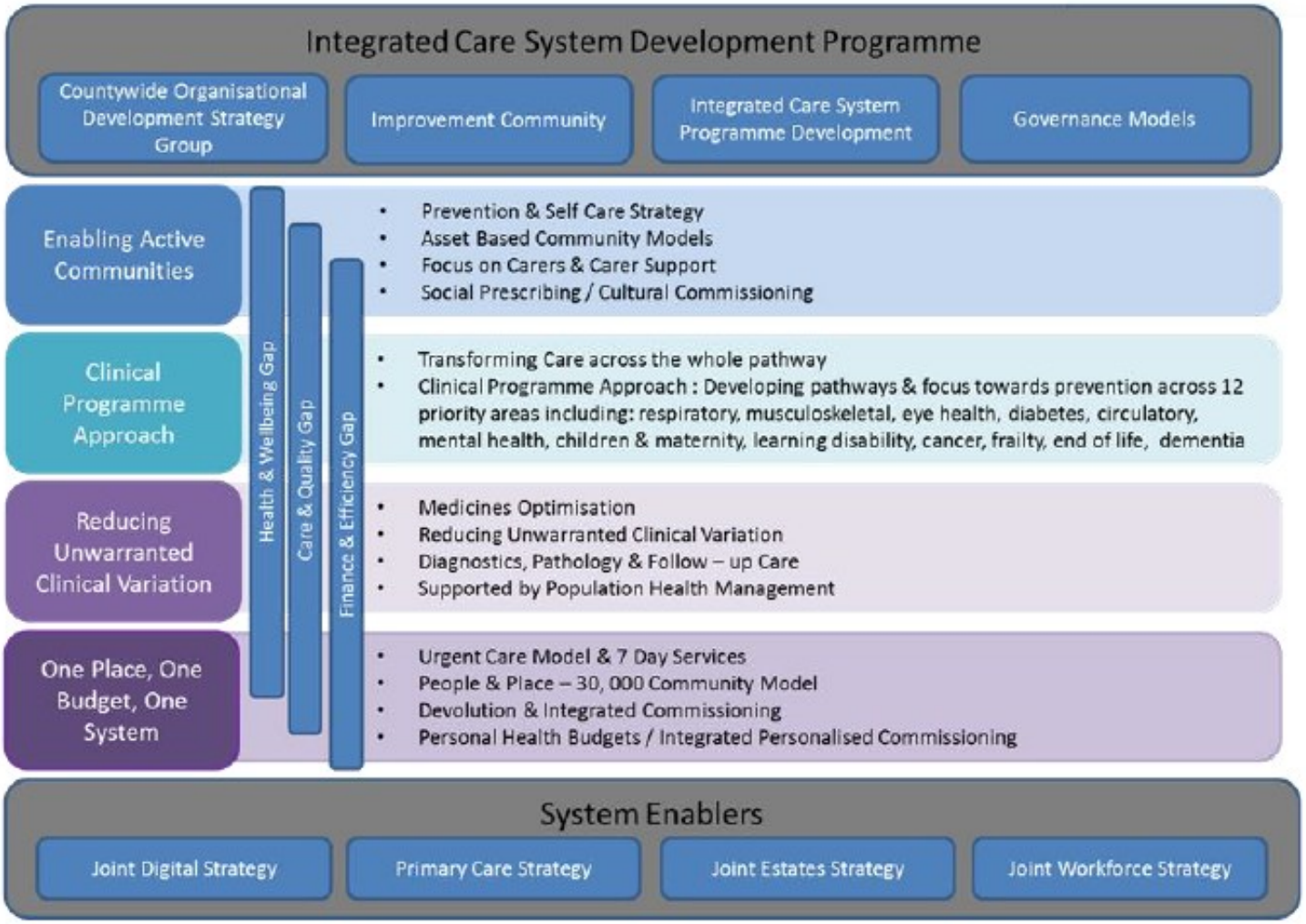
Paul Roberts

Performance Report

One Gloucestershire

As a Trust we are a key partner within the One Gloucestershire Sustainability and Transformation Partnership. Gloucestershire's Sustainability & Transformation Plan commenced year three of four in April 2019.

Since then we have made progress in embedding and delivering key schemes outlined within the



The Enabling Active Communities programme looks to build a new sense of personal responsibility and improved independence for health, supporting community capacity and working with the voluntary and community sector.

A Clinical Programme Approach has been adopted across our local health care system to ensure a collaborative approach to redesigning the way care is delivered in our system.

The Reducing Unwarranted Clinical Variation programme looks to elevate key issues of clinical variation to system level, while the One Place, One Budget, One System programme takes a place based approach to resources and ensures we deliver best value.

Performance Report

Who we are

The purpose of this overview is to provide a summary of the Trust's performance during this final half-year period across the full breadth of its operation including operational performance, financial performance, quality performance, staff and service user feedback and compliance with statutory legislation. The review is a key element of our accountability to our community, stakeholders, Department of Health and the public purse.

Gloucestershire Care Services is the main provider of NHS community-based health and care services across Gloucestershire, caring for a population of around 635,000 people. We serve the entirety of Gloucestershire, made up of the large urban communities of Gloucester and Cheltenham, sitting within a largely rural community from the Forest of Dean to the Cotswolds.

To support the people of Gloucestershire, the Trust employs more than 2,700 staff including nursing, medical and dental staff, allied healthcare professionals, as well as support service, administrative and clerical workers.

The Trust's vision, which defines its overarching ambition, is "To be the service people rely on to understand them and organise their care around their lives".

Performance Report

What we do

Our main role is to support people's health needs in the most appropriate place in the community.

We work in peoples' homes, community clinics, outpatient departments, community hospitals, schools and GP practices. We also provide in-reach services into acute hospitals, nursing and residential homes and social care settings.

We run the county's seven community hospitals, provide nursing, physiotherapy, reablement and adult social care in community settings, and run health visiting, school nursing and speech and language therapy services for children.

We also provide a number of specialist services including sexual health, heart failure, community dentistry, diabetes, intravenous therapy (IV), tissue viability and community equipment.

Our focus is on prevention and keeping people out of crisis so that they can receive the care and support they need at, or as close to, home as possible. To enable this the Trust has made a strategic commitment to place-based working, which means working alongside GP colleagues so that the experience of receiving care from us, or from your GP, is as seamless as possible.

During 2019-20 the Trust was part of the development of Integrated Locality Boards, which in time will become Integrated Locality Partnerships. These are the names being given to the groups of services working with GPs so people experience joined up and responsive services, and better outcomes.

Around 90% of all patient contact with the NHS happens in community or primary care settings - mostly through GP services. Community services are not always as visible to the public but play a vital role in supporting people.

The NHS Long Term Plan has recognised the growing importance of Community Services as the NHS looks to meet the needs of an ageing population with more complex needs and a growing

Performance Report

What we do

Our services during 2019-20 were:

Countywide and

- Specialist nursing
- Physiotherapy
- Occupational therapy
- Speech and language therapy
- Podiatry
- Musculoskeletal Advanced Practioner Service (MSKAPS)
- Wheelchair service
- Sexual health services

Children and Young

- Health visiting
- Physiotherapy
- Occupational therapy
- Speech and language therapy
- Community nursing
- Complex care respite service

Community

- Inpatient rehabilitation
- Semi-acute care inpatient service
- Outpatient services
- X-ray and diagnostic services

Integrated Community

- Community nursing, occupational therapy and physiotherapy working alongside reablement and social work services from Gloucestershire County

- These clinical and care services are supported by a range of corporate services, including finance, human resources, clinical quality and governance, information and performance, IT, estates, facilities, risk management, communications, engagement and the service user

Performance Report

Financial Performance summary

The Trust met all its financial targets for the period of this report, managing to maintain performance while delivering against a challenging cost improvement agenda. The control total was £0.9m surplus, including £0.6m of Provider Sustainability Funding (PSF). The Trust ended this period with an adjusted surplus of £0.9m, against an income of £58.5m. The cash balance at the

Sources of Trust Income

	2019-20 (part)		2018-19		2017-18	
Source	£m	%	£m	%	£m	%
Gloucestershire Clinical Commissioning Group	48.4	83	94.0	79	92.8	81
NHS England	3.2	5	10.6	9	10.1	9
Gloucestershire Hospitals NHS Foundation Trust	3.1	6	5.9	5	5.8	5
Gloucestershire County Council	1.0	2	1.9	2	2.1	2
Other NHS Commissioners	1.0	1	3.1	3	1.5	1
Other	1.8	3	3.0	2	2.2	2
Total	58.5		118.5		114.5	

Trust Expenditure

	2019-20 (part)		2018-19		2017-18	
Service	£m	%	£m	%	£m	%
Community Hospitals (and MIIUs prior to 2018-19)	13.4	23	23.0	20	24.4	22
Integrated Community Teams (ICTs)	9.8	17	17.7	15	17.7	16
Countywide Services	3.5	6	14.4	13	15.1	14
Children & Young People's Services	6.0	11	11.9	11	12.2	11
Support Services	8.0	14	16.1	14	14.0	13
Sexual Health Services	4.4	8	5.9	5	6.5	6
Urgent Care (including MIIUs in 2018-19)	4.0	7	8.2	7	4.7	4
Nursing and Quality	2.3	4	3.8	3	2.7	3
Estates and Facilities	4.9	9	11.2	10	10.5	10
Other Operations	0.6	1	1.7	1	1.2	1
Total	56.9		114.0		109.0	

Performance Report

Financial Performance summary

External Financing

	2019-20 (part)	2018-19
	£'000	£'000
Cash flow financing	(2,089)	(5,336)
External financing requirement	**(2,089)**	**(5,336)**
External Financing Limit (EFL)	(2,089)	(1,459)
Under (over) spend against EFL	**-**	**3,877**

Capital Resource Limit

	2019-20 (part)	2018-19
	£'000	£'000
Gross Capital Expenditure	1,055	5,721
Less: Disposables	-	(56)
Less: Donated and granted capital additions	-	(340)
Charge against capital resource limit	**1,055**	**5,325**
Capital Resource Limit (CRL)	1,055	5,335
Under (over) spend against CRL	**-**	**10**

Breakeven duty rolling assessment

	2019-20 (part)	2018-19
	£'000	£'000
Breakeven duty in-year financial performance	903	5,069
Financial reporting standard IFRS7 requires disclosure of the role that financial instruments have had	**19,859**	**18,956**
Operating income	58,519	118,622
Cumulative breakeven position as a % of operating income	**33.9%**	**16.0%**

Performance Report

Our Care Quality Commission (CQC) Rating: Good

Our last CQC inspection took place between Tuesday 16 and Thursday 18 January 2018 (End of Life and adult community services, Minor Injury and Illness Units and inpatients wards) and Wednesday 7 and Thursday 8 February, 2018 (well-led domain). Our CQC final report was published nationally on Thursday 19 April 2018. The Trust was awarded an overall rating of Good. The three services fully inspected; Urgent Care, End of Life and Community Adult services all raised their rating from 'Requires Improvement' to 'Good'.

The CQC highlighted areas of outstanding practice. The CQC's report included recognition of the

	Safe	Effective	Caring	Responsive	Well led	Overall
Community dental services Sept 2015	Good	Good	Good	Requires improvement	Good	Good
Community end of life care Apr 2018	Good	Requires improvement	Good	Good	Good	Good
Community health inpatient services Apr 2018 (safe) Sept 2015 (others)	Requires improvement	Good	Outstanding	Good	Good	Good
Community health services for adults Apr 2018	Good	Good	Good	Good	Good	Good
Community health services for children, young people and families Sept 2015	Good	Good	Good	Good	Good	Good
Sexual health services Sept 2015	Good	Good	Good	Requires improvement	Good	Good
Urgent care services Apr 2018	Good	Good	Good	Good	Good	Good
Overall Apr 2018	Good	Good	Good	Requires improvement	Good	Good

Performance Report

Care Quality Commission rating: Good

The CQC report highlighted nine areas of outstanding practice, five 'Must do' findings, 25 'Should do' findings and four areas for improvement under Well-led. From the findings of the inspection we developed, with colleagues across the Trust, a Quality Improvement Plan (QIP) to ensure we addressed the 34 areas for improvements.

With the agreement of Gloucestershire Clinical Commissioning Group this plan was closed, with follow-up work becoming business as usual. Within this work, the following continue to receive attention:

i. An ongoing issue with improving waiting times for the re-checking of x-rays within our Minor Injuries and Illness Units
ii. Mandatory training and Personal Development Reviews (which are on target for completion)

Transitioning to a merged organisation

An outline Quality plan for Gloucestershire Care Services and 2gether Trusts has been developed which will roll over to the new Trust for CQC self-assessments in order to ensure safe, caring, responsive, well-led and effective services, which are the benchmarks of a good or outstanding rating.

The approach is a collaborative one:

- Adopting revised assurance approaches from those previously used within the two Trusts to build on best practice and the best elements of the two Trusts
- Using the CQC's Key Lines of Enquiry characteristics as the basis for our own audits
- Creating an internal inspection team from individuals from both Trusts
- Engaging with people who use our services (experts by experience) from across the combined Trust
- Engaging internal expertise and operational colleagues
- Using a consistent 'risk' rating approach with regard to which services would be reviewed

Over the first six months of 2019-20 preparations were made to ensure the smooth and timely de-registration of Gloucestershire Care Services (GCS) and revised registration of 2gether NHS Foundation Trust to cover the acquired GCS services, the new Trust name and registered managers. Gloucestershire Health and Care NHS Foundation Trust is, as of Tuesday 1 October 2019, a registered organisation with the CQC.

Performance Report

Our merger with 2gether NHS Foundation Trust

In September 2017, the Boards of Gloucestershire Care Services NHS Trust and 2gether NHS Foundation Trust announced plans and agreed a strategic intent to work on proposals to integrate the two Trusts into a single organisation.

The two Trusts appointed a Joint Chair, Ingrid Barker, who took up her position in January 2018. They appointed Paul Roberts as Joint Chief Executive, who started in his post in April 2018. Following these appointments, the two Trusts held interviews for a joint shadow Board, which would become the Board of the new organisation following the merger.

The ongoing vision has been that within the next five years an older person living in Gloucestershire or Herefordshire who is frail and has dementia will receive care from a single team, co-ordinated by a single professional, co-designed with them and their family and based on expressed personal needs.

The same will apply to a person with a learning disability, or a vulnerable child or adolescent, or a person with a physical disability or with a serious long-term mental illness – indeed to anyone whose life can be enhanced through joined-up care based in their home or local community.

Our merger will also assist us to achieve progress on implementing national policy priorities, for example:

- Contributing to the NHS drive towards an equal response to mental and physical health with the ambition of achieving genuine 'parity of esteem' between physical and mental health by 2020
- Supporting our communities with the right (mental health) care at the right time and of the right quality
- Expanding proven community-based services for people of all ages with severe mental health problems who need support to live safely and as close to home as possible
- Working with partners to address suicide and self-harm, local rates of which are above the national average
- Working with partners to ensure those in our communities with a learning disability or autism, can live in their own homes, develop and maintain positive relationships and get the support they need to be healthy, safe and play an active part in society
- Supporting our colleagues in General Practice in their national priority of reducing workload by developing community based prevention strategies, addressing co-morbidity and the challenge of those presenting with medically unexplained symptoms and by offering GPs easier referral, more effective multi-disciplinary assessment and less burdensome management of care pathways

Performance Report

Our merger with [2]gether NHS Foundation Trust

Some benefits will be achieved by developing closer working relationships, including through our Integrated Care System (ICS). However, we believe (partly based on case studies of places and organisations which have already merged) that working as one organisation will make a fundamental difference to:

- The development of single management and accountability arrangements for integrated care teams
- The deployment of joint operational budgets
- The application of common clinical, operational and human resource policies
- The assurance of quality and safety for our complex service users through one governance system
- The sharing of corporate overhead costs to ensure resources for front-line care are maximised
- The influence of our organisation through our combined size within our ICSs to advocate for our service users and philosophy of integrated, place-based care

We intend to realise additional benefits for our workforce and our partners, such as:

- Better opportunities for talent management and workforce development
- The development of joint training facilities
- The development of teams which can mitigate the pressures caused by national shortages in some disciplines
- More integrated mental and physical health support within or close to GP practices
- Reduced hospital admissions and to better transfers of care at point of discharge

Approval for the merger of the two Trusts was received from the Secretary of State on Thursday 26 September, and we became Gloucestershire Health and Care NHS Foundation Trust on Tuesday 1 October 2019.

We strongly believe the creation of the new Trust has made us a more sustainable organisation with new opportunities to develop and deliver better care while supporting the wider integration being championed through our Integrated Care System.

Performance Analysis

Our Delivery Performance

For the first six months of 2019 the Trust had 548,133 contacts with service users, an average of around 2,995 each day.

We maintained our track record of delivering against our national targets throughout the first six months of 2019-20 covered by this report, fully achieving 88%. Performance against local targets was 51% fully achieved (and 22% significantly achieved), compared with 63% and 16% last year. There has been a slight drop-off in performance against local targets (which was anticipated due to the organisational changes taking place) and we are putting plans in place to manage areas

	National	Local
Total number of targets	**8**	**37**
Achieved fully	**7**	**19**
Achieved significantly	**0(*)**	**8(*)**

We monitor our activity against a range of indicators – including national, local and contractual targets – to help ensure we deliver high-quality services. Our performance data against a range of metrics is set out over the following pages.

CQC Domain: Are Services Caring?

	Metric	Reporting Level	Threshold	2019-20 (part)	2018-19	2017-18
1	Friends and Family Test Response Rate	National	15%	16.1%	14.6%	8.3%
2	% of respondents indicating 'extremely likely' or 'likely' to recommend service	Local	95%	93.0%	92.7%	94.2%

The Trust's promotion of the **Friends and Family Test**(1) has been effective in increasing response rate, which has risen from 4.3% in 2016-17 to the current 16.1%, which now meets the national target.

Recommendations from respondents(2) are slightly improved from last year, although still below the 95% target.

**** Where performance is within a certain margin of target it is classified as 'achieved significantly'. These margins are specifically agreed as part of the target-setting process - typically they are within 5%, but may***

Performance Analysis

Our Delivery Performance

CQC Domain: Are Services Safe?

	Metric	Reporting Level	Threshold	2019-20 (part)	2018-19	2017-18
3	Number of post-48 hour Clostridium Difficile infections	Local	8	8	15	16
4	Number of MRSA bacteraemias	Local	0	0	0	0
5	VTE risk assessment: % of patients with assessment completed	National	95%	97.1%	96.9%	95.0%
6	Safety Thermometer: % harm free	Local	95%	93.5%	93.7%	94.1%

The Trust has seen excellent performance against infection control targets, with no cases of **MRSA**[4] and the number of **C-Difficile**[3] infections within target.

Assessments for Venous Thomboembelism[5] (VTE) remain on or above the 95% target for the fourth consecutive year.

Harm free care[6] is measured via the Safety Thermometer score which surveys a sample of patients each month in four key areas. This remains in line with last year, although still outside target.

CQC Domain: Are Services Effective? Community Hospitals

	Metric	Reporting Level	Threshold	2019-20 (part)	2018-19	2017-18
7	Bed Occupancy: Community Hospitals	Local	92%	93.8%	93.6%	96.7%
8	Bed days lost due to delayed discharges as percentage of total bed days	Local	< 3.5%	2.1%	1.4%	5.9%
9	Percentage of patients waiting less than six weeks from referral for a diagnostic test	National	> 99%	96.0%	100%	100%

Bed occupancy[7] remains slightly higher than threshold, remaining in line with last year, when we reviewed the evidence around bed occupancy in community hospitals and conducted an internal audit demonstrating that our current occupancy levels are safe.

