Gloucestershire Care Services NHS Trust

Trust Board

Date of Meeting: **18th May 2017**

Report Title: **Finance Committee Report**

Agenda reference Number	12/0517
Accountable Executive Director (AED)	Sandra Betney – Director of Finance
Presenter (if not AED)	Graham Russell Non-Executive Director
Author(s)	Sandra Betney
Board action required	Note
Previously considered by	Not Applicable
Appendices	1- Finance Committee Minutes 15th February 2017

Executive Summary

This report provides assurance to the Trust Board that the Finance Committee is discharging its responsibility for oversight of the Trust's finances on behalf of the Board.

It confirms:

- Decisions made by the Committee in line with the Trust's Scheme of Delegation.
- Progress made against the Trust's financial planning.
- The key risks and issues identified by the Committee and the actions taken to mitigate these risks.

The minutes of the February Committee meeting were approved and are provided at Appendix 1

Recommendations:
The Board are asked to note the update from the Committee and the minutes from the February Finance Committee.

Understanding You

Related Trust Objectives	5
Risk Implications	Risk issues are clearly identifed within the report
Quality/Equality Impact Assessment (QEIA) Requirements and Implications	No equality implications identified
Financial Implications	Finance implications are clearly referenced in the report
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Finance Committee Report

1 Introduction and Purpose

The Finance Committee met on 12th April 2017. Key aspects considered were the Finance Report Month 11 data, latest position on QIPP (Quality, Innovation, Productivity and Prevention) and CQUIN (Commissioning for Quality and Innovation) achievement, Cost Improvement Plan Savings, Business Development and Committee plans for the year.

1.1 Finance Report Month 11

The Committee was assured that at Month 11 the Trust is in line with plan. Agreement with Gloucestershire Hospitals Foundation Trust on recharges had been reached for 16/17 and was being progressed for 2017/18.

It was confirmed CQUIN and QIPP were forecast to be achieved in full.

Based on the interim month 12 data the Committee was assured that GCS was expecting to submit Annual Accounts in line with the agreed control total.

1.2 Cost Improvement Plan (CIP) 2017/18-2018/19

The Committee was assured by the work already on going to develop the CIP schemes which was ahead of the process in previous years. It was recognised that the savings required for 2017/18 were the Trust's highest target to date and the Committee was assured that a more systematic development process would be put in place to support their achievement.

1.3 Business Development Tracker

The Committee was assured on the latest contract position and updated on potential business development opportunities. It was agreed a draft Business Development Strategy would be brought to the next meeting.

1.4 Committee Planning Going Forward

The Committee agreed a focus for future Strategy and Transformation Plan reporting to the Committee and key areas to be considered by the committee.

2. Confirmation of decisions made by the Committee in line with Scheme of Delegation

There were no decisions made under delegated powers.

3. Conclusion and recommendations

The Board are asked to **NOTE** the update from the Committee and **RECEIVE** the minutes from the December Finance Committee.

Gloucestershire Care Services NHS Trust
Minutes of the Finance Committee Meeting
held on the **15TH February 2017**
in the Boardroom, Edward Jenner Court, between 0930– 1300 hrs

Committee Members:

Graham Russell	- Non-Executive Director (Chair for this meeting)
Richard Cryer	- Non-Executive Director
Sue Mead	- Non-Executive Director
Glyn Howells	- Director of Finance (Deputy Chief Executive Officer)
Katie Norton	- Chief Executive Officer
Candace Plouffe	- Chief Operating Officer

In attendance:

Stuart Bird	- Deputy Director of Finance
Sally Clark	- Senior Personal Assistant
Amina Ismail	- Operational Finance Manager (for item 17)
Chris Boden	- Head of Countywide Services (for item 17)
Gillian Steels	- Trust Secretary
Bernie Wood	- Head of IT

	Minute
17/FC225	**Welcome and Apologies** It was noted that Graham Russell would be acting as Chair for the meeting. Apologies were received from Sue Field – Director of Nursing.
17/FC226	**Confirmation that the meeting is quorate** The meeting was **confirmed** as quorate by the Trust Secretary. Under the revised terms of reference quoracy was noted as two Non-Executive Directors (NEDs) and two Executive members.
17/FC227	**Declarations of Interests** Members were asked to declare any updates from their original Declaration of Interests and to declare interests at the time of any concerned agenda item. No updates or interests were declared.

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17/FC228	**Minutes of the Finance Committee held on the 15th December 2016** The minutes of the meeting held on the 15th December 2016 were confirmed subject to the following amendments: Page 2 Matters Arising (Action Log): 16/FC168 what will be deferred is the realignment of ICTs and not 'a funding decision'. 16/FC163 - sentence should read 'sum at risk' not 'of risk'.
17/FC229	**Matters Arising (Action Log)** 16/FC163 – GHFT (Gloucestershire Hospitals Foundation Trust) recharges: more progress made in last two weeks. 16/FC215 –Estates item - deadline to be moved to June 2017, recognising incoming Head of Estates would start in May. 16/FC168 – now closed 16/FC190 - now closed
17/FC230	**Finance report – Month 9 (including Capital schemes and Agency Spend)** The Deputy Director of Finance presented the report and highlighted the following key points: - At Month 9 the Trust is in line with plan with a year to date surplus pre Sustainability and Transformation (S&T) funding of £90k. - Agreement with GHFT on recharges was expected to be reached within the next few weeks. The Chief Operating Officer (COO) would be meeting with the Interim GHFT COO to discuss services provided by each Trust and their alignment. Members were pleased at the reported improvement in mitigating the risk relating to the GHFT recharges. It was noted that once recharge payment has been received from GHFT, CIP savings will rise from £3M to approximately £3.6M. A helpful meeting had taken place with Clinical Commissioning Group (CCG) regarding Minor Injury and Illness Unit (MIIU) staffing changes costs relating to the changed hours following the Consultation process. Discussions are ongoing regarding the gaps in funding relating to the Forest of Dean and the Vale Community Hospitals. Richard Cryer expressed concern that GCS should not underwrite additional cost pressures whilst waiting for the CCG to undertake the Forest of Dean consultation. Discussions were ongoing between CCG and the Trust regarding the future of Fracture Clinics which are currently managed by the Trust, but are outside the Trust's commissioned services and are reliant on one practitioner which impacts on the patient experience. In the short term the CCG would like GCS to continue managing the clinics. The

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	Trust plans to continue this service until June and then it is expected that GHFT will take over the management of the clinics. Members were advised the CCG will provide GCS with funding for next year for the urgent care modelling work, to support STP development. The Director of Finance had met with Cath Leech, Deputy Director of Finance at the CCG regarding QIPP and CQUIN milestones and risk share. The Trust is now awaiting confirmation that this will be less than £500K (which will have a related £240K cost pressure) It was confirmed this is included in the reported financial position. GCS had not made progress with some QIPP and CQUINs, but additional work had been undertaken with the Place-based model and Joining Up Your Information. Negotiations were ongoing, reflecting that baselines had not been provided by the CCG to support demonstration of delivery. Sue Mead, Non-Executive Director, asked if this signaled that the Trust needed to ensure measuring metrics were agreed at an early stage. The Chief Operating Officer advised that the Trust had not been able to demonstrate achievements due to lack of information on patient flow through the system and was working to improve clarity on metrics going forward. A potential cost pressure reflecting likely increased lease charges and dilapidation costs reflecting increased property values was discussed. This would need to be considered within plans for location of services. NHSI have agreed that the £1.5M budget for development of Hatherley Road may be carried across to 2017-18. It was noted that work to progress the Hatherley Road Business case was ongoing following discussions at the January Board. It was confirmed the cash balance forecast of £8M was expected to be achieved. Members noted the strong position of GCS going into the 2017-18 financial year based on current information. The Committee **NOTED** the update on Month 9 finances.
17/FC231	**Project Management Office Report** The Committee noted the positive positions for both QIPP and CQUIN achievement: - Quarter 3 QIPP milestones are worth £466k and currently there are no milestones deemed 'red' for compliance. There are some amber milestones in which compliance may be queried (particularly around ICTs.) These are worth £166k. - Quarter 2 and Quarter 3 CQUIN achievement are yet to be confirmed by the CCG. The CQUINs currently at risk are Positive Risk Taking (worth £75.9k) and End of Life (worth £94.9k) but GCS is working with commissioners to recognise work done and wider STP working.

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	- CIP achievement at month 10 is £1,962k against plan of £3,169k (62%). The year-end recurrent position is £3,036k (76%) against the plan of £4,000k. It was confirmed that the ICT Quarter One milestone is expected to be achieved by 31st March 2017. Members queried CQUINS for 20178/18 and were advised the GCCG is only using the nationally mandated CQUINs. The Chief Operating Officer highlighted that the biggest QIPP risk is the 'pull model' in relation to having the staffing capacity and knowledge required to facilitate the 'pulling out' of patients from the Cheltenham and Gloucester GHFT sites. Work would need to be undertaken to ensure progress can be measured against this QIPP and the related risk kep under review. The Committee highlighted that going forward the Trust would need to focus on aligning QIPPs and CQUINs to STP work. The Committee **NOTED** the CQUIN and QIPP position to date and endorsed actions to improve the position.
17/FC232

Executive Team	should a scheme be removed. Sue Mead, Non-Executive Director, asked whether the Listening into Action (LiA) approach assists in delivering savings. The Chief Operating Officer responded that although LiA has a contribution to make to CIP savings schemes, the schemes are also about services taking ownership for delivering a more effective service with measurable and deliverable outcomes, with the Finance Team providing a 'lens' of challenge for each scheme. The Director of Finance highlighted that the Trust has delivered £12M of savings over the last three years, including the Community Hospitals Service which had delivered approximately £1M through transformational change. The Chair agreed that Trust colleagues should be thanked for their efforts in achieving this. The Committee confirmed it would review the proposed CIP schemes on an ongoing basis to ensure deliverability of the overall savings required. It was recognised that some CIP savings would not be achievable without commissioner support and that work with the GCCG needed to be ongoing. The Committee **NOTED** the CIP Focused Report and issues highlighted.
17/FC233	**Budget holder review – Countywide** The Chair welcomed Chris Boden, Head of Countywide Services and Amina Ismail, Operational Finance Manager, to the Finance Committee meeting. The Committee had received a detailed report and had a presentation of key issues. <u>The Complex Leg Service</u> is a new service for the Trust that commenced in November 2015. The service opened on time to patients in five localities within one year. There have been discussions with the GCCG relating to different interpretations on baseline activity, i.e. 400 patients seen a year versus 400 patients on the caseload at any one time, which is impacting on performance. There have been funding issues with the roll-out programme which therefore had to be paused before all localities were covered. GPs from the Gloucester and Tewkesbury Localities therefore refer patients from these localities to services in other localities. The Committee agreed further work should be undertaken to demonstrate the cost effectiveness and outcome levels for the Leg Wound <u>The Diabetes Service</u> is a small service which has seen a continued increase in demand. There are on-going discussions with GCCG about