We remain within target for **Bed days lost**[8], thanks to improved patient flow through our hospitals. This has been achieved thanks to better patient reviews, clearer patient plans and an improved discharge process.

Performance Analysis

Our Delivery Performance

CQC Domain: Are Services Responsive?				Minor Injury and Illness Units		
	Metric	Reporting Level	Threshold	2019-20 (part)	2018-19	2017-18
10	MIIU: % seen and discharged within four hours	National	95%	99.1%	99.0%	99.3%
11	Total time spent in MIIU less than four hours (95th percentile)	Local	< 4 hours	02:58	02:58	02:53
12	MIIU: Time to treatment in department (median)	Local	< 60 mins	00:33	00:34	00:26
13	MIIU: Unplanned re-attendance within seven days	Local	< 5%	1.2%	0.9%	2.4%
14	MIIU: % of patients who left department without being seen	Local	<5%	4.3%	3.9%	3.4%
15	Time to initial assessment for patients arriving by ambulance (95th percentile)	National	< 15 mins	00:13	00:20	00:18
16	Trolley waits in the MIIU must not be longer than 12 hours	National	< 12 hours	0	0	0

The performance of the Minor Injury and Illness Units has been very strong, with all seven targets reached. **Our Time to Initial Assessment** for patients arriving by ambulance[15] is a small sample, so the results can be volatile, but have been on target during this timeframe.

We fully achieved 11 out of 21 (52%) of our referral to treatment targets (next page) and significantly hit a further 4 (19%) putting performance on a par with last year (68%).

Analysis of **Podiatry**[17] waits has revealed a range of challenges, including workforce turnover and high levels of cancellations and non-attendance at appointments. Actions are in place to support improvements.

All physiotherapy services have struggled with recruitment and retention in the context of national workforce challenges. Alongside this there have been some challenges specific to each service. **Musculo-skeletal physiotherapy**[18] continues to see growth in referrals and following the use of national demand and capacity tools it is clear the service capacity is now below the current level of need. A service improvement plan is in place to ensure we are maximising our efficiency and conversations with commissioners are ongoing.

Children's physiotherapy[28] has had significant maternity leave and have been unable to backfill these posts. In addition, they have undertaken a service review that identified they did not have the right capacity in the right places and will be undertaking a service redesign imminently.

Following a review of how ICT performance is measured it was agreed they should be re-stated and actual performance for **ICT physiotherapy**[25] is 84%, which is linked to vacancy, maternity leave and sickness absence.

Performance Analysis

Our Delivery Performance

CQC Domain: Are Services Responsive? (contd)						Referral to Treatment
	Metric	Reporting Level	Threshold	2019-20 (part)	2018-19	2017-18
17	Podiatry: % treated within eight weeks	Local	95%	78.4%	97.2%	92.8%
18	MSK Physiotherapy: % treated within eight weeks	Local	95%	69.7%	89.7%	90.7%
19	Diabetes nursing: % treated within eight weeks	Local	95%	97.1%	93.5%	96.2%
20	Bone Health: % treated within eight weeks	Local	95%	99.7%	99.1%	99.5%
21	Contraception service and Sexual Health: % treated within eight weeks	Local	95%	100%	99.9%	100%
22	HIV service: % treated within eight weeks	Local	95%	100%	100%	100%
23	Psychosexual service: % treated within eight weeks	Local	95%	100%	100%	100%
24	Sexual Health: % of terminations carried out within nine weeks and six days of gestation	Local	70%	84.5%	77.6%	77.4%
25	ICT Physiotherapy: % treated within eight weeks	Local	95%	79.9%	82.8%	85.0%
26	Occupational Therapy: % treated within eight weeks	Local	95%	83.9%	75.5%	82.8%
27	Paediatric Speech and Language Therapy: % treated within eight weeks	Local	95%	88.2%	97.5%	97.7%
28	Paediatric Physiotherapy: % treated within eight weeks	Local	95%	84.7%	91.9%	99.0%
29	Paediatric Occupational Therapy: % treated within eight weeks	Local	95%	93.6%	95.7%	96.6%
30	MSKAPS service: % treated within eight weeks	Local	95%	92.2%	96.5%	57.1%
31	MSKAPS service: % of referrals referred on to secondary care	Local	< 30%	13.3%	15.9%	12.4%
32	MSKAPS service: patients referred to secondary care within 2 days of decision to refer onwards	Local	100%	100%	100%	100%
33	Stroke ESD: % of new patients assessed within two days of notification	Local	95%	94.5%	84.3%	88.6%
34	Stroke ESD: % of patients discharged within six weeks	Local	95%	94.1%	97.0%	98.9%
35	SPCA: % of calls abandoned	Local	< 5%	0.8%	1.4%	2.7%
36	95% of priority 1 & 2 calls anwered within 60 seconds after introductory message finishing	Local	95%	97.9%	97.2%	90.5%
37	Rapid Response: number of referrals	Local	71 per week	2,017	3,905	3,726
						Cancelled operations
38	No urgent operation should be cancelled for a second time	National	0	0	0	0
39	Number of patients who have had operations cancelled for non-clinical reasons that have not been offered another binding date within 28 days	National	0	0	0	0

The ICT **Occupational Therapy**[26] service is in its' third year of delivering a commissioned service redesign and we are on track with these expectations; the restating of the KPI for this service shows a 91% achievement of the KPI.

Performance Analysis

Our Delivery Performance

CQC Domain: Are Services Well-Led?						
	Metric	**Reporting Level**	**Threshold**	**2019-20** (part)	**2018-19**	**2017-18**
40	Staff Friends and Family Test: % of staff who would recommend the Trust as a place of work	Local	61%	55.0%	58.5%	53.3%
41	Staff Friends and Family Test: % of staff who would recommend the Trust as a place to Receive treatment	Local	67%	85.5%	84.6%	83.0%
42	Mandatory training	Local	92%	87.8%	85.9%	82.6%
43	% of staff with completed Personal Development Reviews (appraisal)	Local	95%	79.8%	77.1%	79.9%
44	Sickness absence: average % rolling rate over 12 months	Local	< 4%	4.8%	4.8%	4.6%

Recommendation of the Trust as a place to work(40) decreased slightly this year, at a time of considerable change across the organisation. Recommendations as a place to receive treatment (41) continues its small upward trend.

Mandatory training(42) has continue to improved year on year but remains below the threshold. Training leads have identified teams where compliance is lower, and have offered e-learning as well as expanding the range of venues for training.

Completion of **personal development reviews**(43) has been a focus for the Trust over the period of this report, and completion rates have risen although they still require further improvement.

Sickness absence(44) remains the same as last year. The Trust has continued to promote a health and wellbeing agenda to advocate for healthy lifestyles amongst colleagues. More than 400 colleagues are regular participants in Health & Hustle activities and competitions. The Trust has been participating in a joint project with Bath Spa University, called Healthier Outcomes at Work, to develop stress management interventions.

A Note on Red / Amber / Green (RAG) Ratings

The Trust recognises that coloured RAG ratings do not always provide a complete picture of data and is exploring the use of trajectories to better illustrate changes, patterns and context. This will be taken forward within the proposed merged Trust, building on current experience

Performance Analysis

Quality and Sustainability

Quality

For 2019-20 we set quality priorities in the following areas, including the development of quality improvement programmes and ongoing monitoring to support delivery:

- Deteriorating patients
- Medication
- Preventing pressure ulcers
- Nutrition and hydration
- Catheter care
- Health coaching
- Wound care
- Mental capacity assessment

Full details of quality performance will be published in the Gloucestershire Health and Care NHS Foundation Trust Quality Account.

Sustainability

During the six months ending September 2019, the Trust maintained activity to support environmental sustainability with ongoing work to reduce water usage, energy consumption, business mileage and waste to landfill.

Previously the Trust completed its programme of renewable energy at its community hospitals and we now have in place solar photovoltaic panels at six out of seven of our community hospitals. These benefit the Trust financially through energy savings and the Feed in Tariff and ensure that all these hospitals have some of their energy demands supplied through renewable energy.

The community hospitals in the North Cotswolds, Dursley and Tewkesbury are all classified as excellent using BREEAM, a recognised sustainability assessment method for buildings and infrastructure. They have recently received further significant investment in replacement low-energy LED lighting systems.

Similar lighting systems are now routinely installed during refurbishment works – with recent examples at Trust sites including one of the wards at Stroud Hospital (Cashes Green Ward), during the refit of Southgate Moorings (which is now a significant base in Gloucester for clinical teams)

Performance Analysis

Quality and Sustainability

and at the Independent Living Centre (which is now a significant base in Cheltenham for clinical teams).

The Trust's community hospitals, which provide in- and out-patient services, are spread throughout the county to enable patients to be seen closer to home, reducing travel and carbon emissions.
All Trust sites have smart screens available in meeting rooms to help reduce printing, and we configure personal technology (such as laptops and mobile devices) to minimise print – for example, by defaulting to double-sided black and white. The Trust also has in place electronic health records management systems which reduces printing requirements and use of paper.

The Trust actively promotes green travel including car sharing schemes, cycle to work schemes and tools to support mobile working to reduce unnecessary mileage. The Estates Team has worked to ensure that obligations under the Climate Change Act and Adaptation Reporting requirements are complied with, and is currently working closely with system partners, and the broader public sector, to develop a joined-up approach to the climate challenges we face.

The Trust achieved Mindful Employer status in 2017-18 and during 2018-19 has worked to embed a range of initiatives including mindfulness training and Health & Hustle activities which encourage health and well-being. Over 400 staff now take part in these activities, an increase of more than 250 over the last 12 months.

The Trust continues to increase its number of volunteers, with almost 400 volunteers now in place across the Trust supporting service users in a wide variety of ways.

Human Rights, Anti-corruption and Anti-Bribery

As is set out in the Annual Governance Statement later in this report the Trust has in place the processes to ensure its social commitments, including respect for human rights, anti-corruption and anti-bribery, are met.

Performance Analysis

Patient Experience

Friends and Family Test (FFT)

We are always looking to improve the experience of service users and carers and are pleased that 93% of service users who responded to the Friends and Family Test would be likely or very likely to recommend our services.

We have made significant efforts over a number of years to embed the Friends and Family Test into our services and are pleased that the response rate is above the 15% target and that the quality of feedback is consistently high, having improved in four of six service areas for the period

Service	2019-20 (part)	2018-19	2017-18
MIIU response 'likely' or 'very likely' to recommend	94.7%	93.0%	94.4%
Inpatients response 'likely' or 'very likely' to recommend	96.6%	95.9%	95.0%
Children & Young People response 'likely' or 'very likely' to recommend	89.1%	85.9%	92.3%
Integrated Community Teams response 'likely' or 'very likely' to recommend	98.2%	97.8%	97.5%
Countywide and Specialist Nursing response 'likely' or 'very likely' to recommend	94.4%	94.8%	95.1%
Capacity Service 'likely' or 'very likely' to recommend	94.4%	98.5%	99.2%
Overall Response 'likely' or 'very likely' to recommend	93.0%	92.7%	94.2%

Complaints, Compliments, Concerns

This report covers the six months from April 1 to Sept 30, 2019. If compliments, complaints and concerns had continued at the same rate for the second half of the year then the year on year changes would have been: Compliments up 36%, Complaints up 29%, Concerns down 16%. Feedback is incorporated into our quality assurance processes and used to inform improvements.

Feedback Categories	2019-20 (part)	2018-19	2017-18
Number of Compliments	909	1,317	924
Number of Complaints	27	42	44
Number of Concerns	204	485	391

Performance Analysis

Supporting Colleagues

We want the Trust to be a great place to work for all colleagues and to support them to achieve their aspirations and goals. We know that everyone is working under increasing pressure and want to do everything we can to help people manage their work life balance.

Staff Engagement

The NHS Staff Survey gives our staff a chance to have their say about their working life in the NHS. It seeks views on areas such as job satisfaction and wellbeing, training and development, health and safety and health and wellbeing.

Because of the timing around the collection of data and publication of this report, we have not been able to include the latest results, from data collected between October and November 2019.

Additionally, this data would have come from colleagues in Gloucestershire Health and Care NHS Foundation Trust (both the former Gloucestershire Care Services and 2gether Trusts) and so would not present an accurate picture of a single Trust.

Key results from the 2018 Staff Survey

- Compared to the previous year, two of the themes have shown significant statistical improvements - 'Safety culture' and 'Staff engagement'
- Encouragingly the other eight themes remained stable
- Overall the Trust was the same as the benchmarking group average in five out of the ten themes. The other five are only slightly worse
- 'Immediate managers', 'Morale', 'Quality of appraisals', 'Quality of care' and 'Safe environment – Bullying and harassment' were in most need of improvement

Safety Culture

Many of the Trust's staff survey scores represented an improved safety culture among colleagues. Improvements include:

+9.6% We are given feedback about changes made in response to reported errors, near misses

+9.4% My organisation treats staff who are involved in an error, near miss or

+7.8% I would feel secure raising concerns about unsafe clinical practice

+7.6% I am confident that the organisation would address my concern

+5.7% When errors, near misses or incidents are reported, my organisation takes action to en-

Performance Analysis

Supporting Colleagues

Pulse Checks

The Trust maintained a regular 'Pulse Check' which was emailed to all colleagues to check how everyone was feeling regarding the upcoming merger. In the period covered by this report they were conducted in April, May, July and September.

Responses from Gloucestershire Care Services colleagues for each survey were as follows:
April - 223, May – 215, July – 170, September – 154

Enthusiasm for the merger remained consistent at around 70% across the surveys, while people saying they felt informed about the merger remained steady at around 80%, peaking at 90% in July 2019.

Values Sessions

As part of the development of values and behaviours for the new Trust, a series of Values Sessions were held with a range of staff groups and experts by experience, each featuring activities as well as merger updates and question and answer sessions with a member of Executive Team.

These sessions began in February and ran through to June. A total of 35 group sessions were held, with an overall attendance of 650 colleagues.

.....Chief Executive (Paul Roberts) .....Date

Accountability Report

The Directors' Report (Apr 1 - Sep 30, 2019)

The Trust's Board of Executive and Non-Executive Directors has been responsible for overseeing the developments of strategic direction and compliance with all governance, probity and assurance requirements.

Details of the Trust's Chair, Chief Executive, Executive Directors and Non-Executive Directors are set out later in the Annex to the Annual Governance Statement, together with information on

Compliance Statement

A register of Directors' interests for the Trust has been maintained and is available by request from the Trust Secretariat by contacting: **trustsecretary@ghc.nhs.uk**

The Trust has undertaken the necessary action to evidence that each Director has stated that, as far as they are aware, there is no relevant audit information of which the Trust's Auditors are unaware and they have taken all the steps that they ought to have taken as a Director, in order to make themselves aware of any relevant audit information, and to establish that the Trust's Auditors are aware of that information.

Accountability Report

The Trust as a Going Concern

Gloucestershire Care Services NHS Trust (GCS) was acquired by 2gether NHS Foundation Trust on 1 October 2019. Whilst GCS as an entity ceased to exist on that date and was not a going concern at 30 September 2019, the services provided by GCS have continued within the acquiring Trust.

In accordance with the Department of Health and Social Care Group Accounting Manual, the continuation of the provision of services within the public sector means that the accounts of GCS should be prepared on a going concern basis.

Accountability Report

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Scope of Responsibility

As Accountable Officer, I have had responsibility for maintaining a system of internal controls that support the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I have also been responsible for ensuring that the NHS Trust has been administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

The Purpose of the System of Internal Control

The system of internal control has been designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control has been based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Gloucestershire Care Services NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they not be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the period ending September 30, 2019.

Capacity to Handle Risk

The Trust has had a risk management strategy, which makes it clear that managing risk is a key responsibility for the Trust and all staff employed by it. The Board receives regular reports that detail risk, financial, quality and performance issues and, where required, the action being taken to reduce identified high-level risks.

Full details of the Trust's approach to risk management has been contained in our Risk Management Strategy.

Guidance and training are provided to staff through specific risk management training, wider management training, policies and procedures, information on the Trust's intranet and feedback from audits, inspections and incidents. Included within all of this is sharing of good practice and learning from incidents. Information from a variety of sources is considered in a holistic manner to provide learning and inform changes to practice that would improve patient safety, and overall experience of using the Trust's services. During the period of this report the Trust continued to

use its Risk Steering Group to promote integrated working and enable cross organisational review of risks and consideration of good practice learning. This approach has been taken forward into the successor organisation.

The Risk and Control Framework

The Risk Management Strategy had set out the key responsibilities for managing risk within the Trust, including the ways in which risk had been identified, evaluated and controlled.

It identified strategic and operational risk and how both should be identified, recorded and escalated and highlighted the open and honest approach the Board expected with regard to risk. The Trust's risk assessment policy described the process for standardised assessment of risk including assessment of likelihood and consequence. The Trust further used patient safety software for incident reporting and in its risk management processes, supporting consistency and increased timeliness of organisation-wide oversight of risks.

The Board had identified the risks to the achievement of the Trust's objectives and determined the appropriate level of risk. The nominated lead for each risk had identified and evaluated existing controls and sources of assurance that these controls operate effectively. Any gaps in controls had been identified and action plans put in place to strengthen controls where appropriate. The outcome of this process has been articulated in the Board Assurance Framework (BAF) which has been presented to the Board for review and endorsement at each routine Board meeting. In line with the Trust's risk management strategy, risks rated 12 or above (8 where there is patient safety/clinical risk identified) have been escalated to the Board through the Board's Committee structure. All corporate risks have been reviewed regularly by identified Board sub-committees and an escalation process is in place, as outlined in the risk management strategy.

Risk has been assessed at all levels in the organisation from individual members of staff within service areas to the Board. This has ensured that both strategic and operational risks have been identified and addressed.

The Trust has had in place a BAF, which sets out the principal risks to delivery of the Trust's strategic objectives. Executive Directors have reviewed the risk register and entered strategic risks onto the corporate risk register.

The Executive Director with delegated responsibility for managing and monitoring each risk has been clearly identified. The BAF identified the key controls in place to manage each of the

Accountability Report

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principal risks and explains how the Board is assured that those controls are in place and operating effectively. These included the monthly performance report, monthly finance report, minutes of the sub-committees and assurances provided through the work of internal and external audit, the CQC and NHS Resolution.

Specific areas of risk such as fraud, corruption and bribery have been addressed through specific policies and procedures and regular reports made to the Board via the Audit and Risk Assurance Committee.

Merger with 2gether NHS Foundation Trust

During the period covered by this report the Trust progressed its proposed merger with 2gether NHS Foundation Trust. Arrangements were put in place to manage the risks associated with this process, with support from NHS Improvement (NHSI) and in line with NHSI's transaction guidance. These risk management arrangements have included a robust governance regime led by non-executive directors, the recruitment of additional programme management capacity, and a programme management approach across three work streams coving the merger transaction, the transition process, and the subsequent transformation of services.

Following initial agreement by the GCS NHS Trust Board and 2gether NHS Foundation Trust Board and their Council of Governors in 2017-18, the Trust has progressed its strategic objective to combine the physical health services provided by our Trust with 2gether NHS Foundation Trust's mental health and learning disability services. This has been through a process of merger by acquisition by 2gether NHS Foundation Trust under the terms of section 56A of the Health and Social Care Act 2012.

Actions have been put in place to mitigate the risks associated with this merger. Both Boards and the 2gether Council of Governors have been fully involved in the decision to proceed with the proposal to merge, and in a robust system of governance for the project. A Strategic Intent Leadership Group (SILG) and a Programme Management Executive (PME), have been put in place that provide the appropriate forums for these risks to be documented and discussed and solutions scoped and agreed.

The PME has been responsible for maintaining the Joint Strategic Intent Programme Risk Register and the SILG provides an oversight role, which is executed via the inclusions of risk management as a standing agenda item within the strategic groups' meetings. The SILG has monitored the ongoing progress of the programme against the resource plan and costs so that any deviation has been identified and corrective measures put into place at the earliest opportunity.

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A comprehensive communications process has been in place to support internal and external briefing to staff and system partners who have been able to raise via the PME any concerns that may need to be addressed. The merger has been undertaken in accordance with the requirements of the latest transaction guidance issued by NHS Improvement. An internal audit review of these merger corporate governance and risk management arrangements, published in April 2018, produced an overall classification of low risk.

A Programme Director and an administrator were recruited to drive this process forward and to minimise the capacity impact on both Trusts. These costs have been budgeted to mitigate any potential impact on the financial position. Executive leads have been in place for the Transaction, Transition and Transformation elements of the merger process to provide leadership and challenge, particularly in respect of the development of the strategic case, full business case, and post-transaction implementation plan. A project team has been in place to manage the transition process, through a series of workstreams. In line with NHSI guidance, a thorough due diligence process has been undertaken, and the Audit and Risk Assurance Committee has reviewed and was satisfied with the findings of those due diligence exercises. An Internal Audit review of transaction governance produced a low risk classification.

The Shadow Board for the new Trust was appointed between December 2018 and January 2019, and assumed the oversight role hitherto undertaken by SILG. The Board of the new organisation comprised experienced Executive and Non-Executive Directors from both Trusts who will be able to ensure that capacity, capability and organisational memory are retained, and thus to provide strong oversight and direction to the new Trust.

The Governance Framework of the Organisation

The Department of Health (2006) defined integrated governance as: 'Systems, processes and behaviours by which Trusts lead, direct and control their functions in order to achieve organisational objectives, safety and quality of service and in which they relate to patients and carers, the wider community and partner organisations.'

The structures, systems, processes and behaviours NHS bodies are expected to have for ensuring good governance include:

- Standing Orders, Standing Financial Instructions, Reservation of Powers to the Board and Scheme of Delegation.
- Requirement for a statutory Board, and requirements on the committees that support the Board.
- How line managers operate, including codes of conduct and accountability.

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- Business planning.
- Procedural guidance for staff.
- Risk register and assurance framework.
- Internal audit.
- Scrutiny by external assessors including the Care Quality Commission, external audit and NHS Improvement.

As Accountable Officer I can confirm that these structures, systems, processes and behaviours have been reflected in the Trust's Governance Framework.

Compliance with the UK Corporate Governance Code

We have not been required to comply with the UK Corporate Governance Code. However, we have reported on our corporate governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the Trust and best practice.

The Board Structure and Remit

Gloucestershire Care Services NHS Trust (GCS) has been run by a unitary Board of Directors, with clear division of responsibilities between the Chair of the Board and the Chief Executive of the Trust, Non-Executive Directors and the Executive, including appropriate challenge on strategic development. The Board has consisted of the Chair, six Non-Executive Directors, and five voting Executive Directors. There are also two non-voting Directors (Joint Director of Human Resources and Organisational Development and Director of Transition). Non-Executive Directors use their skills and experience from private, public and voluntary sectors to help run the Trust, but do not have day-to-day managerial responsibilities within the Trust. Executive Directors are paid employees with clear areas of work responsibility.

The Board regularly meets in public, and details of the Board meetings, including the public papers, have been available on the Trust website through the period of this report, although the site has subsequently been redeveloped to reflect the new organisation. Papers remain available on request from the Trust Secretary (please send an email to trustsecretary@ghc.nhs.uk) The Board held three formal Board meetings between April and September 2019 and has met a further three times in private.

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The Board has been responsible for the leadership, management and governance of the organisation and setting the strategic direction and supporting the development of organisational culture. Its meetings cover comprehensive items on quality, finance and strategy. At each routine Board meeting held in public it has considered the Board Assurance Framework, Quality and Finance.

The Board has continually self-assessesed its performance, evaluating its meetings and those of its committees at the conclusion of business. Further Board discussions have led to a board development programme supported by an external governance advisor. This has helped support transition while maintaining focus on business as usual. Internal Audit provided assurance on the governance processes in place.

Changes in Board Composition

Helen Goodey joined the board as a non-voting member alongside her role as a director at Gloucestershire Clinical Commissioning Group.

Board Committees

The Board has been supported in its work by a number of sub-committees which include:

- **Audit and Risk Assurance Committee**, chaired by Non-Executive Director, Richard Cryer
- **Charitable Funds Committee**, chaired by Non-Executive Director, Nicola Strother Smith.
- **Resources Committee**, chaired by Non-Executive Director, Graham Russell
- **Quality and Performance Committee**, chaired by Non-Executive Director, Nicola Strother Smith
- **Remuneration and Terms of Service Committee**, chaired by Trust Chair, Ingrid Barker

Each of the sub-committees reported directly to the Trust Board and:

- Monitored risk relating to their area of responsibility, ensuring the Board had a clear overarching understanding of the risks;
- Provided regular summary reports to the Board on their work for assurance and performance purposes.
- Put in place transition processes to ensure this focus will be maintained in the successor Trust

Executive Directors have been responsible for maintaining effective systems of control on a day-

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to-day basis. A full governance rationale had been developed providing terms of reference and escalation processes for all sub-committees and the Board, together with standing items, which are in turn encapsulated into programmes of business for each sub-committee and for the Board.

The table shown at Annex 1 of this Governance Statement sets out attendance levels by Executive and Non-Executive Directors at Trust Board meetings and at all sub-committees of the Board.

In addition the Trust Board has been supported by engagement work with service users, colleagues and communities. This enables the Board to benefit from the insight and experience of local people in the planning and delivery of services. During the period of this report this has included sessions on the Board's developing Strategic Intent with 2gether NHS Foundation Trust, and in particular there has been significant work on values for the new organisation.

Audit and Risk Assurance Committee

- Met three times between Apr 1 - Sep 30, 2019

The Audit and Risk Assurance Committee was constituted in accordance with the provisions of the NHS Audit Committee Handbook 2014.

The committee was responsible for providing assurance to the Board that an effective system of integrated governance, risk management and internal control was in place across the organisation's activities (both clinical and non-clinical), which supported achievement of the organisation's objectives. It also oversaw the assurance processes for the work relating to the merger.

Charitable Funds Committee

- Met once between Apr 1 - Sep 30, 2019

Gloucestershire Care Services NHS Trust has been the corporate trustee for charitable funds. The Board, on behalf of the Trust, has been responsible for the effective overall management of charitable funds. The role of the committee has been to oversee the management, investment and disbursement of charitable funds, as delegated, within the regulations provided by the Charities Commission and to ensure compliance with the laws governing NHS charitable funds and the wishes of the donors. The charitable funds seek to provide benefit to local service users

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and Trust colleagues.
The Committee met in September and noted the position of the charitable funds pre-merger, and plans for the management of the funds under the new Trust.

Remuneration and Terms of Service Committee

- Met three times between Apr 1 - Sep 30, 2019

The Committee is responsible for supporting the Board to ensure fairness, equity and consistency in remuneration practices on behalf of the Trust Board. The Committee oversees the remuneration, allowances and other terms and conditions of office of the Trust's Very Senior Managers (VSM) and reviewing their performance. For Executive posts, other than the Chief Executive Officer, the Chief Executive leads the appraisal process, which is a core element of the performance review.

Quality and Performance Committee

- Met three times between Apr 1 - Sep 30, 2019

The Committee has been responsible for providing clear assurance on all issues relating to clinical and professional care, clinical systems, clinical risk management and all prevailing regulatory standards relating to quality and safety. The Committee has also reviewed the Trust's service delivery activities and agrees and monitors action plans where remedial steps were considered necessary. During the year the Committee considered a range of key issues including clinical audit, safeguarding, end of life care, information governance, patient reported outcomes, research, incidents, complaints and performance.

Resources Committee

- Met three times between Apr 1 - Sep 30, 2019

The Resources Committee has been responsible for providing the Trust Board with in-year assurance concerning the development and delivery of the Trust's Annual Plan, this covers finance, operation and workforce. The Committee has also been responsible for making recommendations to the Trust Board in respect of business development opportunities, in addition to business cases that require capital investment.

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Performance

As Accountable Officer I can confirm that during its period of operation (Monday 1 April - Monday 30 September, 2019) there were processes in place to ensure that the Board had oversight of key areas of performance to ensure that the Trust met its statutory duties and functions.

Quality Equality Impact Assessments (QEIA)

We have had a robust Quality Equality Impact Assessment (QEIA) process in line with the National Quality Board guidance. The Quality Equality Impact Assessment applies to quality improvement and service development plans as well as efficiency plans, such as cost improvement plans.

Our Cost Improvement Programme has been monitored by the Cost Improvement Steering Group which reports to the Resources Committee. The Transformation Team has worked with operational managers to support the development of Cost Improvement Programme (CIP) schemes. All CIP schemes are subject to the Trust's Quality Equality Impact Assessment (QEIA) process before they are accepted.

We have used a Quality Equality Impact Assessment (QEIA) tool to evaluate the impact of any change which may affect either how service users access and use services, or colleagues' working lives and developmental opportunities. Initially, the operational manager responsible for possible change has completed a Determination Matrix. This assesses the potential impact and likelihood of the change upon service users, workforce, stakeholders and finance, using a combination of risk scores linked to a series of thresholds to indicate whether a full QEIA is required.

Where schemes have required a QEIA, these have been completed and presented to our Clinical Reference Group for challenge and debate prior to approval. If approved, it has been authorised by the Trust's Director of Nursing and Medical Director. Once agreed, the operational manager has proceeded with the change process, and reported back to the Quality and Performance Committee for regular review and monitoring against the quality and performance metrics identified within the original QEIA. These have been routinely shared with the Clinical Quality Reference Group (CQRG) for formal review.

The QEIA tool itself assesses each potential change by the three core quality domains: Safety, Clinical Effectiveness and Experience. It considers, for example, the potential impact upon preventable harm, clinical leadership and evidence-based practice, as well as upon people

representing each of the Equality Act's nine protected characteristics. The impact on staff has been considered as part of the Determination Matrix described above.

The Quality and Performance Committee has received triangulated information via the monthly Quality and Performance Report. For community hospitals, this has included ward-by-ward analysis of experience data (Friends and Family Test, complaints etc) as well as safety data (Safety Thermometer etc) and HR statistics (for example rota fill rates, appraisals) in order to identify trends or concerns. Similar information is provided for integrated community teams which gives analysis in respect of safety and HR data. The Committee has reported directly to the Trust Board.

The Trust Board has received an overall report of measures containing Statistical Process Control charts and exception reports to track quality and productivity outcomes. The Resources Committee has received routine CIP implementation reports and monitoring information from the CIP Steering Group.

The monitoring information is collated by service area to give oversight of multiple schemes on a particular service. The monitoring information includes the baseline QEIA scoring and progress rating to monitor the quality impact over the duration the change.

Quality Performance

The Trust produces an annual Quality Account in line with Department of Health guidance. This account looks back at performance in the last year and sets priorities for the following year.

The Board approves the account prior to publication. Arrangements are in place via service delivery groups and Trust-wide groups to report quality and safety matters to the Quality and Performance Committee, which in turn reports to the Board. This includes progress against the priorities set out in the Quality Account. The Trust will produce a Quality Account for the period Monday 1 April to Monday 30 September, 2019.

The Trust has had a Learning Assurance Framework to ensure incidents and serious incidents are followed up, thoroughly investigated and learnt from. In the period covered by this report there were seven serious incidents requiring investigation. The Trust has had arrangements in place to manage Infection Prevention and Control and the Safeguarding of Children and Vulnerable Adults. These have included external partnership arrangements with local authorities, Police and Gloucestershire Hospitals NHS Foundation Trust.

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The Trust was inspected by the Care Quality Commission in January 2018 and was graded overall as 'Good', with ninety percent of areas graded as either 'Good' or 'Outstanding'. An Improvement Action Plan to take forward the areas identified for further improvement and to spread good practice was implemented during 2018-19.
The Trust has been fully compliant with the registration requirements of the Care Quality Commission.

The Trust has engaged with service users through a range of forums and processes and has continued to develop the contribution that volunteers make across our services.

Financial Performance

NHS Trusts are required to deliver statutory and other financial duties. For the period ended 3o September 2019, the Trust met these duties, as summarised below, and set out in more detail within the financial statements:

- To break-even on Income and Expenditure — achieved
- To maintain capital expenditure below a set limit — achieved

The Trust has faced significant challenges delivering the efficiency programme, with plans being developed, monitored and reviewed throughout the period. However, the target was met at the end of the reporting period. Cost improvement programmes remain a significant challenge for the new Trust and the approaches developed to achieve our targets are being taken forward into the merged organisation.

Checking the correct discharge of statutory functions is managed via the Trust risk management system. No areas of non-compliance have been identified. The Trust met its Agency cap which was set by NHS Improvement as a financial value of Agency Spend for the year.

Data Quality Performance

The Trust has had systems in place to verify data quality, including elective waiting time data. These include:

- Validation of data reports and results by service managers and systems users
- Planned internal audits of data by informatics staff.

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- Electronic data validation e.g. missed mandatory fields and data out of permitted ranges.
- Performance data monitoring by Trust groups and committees and subsequent enquiries.
- Commissioner scrutiny of activity and quality data.
- User training on systems, e.g. clinical coding.

Fraud and Security Management

The Trust has had in place arrangements to manage fraud and security. This has included the use of Security Specialists and a local Counter Fraud team. Annual work plans have been formulated which have been reported to the Audit and Assurance Committee.

Nationally determined standards for security and counter fraud, which are contained within the NHS Standard Contract, have been used as benchmarks for performance. These have been reported to the Audit and Assurance Committee and Commissioners as required.

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The Trust's major strategic risks and corresponding mitigations, as of 30 September 2019, are

Risk	Mitigation & Key Controls
There is a risk that we do not provide a clear vision for community based services and the case for change to promote increased investment in new models of care is not made robustly; resulting in investment continuing to be focused on acute provision.	● Annual Operating Plan, Quality Priorities, Contractual Agreements and relationships ● Place based model developments, One Place One Budget Sustainability and Transformation Partnership work ● Strategic Intent work with 2gether NHS Foundation Trust
There is a risk that we fail to maximise the use of clinical innovation, business intelligence (including demand) and research and development to maintain and improve the quality of care; resulting in possible harm to patients, poor experience, reduction in quality of care, and loss of reputation for excellence.	● Clinical Governance Framework and processes ● Quality Improvement Priorities and improvement plans ● Staff Development commitments ● Research and Development Strategy development ● Continuous Professional Development plans and investment
There is a risk that we fail to recruit and retain colleagues with right knowledge, skills, experience and values required to deliver sustainable services and support transformation; resulting in care which does not meet the needs of service users.	● Recruitment and Development Strategy and action plan ● Continuous Professional Development plans and investment ● Centralised bank and agency function ● Nursing Associate Programme ● Apprenticeship Programme ● Progression pathway developments ● Staff Engagement processes
There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to our local population; resulting in services which are not optimally designed to meet the needs of service users and carers.	● Friends and Family Test Processes ● Learning Assurance Action Tracker processes ● Your Care Your Opinion Engagement Activities ● Co-production developments
There is a risk that we are too internally focused and do not support system transformation; resulting in services being fragmented and disjointed thereby impacting on quality and service user experience.	● Quality and Performance reporting ● One Gloucestershire commitments ● Processes to develop Strategic Intent

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Risk	Mitigation & Key Controls
There is a risk that lack of mutual understanding of the services and assets provided by ourselves and by other system partners compromises the experience of service users; resulting in service users experiencing care and support which is not seamless.	● Partnership work with One Gloucestershire ● Delivery Pathways ● Cluster working developments
There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to colleagues; resulting in disengagement by colleagues and a culture that does not promote openness.	● Manager Toolkit ● Investors in People ● Freedom to speak up Guardian and other related mechanisms to raise concerns ● Communication and Engagement Strategy ● Core Colleague and Communication processes
There is a risk that we do not support colleagues health and wellbeing in an environment of constant change and demand management; resulting in poor morale and increased levels of sickness and absence.	● Sickness absence monitoring ● Recruitment and Retention Strategy ● Working Well support ● Health and wellbeing initiatives
There is a risk that we under-invest in leadership and management development; resulting in a lack of capacity to nurture a highly engaged and motivated workforce.	● Refresh of Leadership Development Plan ● Manager Toolkit ● Leadership Development
There is a risk that we fail to maintain and develop an infrastructure fit for future services; resulting in fragmented service delivery models and escalating costs.	● Estates Strategy ● Business Plan ● Review of IT Strategy ● Capital Plan
There is a risk that we do not lead on, and invest in, transformation to secure long term sustainability of services; resulting in inability to sustain quality and compromising year on year cost improvement.	● Business Plan ● Cost Improvement Plan and delivery processes ● Quality Equality Impact Assessments ● Workforce planning
There is a risk we do not maintain robust internal controls and governance systems; resulting in potential financial and organisational instability.	● Governance Framework Review and Monitoring ● Use of Resources review ● Monitoring Financial and Quality metrics for assurance

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Risk	Mitigation & Key Controls
There is a risk that system pressures have an unplanned effect on the organisation's ability to ensure ongoing sustainability.	• Full member of Integrated Care System • Monitoring at Board and system level
There is a risk that capacity to progress the Strategic Intent is not sufficient across the two Trusts leading to delays in merger progress impacting on the Strategic Intent with timeliness, impacting on morale, reputation and achievement of benefits.	• Skilled and dedicated programmes management teams in place • Comprehensive governance controls • Two-way engagement with colleagues, service users and stakeholders
There is a risk that competing agendas and demands from primary care, GHFT, GCC, GCCG, ICS in both Gloucestershire and Herefordshire and other partners lead to delays and hamper progress and delivery of benefits.	• Board-level consideration of agendas of all parties to foster collective working • Effective Executive engagement with key partners
There is a risk that having successfully merged (ie completed the transaction) the newly formed organisation fails to maintain momentum and take forward transformational care with pace.	• Comprehensive Post-Transaction Implementation Plan • Key staff to support transformation agenda being identified
There is a risk that changes at a national level relating to health and / or social care impact on the planned transformation.	• NHS Providers membership • Engagement with key providers

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Workforce Planning and Strategies

Our workforce plan for 2019-20 was presented at the Board Development Event in early February 2019. Our workforce plan was prepared in line with the Operational Planning Guidance 2019-20 and our Trust Strategic Objectives.

Approach to Workforce Planning: Our approach to workforce planning has been informed by the recent Trust's refresh of the NHSI Operational Workforce Planning self-assessment tool. As part of the self-assessment process the Trust strengthened the workforce planning capacity and capability within the organisation. This included additional training provided by Health Education England in the use of workforce modelling tools, NHSI demand and capacity training for operational colleagues, as well as sign up to an ICS-wide workforce planning process for 2019. A joint approach to workforce planning was also developed in partnership with 2gether NHSFT as part of the merger preparation and business planning.

We introduced a new governance structure for overseeing workforce and finance by integrating two separate sub-committees of the Board into a single Resources Committee. This has supported greater triangulation, joined up planning and assurance regarding the affordability, capacity, capability and transformation of the workforce. The Resources Committee has met bi-monthly and received a suite of workforce key performance indicators, including turnover, sickness and vacancies. Workforce performance has been part of the Quality and Performance dashboard and presented bi-monthly at the Quality and Performance Committee which has overseen the safety and quality of our service delivery to our patients including safer staffing, appraisal, statutory and mandatory training.