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Quality and Performance Committee	the level of provision and pathway development work via the Diabetes Clinical Programme Group (CPG). Committee members commented that Type 2 Diabetes is now categorised as an 'epidemic' by the World Health Organisation and were concerned that Gloucestershire has a higher number of amputations than the national average. It was agreed consideration should be given to the creation of a Diabetes LiA group in order to focus on an action plan for improving performance. Members requested that the Quality and Performance Committee review progress on the Diabetes improvement actions within the next 6 months. (Confirmed to be considered by Quality and Performance in June 2017.) The Committee **NOTED** the deep dive information which supported triangulation and breadth of member knowledge.
17/FC234	**Systems update** The Committee considered the update report on Corporate Systems. The Head of Information Technology & Systems Management outlined progress made with consolidating and rationalising Gloucestershire Care Services NHS Trust (GCS) Clinical and Corporate Systems. The Committee noted that the GCCG were currently working with primary care providers to facilitate a move to the TPP SystmOne service, which would help to facilitate better information sharing. Members considered the issue of paper versus email correspondence with GP practices. It was noted that the 2Gether NHS Trust had recently written to GPs to inform them that no further paper copies of correspondence would be sent. It was agreed that the Trust should consider this approach. It was highlighted that there were associated risks with new service transfers onto SystmOne which work was on going to mitigate. It was noted that 50 per cent of IT staff are currently on fixed term contracts reflecting that there are a range of projects ongoing. It was confirmed that IT staffing requirements would be considered at a future Executive meeting. It was confirmed that, as previously agreed, the Trust had recently signed a five year contract extension with TPP SystmOne. The Committee **NOTED** the Systems Update.
17/FC235	**Review of Insourcing of IT support** In January 2016 the Trust Board approved GCS moving in house IT support services, away from Countywide IT Services (CITS), given service issues for colleagues. These services started to be transitioned in April 2016. The report provided feedback to the Finance Committee on costs and performance following the implementation of the change.

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	Over the first 6 months of the service being provided in house: 1. The initial dip in performance (reflecting transition) expected did not occur; 2. There has been a stepped improvement in quality of service evidenced by both statistical information and results from surveys; 3. There is a small net cost saving. The Committee noted that the Trust's Data links remain the only service still supported by Countywide IT. It was recognised that Trusts are encouraged to share integrated services, however, it was agreed that such integration needed to ensure cost and performance benefits. It was confirmed that the Executive kept consideration of integrated services under on going review. The Committee suggested a potential for future business in providing IT cover for primary care providers. The Committee **NOTED** the report and recognised the improved IT Support Service that had been achieved since moving the facility in house and agreed a further update should be provided in January 2018.
17/FC236

17/FC237	**Procurement update** The Committee considered the update and confirmed the importance of involving clinicians in providing goods specifications to identify agreed suppliers to ensure goods meet the specifications required by services. The Committee supported the proposals that the Trust should require suppliers to comply with any requirements as a consequence of using Integra and that the Trust should reinforce purchase order requirements. The Committee **agreed** that the procurement approach outlined in the paper should be implemented and the report proposals be endorsed.
17/FC238	**Sustainability and Transformation** It was noted an update had been provided at the previous day's Board Development session.
17/FC239	**Corporate risk register** The Committee received the Finance Corporate Risk Register. The high risk items and the mitigating actions were discussed by the Committee. It was noted that the Trust was working to resolve the HIV commissioning shortfall issues by the end of the current financial year. The Committee **NOTED** the risk register and the assurance from the mitigating actions.
17/FC240 Trust Secretary Trust Secretary	**Committee Self-Assessment** The Committee considered the information on the Committee Self-Assessment and Terms of Reference Review. It was agreed that members would complete the evaluation form and return to the Trust Secretary. Resolved that the **UPDATED** Terms of Reference be recommended to the Board and the future areas of focus from the Self-Assessment be discussed at the next meeting within the Forward Planner item.
17/FC241	**Forward planner** The Forward Planner was discussed and approved with the following change: - Revisit the financial budget for 2017-18 at the April Finance committee.
17/FC242	**Minutes/Action Logs of the Quality Steering Group and CIP Steering Group** The action logs from the above Steering Groups were received and noted**.**

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17/FC243	**Any other business or any Business for any other Committee** No other business was submitted for discussion. Date and time of next meeting: It was **agreed** that the next meeting of the Finance Committee is to be held on the 12th April 2017, 0930-1300 in the Boardroom at Edward Jenner Court, Brockworth, GL3 4AW.
17/FC244	**Confidential minutes** **Approved.**

The meeting closed at 12:54

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Gloucestershire Care Services NHS Trust

Trust Board

Date of Meeting: 18th May 2017

Report Title: Finance Report

Agenda reference Number	13/05/17
Reason for Being Heard in Confidential Session	Commercially sensitive
Accountable Executive Director (AED)	Sandra Betney
Presenter (if not AED)	Stuart Bird
Author(s)	Stuart Bird
Board action required	To note
Previously considered by	n/a
Appendices	Appendix 1 – finance report in presentation format Appendix 2 - full year actuals compared to prior year

Executive Summary:

Schedules were submitted in time to NHSI

Draft accounts indicate that all key targets for 16/17 were met or exceeded

17/18 and 18/19 have higher CIP requirements than have been delivered to date

Key risks noted in year around CIP delivery, GHFT recharges, QIPP risk share and Tewkesbury hospital completion costs were all resolved or mitigated by year end

Understanding you

Key Figures:

- The total planned surplus for 16/17 was £1,793k. Actual reported to NHSI and in draft accounts is £2,309k
- Trust operated below agency cap of £2,379k with full year spend of £1,676k.
- CIP delivered was in line with plan at £4m. Recurrent element of savings were £400k above plan at £3.24m.
- QIPP and CQUIN available totalled £5.8m. Amount actually earned in year was £5.3m.
- Cash balance at year end was £1,987k above plan at £8,280k.
- Capital spend for the year was £3,457k compared to a revised plan (Jan 17) of £3.5m.

Detailed summary of performance compared to budget and to prior year are attached in the enclosed appendices

Recommendations:

The board is asked to note the content of the report

Related Trust Objectives	
Risk Implications	Risk issues are clearly identifed within the report
Quality/Equality Impact Assessment (QEIA) Requirements/Implications	No equality implications identified
Financial Implications	Finance implications are clearly referenced in the report
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Gloucestershire Care Services NHS
NHS Trust

Full Year 2016/17 Finance Report

V 1

All figures based on unaudited draft submission to NHSI

Understanding you

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Overview

- The total planned surplus for 16/17 was £1,793k. Actual reported to NHSI and in draft accounts is £2,309k
- Reported surplus includes £1,596k of non-recurrent STF funding while plan only assumed £1,080k
- Pre STF adjusted surplus is as follows:
  - 2015/16 Actual £2,501 (includes £1,500k additional revenue earned by agreeing to defer capital spend)
  - 2016/17 Plan £700k
  - 2016/17 Actual £713k
- Trust operated well within agency cap of £2,379k with a full year total spend of £1,676k (15/16 was £3,717k so reduction in year was significant).
- CIP delivered was in line with plan at £4m. Recurrent element of total CIP savings were £400k above plan at £3.24m.
- £3.6m of a potential £3.9m of QIPP was earned. £300k shortfall was due to risk share element not earned (emergency admission not reduced in line with CCG target)
- £1.7m of a potential £1.9m of CQUIN was earned. £200k not earned was due to missed milestones early in the financial year.
- Cash balance at 31/3/17 was £1,987k above plan at £8,280k.
- Capital spend for the year was £3,457k compared to an original plan of £5m and a revised forecast (Jan 17) of £3.5m. Main reason for underspend is late start on Hatherley Road development which had planned spend of £1.5m in 16/17.

Income and Expenditure

Full year result was £13k better than control total at £713k.

If S&T funding is included the full year surplus becomes £2,309k which is £529k higher than plan and £526k above control total. The full year actual S&T funding was £1,596k (plan was £1,080k) as the trust received £13k of S&T incentive and £503k of S&T bonus.

Approx £1.0m has been reclassified in year between pay cost and non-pay. This is the cost of GP support to the wards and has impacted the performance compared to prior year and plan in the table below

The remaining £2.2m underspends on pay is linked to non achievement of new business targets (masked in income by other over-recoveries) and vacancy control measures that are being targeted for CIP through removal of recurrent vacancies. All changes of this type are subject to full EQIA – posts are considered for removal when they have not been filled for some time but targets continue to be met.

The £1.5m of remaining overspends on non pay (compared to plan but not prior year) are in discrete areas where significant inflationary cost pressures are being experienced and are offsetting savings . Main areas of overspend are estates, drugs and clinical services & supplies. All areas of non pay spend are under review for 17/18 CIP schemes to establish if targeted savings can be made.

A detailed comparison of the I&E to both prior year and budget is shown at appendix 1

Statement of Comprehensive Income		**16/17**			
	Plan	**Actual**	**Variance**	**Prior Year**	**Forecast Outturn**
Revenue (exc STF)	111,657	111,044	(613)	112,420	111,306
Gross Employee Benefits	(81,878)	(78,660)	3,218	(79,268)	(78,729)
Other Operating Costs	(26,806)	(29,286)	(2,480)	(29,849)	(29,516)
PDC Dividend	(2,364)	(2,485)	(121)	(2,637)	(2,320)
Impairments	0	0	0	397	0
Donated assets adjustment	104	100	(4)	(62)	99
Suplus / Deficit before STF income	**713**	**713**	**0**	**1,001**	**840**
STF Income	1,080	1,596	516	0	1,220
Capital to Revnue income	0	0	0	1,500	0
Adjusted Financial Performance	**1,793**	**2,309**	**516**	**2,501**	**2,060**

Surplus Compared to M10 Forecast

- There were a large number of movements in position during the completion of the year end accounts. The significant changes are summarised below and demonstrate how the trust moved from a forecast adjusted surplus of £1,923 at month 10 to the final result of £2,309k .