Alignment: The Trust workforce planning has been aligned with the Trust Budget Setting, Activity Plan and Quality Priorities as part of our internal business planning process. This has been to ensure plans are well-modelled, affordable and with sufficient capacity and capability throughout the year to deliver safe, high quality services. The Trust has been in the final stages of a project to fully align the Financial Ledger with the Electronic Staff Record to ensure we have the best possible data to inform decision-making. Our workforce planning has taken into account the impact of the Cost Improvement Programme, productivity initiatives and improvements in recruitment and retention. It has also ensured that the Trust workforce has been able to respond appropriately to service changes due to agreed commissioning intentions.

Commissioning intentions for service transformation have included:

- Extension of complex care at home service into the Forest of Dean
- Extension of HPV school immunisation programme to include boys
- Increased School Nursing services to support increased demand
- Increased musculoskeletal and podiatry as part of the MSK pathway transformation

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Recruitment of staff within specific staff groups remains a National challenge and a key risk for NHS providers. Taking account of NHSI guidelines for 'Safer Staffing and Developing Workforce Safeguards', we have put plans in place to mitigate our workforce risks and challenges as set out

Description of Workforce	Impact on workforce	Initiatives
Shortage of Nurses	Higher levels of vacancies in Staff Grade Nurses in Community Hospitals and District Nursing in Community teams resulting in higher bank or agency spend.	• Targeted social media campaign focused on Community Hospital recruitment. A new nurse recruitment film was produced with colleagues from the Trust and university students to target newly qualified nurses • New Community Nursing Website developed to link with NHS Jobs for the Trust • Training programme in place supporting 11 Nursing Associates - registration with NMC from April 1, 2019. • Development of new Band 7 & 6 Practice Educators and Practice Facilitators to support Trainee Nursing Associates creating new career pathway for experienced nurses to improve retention. • Explore the introduction of a new work experience role supports the strengthening of links with local schools and colleges. • NHSI Retention Programme. The Trust has just joined the third cohort and will have finalised its action plans by the end of Q4 2018-19 • Department of Health Flexible Working Project in partnership with 2gether NHSFT • ICS-wide Recruitment Fairs • Adoption of Proud to Care job site for the ICS – health and social care. • ICS proposal being submitted to the Workforce Steering Group and LWAB to offer bursaries to pump prime and strengthen local supply of our future nursing workforce. Proposed funding to replace the national bursary scheme and offer to include guaranteed interviews for roles within the county.
Shortage of Speech and Language Therapists	Harder to recruit to less attractive community roles. Increase in agency costs to cover vacancies.	• Introduction of integrated team structure to share expertise across services and create clearer career path • Wider ICS wide discussions on options for AHP rotational posts to increase attractiveness of roles
Medical Staffing Shortage	Stability of Medical cover for community hospitals and MIIUs	• Review of medical model to strengthen resilience • Development of new roles for ENPs and ACPs to reduce the reliance on the medical workforce as this will remain challenged into the future.
Shortage of Physiotherapists	Harder to recruit to less attractive community roles	• Scoping introduction of rotational roles to develop general skills and create sustainable service provision in less attractive community roles • Redesign structure to support Assistant Practitioner roles e.g. Apprenticeships and creating career pathways into registered professions (including Advanced Clinical Practitioner via the Apprenticeship route) • Development of internal programme of support for Return to Practice roles

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Shortage of Occupational Therapists	Harder to recruit to less attractive community roles.	• Wider ICS wide discussions on options for AHP rotational posts to increase development opportunities and attractiveness of roles • Scoping generic AHP roles in community teams to improve skill mix and share expertise Note: This has been compounded by a reduction in funding leading to a lack of promotional opportunities for band 5 OTs, which has been resulting in additional turnover.
Loss of clinical expertise in dentistry due to retirement		• Succession planning • Service review and restructuring of clinical team • Development plan for Dental Officers
Bursaries (Nursing and AHP)		• Development of an ICS bid for HEE support and funding to offer RGN & AHP Degree trainees a bursary and guaranteed job on graduation.
Talent Management, Succession Planning and Leadership Development	To support and maximise employee potential in order to retain a talented and skilled workforce. To equip our leaders with the skills, knowledge and behaviours to lead the Trust and across the ICS.	• ICS wide funding to deliver a System Wide Leadership Development Programme and accompanying online toolkit to up to 96 leaders throughout 2019. • A programme of CPD and networking events to the 2018 Alumni of the System Wide Leadership Development Programme. • Development of a coaching approach and framework • Participation in the NHS National High Potential Scheme pilot looking at developing a new structured approach to NHS career development for mid-level leaders who have the potential to reach senior executive roles.

Description of Workforce Risk	Impact of risk (high medium, low)	Risk response strategy	Timescales and progress to date
There is a risk that there will be very little Speech and Language Therapy (SLT) available for the following Community Hospitals commencing in January 2019. North Cotswolds, Dilke Hospital, Vale hospital, Cirencester Hospital and Stroud Hospital.	High	Recruitment to vacant posts agreed and relevant permissions obtained.	Adverts will be placed for a number of B6 SLT's. Staff in post identified to provide some cover to Community Hospitals across the County. This includes locum cover due to commence in the New Year. Regular SLT Recovery Plan meetings planned (2 weekly). x2 maternity leave cover identified as requirement for New Year.
Shortage of partner Trust Radiographers resulting in poor supply of expertise to deliver community imaging	High	Source alternative provision. Train and upskill nurses with radiography / x-ray skills.	Negotiation with alternative provider in progress. Training being scoped.
Recruitment and Retention of qualified nurses & AHPs	High	ICS Workforce Steering Group and the R&R subgroup to focus on initiatives in county. HEE funding for materials and recruitment events. Career pathway development for H&SC opportunities within county. HR People framework in place to assist integrated working and the integration of pathways. Continued reduction in agency spend across the county.	Nursing retention scheme finalised and action plan developed based on the impact assessment for initiatives tried this year. 2019-20 to review a countywide collaborative bank. Continued work on joined up recruitment processes, flow within the countywide system within the HR framework.

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Long-term Vacancies

Description of long-term vacancy, including the time this has been a vacancy post	WTE Impact	Impact on service delivery	Initiatives in place, along with timescales
Band 5 District Nursing – Gloucester and Cheltenham ICTs	-21.5	Increased challenges to team capacity and higher use of bank and agency	On-going advertising campaigns within the Trust and with our ICS partner colleagues, Scoping options for bursary scheme and future RGN & AHP degree training post graduate job offers, roll out of targeted social media outreach – on-going.
Band 2 & 5 Nurses in community hospitals	-10.34	Increased pressure on Wards – higher agency costs. Also some of the existing staff are newly qualified so put more pressure on again.	As above Skill Mix opportunities and Nurse Associates to be considered.
Band 5 and 6 physio across countywide and ICTs	- 6.0	Permanent advert to recruit and retain	As above. ICS-wide discussions with a view to developing more attractive rotational posts
Band 3 Children's Complex Care support workers	- 4.32	Small team that also provides overnight support – gaps causing service provision issues	Skill Mix opportunities and Nurse Associates to be considered.
Band 6 & 7 Information and Communication Technology specialists	- 3.0	Impact on service provision due to difficulty recruiting with restricted budgets compared to market demand	Consideration of affordability of local RRP and joint appointments.

In order to address these challenges and ensure that the Trust can meet its projected activity growth within available resources, the organisation will continue to focus on maximising opportunities for productivity and efficiency through effecting skill-mix, new ways of working and workforce transformation.

Workforce Transformation

In order to ensure an effective supply and retention of staff, the following initiatives have continued throughout 2019-20 to best support and develop our current workforce, underpinned by new routes to career pathways, innovative new roles and new care models linked to known issues:

- Development of Advanced Clinical Practitioners and Extended Nursing Practitioners in MIIUs
- Generic AHP roles in ICTs
- Review of our staffing model for inpatient wards (linked to opportunities afforded by apprenticeships, nurse associate roles)
- Introduction of Advanced Practitioners linked to review of medical model / GOAM

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- Frameworks to support education and career pathways for specialist and advancing practice roles are in development e.g. MSK Physiotherapy
- Innovative practice development including the introduction of the Complex Care at Home Service (described earlier), developing the advanced practitioner role for Nursing and AHP's
- Subject to Integrated Care System and Health Education England funding, the introduction of nursing and AHP bursaries and guaranteed post-graduation jobs
- Continued "Every Contact Counts" health coaching training to colleagues, to widen the pool of staff who can support our enabling active communities programme

New Workforce Initiatives through 2019-20

- Development of new roles: A training programme has been designed to support apprentices to gain qualifications to take on substantive roles including individual development allowance. As part of this joint initiative across the ICS the Trust is planning to recruit to a second cohort of Trainee Nursing Associate's (TNA's) to commence in September 2019 (first launched in 2017-2018) and confirmation of approval has just been received from Health Education England
- Implementing our Recruitment & Retention Strategy: A refreshed recruitment and retention plan, co-designed with and driven by operational and clinical colleagues, has been in place with a strong emphasis on continual recruitment in key occupations and active membership of the NHSI Retention Cohort 3 Programme 2019. These will underpin our planned reduction in staff turnover
- Flexible Bank Programme: Taking part in the Department of Health Flexible Working Pilot in 2019 with 2gether NHSFT
- Developing our Leadership: Funded by NHS England, HEE and the South West Leadership Academy to deliver further cohorts of the system leadership development programme, Alumni and online toolkit. Pilot ICS for the High Potential Talent Scheme
- Service Transformation: Health Education England funding to support workforce transformation. As part of this funding our Trust was allocated funding to support Advanced Practice roles to support the urgent care agenda across the ICS.
- Developing a framework to introduce apprentice Advanced Clinical Practitioner roles

Developing opportunities: our Learning and Development team has supported colleagues to recruit new apprentices in to the workforce and also upskill and develop substantive employees. Since introduction of the Apprenticeship Levy in April 2017, we have supported 43 apprentices, both clinical and non-clinical, to successfully complete their programme. We currently have 78 apprentices registered on our levy account and we have a further pipeline of new apprentices this year, including up to twelve Leadership and Management at Level 3 & 5, and 2 Assistant

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Practitioners at Level 5. We do not foresee any funds expiring from the levy account in April 2019.

In order to plan ahead and utilise our levy funds efficiently we have reviewed our Training Needs Analysis with all service and department leads to identify the priority areas for apprenticeship training particularly within our Integrated Community Teams and Community Hospitals. Results of the analysis are being used to ensure priorities areas have been supported by our levy funds throughout 2019-20. Acohort of Level 5 Assistant Practitioners started in March and a Level 7 Advanced Clinical Practitioner cohort in September. Our dedicated team has been supporting all apprentices through their learning journey and have continued to introduce new apprenticeship standards to suit the needs of the organisation. We have worked with our ICS partners to maximise the apprenticeship levy across our system.

Strategies to manage agency and locum use: we have remained compliant with the NHSI Agency Regulations. Our strategy to drive down agency usage has included continual monitoring of expenditure through an 'Agency Control Group', appropriate clinical sign off for unavoidable (last minute sickness) high cost agency ensuring the appropriate balance between patient quality and safety and cost, advance booking of lower cost agency in areas where a bank supply is not readily available and a greater scrutiny of electronic rostering. The early assessment of resources available has ensured a smoothing out of gaps anticipated in peak historical shortage times such as 'half term'.

The development of a larger and highly engaged clinical bank through a dedicated team who take ownership of this vital workforce has been an important strategy.

Communication with colleagues has been key and there has been a strong sense of engagement with the clinical and operational teams who focus on resolving issues on a local basis. To support these efforts, financial incentive programmes to work additional shifts by our Band 5 and 6 clinical workforce have been found to be successful. We have also been working on proposals to collaborate with ICS colleagues to create a countywide bank and to support our collective negotiations with agencies.

We have introduced a number of schemes to improve our staff sickness rate. These have included our Fast Track Physiotherapy service for all staff, increased uptake of our staff flu vaccination programme and the introduction of our Working Well service providing counselling and stress management support.

Engagement and Collaborative Working with Commissioners: alignment of workforce planning and local health system has been driven by the local Workforce Steering Group which

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has met monthly and been supported by a Workforce Planning sub-group. This is strategically overseen by the Local Workforce Action Board which meets bi-monthly with representation from all ICS partners to deliver the Joint Strategic Workforce Plan across the ICS. This plan has been developed with system partners through 2019 and taken through the Trusts' governance structures prior to agreement through the ICS Workforce Steering Group and the One Gloucestershire LWAB.

We have worked with our Integrated Locality Partnerships where there have been opportunities for new ways of working, and we have organised our workforce across Primary Care Networks to further support place based primary and community care. We maintain our belief that integrated working and rebalancing the workforce will serve to support the new models of care being developed across our ICS.

***Responding to Legislation**:* we put in place a number of key workforce initiatives ahead of the NHS Long Term Plan and the NHSI Workforce Implementation Plan. Our workforce plan incorporated national drivers for demand and capacity modelling and productivity and efficiency including the recommendations made by Lord Carter, developments in education and local alignment with colleagues across the ICS. These have included embedding e-rostering across all services and enabling mobile working for all Integrated Community Teams through use of digital technology and also the introduction of referral centres aligned to Primary Care Networks to ensure efficient and effective use of resources.

Brexit: we have followed the Department of Health operational guidance to support our business continuity planning for a no-deal EU Exit scenario and have continued to take the necessary steps to ensure we are operationally ready for the EU Exit as the situation develops. Our expectation is that the impact on our workforce will be negligible.
We will continue to review our workforce plan to implement emerging national policy changes in Workforce and Organisational Development. We welcomed the emphasis on workforce issues in the NHS Long Term Plan and have been committed to the key workforce element: '***Backing our workforce'.***

Declarations of Interest

The Trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

NHS Pension Scheme

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As an employer with staff entitled to membership of the NHS Pension Scheme, control measures have been in place to ensure all employer obligations contained within the Scheme regulations are complied with. This has included ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records have been accurately updated in accordance with the timescales detailed in the Regulations.

Equality, Diversity and Human Rights Legislation

Control measures have been in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. This includes compliance with our duties under the Equality Act 2010 by the annual publication of information relating to people who are our employees and those who are affected by our policies and practices, and by the publication of our equality objectives. In addition, this includes compliance with the annual publication of both our NHS Equality Delivery System 2 report and our NHS Workforce Race Equality Standard report.

Review of the economy, efficiency and effectiveness of the use of resources

The Board has had arrangements in place to ensure it achieves economy, efficiency and effectiveness (or value for money) from the use of resources. The Trust manages its financial resources in accordance with an annual financial plan or budget and has developed a medium term financial plan in order to make informed strategic decisions about resource control and areas of investment and disinvestment.

The Finance Director has reported to the Board on actual performance against the financial plan and has been accountable for variances in performance. The Board also established the Resources Committee to review financial performance and scrutinise specific areas, with the objective of ensuring value for money and effectiveness.

The Board's Audit and Risk Assurance Committee has been responsible for reviewing the adequacy of the Trust's arrangements for achieving value for money from the use of resources. The committee has received reports from both internal and external auditors in this regard, and has highlighted areas of concern and proposed actions to the Board.

For the period of this report, the Trust ended the year with a Single Oversight Framework segment of **1**. We achieved this rating while meeting challenging efficiency savings and investing

in buildings, IT infrastructure and medical equipment and budgeting for significant further investment in our estates and equipment and in a new hospital in the Forest of Dean. We have used a range of methods to identify and deliver efficiency savings, including new business development, redesign of service user pathways and process improvements.

Sustainability

The Trust has undertaken risk assessments and has plans in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust has ensured that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Information governance

The Trust has had, at Board level, a Caldicott Guardian and a Senior Information Risk Officer to oversee this area of risk. The Trust had self-assessed as compliant with NHS Digital's Data Security and Protection Toolkit, and had committed to maintaining full compliance by tracking information flows, auditing compliance with relevant policies and procedures, raising the awareness of staff, training, and improving the Trust's information technology infrastructure.

Information governance refresher training formed part of the Trust's suite of mandatory training, and had to be completed by all staff on an annual basis. Training has also been provided to Information Asset Owners throughout the Trust to enable the completion of revised Information Asset Registers which capture the flows of patient-identifiable information through the Trust and provide assurance that where appropriate, information sharing agreements are in place and regularly monitored so as to provide a legal basis for the sharing of such information. The Trust has reported to the Executive, Audit and Assurance Committee on compliance with the General Data Protection Regulation and data security requirements during 2019-20.

The Trust has been a partner in Gloucestershire's Joining Up Your Information (JUYI) initiative, which seeks to enable shared access to relevant patient information held on clinical systems across partner organisations in order to support the delivery of safe, effective and collaborative care.

The Trust has been an active partner on cross-organisational information governance groups which ensure that information sharing takes place lawfully, and that robust information security

procedures and policies are in place to ensure the security of and appropriate access to this sensitive personal information.

The Trust has actively encouraged the reporting of information governance incidents and near misses. These have been investigated internally where it is appropriate to do so, and incident trends and themes are reported to the Board, with learning appropriately cascaded throughout the organisation.

The Trust has had one incident during the year which met the criteria for reporting to the Information Commissioner's Office (ICO), as set out in the Data Security and Protection Incident Reporting Tool. The ICO has confirmed that it was satisfied with the Trust's response to the incident and is not taking further action.

Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The Gloucestershire Care Services element for the period Monday 1 April to Monday 30 September 2019 will form part of the Gloucestershire Health and Care NHS Foundation Trust Quality Account.

The Trust is assured that it is well-led having maintained the standards observed by the CQC, including:

- The Trust had an experienced executive and non-executive director and senior leadership team with the skills, abilities, and commitment to lead the delivery of high-quality services
- The Board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to ensure staff at all levels understood them in relation to their daily roles
- The Trust has involved clinicians, patients and groups from the local community in the development of the strategy and work with the local mental health trust
- Non-executive directors have visited all parts of the Trust on a three-monthly basis and fed back to the Board to discuss issues staff faced and challenged directors appropriately
- There was evidence of high levels of respect between staff and passionate and knowledgeable managers who motivated their staff and made them feel valued

Accountability Report

Annual Governance Statement

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on the information provided in this annual report and other performance information available to me.

Executive Managers within the organisation, who have responsibility for the development and maintenance of the system of internal control, have provided me with assurance.

The Assurance Framework has provided me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review has also been informed by clinical audits, the Trust's External Auditors Opinion, Care Quality Commission (CQC) and NHS Resolution.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Trust Board's sub-committees.

A plan to address weaknesses and ensure continuous improvements of the system has been followed. The Board has maintained its role to determine the overall strategic direction and to provide active leadership of the Trust within a framework of prudent and effective controls, which has allowed risk to be assessed and managed.

Conclusion

I am happy to report, following review, that no significant internal control issues have been identified.

.....Chief Executive (Paul Roberts) .....Date

Accountability Report

Statement of the Chief Executive's responsibilities as the accountable officer of the Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance

- Value for money is achieved from the resources available to the trust

- The expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them

- Effective and sound financial management systems are in place

- Annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

.....Chief Executive (Paul Roberts) .....Date

Accountability Report

Statement of the directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;

- Make judgements and estimates which are reasonable and prudent;

- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts;

- Assess the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and

- Use the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. The Trust was dissolved on 1 October 2019 and its services were transferred to another public sector entity on that date.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board

Accountability Report

Governance Statement: Annex 1

Attendance at Board meetings and sub-committees (April - September 2019)

Name	Position	Board	% Board Attendance	Audit & Assurance
Number of meetings held		**3**		**3**
Ingrid Barker	Chair #	3	**100**	**-**
Paul Roberts	Chief Executive	3	**100**	**1 ***
Susan Mead	Non-Executive Director	3	**100**	**-**
Graham Russell	Non-Executive Director	3	**100**	**3**
Richard Cryer	Non-Executive Director	3	**100**	**3**
Jan Marriott	Non-Executive Director Snr Independent Director	3	**100**	**2**
Sandra Betney	Deputy Chief Executive Director of Finance	3	**100**	**3 ****
Susan Field	Director of Nursing	1	**33**	**-**
Candace Plouffe	Chief Operating Officer	3	**100**	**-**
Nick Relph	Non-Executive Director	3	**100**	**3**
Nicola Strother Smith	Non-Executive Director	3	**100**	**-**
Dr Amjad Uppal	Medical Director	3	**100**	**-**
David Smith	Director of Transition (non-voting)	3	**100**	**-**
Neil Savage	Director of Workforce and OD	3	**100**	**-**

Directors attended a range of development activities, both as a Board and individually, and attended a number of Private Board meetings.
** Attended meetings as required in role of Accountable Officer, not as a member*
*** Attended by invitation as Director of Finance*

Accountability Report

Governance Statement: Annex 1

Attendance at Board meetings and sub-committees (April - September 2019)

Charitable Funds	Resources	Quality & Performance	Remuneration & Terms of Service	Date of any change
1	3	3	3	
-	-	-	3	-
-	-	-	-	-
-	-	3	3	-
-	3	3	3	-
1	2	-	1	-
-	2	2	2	-
0	3	2	-	-
1	3	3	-	-
-	2	3	-	-
-	1	1	2	-
1	2	3	2	-
-	-	2	-	-
-	-	-	-	-
1	3	2	-	-

 # The Chair of the Board attends committees on a rolling basis for assurance

Accountability Report

Governance Statement: Annex 2

Modern Slavery Act 2015: Slavery and Human Trafficking Policy Statement

Introduction

Gloucestershire Care Services NHS Trust has been committed to ensuring that no modern slavery or human trafficking took place in any part of our business or our supply chain. This statement sets out actions taken by this Trust to understand all potential modern slavery and human trafficking risks and to implement effective systems and controls

Organisation's Structure

Gloucestershire Care Services NHS Trust provides community-based health and care services across Gloucestershire, caring for a population of around 635,000 people. We serve the entirety of Gloucestershire, made up of the large urban communities of Gloucester and Cheltenham, sitting within a largely rural community from the Forest of Dean to the Cotswolds. We have an income of over £100 million.

Our Trust has over 2,700 dedicated staff. Our main role is to support people's health needs in the most appropriate place in the community.

Our focus is on prevention and keeping people out of crisis so that they can receive the care and support they need at, or as close to home as possible.

Our Supply Chains

The Trust supply chain is predominantly service orientated with the majority of its supplier base within the United Kingdom (UK) with our extended supply chain linking into the wider European Economic Area (EAA). NHS Supply Chain is the Trust's largest goods provider and incorporates the principles of the Modern Slavery Act within its code of conduct and ensures these products comply.

Our Policies on Slavery and Human Trafficking

We are fully aware of the responsibilities we have towards our service users, colleagues and local communities. We are guided by a strict set of ethical values in all of our business dealings and expect our suppliers (i.e. all companies we do business with) to adhere to these same principles. We have zero tolerance for slavery and human trafficking. Staff are expected to report concerns

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about slavery and human trafficking and management are expected to act upon them in accordance with our policies and procedures, such as the Adult Safeguarding Multi-Agency Policy and Procedures.

Due Diligence Processes for Slavery and Human Trafficking

To identify and mitigate the risks of modern slavery and human trafficking in our own business and our supply chain we:

- Are working towards the Department of Health (DoH) NHS Procurement & Commercial Standards, which requires a Corporate Social Responsibility (CSR) policy defining the procurement approach to sustainability, modern slavery and all other appropriate ethical standards and approaches.

- Undertake appropriate pre-employment checks on directly employed staff and access temporary staff only through the NHS Improvement approved frameworks ensuring suppliers comply with the same pre-employment checks.

- Uphold best practice and professional codes of conduct relating to procurement and supply.

- Contractual clauses are utilised to ensure that supplier supply chains are monitored and that there is zero tolerance of modern slavery within their supply chain.

- Where any such issues arise within the extended supply chain, the supplier shall act to remove these items from entering the Trust's extended supply chain and implement ethical sourcing programs and supply chain audits to prevent any repetition.

Training

The Trust has offered awareness sessions for staff regarding the recognition of modern day slavery and trafficking.

Our Effectiveness in Combating Slavery and Human Trafficking

Further work is needed to identify how we measure how effective we have been in ensuring that slavery and human trafficking is not taking place in any part of our business or in our supply chain.

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Governance Statement: Annex 3

Chief Executive's Statement – Bribery and tax evasion

Gloucestershire Care Services NHS Trust has been committed to the highest standards of ethical conduct and integrity in our respective business activities. Transparent, fair conduct helps to foster deeper relationships of trust between the Trust and its partners. It is vital for our reputation and continued sustainability.

A bribe is a financial advantage or other reward that is offered to, given to, or received by an individual or company (whether directly or indirectly) to induce or influence that individual or company to perform public or corporate functions or duties improperly. Bribery and corruption has a detrimental impact on Trust business by undermining good governance. We benefit from carrying out our functions in a transparent and ethical way and thereby helping to ensure that there is honest, open and fair competition in the NHS. Where there is a level playing field, we can lead by example and deliver excellent services to our patients.

The Trust will not tolerate any form of bribery, whether direct or indirect, by or of its staff, agents or consultants or any persons or entities acting for it or on its behalf. We will not conduct business with service providers, agents or representatives that do not support the Trust's anti-bribery objectives. We reserve the right to terminate contractual arrangements with any third parties acting for or on behalf of the Trust with immediate effect where there is evidence that they have committed acts of bribery, or have engaged in tax evasion.

The board and senior management of the Trust are committed to implementing and enforcing effective systems throughout the organisation to detect and eliminate bribery in accordance with the Bribery Act 2010 and prevent tax evasion in accordance with the Criminal Finances Act 2017. The Trust employs a Local Counter Fraud Specialist who will investigate any allegations of fraud, bribery or corruption.

Policies have been developed outlining our position on preventing bribery and fraud, promoting the highest standards of business conduct, and managing conflicts of interest. These policies apply to all employees(colleagues), as well as agency workers, consultants and contractors acting for or on behalf of the Trust. Employees and others acting for or on behalf of the Trust are strictly prohibited from making, soliciting or receiving any bribes or unauthorised payments, and from engaging in any form of tax evasion.

As part of its anti-bribery measures, the Trust is committed to transparent, proportionate, reasonable and bona fide hospitality and promotional expenditure. Such expenditure must only

Governance Statement: Annex 3

be offered or accepted in accordance with the procedures set out in the Trust's policies. A breach by an employee will be treated as grounds for disciplinary action, which may result in a finding of gross misconduct, and immediate dismissal.

Employees and other individuals acting for the Trust should note that bribery is a criminal offence that may result in up to 10 years' imprisonment and/or an unlimited fine for the individual and an unlimited fine for the Trust. If an organisation is successfully prosecuted under the Criminal Finances Act it will face an unlimited fine and possible ancillary sanctions, such as being prohibited from bidding for public contracts.

Every employee and individual acting on behalf of the Trust is responsible for maintaining that Trust's reputation, conducting business honestly and professionally, and playing their part in helping to detect and eradicate bribery. All employees and others acting for, or on behalf of, the Trust are encouraged to report any suspected bribery in accordance with the procedures set out in either the relevant Whistleblowing (Freedom to Speak Up) policy and/or the relevant policy on Fraud, Bribery and Corruption. The Trust will support any individuals who make such a report, provided that it is made in good faith.

Paul Roberts, Chief Executive
September 2019

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Remuneration and Staff Report

Policy for the Remuneration of Directors

The Trust's remuneration policy for Executive Directors observes the Department of Health's Pay Framework for Very Senior Managers (VSMs) in Strategic and Special Health Authorities, Primary Care Trusts and Ambulance Trusts (NB although this document dated July 2013 now references organisational forms and bodies no longer in existence, this is the latest available version of the guidance). The Trust's future remuneration policy for Executive Directors will observe these guidelines or any replacement guidelines.

Accordingly, in 2019-20, the pay for the Trust's Chief Executive was in line with that proposed within the Pay Framework for Primary Care Trust (PCT) Chief Executives i.e. it was based on a local population of 0.5 million to 1.0 million people, weighted for age and deprivation.

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Remuneration and Staff Report

Directors' Remuneration (audited) as of September 30, 2019

		Salary (six-month pro-rata)	Expense payments (taxable) total to nearest £100	Performance pay & bonuses (bands of £5,000)	Long-term performance pay & bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)**	Total (bands of £5,000)	Notes
Ingrid Barker*	Chair	10-15	-	-	-	-	10-15	-
Susan Mead	Non-executive director	0-5	-	-	-	-	0-5	-
Paul Roberts*	Chief Executive	40-45	-	-	-	-	40-45	-
Sandra Betney*	Deputy Chief Executive Director of Finance	30-35	300	-	-	-	35-40	-
Richard Cryer	Non-executive director	0-5	400	-	-	-	0-5	-
Susan Field	Director of Nursing	45-50	300	-	-	-	45-50	-
Jan Marriott	Non-executive director	0-5	1,600	-	-	-	0-5	-
Graham Russell	Non-executive director	0-5	600	-	-	-	0-5	-
Nicola Strother Smith (Carvell)	Non-executive director	0-5	800	-	-	-	0-5	-
Candace Plouffe	Chief Operating Officer	50-55	800	-	-	-	50-55	-
Amjad Uppal*	Medical Director	30-35	-	-	-	-	30-35	-
David Smith	Interim Director of Human Resources (non-voting)	50-55	-	-	-	-	50-55	-
Nick Relph	Non-executive director	0-5	2,000	-	-	-	0-5	-
Neil Savage*	Human Resources Director	25-30	-	-	-	-	25-30	-

* Salaries above reflect GCS share of costs for joint posts held with 2gether NHS Foundation Trust up to 30 September 2019. Salaries not indicated reflect the cost paid to directors who held a sole role with GCS.

** Pensions data not available for this period - it is reported on an annual basis

Pro-rata salary bands for joint posts to September 30, 2019

Paul Roberts:	80-85
Ingrid Barker:	20-25
Sandra Betney:	60-65
Neil Savage:	55-60
Amjad Uppal:	60-65

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Remuneration and Staff Report

Directors' Remuneration (audited) for 2018-19

		Salary	Expense payments (taxable) total to nearest £100	Performance pay & bonuses (bands of	Long-term performance pay & bonuses (bands of	All pension-related benefits (bands of £2,500)**	Total (bands of £5,000)	Notes
Ingrid Barker*	Chair	20-25	300	-	-	-	20-25	
Susan Mead	Non-executive director Sr Independent Director	0-5	100	-	-	-	0-5	
Katie Norton	Chief Executive	55-60	400	-	-	-	55-60	Up to 15/04/18
	Secondment Role							From 16/04/18
Sandra Betney	Deputy Chief Executive	120-125	400	5-10	-	-	130-135	
Richard Cryer	Non-executive director	5-10	1,200	-	-	-	5-10	
Susan Field	Director of Nursing	95-100	1,600	-	-	10-12.5	110-115	
Jan Marriott	Non-executive director	5-10	1,900	-	-	-	5-10	
Dr Michael Roberts	Medical Director	45-50	300	-	-	2.5-5	50-55	Up to 31/01/19
Graham Russell	Non-executive director	5-10	1,100	-	-	-	5-10	
Nicola Strother Smith (Carvell)	Non-executive director	5-10	600	-	-	-	5-10	
Candace Plouffe	Chief Operating Officer	100-105	900	0-5	-	10-12.5	115-120	
Paul Roberts*	Chief Executive	80-85	4,400	-	-	-	85-90	From 16/04/18
David Smith	Interim Director of Human Resources (non-voting)	100-105	400	-	-	-	100-105	
Nick Relph	Non-executive director	5-10	1,700	-	-	-	5-10	
Neil Savage*	Human Resources Director	40-45	-	-	-	45-47.5	85-90	From 01/07/18
Amjad Uppal*	Medical Director	10-15	-	-	-	235-237.5	250-255	From 01/02/19

* Salaries indicated reflect GCS share of cost. Salaries not indicated reflect the cost paid to directors who held a sole role with GCS.

** Pensions column reflects pensions benefits in full

Salary Bands for Joint Posts: (bands of £5,000)

Paul Roberts:	165-170
Ingrid Barker:	45-50
Neil Savage:	80-85
Amjad Uppal:	15-20

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Remuneration and Staff Report

Directors' Pensions Contributions (audited)

Pension data for members of the NHS Pension Scheme is issued annually. The last disclosures for Gloucestershire Care Services NHS Trust staff were included in its 2018-19 Annual Report (copied below for information). The Trust has agreed with NHSI that the omission of pension data for members of the NHS Pension Scheme does not mean that the Trust failed to comply with the requirements of the Group Accounting Manual.

Full details for directors who have joined Gloucester Health and Care NHS Foundation Trust will be detailed in its forthcoming Annual Report and Accounts.

Non-Executive Directors do not receive pensionable remuneration.

Pensionable pay for Trust Directors for the year 2018-19

		Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at age 60 at 31 March 2019 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2019 (bands of £5,000)	Cash equivalent transfer value at 1 April 2018	Real increase in cash equivalent transfer value	Cash equivalent transfer value at 31 March 2019	Employer's contribution to pension
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Sandra Betney	Deputy Chief Executive Director of Finance	(0-2.5)	(0-2.5)	35-40	110-115	691	73	764	18
Candace Plouffe	Chief Operating Officer	0-2.5	2.5-5	15-20	50-55	339	56	395	15
Susan Field	Director of Nursing	0-2.5	2.5-5	25-30	80-85	510	83	593	13
Mike Roberts	Medical Director	0-2.5	0-2.5	10-15	30-35	248	34	282	7
David Smith	Director of Transition	-	-	-	-	-	-	-	-
Katie Norton	Chief Executive	(0-2.5)	(2.5-5)	30-35	100-105	663	47	710	16
Amjad Uppal	Medical Director	10-12.5	25-27.5	35-40	80-85	402	265	667	15
Neil Savage	Human Resources Director	2.5-5	2.5-5	35-40	90-95	592	128	720	16

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Remuneration and Staff Report

Pay Multiples (Audited)

The Trust is required to disclose the relationship between the remuneration of its highest-paid Director and the median (average) remuneration of the organisation's workforce.

The midpoint of the banded remuneration of the highest paid Director in the Trust in the financial year 2019-20 was £129,800 (2018-19 was £127,221). This was 5 times (in 2018-19 it was 5 times) the median remuneration of the workforce, which was £28,358 (2018-19, it was £26,963).

In 2019-20, no employees (2018-19, also no employees) received remuneration in excess of the highest-paid Director. Remuneration ranged from £10,132 to £129,800 (2018-19 it was £10,132 to £127,221).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

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Remuneration and Staff Report

Senior Managers' Analysis

The details of staff within the Trust at Agenda for Change Band 8A and above (excluding executive directors) as at September 30, 2019 are shown below. A number of these staff also

Banding	Male	Female	Total
8A	9	54	63
8B	4	13	17
8C	5	5	10
8D	1	4	5
9	1	0	1
	20	**76**	**96**

Staff Numbers 2019-20

The number of staff employed by the Trust in the first six months of 2019-20, grouped by

	2019-20 (part)		2018-19	
Occupation	**FTE**	**Headcount**	**FTE**	**Headcount**
Administration & Estates	435.26	516	457.14	542
Allied Health Professional	478.22	605	472.28	595
Ancillary staff	81.95	128	82.83	131
Medical & Dental Staff	23.17	34	23.27	36
Nursing, Midwifery, Health Visiting	1061.37	1324	1078.31	1337
Total	**2080.48**	**2607**	**2113.84**	**2641**

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Remuneration and Staff Report

Staff Costs

	Permanent	Other	2018-19 Total	2017-18 Total
	£000	£000	£000	£000
Salaries and wages	33,538	-	65,242	63,232
Social Security Costs	2,941	-	5,454	4,971
Apprenticeship levy	159	-	306	294
Employer's contribution to NHS pensions	4,345	-	8,471	8,249
Pension cost – other	41	-	69	-
Temporary staff	-	1,117	1,663	2,044
Total gross staff costs	**41,024**	**1,117**	**81,205**	**78,790**
Recoveries in respect of seconded staff	(302)		(423)	(261)
Total staff costs	**40,722**	**1,117**	**80,782**	**78,529**

Average number of employees (Whole time equivalent)

	Permanent number	Other number	2018-19 total number	2017-18 total number
Medical and dental	23	1	34	26
Administration and estates	534	10	573	447
Healthcare assistants and other support staff	350	49	378	120
Nursing, midwifery and health visiting staff	729	34	796	1,109
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	454	1	413	473
Other	-	-	-	-
Total average numbers	**2,090**	**95**	**2,194**	**2,175**

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Remuneration and Staff Report

Staff Composition (Audited)

	Male		Female		
Role	Number	Percent	Number	Percent	Total
Board members	4	57%	3	43%	7
Senior Managers	20	20.8%	76	79.2%	96
All other staff	224	8.9%	2,283	91.1%	2,507
Grand Total	248	9.5%	2,362	90.5%	2,610

The main change in gender composition of the Trust was a small decrease in female

Trust Sickness Absence: Six months to Sep 2019 (Audited)

Staff Group	12 month sickness rate
Additional Prof Scientific and Technical	5.7%
Additional Clinical Services	6.7%
Administrative and Clerical	4.1%
Allied Health Professionals	2.5%
Estates and Ancillary	4.6%
Medical and Dental	5.0%
Nursing and Midwifery Registered	5.2%
Students	0.0%
Total	4.8%

This table was published in the previous Annual Report, but remains the most current data:

Figures converted by DoH to Best Estimates of required data items			Statistics published by NHS Digital from ESR Data Warehouse	
Average FTE 2018	Adjusted FTE days lost to Cabinet Office definitions	Average sick days per FTE	FTE days available	FTE days lost to sickness absence
2086.95	22,993.94	11.02	761,735	37,301

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Remuneration and Staff Report

Staff Policies on Disabled Employees

The Trust has been fully committed to ensuring equal opportunities, and this is reflected by its accreditation by Investors in People, confirmed for a further three year period in March 2017. It is also evidenced by the Trust's continued application of its Equality and Human Rights Policy, as well as its Recruitment and Selection Policy and Procedure, which together demonstrate that the Trust gives full and fair consideration for applications for employment by disabled persons, namely:

- All recruitment uses the NHS Jobs system in order to ensure that personal details are removed for the shortlisting stage
- Advertising seeks to attract suitably qualified, skilled and experienced candidates from all sections of the community and the existing workforce
- The Trust operates a Guaranteed Interview Scheme, so that people with disabilities are guaranteed an interview as long as they meet the minimum criteria: in recognition of this work, the Trust holds Two Ticks and Mindful Employer status
- Training has been developed to ensure that those responsible for making selection decisions do not discriminate, consciously or unconsciously, when making such decisions;
- Where there is an identified need, the Trust takes positive action to try and encourage a diverse range of applicants

Equally, all people are treated fairly when in employment with the Trust:

- The Trust has actively avoids practices that would put a disabled person at a disadvantage, compared to those who are not disabled
- The Trust has made reasonable adjustments at work, such as removing or altering a physical feature, or providing a reasonable means of avoiding such a feature, where it would put a disabled person at a substantial disadvantage, compared to those who are not disabled
- The Trust has provided auxiliary aids where a disabled person would otherwise be put at a substantial disadvantage, compared to those who are not disabled
- All employees, irrespective of disability status, have had access to regular supervision, an annual review of their performance, and a personal development plan which identifies their training needs: moreover, the reasons for choosing certain employees for training is clear and based on sound judgements

In terms of career progression, everyone who applies for a promotion within the Trust receives fair treatment and is considered solely on their ability to do the job. Furthermore, no applicant is

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Remuneration and Staff Report

Equality Delivery System

The Trust has recognised the importance of embedding equality, diversity and inclusion principles and practices throughout the organisation. The Trust wants our service users, and workforce to be confident about our progress and commitment to eliminating discrimination, bullying, harassment, victimisation and promoting equality.