	£
M10 Forecast	**1,923**
STF Bonus	503
STF Incentive	-117
Early Retirement Cost	-225
QIPP Risk Share Penalty	-300
GHT Settlement	400
Bad Debt provision top up	-150
Extra PDC and depreciation from property revaluation	-50
Estates Accrual Review	250
Widening Asccess NI rebates to recover	75
Final End of Year Result	**2,309**

Balance Sheet

- Summary balance sheet at 31/3 shows the impact of lower than planned full year capital spend and end of year agreement of a net balance with GHFT rather than showing significant figures within both debtors and creditors.
- Fixed assets include £3.5m of in year additions and also the impact of a 3.8% mark to market revaluation on buildings.
- Provisions have been made in year for dilapidations on Southgate moorings and Tewkesbury Hospital. Bad debt provision (netted against debtors rather than being shown in provisions in the summary below) is up to £850k mainly as a result of out of county HIV debt and increasingly hard to collect non contracted and road traffic accident income.

SUMMARY BALANCE SHEET		2015/16	Current Year to Date		
		Accounts	Plan	Actual	Variance
NON-CURRENT ASSETS:	Property, Plant and Equipment	75,761	79,565	78,594	(971)
	Intangible Assets	1,256	988	1,581	593
	TOTAL Non Current Assets	**77,017**	**80,553**	**80,175**	**(378)**
CURRENT ASSETS:	Inventories	225	500	227	(273)
	Trade and Other Receivables	12,833	8,271	6,928	(1,343)
	Cash and Cash Equivalents	6,112	6,293	8,280	1,987
	TOTAL Current Assets	**19,170**	**15,064**	**15,435**	**371**
LIABILITIES	Trade and Other Payables	(17,460)	(13,240)	(11,544)	1,696
	Provisions	(23)	(16)	(1,065)	(1,049)
	TOTAL Liabilities	**(17,483)**	**(13,256)**	**(12,609)**	**647**
	TOTAL Assets Employed	**78,704**	**82,361**	**83,001**	**640**
TAXPAYERS EQUITY	Public Dividend Capital	79,982	79,982	79,982	0
	Retained Earnings Reserve	(1,334)	658	875	217
	Revaluation Reserve	2,454	1,886	4,542	2,656
	Other Reserves	(2,398)	(165)	(2,398)	(2,233)
	TOTAL Taxpayers Equity	**78,704**	**82,361**	**83,001**	**640**

CIP Delivery

- In year CIP delivery was on plan at £4m
- Recurrent element was £3.242m compared to a planned recurrent saving of £2,826k
- Analysis by scheme compared to plan is shown below

Analysis of Efficiency Programmes	Rec / Non Rec	Plan	Actual	Variance
Move away from 1:8 staffing to new rotas	R	655	938	283
Review Theatre Provision Lydney - Pay	R	50	0	-50
Review Theatre Provision Lydney - Non Pay	R	50	55	5
High Reference Cost areas	R	187	0	-187
Reducing variation in reference cost	R	187	20	-167
Make permanent recurring vacancies	R	187	747	560
Recommissioning with CCG	R	157	1	-156
Consistency of working - clinical Nursing/Therapies	R	272	0	-272
NR vacancy monitoring to cover timing of recurrent savings	NR	819	0	-819
Additional A|C savings through Corporate Systems Consolidation work	R	200	0	-200
2 Posts from BIRT implementation	R	25	0	-25
Standardisation - NFL	R	188	87	-101
Full Year impact of Asset Revaluation	R	130	130	0
Sell surplus capacity (surplus)	R	73	0	-73
Follow up work from estates strategic review	R	165	81	-84
Non Pay unidentified to cover timing of recurrent savings	NR	355	758	403
Review Cleeve Hill Contract (Winchcombe 6 beds)	R	50	0	-50
Procurement - external	R	125	0	-125
Procurement - intra NHS	R	125	206	81
Overheads from new business	R	0	233	233
New - income target for SHS contraception advice to GCC	R	0	635	635
New - Non Pay Reductions	R	0	109	109
Total (all schemes)		**4,000**	**4,000**	**0**

Capital and Cash

Gloucestershire Care Services NHS
NHS Trust

	Forecast Outturn		
	Plan	Forecast	Variance
Hatherley Road	2,000	0	(2,000)
IT replacement	500	1,976	1,476
IT WAN / LAN	500	1,025	525
Building compliance	1,000	0	(1,000)
Building reconfiguration	500	109	(391)
S1	500	0	(500)
Medical Equipment	0	347	347
Gross Capital Expenditure	**5,000**	**3,457**	**(1,543)**

- Trust full year capital spend is £3.457m compared to an initial plan of £5m and a revised plan of £3.5m when £1.5m relating to Hatherley Road was deferred to 17/18
- The redevelopment of the Hatherley Road site is still planned but spend is now included in a gross capital plan of £4.8m for 17/18. The business case for development of the site is now being prepared for consideration by the trust Board.