The Trust values its workforce and has worked to create working environments so they can deliver equitable services. Research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety (NHS England 2019). The principles of equality, diversity and inclusion are threaded throughout the vision and values of the Trust.

The Trust has been fully committed to ensuring equal opportunities, and this is reflected by its accreditation by Investors in People and Disability Confident Employer Level One. It is also evidenced by the Trust's continued application of its Equality and Human Rights Policy, as well as its Recruitment and Selection Policy and Procedure, which together demonstrate that the Trust gives full and fair consideration for applications for employment by disabled persons namely;

- All recruitment uses the NHS Jobs system in order to ensure that personal details are removed for the shortlisting stage
- Advertising seeks to attract suitably qualified, skilled and experienced candidates from all sections of the community and the existing workforce
- The Trust operates a Guaranteed Interview Scheme, so that people with disabilities are guaranteed an interview as long as they meet the minimum criteria: in recognition of this work, the Trust holds Two Ticks and Mindful Employer status

Equally, all people are treated fairly when in employment with the Trust i.e.

- The Trust actively avoids practices that would put a disabled person at a disadvantage, compared to those who are not disabled
- The Trust makes reasonable adjustments at work, such as removing or altering a physical feature, or providing a reasonable means of avoiding such a feature, where it would put a disabled person at a substantial disadvantage, compared to those who are not disabled
- The Trust provides auxiliary aids where a disabled person would otherwise be put at a substantial disadvantage, compared to those who are not disabled
- All employees, irrespective of disability status, have access to regular supervision, an annual

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review of their performance, and a personal development plan which identifies their training needs: moreover, the reasons for choosing certain employees for training is clear and based on sound judgements

The Workforce Disability Equality Standard (WDES) is mandated by the NHS Standard Contract and will apply to all NHS Trusts and Foundation Trusts from April 2019. The WDES is a data-based standard that uses a series of measures (metrics) to improve the experiences of disabled colleagues in the NHS.

Through the Public Sector Equality Duty, the Trust must capture equality related information and report on it.

The Accessible Information Standard (AIS) Standard aims to ensure that disabled patients

A representative and supported workforce	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	Training and development opportunities are taken up and positively evaluated by all staff
	When at work, staff are free from abuse, harassment, bullying and violence from any source
	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	Staff report positive experiences of their membership of the workforce
Inclusive leadership	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation
	Papers that come before the Board and other major committees identify equality-related impacts including risks, and say how these risks are to be managed
	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

However, with the exception to the Workforce Race Equality Standard (WRES), the majority of Trust workforce information in 2018-19 was analysed again at a more generalised level. It is still a challenge to encourage colleagues to disclose details of, for example, their disabilities, sexual orientation or religion, meaning that baseline data was not indicative of the workforce as a whole. The Trust continues to work to improve data reporting.

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Workforce Race Equality Standard

The Workforce Race Equality Standard (WRES) aims to ensure colleagues from Black, Asian and Minority Ethnic (BAME) backgrounds are treated fairly at work and have equal access to career opportunities and equality of experience. Progress is demonstrated against a number of workforce race equality indicators. The Trust's submission for 2018-19 is set out on the following

Indicator	White colleagues	Black and Minority Ethic (BME) colleagues
1. Percentage of Black and Minority (BME) staff compared with the overall workforce		4.7% of the workforce are from a BAME background. There is a slight decrease in the proportion of BME colleagues compared to 2017-18 (5%), although an increase in proportion compared to 2015-16 (4.1%) and 2014-15 (3.6%).
2. Relative likelihood of staff being appointed from shortlisting	1.64 times more likely to be appointed from shortlisting	This is an improvement on 2017-18 (2.34), and also better than 2016-17 (2.29) and 2015-16 (2.20). Only 2014-15 (1.29) has been better.
3. Relative likelihood of staff entering the formal disciplinary process		1.17 times more likely to enter the formal disciplinary process. This is exactly the same as in 2017-18, but a significant reduction compared to 2016-17 (1.67), 2015-16 (2.21) and 2014-15 (1.80).
4. Relative likelihood of staff accessing non-mandatory training and Continuing Professional Development (CPD)	1.02 times as likely to access non-mandatory training and CPD	This is an improvement on 2017-18 (1.09), 2016-17 (1.04), and the 2014-15 result (1.08).
5. Percentage of staff experiencing harassment, bullying or abuse from service users, relatives or the public in the last 12 months	29%	29% The experiences of BME colleagues align closely with the experiences of white colleagues. They have improved since 2017-18 (33%) but still higher than 2016-17 (26%).
6. Percentage of staff experiencing harassment, bullying or abuse from other staff in the last 12 months	22%	18% Whilst the experiences of BME colleagues are better than those of white colleagues, there has been a negative increase since 2017-18 from 17%. Until 2017-18 BME colleagues had seen a decrease in actual terms (13% compared to 25% in 2015-16 and 31% in 2014-15).
7. Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	89%	72% Compared to 2017-18 (90% white, 77% BME), it is a similar picture for white colleagues, but a significantly worsening picture for BME colleagues.

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Workforce Race Equality Standard (contd)

8. Percentage of staff who have experienced discrimination from a manager or team leader, or other colleague, in the last 12 months	5.7%	5.3% This is a slight reduction on the figures of 2017-18 of 7% & 8% respectively. The experience of BAME colleagues has been as high as 17% in previous years, so there has been significant longer-term improvement.
9. Percentage difference between the Trust's Board voting membership and its overall workforce		There remains a difference between the Board – where there is no BAME representation – and the overall workforce

Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) is mandated by the NHS Standard Contract and applied to all NHS Trusts and Foundation Trusts from April 2019, therefore this is the first reporting year. The WDES is a data-based standard that uses a series of measures (metrics) to improve the experiences of disabled colleagues in the NHS.

The metrics have been developed to capture information relating to the experience of disabled colleagues, as research has shown that disabled colleagues have poorer experiences in areas such as bullying and harassment and attending work when feeling ill, when compared to non-disabled staff.

Like the Workforce Race Equality Standard (WRES) on which the WDES is in part modelled, it will

Indicator	Non-disabled colleagues	Disabled colleagues
1.Percentage of disabled staff compared to the overall workforce		1.8%
2. Relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts being appointed from shortlisting		1.48 A figure below 1 indicates that Disabled staff are more likely than Non-disabled staff to be appointed from shortlisting
3. Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process		56.81 This likelihood is high as there was 1 disabled and 1 non-disabled colleague who entered the formal disciplinary process This matrix is voluntary in year 1 and will be based on a two year rolling average of the current year and the previous year. Capability is on the grounds of performance and not ill health.

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Workforce Disability Equality Standard (contd)

4a. Percentage of staff experiencing harassment, bullying or abuse from; i) Patients / Service users, their relatives or members of the public ii) Managers iii) Other colleagues	 26% 10% 12%	 42% 22% 27%
4b. Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	52%	60%
5. Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	90%	79%
6. Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	21%	25%
7. Percentage staff saying that they are satisfied with the extent to which their organisation values their work	44.6%	33.3%
8. Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work		63.9%
9a. The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation	7.1	6.4 Trust average 6.9
9b. Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?		Yes
10. Percentage difference between the Trust's Board voting membership and its overall workforce.		There remains a difference between the Board - where there is no disability representation - and the overall workforce

Data for questions 4a-9a is from the NHS Staff Survey

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Remuneration and Staff Report

Expenditure on consultancy

In the period covered by this report the Trust spent £69,000 on external consultancy from companies supporting specific projects around estates, HR and finance. This was because specific internal expertise did not exist to complete these projects.

Off-Payroll Engagements

For all off-payroll engagements as of 30 September 2019, for more than £245 per day and that

Number of existing engagements as of 30 September 2019	**14**
Of which, the number that have existed for:	
Less than one year at the time of reporting	**4**
Between one and two years at the time of reporting	**0**
Between two and three years at the time of reporting	**0**
Between three and four years at the time of reporting	**10**
Four or more years at the time of reporting	**0**

Accountability Report

Remuneration and Staff Report

Off-Payroll Engagements

For all off-payroll engagements, or those that reached six months in duration between 1 April 2018 and 31 March 2019, for more than £245 per day and that last longer than six months:

Number of engagements, or those that reached six months in duration between 1 April 2019 and 30 September 2019	**4**
Of which:	
Number assessed as caught by IR35	**0**
Number assessed as not caught by IR35	**4**
Number engaged directly (via PSC contracted to entity) and are on the entity's payroll	**0**
Number of engagements reassessed for consistency / assurance purposes during the year	**0**
Number of engagements that saw a change to IR35 status following consistency review	**0**

Off-payroll board member or senior official engagements

For any off-payroll engagements of board members and / or senior officials with significant

Number of off-payroll engagements of board members, and / or senior officers with significant financial responsibility during the period of consideration	**0**
Total number of individuals on-payroll and off-payroll that have been deemed 'Board Members and / or senior officials with significant financial responsibility' during the period of consideration. This figure must include both on payroll and off payroll engagements.	**0**

Accountability Report

Remuneration and Staff Report

Exit packages

	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment elements included in exit packages
	Number	£000	Number	£000	Number	£000	Number	£000
Less than £10,000	3	12			3	12		
£10,000 to £25,000								
£25,001 to £50,000	1	30	1	47	2	77		
£50,001 to £100,000	1	73	1	100	2	173		
£100,001 to £150,000								
£150,001 to £200,000	1	153			1	153		
More than £200,000								
Totals	**6**	**268**		**147**	**8**	**415**		

Redundancy and other departure costs were paid in accordance with the provisions of the Medical and Dental or Agenda for Change Schemes as appropriate. Exit costs are accounted for in full in the year of departure. In 2019-20, the Trust did not agree any early retirements, so there are no additional costs to be met. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

No non-contractual payments in lieu of notice were paid. No non-contractual severance payments were made following judicial mediation, and therefore none related to non-contractual payments in-lieu-of-notice. No non-contractual payments were made to individuals where the payment value was more than 12 months of their annual salary.

I hereby confirm that the above Accountability Report is a true and accurate representation of Trust activities in 2019-20.

Annual Accounts

Gloucestershire Care Services NHS Trust

Six months accounts for the period ended 30 September 2019

Annual Accounts

Statement of Comprehensive Income

		Group	
		6 mths to 30 Sep 2019	2018/19
	Note	£000	£000
Operating income from patient care activities	3	59,019	112,668
Other operating income	4	1,388	5,983
Operating expenses	6, 8	(58,718)	(112,530)
Operating surplus from continuing operations		**1,689**	**6,121**
Finance income	10	76	107
Finance expenses		(5)	-
PDC dividends payable		(905)	(1,739)
Net finance costs		**(834)**	**(1,632)**
Other losses	11	-	(56)
Surplus for the year from continuing operations		**855**	**4,433**
Surplus for the year		**855**	**4,433**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Revaluations		-	4,069
Total comprehensive income for the period		**855**	**8,502**
Surplus for the period attributable to:			
Gloucestershire Care Services NHS Trust		855	4,433
TOTAL		**855**	**4,433**
Total comprehensive income for the period attributable to:			
Gloucestershire Care Services NHS Trust		855	8,502
TOTAL		**855**	**8,502**
Adjusted financial performance (control total basis):			
Surplus for the period		855	4,433
Remove net impairments not scoring to the Departmental expenditure limit		-	885
Remove I&E impact of capital grants and donations		48	(249)
Adjusted financial performance surplus		**903**	**5,069**

Annual Accounts

Statement of Financial Position

		Group		Trust	
		30-Sep 2019	31-Mar 2019	30-Sep 2019	31-Mar 2019
	Note	£000	£000	£000	£000
Non-current assets					
Intangible assets	13	667	829	667	829
Property, plant and equipment	14,15	62,945	63,465	62,795	63,315
Total non-current assets		**63,612**	**64,294**	**63,462**	**64,144**
Current assets					
Inventories	18	245	288	245	288
Receivables	19	8,936	8,793	8,930	8,778
Cash and cash equivalents	20	18,961	17,883	18,916	17,837
Total current assets		**28,142**	**26,964**	**28,091**	**26,903**
Current liabilities					
Trade and other payables	21	(9,446)	(10,987)	(9,441)	(10,972)
Borrowings	23	(201)	(76)	(201)	(76)
Provisions	26	(751)	(371)	(751)	(371)
Other liabilities	22	(1,291)	(389)	(1,291)	(389)
Total current liabilities		**(11,689)**	**(11,823)**	**(11,684)**	**(11,808)**
Total assets less current liabilities		**80,065**	**79,435**	**79,869**	**79,239**
Non-current liabilities					
Borrowings	23	(1,368)	(1,593)	(1,368)	(1,593)
Total non-current liabilities		**(1,368)**	**(1,593)**	**(1,368)**	**(1,593)**
Total assets employed		**78,697**	**77,842**	**78,501**	**77,646**
Financed by					
Public dividend capital		80,276	80,276	80,276	80,276
Revaluation reserve		4,679	4,679	4,679	4,679
Other reserves		(2,398)	(2,398)	(2,398)	(2,398)
Income and expenditure reserve		(4,056)	(4,911)	(4,056)	(4,911)
Charitable fund reserves	17	196	196	-	-
Total taxpayers' equity		**78,697**	**77,842**	**78,501**	**77,646**

The notes on pages 88 to 125 (inclusive) form part of these accounts.

Name Paul Roberts
Position Chief Executive
Date

Annual Accounts

Statement of Changes in Equity

Statement of Changes in Equity for the year ended 30 September 2019

Group	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**80,276**	**4,679**	**(2,398)**	**(4,911)**	**196**	**77,842**
Surplus for the period	-	-	-	855	-	**855**
Taxpayers' and others' equity at 30 September 2019	**80,276**	**4,679**	**(2,398)**	**(4,056)**	**196**	**78,697**

Statement of Changes in Equity for the year ended 31 March 2019

Group	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**79,982**	**610**	**(2,398)**	**(9,344)**	**196**	**69,046**
Surplus for the year	-	-	-	4,433	-	**4,433**
Revaluations	-	4,069	-	-	-	**4,069**
Public dividend capital received	294	-	-	-	-	**294**
Taxpayers' and others' equity at 31 March 2019	**80,276**	**4,679**	**(2,398)**	**(4,911)**	**196**	**77,842**

Annual Accounts

Statement of Changes in Equity

Statement of Changes in Equity for the year ended 30 September 2019

Trust	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**80,276**	**4,679**	**(2,398)**	**(4,911)**	**77,646**
Surplus for the period	-	-	-	855	**855**
Taxpayers' and others' equity at 30 September 2019	**80,276**	**4,679**	**(2,398)**	**(4,056)**	**78,501**

* Following the implementation of IFRS 9 from 1 April 2018, the 'Available for sale investment reserve' is now renamed as the 'Financial assets reserve'

Statement of Changes in Equity for the year ended 31 March 2019

Trust	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**79,982**	**610**	**(2,398)**	**(9,344)**	**68,850**
Prior period adjustment					**-**
Taxpayers' and others' equity at 1 April 2018 - restated	**79,982**	**610**	**(2,398)**	**(9,344)**	**68,850**
At start of period for new FTs					**-**
Surplus for the year				4,433	**4,433**
Revaluations		4,069			**4,069**
Public dividend capital received	294				**294**
Taxpayers' and others' equity at 31 March 2019	**80,276**	**4,679**	**(2,398)**	**(4,911)**	**77,646**

Annual Accounts

Information on Reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to Trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Other reserves
Other reserves are shown in respect of donated assets included on the Trust's balance sheet.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Charitable funds reserve
This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 17.

Annual Accounts

Statement of Cash Flows

	Note	Group 30-Sep 2019 £000	Group 31-Mar 2019 £000	Trust 30-Sep 2019 £000	Trust 31-Mar 2019 £000
Cash flows from operating activities					
Operating surplus		1,689	6,121	1,689	6,121
Non-cash income and expense:					
Depreciation and amortisation	6.1	1,738	4,414	1,738	4,414
Net impairments	7	-	885	-	885
Income recognised in respect of capital donations	4	-	(340)	-	(340)
(Increase) / decrease in receivables and other assets		42	(2,042)	42	(2,042)
(Increase) / decrease in inventories		43	(60)	43	(60)
Increase / (decrease) in payables and other liabilities		(628)	1,697	(628)	1,697
Increase / (decrease) in provisions		380	211	380	211
Movements in charitable fund working capital		(1)	(12)	-	-
Net cash flows from / (used in) operating activities		**3,263**	**10,874**	**3,264**	**10,886**
Financial assets are classified and subsequently measured at amortised cost.					
Interest received		76	107	76	107
Purchase of PPE and investment property		(1,055)	(4,013)	(1,055)	(4,013)
Net cash flows from / (used in) investing activities		**(979)**	**(3,906)**	**(979)**	**(3,906)**
Cash flows from financing activities					
Public dividend capital received		-	294	-	294
Capital element of finance lease rental payments		(100)	(147)	(100)	(147)
Interest paid on finance lease liabilities		(5)	-	(5)	-
PDC dividend (paid) / refunded		(1,101)	(1,644)	(1,101)	(1,644)
Net cash flows from / (used in) financing activities		**(1,206)**	**(1,497)**	**(1,206)**	**(1,497)**
Increase / (decrease) in cash and cash equivalents		**1,078**	**5,471**	**1,079**	**5,483**
Cash and cash equivalents at 1 April - brought forward		**17,883**	**12,412**	**17,837**	**12,354**
Cash and cash equivalents at 1 April - restated		**17,883**	**12,412**	**17,837**	**12,354**
Cash and cash equivalents at 30 September 2019	20	**18,961**	**17,883**	**18,916**	**17,837**

Annual Accounts

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of Preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2019/20 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

Gloucestershire Care Services NHS Trust (GCS) was acquired by 2gether NHS Foundation Trust on 1 October 2019. Whilst GCS as an entity ceased to exist on that date and was not a going concern at 30 September 2019, the services provided by GCS have continued within the acquiring Trust. In accordance with the Department of Health and Social Care Group Accounting Manual, the continuation of the provision of services within the public sector means that the accounts of GCS should be prepared on a going concern basis.

Note 1.3 Consolidation

NHS Charitable Funds

The Trust is the corporate Trustee to Gloucestershire Care Services NHS charitable fund. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

• recognise and measure them in accordance with the Trust's accounting policies and

Annual Accounts

Notes to the Accounts

Note 1.4.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 was completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Annual Accounts

Notes to the Accounts

Note 1.4.2 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.4.3 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme. Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Local Government Pension Scheme

Some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The Trust elected at 31/3/16 not to show the value of any attributable surplus pension scheme assets on its balance sheet as there is no scenario where these would become the property of the

Trust. The assets are measured at fair value, and the liabilities at the present value of future obligations.

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Property, plant and equipment

Note 1.7.1 Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Note 1.7.2 Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.
All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Notes to the Accounts

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of econcomic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of:

(i) the impairment charged to operating expenses; and

(ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it

Notes to the Accounts

Note 1.7.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:
  - management are committed to a plan to sell the asset
  - an active programme has begun to find a buyer and complete the sale
  - the asset is being actively marketed at a reasonable price
  - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.7.4 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	5	82
Plant & machinery	5	15
Transport equipment	7	7
Information technology	3	10
Furniture & fittings	5	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Annual Accounts

Notes to the Accounts

Note 1.8 Intangible assets

Note 1.8.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- The project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- The trust intends to complete the asset and sell or use it
- The trust has the ability to sell or use the asset
- How the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- Adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset and
- The trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Note 1.8.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to

bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation

	Min life Years	Max life Years
Software licences	5	10

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the weighted average cost method.

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.11 Financial assets and financial liabilities

Note 1.11.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Note 1.11.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable

transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.
Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below:

- Financial assets are classified and subsequently measured at amortised cost
- Financial liabilities are classified and subsequently measured at amortised cost

Financial assets and financial liabilities at amortised cost
Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and

Notes to the Accounts

Note 1.11.3 Derecognition
Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.12 Leases
Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust has not adopted IFRS 16 in these accounts and considers that the impact when adopted will be immaterial.

Note 1.12.1 The Trust as lessee

Finance leases
Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases
Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings
Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Notes to the Accounts

Note 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 27 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.14 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.15 Sources of estimation uncertainty

The following are assumptions about the future and other major estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Asset lives - the Trust has made assumptions about the length of time for which its buildings will be in use. Where there are new buildings, the Trust assumes a 60-year initial life.

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Indices used for asset valuations are published independently by the Building Cost Information Service (BCIS) of the Royal Institution of Chartered Surveyors (RICS). BCIS is the leading provider of cost and price information and its indices are widely used in the valuation of specialised operational assets across both the public and private sector. The aim is to provide a reliable indication of cost in a given location at a given date in time.

Note 1.16 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

Note 2 Operating Segments

The Trust has determined that it has only one reportable segment. All services delivered by the Trust are as an NHS Community Services Provider and over 80% of income is earned through an over-riding block contract with NHS Gloucestershire Clinical Commissioning Group.

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Notes to the Accounts

Note 3 Operating income from patient care activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.1

Note 3.1 Income from patient care activities (by nature)

	6 mths to 30-Sep 2019/20 £000	2018/19 £000
Community services		
Community services income from CCGs and NHS England	54,125	101,409
Income from other sources (e.g. local authorities)	4,894	9,876
All services		
Agenda for Change pay award central funding	-	1,383
Total income from activities	**59,019**	**112,668**

Note 3.2 Income from patient care activities (by source)

	6 mths to 30-Sep 2019/20 £000	2018/19 £000
Income from patient care activities received from:		
NHS England	5,094	6,634
Clinical commissioning groups	48,676	94,775
Department of Health and Social Care	-	1,449
Other NHS providers	3,379	6,108
NHS other	423	561
Local authorities	1,017	1,898
Injury cost recovery scheme	159	170
Non NHS: other	271	1,073
Total income from activities	**59,019**	**112,668**
Of which:		
Related to continuing operations	59,019	112,668

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Notes to the Accounts

Note 4 Other operating income (Group)

	6 mths to 30-Sep 2019/20 £000	2018/19 £000
Other operating income from contracts with customers:		
Research and development (contract)	13	26
Education and training (excluding notional apprenticeship levy income)	374	469
Non-patient care services to other bodies	65	196
Provider sustainability / sustainability and transformation fund income (PSF / STF)	569	3,962
Other contract income	367	755
Education and training - notional income from apprenticeship fund	-	193
Receipt of capital grants and donations	-	340
Charitable and other contributions to expenditure	-	1
Rental revenue from finance leases	-	12
Charitable fund incoming resources	-	29
Total other operating income	**1,388**	**5,983**
Of which:		
Related to continuing operations	1,388	5,983

Note 5 Additional information on contract revenue (IFRS 15) recognised in the period

	2019/20 £000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	196

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

The majority of the Trust's contracts satisfy performance obligations by delivering indicative level of services rather than satisfaction being conditional upon achievement of a specific activity/action. There are some cases where performance obligations are deemed variable, for these income is only recognised once the financial assets are performance obligations are classified and subsequently measured at amortised cost.

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Notes to the Accounts

Note 6 Operating expenses

	6 mths to 30-Sep 2019/20 £000	2018/19 £000
Purchase of healthcare from NHS and DHSC bodies	2,006	3,515
Purchase of healthcare from non-NHS and non-DHSC bodies	669	1,643
Staff and executive directors costs	43,614	80,696
Remuneration of non-executive directors	44	68
Supplies and services - clinical (excluding drugs costs)	2,038	4,219
Supplies and services - general	1,233	2,996
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,445	2,768
Consultancy costs	69	148
Establishment	145	270
Premises	3,089	6,446
Transport (including patient travel)	742	1,706
Depreciation on property, plant and equipment	1,564	4,074
Amortisation on intangible assets	174	340
Net impairments	-	885
Movement in credit loss allowance: contract receivables / contract assets	5	(101)
Audit services- statutory audit	38	48
Internal audit costs	20	40
Clinical negligence	91	200
Legal fees	71	182
Insurance	44	125
Education and training	186	768
Rentals under operating leases	1,003	1,351
Redundancy	415	86
Losses, ex gratia & special payments	2	27
Other NHS charitable fund resources expended	-	26
Other	11	4
Total	**58,718**	**112,530**

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Notes to the Accounts

Note 8 Employee Benefits (Group)

	6 mths to 30-Sep 2019/20 Total £000	2018/19 Total £000
Salaries and wages	35,736	65,242
Social security costs	2,934	5,454
Apprenticeship levy	159	306
Employer's contributions to NHS pensions	4,344	8,471
Pension cost - other (LGPS and NEST)	41	69
Temporary staff (including agency)	1,117	1,663
Total gross staff costs	**44,331**	**81,205**
Recoveries in respect of seconded staff	(302)	(423)
Total staff costs	**44,029**	**80,782**

Note 8.1 Retirements due to ill-health (Group)

During the period 1 April - 30 September 2019 there were 2 early retirements from the Trust agreed on the grounds of ill-health (none in the year ended 31 March 2019). The estimated additional pension

Annual Accounts

Notes to the Accounts

Note 9 Operating leases (Group)

Gloucestershire Care Services NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Gloucestershire Care Services NHS Trust is the lessee.

In addition to several immaterial leases there are 2 material building leases, the headquarters building at Edward Jenner Court and a clinical building Southgate Moorings, Gloucester.

	6 mths to 30-Sep 2019/20 £000	2018/19 £000
Operating lease expense		
Minimum lease payments	335	749
Contingent rents	668	602
Total	**1,003**	**1,351**

	6 mths to 30-Sep 2019/20 £000	2018/19 £000
Future minimum lease payments due:		
- not later than one year;	1,327	952
- later than one year and not later than five years;	2,483	3,095
- later than five years.	755	856
Total	**4,565**	**4,903**

Note 10 Finance Income (Group)

Finance income represents interest received on assets and investments in the period.

	6 mths to 30-Sep 2019/20 £000	2018/19 £000
Interest on bank accounts	76	107
Total finance income	**76**	**107**

Note 11 Other gains / (losses) (Group)

	6 mths to 30-Sep 2019/20 £000	2018/19 £000
Losses on disposal of assets	-	(56)
Total losses on disposal of assets	**-**	**(56)**

Notes to the Accounts

Note 12 Trust income statement and statement of comprehensive income

In accordance with Section 408 of the Companies Act 2006, the Trust is exempt from the requirement to present its own income statement and statement of comprehensive income. The Trust's surplus/(deficit) for the period was £0.9 million (2018/19: £5 million). The Trust's total comprehensive income/(expense) for

Note 13.1 Intangible assets - 2019/20

Group	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2019 - brought forward	**169**	**1,945**	**2,114**
Additions	**11**	**-**	**11**
Valuation / gross cost at 30 September 2019	**180**	**1,945**	**2,125**
Amortisation at 1 April 2019 - brought forward	**23**	**1,262**	**1,285**
Provided during the year	**27**	**146**	**173**
Amortisation at 30 September 2019	**50**	**1,408**	**1,458**
Net book value at 30 September 2019	**130**	**537**	**667**
Net book value at 1 April 2019	**146**	**683**	**829**

Note 13.2 Intangible assets - 2018/19

Group	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2018 - brought forward	**-**	**1,945**	**1,945**
Additions	169		**169**
Valuation / gross cost at 31 March 2019	**169**	**1,945**	**2,114**
Amortisation at 1 April 2018 - brought forward	**-**	**945**	**945**
Provided during the year	23	317	**340**
Amortisation at 31 March 2019	**23**	**1,262**	**1,285**
Net book value at 31 March 2019	**146**	**683**	**829**
Net book value at 1 April 2018	**-**	**1,000**	**1,000**

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Notes to the Accounts

Note 13.3 Intangible assets - 2019/20

Trust	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2019 - brought forward	**169**	**1,945**	**2,114**
Additions	**11**	**-**	**11**
Valuation / gross cost at 30 September 2019	**180**	**1,945**	**2,125**
Amortisation at 1 April 2019 - brought forward	**23**	**1,262**	**1,285**
Provided during the year	**27**	**146**	**173**
Amortisation at 30 September 2019	**50**	**1,408**	**1,458**
Net book value at 30 September 2019	**130**	**537**	**667**
Net book value at 1 April 2019	**146**	**683**	**829**

Note 13.4 Intangible assets - 2018/19

Trust	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2018	**-**	**1,945**	**1,945**
Additions	169	-	**169**
Valuation / gross cost at 31 March 2019	**169**	**1,945**	**2,114**
Amortisation at 1 April 2018 - brought forward	**-**	**945**	**945**
Provided during the year	**23**	**317**	**340**
Amortisation at 31 March 2019	**23**	**1,262**	**1,285**
Net book value at 31 March 2019	**146**	**683**	**829**
Net book value at 1 April 2018	**-**	**1,000**	**1,000**

Note 14.1 Property, plant and equipment - 2019/20

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Charitable fund PPE assets £000	Total £000
Valuation/gross cost at 1 April 2019	**7,140**	**50,024**	**-**	**1,612**	**6,633**	**158**	**8,273**	**1,516**	**150**	**75,506**
Additions	-	-	-	1,044	-	-	-	-	-	1,044
Reclassifications	-	298	-	(1,056)	189	(1)	570	-	-	-
Valuation/gross cost at 30 September 2019	**7,140**	**50,322**	**-**	**1,600**	**6,822**	**157**	**8,843**	**1,516**	**150**	**76,550**
Accumulated depreciation at 1 April 2019	**-**	**1,879**	**-**	**-**	**3,674**	**151**	**5,475**	**862**	**-**	**12,041**
Provided during the year	-	698	-	-	315	3	477	71	-	1,564
Accumulated depreciation at 30 September 2019	**-**	**2,577**	**-**	**-**	**3,989**	**154**	**5,952**	**933**	**-**	**13,605**
Net book value at 30 September 2019	**7,140**	**47,745**	**-**	**1,600**	**2,833**	**3**	**2,891**	**583**	**150**	**62,945**
Net book value at 1 April 2019	**7,140**	**48,145**	**-**	**1,612**	**2,959**	**7**	**2,798**	**654**	**150**	**63,465**

Note 14.2 Property, plant and equipment - 2018/19

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Charitable fund PPE assets £000	Total £000
Valuation / gross cost at 1 April 2018 - brought forward	**6,565**	**43,501**	**241**	**3,126**	**5,769**	**160**	**5,642**	**1,685**	**150**	**66,839**
Additions	-	253	-	5,212	87	-	-	-	-	**5,552**
Impairments	-	(885)	-	-	-	-	-	-	-	**(885)**
Revaluations	575	3,494	-	-	-	-	-	-	-	**4,069**
Reclassifications	-	3,698	(241)	(6,726)	807	-	2,631	(169)	-	-
Disposals / derecognition	-	(37)	-	-	(30)	(2)	-	-	-	**(69)**
Valuation/gross cost at 31 March 2019	**7,140**	**50,024**	**-**	**1,612**	**6,633**	**158**	**8,273**	**1,516**	**150**	**75,506**
Accumulated depreciation at 1 April 2018 - brought forward	**-**	**793**	**241**	**-**	**2,967**	**119**	**3,102**	**758**	**-**	**7,980**
Provided during the year	-	1,089	(241)	-	716	33	2,373	104	-	**4,074**
Disposals / derecognition	-	(3)	-	-	(9)	(1)	-	-	-	**(13)**
Accumulated depreciation at 31 March 2019	**-**	**1,879**	**-**	**-**	**3,674**	**151**	**5,475**	**862**	**-**	**12,041**
Net book value at 31 March 2019	**7,140**	**48,145**	**-**	**1,612**	**2,959**	**7**	**2,798**	**654**	**150**	**63,465**
Net book value at 1 April 2018	**6,565**	**42,708**	**-**	**3,126**	**2,802**	**41**	**2,540**	**927**	**150**	**58,859**

Note 14.3 Property, plant and equipment financing - 2019/20

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019									
Owned - purchased	7,140	45,171	1,600	2,672	3	2,679	583	150	**59,998**
Finance leased	-	1,437	-	-	-	212	-	-	**1,649**
Owned - donated	-	1,137	-	161	-	-	-	-	**1,298**
NBV total at 30 September 2019	**7,140**	**47,745**	**1,600**	**2,833**	**3**	**2,891**	**583**	**150**	**62,945**

Note 14.4 Property, plant and equipment financing - 2018/19

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019									
Owned - purchased	7,140	45,511	1,612	2,861	7	2,512	654	150	**60,447**
Finance leased	-	1,448	-	-	-	286	-	-	**1,734**
Owned - donated	-	1,186	-	98	-	-	-	-	**1,284**
NBV total at 30 September 2019	**7,140**	**48,145**	**1,612**	**2,959**	**7**	**2,798**	**654**	**150**	**63,465**

Note 15.1 Property, plant and equipment - 2019/20

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2019 - brought forward"	7,140	50,024	-	1,612	6,633	158	8,273	1,516	75,356
Additions	-	-	-	1,044	-	-	-	-	1,044
Reclassifications	-	298	-	(1,056)	189	(1)	570	-	-
Valuation/gross cost at 30 September 2019	7,140	50,322	-	1,600	6,822	157	8,843	1,516	76,400
Accumulated depreciation at 1 April 2019 - brought forward	-	1,879	-	-	3,674	151	5,475	862	12,041
Provided during the year	-	698	-	-	315	3	477	71	1,564
Accumulated depreciation at 30 September 2019	-	2,577	-	-	3,989	154	5,952	933	13,605
Net book value at 30 September 2019	7,140	47,745	-	1,600	2,833	3	2,891	583	62,795
Net book value at 1 April 2019	7,140	48,145	-	1,612	2,959	7	2,798	654	63,315

Note 15.2 Property, plant and equipment - 2018/19

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018 - brought forward"	**6,565**	**43,501**	**241**	**3,126**	**5,769**	**160**	**5,642**	**1,685**	**66,689**
Additions	-	253	-	5,212	87	-	-	-	**5,552**
Impairments	-	(885)	-	-	-	-	-	-	**(885)**
Revaluations	575	3,494	-	-	-	-	-	-	**4,069**
Reclassifications	-	3,698	(241)	(6,726)	807	-	2,631	(169)	**-**
Disposals / derecognition	-	(37)	-	-	(30)	(2)	-	-	**(69)**
Valuation/gross cost at 31 March 2019	**7,140**	**50,024**	**-**	**1,612**	**6,633**	**158**	**8,273**	**1,516**	**75,356**
Accumulated depreciation at 1 April 2018 - brought forward"	**-**	**793**	**241**	**-**	**2,967**	**119**	**3,102**	**758**	**7,980**
Provided during the year	-	1,089	(241)	-	716	33	2,373	104	**4,074**
Disposals / derecognition	-	(3)	-	-	(9)	(1)	-	-	**(13)**
Accumulated depreciation at 31 March 2019	**-**	**1,879**	**-**	**-**	**3,674**	**151**	**5,475**	**862**	**12,041**
Net book value at 31 March 2019	**7,140**	**48,145**	**-**	**1,612**	**2,959**	**7**	**2,798**	**654**	**63,315**
Net book value at 1 April 2018	**6,565**	**42,708**	**-**	**3,126**	**2,802**	**41**	**2,540**	**927**	**58,709**

Note 15.3 Property, plant and equipment financing - 2019/20

Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019								
Owned - purchased	7,140	45,171	1,600	2,672	3	2,679	583	**59,848**
Finance leased	-	1,437	-	-	-	212	-	**1,649**
Owned - donated	-	1,137	-	161	-	-	-	**1,298**
NBV total at 30 September 2019	**7,140**	**47,745**	**1,600**	**2,833**	**3**	**2,891**	**583**	**62,795**

Note 15.4 Property, plant and equipment financing - 2018/19

Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019								
Owned - purchased	7,140	45,511	1,612	2,861	7	2,512	654	**60,297**
Finance leased	-	1,448	-	-	-	286	-	**1,734**
Owned - donated	-	1,186	-	98	-	-	-	**1,284**
NBV total at 30 September 2019	**7,140**	**48,145**	**1,612**	**2,959**	**7**	**2,798**	**654**	**63,315**

Notes to the Accounts

Note 16 Revaluations of property, plant and equipment

All land and specialised buildings continue to be valued on an equivalent modern asset basis as in previous years. A valuation has not been performed for these accounts, however, a desktop valuation was performed at 31 March 2019 by the District Valuer's office on land and specialised buildings owned by the Trust.

The last full valuation was the Modern Equivalent Asset model which was carried out as at 1st April 2017.

Note 17 Analysis of charitable fund reserves

Gloucestershire Care Services NHS Trust Charities has been consolidated into the Trusts accounts.