- **Cash position at 31/3 was a positive balance of £8.3m**
- This was £2m higher than original plan and was caused by the £1.5m capital deferral and the impact of improved cash collection from larger customers
- Cash was impacted by £270k of the “base” STF income that was unpaid at 31/3 and also by approx £0.5m of pulled forward purchase ledger payments in late March to avoid supplier distress in the move away from SBS

GCS Year on Year Performance by Income and Cost Type

	2015/16 Actual	2016/17 Actual	Variance to PY	Notes
Income				
Clinical Commissioning Group	100,740	102,015	1,275	Increase on 15/16 due to HIS and RR service devt
Foundation Trusts	7,702	5,932	-1,769	GHFT agreement - contra below in non pay costs
Local Authorities	2,597	2,356	-242	
Road Traffic Act	482	333	-149	
Non NHS: Other	526	1,089	563	E-prescribing and GDOC
Education Training and Research	586	522	-64	
Income Generation	480	339	-141	
NHS Other	214	53	-161	
Income - Operational	**114,826**	**112,640**	**-2,186**	
Pay - Operational				
Trust Chair and NEDs	64	59	-5	
Nursing, Midwifery & Healthy Living	39,594	42,628	3,034	Move away from agency (£2m), impact of HIS and RR
Healthcare Assistants & Other Support Staff	2,157	2,204	47	
Scientific, Therapeutic & Technical	16,469	15,754	-715	
Medical & Dental	2,970	2,400	-570	Sexual heatlh service reductions
Ambulance Staff	143	283	140	
Administrative Staff	9,701	9,656	-46	
Senior Managers and Managers	3,342	3,275	-67	
Recharges & Secondments	-31	-130	-98	
Non Trust & Agency Staff	4,572	2,460	-2,111	mpact of agency reduction work
Savings / Reserves (Pay)	58	65	7	
MARS	209	65	-145	
Pay - Operational	**79,249**	**78,719**	**-530**	
Non Pay - Operational				
Services from Foundation Trusts	6,436	4,660	-1,776	GHFT agreement - contra aboe in income
Services from Other NHS Trusts	80	-1	-81	
Services from Other NHS Bodies	-5	0	5	
Purchase of Healthcare from Non-NHS Bodies	430	1,532	1,103	Payments for GP SLA support on wards treated as NP
Drugs incl Gases & FP10s	3,405	3,579	173	
Clinical Services & Supplies (Non Pay)	3,183	3,320	137	
Establishment Expenses	2,596	2,444	-151	
External Contract Staff	169	486	317	
Non Pay Budget Reserves	623	556	-67	
Compensation Payments	154	3	-151	
Misc Services - Operational	-63	4	67	
Non Pay Commissioning	63	29	-34	
Non Pay - Operational	**17,071**	**16,613**	**-458**	
Non Pay - Cross-Cutting				
Purchase of Social Care	154	151	-2	
Business Rates	948	782	-166	
Rent & Service Charge	1,770	1,797	27	
Premises Utility Costs	714	954	240	
Building Contracts	574	244	-331	
Building Repairs & Maintenance	348	491	142	
Building Security, Safety & Waste Collection	269	238	-31	
Furniture, Fittings & Office Equipment	1,187	817	-370	
Establishment Expenses - Cross-Cutting	1,036	1,178	142	
Facilities	1,830	1,768	-62	
Transport	228	220	-9	
Training Costs	766	478	-288	
Insurance Costs	294	339	45	
Legal & Professional Fees	25	121	95	
Interpreting	59	72	13	
Other Misc Services	-2	-6	-4	
PDC Finance Charges and Audit Fee	3,587	2,621	-965	Reduced charge as fy effect of 15/16 revaluation
Financial Provisions - Cross-Cutting	429	444	15	
Depreciation and Capital Charges	1,945	2,389	444	Additiol depn on asset additions in 15/16
Non Pay - Cross-Cutting	**16,162**	**15,098**	**-1,064**	
Surplus/(Deficit) - Grand Total	**2,345**	**2,210**	**-135**	

Gloucestershire Care Services NHS Trust

Trust Board

Date of Meeting: 18th May 2017

Report Title: Audit and Assurance Committee Update

Agenda reference Number	14/0517
Accountable Executive Director (AED)	Sandra Betney, Director of Finance
Presenter (if not AED)	Richard Cryer, Chair of Audit and Assurance Committee
Author(s)	Sandra Betney, Director of Finance
Board action required	To note
Previously considered by	
Appendices	1 – Approved minutes of 21st February 2017 2 – Approved minutes of 23rd March 2017

Executive Summary

This report provides assurance to the Trust Board that the Audit and Assurance Committee is discharging its responsibility for oversight of the Trust's independent and objective review of its financial systems, financial information and compliance with laws, guidance and regulations governing the NHS.

It confirms:

- Decisions made by the Committee in line with the Trust's Scheme of Delegation.
- Progress made against the Trust's audit and assurance activities
- The key risks and issues identified by the Committee and the actions taken to mitigate these risks.