	30-Sep 2019 £000	31-Mar 2019 £000
Unrestricted funds:		
Unrestricted income funds	34	38
Restricted funds:		
Other restricted income funds	162	158
	196	**196**

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the Trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the Trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 18 Inventories

	Group		Trust	
	30-Sep 2019 £000	31-Mar 2019 £000	30-Sep 2019 £000	31-Mar 2019 £000
Consumables	245	288	245	288
Total inventories	**245**	**288**	**245**	**288**

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Notes to the Accounts

Note 19.1 Allowances for credit losses - 2019/20

	Group		Trust	
	30-Sep 2019 £000	31-Mar 2019 £000	30-Sep 2019 £000	31-Mar 2019 £000
Current				
Contract receivables	7,445	8,315	7,445	8,315
Allowance for impaired contract receivables / assets*	(505)	(541)	(505)	(541)
Prepayments (non-PFI)	1,612	795	1,612	795
PDC dividend receivable	121	-	121	-
VAT receivable	157	209	157	209
Other receivables	100	-	100	-
NHS charitable funds: trade and other receivables	6	15	-	-
Total current receivables	**8,936**	**8,793**	**8,930**	**8,778**
Of which receivable from NHS and DHSC group bodies:				
Current	5,263	5,800	5,263	5,800

Note 19.2 Allowances for credit losses - 2019/20

	Group	Trust
	Contract receivables and contract assets £000	Contract receivables and contract assets £000
Allowances as at 1 April 2019 - brought forward	(541)	(541)
Changes in existing allowances	**(5)**	**17**
Utilisation of allowances (write offs)	**41**	**19**
Allowances as at 30 September 2019	**(505)**	**(505)**

Note 20 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	30-Sep 2019 £000	31-Mar 2019 £000	30-Sep 2019 £000	31-Mar 2019 £000
At 1 April 2019	**17,883**	**12,412**	**17,837**	**12,354**
Net change in year	1,078	5,471	1,079	5,483
At 31 September 2019	**18,961**	**17,883**	**18,916**	**17,837**
Broken down into:				
Cash at commercial banks and in hand	2	2	2	2
Cash with the Government Banking Service	18,959	17,881	18,914	17,835
Total cash and cash equivalents as in SoFP	**18,961**	**17,883**	**18,916**	**17,837**
Total cash and cash equivalents as in SoCF	**18,961**	**17,883**	**18,916**	**17,837**

Annual Accounts

Notes to the Accounts

Note 21 Trade and other payables

	Group		Trust	
	30-Sep 2019 £000	31-Mar 2019 £000	30-Sep 2019 £000	31-Mar 2019 £000
Current				
Trade payables	2,786	2,500	2,786	2,500
Capital payables	116	1,454	116	1,454
Accruals	3,875	4,375	3,875	4,375
Social security costs	835	840	835	840
Other taxes payable	635	573	635	573
PDC dividend payable	-	75	-	75
Other payables	1,194	1,155	1,194	1,155
NHS charitable funds: trade and other payables	5	15	-	-
Total current trade and other payables	**9,446**	**10,987**	**9,441**	**10,972**
Of which payables from NHS and DHSC group bodies:				
Current	1,898	1,985	1,893	1,985

Note 22 Other liabilities

	Group		Trust	
	30-Sep 2019 £000	31-Mar 2019 £000	30-Sep 2019 £000	31-Mar 2019 £000
Current				
Deferred income: contract liabilities	1,291	389	1,291	389
Total other current liabilities	**1,291**	**389**	**1,291**	**389**

Note 23 Borrowings

	Group		Trust	
	30-Sep 2019 £000	31-Mar 2019 31 March £000	30-Sep 2019 £000	31-Mar 2019 31 March £000
Current				
Obligations under finance leases	201	76	201	76
Total current borrowings	**201**	**76**	**201**	**76**
Non-current				
Obligations under finance leases	1,368	1,593	1,368	1,593
Total non-current borrowings	**1,368**	**1,593**	**1,368**	**1,593**

Notes to the Accounts

Note 24 Reconciliation of liabilities arising from financing activities

Group	Leases	Total
	£000	£000
Carrying value at 1 April 2019	1,669	1,669
Financing cash flows - payments and receipts of principal	(100)	(100)
Financing cash flows - payments of interest	(5)	(5)
Non-cash movements:		
Other changes	133	**133**
Carrying value at 30 September 2019	**1,697**	**1,697**

Trust	Leases	Total
	£000	£000
Carrying value at 1 April 2019	1,669	1,669
Financing cash flows - payments and receipts of principal	(100)	(100)
Financing cash flows - payments of interest	(5)	(5)
Non-cash movements:		
Other changes	133	133
Carrying value at 30 September 2019	**1,697**	**1,697**

Note 25 Finance leases

Gloucestershire Care Services NHS Trust as a lessee

Obligations under finance leases where the Trust is the lessee.

	Group		Trust	
	30-Sep 2019 £000	31-Mar 2019 £000	30-Sep 2019 £000	31-Mar 2019 £000
Gross lease liabilities	**1,697**	**1,803**	**1,697**	**1,803**
of which liabilities are due:				
- not later than one year;	211	210	211	210
- later than one year and not later than five years;	253	328	253	328
- later than five years.	1,233	1,265	1,233	1,265
Finance charges allocated to future periods	(128)	(134)	(128)	(134)
Net lease liabilities	**1,569**	**1,669**	**1,569**	**1,669**
of which payable:				
- not later than one year;	201	76	201	76
- later than one year and not later than five years;	214	328	214	328
- later than five years.	1,154	1,265	1,154	1,265

There are 2 significant finances lease commitments for the Trust which are as follows:-

Laptop Computers used by clinical staff - this is a 3 year commitment ending in September 2020
Independent Living Centre Building - this is a 25 year lease ending in March 2043

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Notes to the Accounts

Note 26.1 Provisions for liabilities and charges analysis (Group)

Group	Legal claims	Redun-dancy	Other	Total
	£000	£000	£000	£000
At 1 April 2019	**25**	**-**	**346**	**371**
Arising during the year	**-**	**147**	**233**	**380**
At 30 September 2019	**25**	**147**	**579**	**751**
Expected timing of cash flows:				
- not later than one year;	25	147	579	**751**
Total	**25**	**147**	**579**	**751**

The provisions of £751k relates to £25k legal claims with NHS Resolution, £579k VAT with HMRC and £147k redundancy

Note 26.2 Provisions for liabilities and charges analysis (Trust)

Trust	Legal claims	Redun-dancy	Other	Total
	£000	£000	£000	£000
At 1 April 2019	**25**	**0**	**346**	**371**
Arising during the year		147	233	**380**
At 30 September 2019	**25**	**147**	**579**	**751**
Expected timing of cash flows:				
- not later than one year;	25	147	579	**751**
Total	**25**	**147**	**579**	**751**

The provisions of £651k relates to £25k legal claims with NHS Resolution, £47k redundancy costs and £579k VAT with HMRC.

Note 27 Clinical negligence liabilities

As at 30 September 2019, £759k was included in the provisions of NHS Resolutions in respect of clinical

Note 28 Capital commitments

	Group		Trust	
	30-Sep 2019 £000	31-Mar 2019 £000	30-Sep 2019 £000	31-Mar 2019 £000
Property, plant and equipment	565	-	565	-
Total	**565**	**-**	**565**	**-**

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Notes to the Accounts

Note 29 Defined benefit pension schemes

Past and present employees are covered by the provisions of the NHS Pension Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the NHS body of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Local Government Pension Scheme (LGPS)

As part of the S75 Integrated Services arrangements, the Trust employs staff who were TUPEd from Gloucestershire County Council. As part of the TUPE transfer, former local authority staff could elect to remain in the LGPS. The LGPS is a defined benefit statutory scheme administered by the County Council in accordance with the LGPS (Benefits, Membership and Contributions) Regulations 2007; the LGPS (Administration) Regulations 2008 and the LGPS (Transitional Provisions) Regulations 2008. It is contracted out of the State Second Pension.

Key Assumptions in actuarial valuation of assets and liabilities	**30-Sep-19**	**31-Mar-19**
	%	%
Pension Increase Rate	2.30%	2.50%
Salary Increase Rate	2.60%	2.80%
Discount Rate	1.80%	2.40%

The fair value of employer assets of the whole fund as at 31 March 2019 is as shown below:

	30-Sep-19		**31-Mar-19**	
Assets	**£000s**	**%**	**£000s**	**%**
Equity Securities	0	0%	0	0%
Debt Securities	1,226	14%	1,138	14%
Private Equity	20	0%	18	0%
Real Estate	808	9%	751	9%
Investment Funds & Unit Trusts	6,677	75%	6,201	75%
Derivatives	0	0%	0	0%
Cash and Cash Equivalents	163	2%	152	2%
	8,894	**100%**	**8,260**	**100%**

Notes to the Accounts

Note 29 Defined benefit pension schemes (contd)

The details of the Trust's share of assets and the net position as included in the accounts are as follows:

	Assets	Obligations	Net Asset / (Liability)
	£000s	£000s	£000s
Fair Value of employer assets	8,260	-	8,260
Present value of funded liabilities	-	(8,200)	(8,200)
Opening position at 1 April 2019	**8,260**	**(8,200)**	**60**
Current service cost	-	(60)	(60)
Net interest			
Interest on plan assets	*98*	-	*98*
Interest cost on defined benefit obligation	-	(97)	*(97)*
Total net interest	98	(97)	1
Total defined benefit cost recognised in SOCI	*98*	(157)	(59)
Cashflow			
Participants contributions	8	(8)	-
Employer contributions	32		32
Benefits paid	(94)	94	-
Expected closing position	**8,304**	**(8,271)**	**33**
Remeasurements			
Change in demographic assumptions			
Change in financial assumptions	-	(582)	(582)
Other experience			
Returns on assets excluding amounts included in net interest	590	-	590
Remeasurements recognised in other comprehensive income	**590**	**(582)**	**8**
Fair value of employer assets	8,894	-	8,894
Present Value of funded liabilities	-	(8,853)	(8,853)
Closing position at 30 September 2019	**8,894**	**(8,853)**	**41**
In Year Movement	**(634)**	**653**	**19**

The in year decrease in attributable net assets has not been reflected in the accounts of the Trust. The Trust elected at 31/3/16 not to show the value of any attributable surplus pension scheme assets on its balance sheet as there is no scenario where these would become the property of the Trust.

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Notes to the Accounts

Note 30 Financial instruments

Note 30.1 Financial risk management

Financial Reporting Standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with the local Clincal Commissioning Groups and the way those Clinical Commissioning Groups are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies, to which the reporting standards mainly apply.

The Trust's treasury management operations are carried out by the Finance Department, within parameters formally defined within the Trust's Standing Financial Instructions and policies agreed by a committee of the Board. Trust treasury activity is subject to review by the Trust's internal auditor.

Currency risk

The Trust is principally a domestic organisation with the majority of transactions, assets and liabilities being in the U.K. and sterling based. The Trust has no oversees operations. The Trust therefore has low exposure to currency fluctuations.

Credit risk

The majority of the Trust's income comes from contracts with other public sector bodies. The Trust has low exposure credit risk. The maximum exposures at 30 September 2019 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, which are

Notes to the Accounts

Note 30.2 Carrying values of financial assets

Group	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial assets as at 30 September 2019 under IFRS 9"		
Trade and other receivables excluding non financial assets	7,039	**7,039**
Cash and cash equivalents	18,916	**18,916**
Consolidated NHS Charitable fund financial assets	51	**51**
Total at 30 September 2019	**26,006**	**26,006**

Group	Loans and receivables	Total book value
	£000	£000
Carrying values of financial assets as at 31 March 2019 under IFRS 9"		
Trade and other receivables excluding non financial assets	7,333	**7,333**
Cash and cash equivalents	17,837	**17,837**
Consolidated NHS Charitable fund financial assets	61	**61**
Total at 31 March 2019	**25,231**	**25,231**

Trust	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial assets as at 30 September 2019 under IFRS 9"		
Trade and other receivables excluding non financial assets	7,039	**7,039**
Cash and cash equivalents	18,916	**18,916**
Total at 30 September 2019	**25,955**	**25,955**

Trust	Loans and receivables	Total book value
	£000	£000
Carrying values of financial assets as at 31 March 2019 under IFRS 9"		
Trade and other receivables excluding non financial assets	7,333	**7,333**
Cash and cash equivalents	17,837	**17,837**
Total at 31 March 2019	**25,170**	**25,170**

Notes to the Accounts

Note 30.3 Carrying values of financial liabilities

Group	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 30 September 2019 under IFRS 9"		
Loans from the Department of Health and Social Care	-	**-**
Obligations under finance leases	1,569	**1,569**
Trade and other payables excluding non financial liabilities	8,118	**8,118**
Consolidated NHS charitable fund financial liabilities	5	**5**
Total at 30 September 2019	**9,692**	**9,692**

Group	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2019 under IAS 39"		
Obligations under finance leases	1,669	**1,669**
Trade and other payables excluding non financial liabilities	9,484	**9,484**
Consolidated NHS charitable fund financial liabilities	15	**15**
Total at 31 March 2019	**11,168**	**11,168**

Trust	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 30 September 2019 under IFRS 9		
Obligations under finance leases	1,569	**1,569**
Trade and other payables excluding non financial liabilities	8,118	**8,118**
Total at 30 September 2019	**9,687**	**9,687**

Trust	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2019 under IAS 39"		
Obligations under finance leases	1,669	**1,669**
Trade and other payables excluding non financial liabilities	9,484	**9,484**
Total at 31 March 2019	**11,153**	**11,153**

Note 30.4 Maturity of financial liabilities

	Group		Trust	
	30-Sep 2019 £000	31-Mar 2019 £000	30-Sep 2019 £000	31-Mar 2019 £000
In one year or less	8,324	9,575	8,319	9,560
In more than one year but not more than two years	214	328	214	328
In more than two years but not more than five years	1,154	1,265	1,154	1,265
Total	**9,692**	**11,168**	**9,687**	**11,153**

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Notes to the Accounts

Note 31 Losses and special payments

Group and Trust	6 mths to 30-Sep 2019/20 Total number of cases Number	6 mths to 30-Sep 2019/20 Total value of cases £000	2018/19 Total number of cases Number	2018/19 Total value of cases £000
Special payments				
Ex-gratia payments	3	2	-	-
Special severance payments	6	268	1	86
Total special payments	**9**	**270**	**1**	**86**
Total losses and special payments	**9**	**270**	**1**	**86**

Note 32 Related parties

During the year none of the Department of Health Ministers, Trust board members or members of the key management staff or parties related to any of them, has undertaken any material transactions with the Trust.

- The Trust Chief Executive Paul Roberts, is also Chief Executive of 2Gether NHS Foundation Trust
- The Trust Chair Ingrid Barker, is also Chair of 2Gether NHS Foundation Trust
- The Director of Human Resources Neil Savage, is also Director of Human Resources of 2Gether NHS Foundation Trust
- The Medical Director Amjad Uppal, is also the Medical Director of 2Gether NHS Foundation Trust
- The Finance Director / Deputy Chief Executive Sandra Betney has been Finance Director / Deputy Chief Executive of 2gether NHS Foundation Trust since 17 June 2019

The Department of Health and Social Care is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent.

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies, listed on the following tables.

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Notes to the Accounts

Note 32 Related parties (contd)

As at 30 September 2019	Income	Expenditure	Receivables	Payables
Entity	£000	£000	£000	£000
NHS Gloucestershire CCG	48,390	124	468	13
Gloucestershire Hospitals NHS Foundation Trust	3,170	1,856	2,715	1,237
NHS England (includes PSF)	3,775	-	1,098	-
Department of Health & Social Care	-	-	-	-
Gloucestershire County Council	1,000	327	847	485
NHS Resolution	-	146	-	-
HM Revenue and Customs	-	3,100	158	1,357
NHS Pensions Authority	-	4,345	-	1,157

As at 31 March 2019	Income	Expenditure	Receivables	Payables
Entity	£000	£000	£000	£000
NHS Gloucestershire CCG	93,964	29	741	10
Gloucestershire Hospitals NHS Foundation Trust	5,856	3,720	1,650	1,443
NHS England (includes PSF)	10,596	52	2,789	37
Department of Health & Social Care	1,449	-	-	-
Gloucestershire County Council	1,898	763	1,201	-
NHS Resolution	-	296	-	-
HM Revenue and Customs	-	5,775	209	1,413
NHS Pensions Authority	-	8,471	-	1,124

The Trust has also received revenue and capital payments from its' charitable funds, of which all Trustees are also members of the Trust board.

Note 33 Prior period adjustments

No events have occurred since the balance sheet date that require adjustment or disclosure.

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Notes to the Accounts

Note 34 Better Payment Practice code

	6 mths to 30-Sep 2019/20 Number	6 mths to 30-Sep 2019/20 £000	2018/19 Number	2018/19 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	10,505	13,353	21,009	24,965
Total non-NHS trade invoices paid within target	9,827	12,391	16,442	19,287
Percentage of non-NHS trade invoices paid within target	93.5%	92.8%	78.3%	77.3%
NHS Payables				
Total NHS trade invoices paid in the year	175	2,008	339	2,284
Total NHS trade invoices paid within target	154	1,882	273	1,634
Percentage of NHS trade invoices paid within target	88.0%	93.7%	80.5%	71.5%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 35 External financing

The Trust is given an external financing limit against which it is permitted to underspend

	6 mths to 30-Sep 2019/20 £000	2018/19 £000
Cash flow financing	(2,089)	(5,336)
External financing requirement	**(2,089)**	**(5,336)**
External financing limit (EFL)	(2,089)	(1,459)
Under spend against EFL	**-**	**3,877**

Note 36 Capital Resource Limit

	6 mths to 30-Sep 2019/20 £000	2018/19 £000
Gross capital expenditure	1,055	5,721
Less: Disposals	-	(56)
Less: Donated and granted capital additions	-	(340)
Charge against Capital Resource Limit	**1,055**	**5,325**
Capital Resource Limit	1,055	5,335
Under spend against CRL	**-**	**10**

Annual Accounts

Notes to the Accounts

Note 37 Breakeven duty financial performance

	6 mths to 30-Sep 2019/20 £000	2018/19 £000
Adjusted financial performance surplus (control total basis)	903	5,069
Breakeven duty financial performance surplus	**903**	**5,069**

Note 38 Breakeven duty rolling assessment

	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000	6 mths to 30-Sep 2019/20 £000
Breakeven duty in-year financial performance	2,006	1,508	2,501	2,309	5,563	5,069	903
Breakeven duty cumulative position	2,006	3,514	6,015	8,324	13,887	18,956	19,859
Operating income	108,980	114,111	113,905	112,624	114,545	118,622	60,407
Cumulative breakeven position as a percentage of operating income	1.8%	3.1%	5.3%	7.4%	12.1%	16.0%	32.9%

Glossary

Abbreviations used in this report

ACP	Advance Care Practitioner
AGS	Annual Governance Statement
AHP	Allied Health Professional
AIS	Accessible Information Standard
BAF	Board Assurance Framework
BAME	Black, Asian and Minority Ethnic
BIRTIE	The name of a data analysis tool used by the Trust
BME	Black and Minority Ethnic
Breeam	Building Research Establishment Environmental Assessment Method
C-Difficile	Clostridioides difficile
CETV	Cash Equivalent Transfer Value
COPD	Chronic Obstructive Pulmonary Disease
CPD	Continuing Professional Development
CQC	Care Quality Commission
CSR	Corporate Social Responsibility
DoH	Department of Health and Social Care
EAA	European Economic Area
EDS2	Equality Delivery System
ENP	Emergency Nurse Practitioner
ESD	Early Supported Discharge
ESR	Electronic Staff Record
EU	European Union
FFT	Friends and Family Test
GCC	Gloucestershire County Council
GCCG	Gloucestershire Clinical Commissioning Group
GCS	Gloucestershire Care Services NHS Trust
GDPR	General Data Protection Regulation
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GOAM	General and Old Age Medicine
GP	General Practice
HEE	Health Education England
HIV	Human Immunodeficiency Viruses
HM Treasury	Her Majesty's Treasury
HPV	Human papillomavirus
HR	Human Resources
H&SC	Health and Social Care
ICS	Integrated Care Systems
ICT	Integrated Care Team

Glossary

Abbreviations used in this report

IIP	Investors in People
IT	Information Technology
IV	Intravenous Therapy
LED	Light-emitting diode
LWAB	Local Workforce Action Board
MIIU	Minor Injury and Illness Units
MRSA	Methicillin-resistant Staphylococcus aureus
MSK	Musculo-skeletal
MSKAPS	Musculo-skeletal Advanced Practitioners Services
NHS	National Health Service
NHSFT	National Health Service Foundation Trust
NHSI	NHS Improvement
NMC	Nursing and Midwifery Council
OD	Organisational Development
Org	Organisation
OT	Occupational Therapy or Occupational Therapist
PME	Programme Management Executive
QEIA	Quality Equality Impact Assessments
RGN	Registered General Nurse
R&R	Recruitment and Retention
RRP	Recruitment and Retention Plan
SILG	Strategic Intent Leadership Group
SLT	Speech and Language Therapy
Snr	Senior
SPCA	Single Point of Clinical Access
TNA	Trainee Nursing Associate
UK	United Kingdom
VSM	Very Senior Manager(s)
VTE	Venous Thomboembelism
WDES	World Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent

Caring | Open | Responsible | Effective

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Care Services
NHS Trust

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