The minutes of the February and March Committee meetings were approved and are provided at Appendices 1 and 2

Understanding you

Recommendations:

The Board is asked to

(i) **NOTE** the contents of the Audit and Assurance Committee report.
(ii) **NOTE** the minutes from the 21st February 2017 and 23rd March 2017 Committee meetings

Related Trust Objectives	1.2.4.5.
Risk Implications	No risks identified
Quality/Equality Impact Assessment Requirements/implications (QEIA)	No equality implications identified
Financial Implications	No finance implications identified
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Audit and Assurance Committee Update

1 Introduction and Purpose

The Audit and Assurance Committee met on the 9th May 2017. Key Issues considered by the Committee were Internal Audit reports, draft opinion and plan for 2017/18, draft accounts, draft annual report, self-certification requirements, overpayments report and Lone Worker update.

1.1 Internal Audit Update

PwC Senior partner presented the report and highlighted;

- Four reviews had been completed and final reports issued.
- Information Governance review - Low overall risk
- Data Warehouse Review – Medium overall risk
- Self-Assessments – Low overall risk

To date all 9 of the internal audit reviews in the 2016/17 internal audit plan for the year ended 31 March 2017. Three reviews have an overall rating of medium with the remaining five rated as low**.** *One report is currently in issue to Management in draft (Corporate Systems Rationalisation).*

This work has identified 14 low, 15 medium, 0 high and 0 critical risk rated findings.

The annual plan for 2017/18 was approved, subject to minor revisions..

Committee members received the draft opinion (internal Audit Annual report) noting the rating of "Generally satisfactory with some improvements required".

1.2 NHSI Self-Certification requirements

The Committee noted the obligations set out in the NHS provider license from April 2017 which includes compliance with the Health and Social Care legislation and received assurance from the process that had been put in place to ensure the self –certification process can be completed in line with required timescales.

1.3 Overpayments Report

The Committee considered a detailed report and analysis of salary overpayments and took assurance from the launch of a campaign due in June 2017 to include the timely submission of leavers and amendment forms targeted at line managers and budget holders.

1.4 Freedom to Speak Up Report

Members received an overview of the cases raised under the Trust's Freedom to Speak Up policy. The Committee noted the report provided assurance and information.

1.5 Governance Framework Documentation

Following consideration at the last meeting this was endorsed following confirmed review by the Internal Auditors.

1.6 Annual Accounts Draft

The Committee confirmed the Going Concern basis on which the Accounts were prepared, recognising the Trust had in place contracts for 95% of its funding, liquidity and no material risks had been identified.

The Committee reviewed the Accounts to date and were assured by External Audit and management feedback. The Committee noted that the Charitable Funds were to be consolidated within the Accounts, a change of Accounting Policy which would be highlighted in the notes.

The Committee was assured by the indicative out turn position, and noted the assumptions.

1.7 Annual Governance Statement

The Committee reviewed and endorsed the Annual Governance Statement subject to some additional wording on the positive direction of travel from the Internal Auditors being added. It was noted the Statement would be reviewed by the External Auditors to ensure compliance.

2 Confirmation of decisions made by the Committee in line with Scheme of Delegation

Governance Framework Documentation endorsed as detailed above.

To note the Committee will review the Accounts for approval on behalf of the Board at its meeting on 26th May, in line with its delegated authority from the Board, given the need to submit to NHSI by 2nd June 2017.

3 Confirmation of issues escalated for Board discussion and / or approval

Board to confirm the Accounts preparation on a Going Concern Basis.
Board to confirm delegation of Approval of the Accounts to the Audit and Assurance Committee given the need to submit to NHSI by 2nd June 2017.

4.1 Conclusion

The Audit and Assurance Committee has reviewed a range of assurance reports from across Trust and has maintained an independent and objective review.

4.2 Recommendations

The Board is asked to

(i) **NOTE** the contents of the Audit and Assurance Committee report.
(ii) **NOTE** the minutes from the 21st February 2017 and 23rd March 2017 Committee meetings.

Gloucestershire Care Services NHS
NHS Trust

Audit and Assurance Committee

Date: 21st February 2017

Members	
Richard Cryer	Non-Executive Director (Chair)
Sue Mead	Non-Executive Director
Graham Russell	Non-Executive Director
Jan Marriott	Non-Executive Director
In attendance	
Glyn Howells	Director of Finance
Sandra Betney	Incoming Director of Finance
Gillian Steels	Trust Secretary
Louise Moss	Deputy Trust Secretary
Duncan Laird	External Audit (KPMG)
Rayna Kibble	Counter Fraud Specialist
Paul Kerrod	Counter Fraud Specialist
Rod Brown	Head of Planning, Compliance and Partnerships
Lynn Pamment	Internal Audit – Senior Partner PwC
Efe Ayeni	Internal Audit – PwC
Bernie Wood	Head of IT and Systems Management (Items 14 and 15 only)
Alex Bunn	Information Governance Manager (Items 14 and 15 only)

Ref	Minute
16/AA088	**Welcome and Apologies** The Chair welcomed attendees to the Committee.
16/AA089	**Confirmation of Quoracy** The Chair **confirmed** that the meeting was quorate.
16/AA090	**Declarations of Interest** Declarations of Interest previously declared were noted. There were no Declarations in relation to the agenda for the meeting.
16/AA091	**Minutes from the meeting 13th September 2016** The Minutes were approved as a true record and approved for signing by the Chair.
16/AA092	**Matters arising (action log)** Members considered the Action Log and confirmed the status set. It was noted that items were on track, on the agenda for discussion at the meeting or completed. There were no additional matters arising.

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16/AA093 **Director of Finance**	**Corporate Risk Register – Relevant Risks** The Head of Planning, Compliance and Partnerships introduced the item and highlighted key changes on the register. Two new risks • Estates risk ES04 – Asset vehicles have no breakdown recovery contract in place • IM&T risk IT13 – Ability to adequately protect Trust assets and ensure that the organisation is prepared to deal with the threats that surround cyber security. Both risks have since been addressed and will be updated at the next iteration of the register. Graham Russell, Non-executive Director queried the risk description regarding Tewkesbury Hospital and following discussion it was agreed that the Risk description should be amended to also reflect issues with building quality. The Director of Finance updated the Committee on further developments regarding Tewkesbury Hospital noting that both the GCCG and GHNHSFT are now aware the position. The Committee **NOTED** the Risk Register and the proposed actions planned to mitigate the risks to an acceptable level.

16/AA094	**Internal Audit update**
	
	PwC Senior partner presented the report highlighting;
	
	• Three reviews had been completed and final reports issued.
	  o Finance (Phase 1) – Low overall risk
	  o Serious Incidents Requiring Investigation (SIRI) – Low overall risk
	  o Corporate Governance Framework – Low overall risk
	• Three reviews are currently in progress and remain in line with the agreed timetable and one further review has been deferred at the request of the Trust, reflecting system changes and operational requirements.
	
	She commented positively that management were actively taking forward the recommendations and responses to actions are being received in an increased timely manner which is a much improved position.
	
	<u>Finance</u>
	
	The Chair asked for a management view on the medium risk finding within this review which reported a lack of evidence of alternative quotes in the supplier section and procurement process. The Director of Finance advised that he understood it was an evidencing issue and that the work had been carried out. This process had already been amended to reflect the findings of the review. This view was supported by Internal Audit.
	
	<u>SIRI</u>
	
	Members debated the feedback on this report noting that 16 out of the 25 SIRIs cases tested were in breach of the reporting timelines. The PwC senior partner highlighted that this sample related to a period of pre August 2016. Noting new SIRI polices and processes have now been introduced. 5 of the breeches were post the new processes which indicates there is still an issue with reporting timelines however there are now fewer time limit breaches post

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	the implementation of the new processes. Sue Mead commented that she noted the overall report was positive and reflected that a great deal of work has been done in this area to improve systems and process to ensure they connect. Within the report a comment had been captured regarding the open and transparent culture in relation to reporting incidents across the organisation. She asked if any progress in this area had been seen. Senior PwC partner responded that this did show improvement however a renewed focus on this area of work is required to further embed the culture. She added that a lot of work had clearly been done to address this and noted it was work in progress. <u>Corporate Governance</u> Members discussed the Corporate Governance report presented and noted that a lot of work has recently been completed in this area to improve clarity and relevance of corporate governance documentation across the Trust. Further work is continuing to streamline reports and provide consistency throughout the Trust. Members - **Noted** the reports and that recommendations would be taken forward. - **Noted** interim arrangements planned to maintain momentum in the Estates function.
16/AA095	**External Audit Update** The KPMG Manager presented the External audit plan for year ending 31 March 2017, highlighting responsibility to continue to be focused on providing opinions on financial statements and use of resources. Members discussed the proposed plan for 2016/17 and Graham Russell asked if the recent incoming and outgoing Director of Finance position caused any areas of concern. KMPG confirmed that further colleagues throughout the Finance department remained constant and had been involved in the processes previously and therefore there were no areas of concern at this stage. He further informed members that Rees Batley has now joined the team and would be the Trust's director point of contact going forward. The Chair thanked KPMG for the report. Committee members **Noted** the External Audit plan.
16/AA096	**Counter Fraud Update** Counter Fraud Specialist, Rayna Kibble highlighted key aspects of the report which provided an update on activity and current cases for the period April to January 2017. She updated members on the awareness training which had taken place across the Trust and confirmed that Counter Fraud Awareness is now included in the Trust's induction programme for all new members of staff. She confirmed that currently there is a consultation taking place regarding payment from overseas patients and that this report and conclusion of any recommendations would be included in the next report to the Committee in May 2017.

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	The Committee **(i)** **RECEIVED** the Counter Fraud Update. **(ii)** **NOTED t**he Action Plan was on track.
16/AA097	**Finance Compliance Report** The Director of Finance presented the report and confirmed that there were no significant issues. The Committee **RECEIVED** the Finance Compliance report.
16/AA098	**Debtor Ageing and Write Offs** The Director of Finance presented the report noting that agreement to write off 103 invoices over 90 days old and less that £30 in value was requested for approval by Committee members. Following discussions members noted that all subject access requests for payment are collected from solicitors ahead of any records being released. The Chair queried what the follow up process is to ensure payment. The Deputy Director of Finance confirmed that all debt follow up avenues have been undertaken and every possible endeavour made to recover the outstanding monies and this practice would continue for future low value invoices. (*Post meeting note - The Director of Finance reiterated processes to key staff following the meeting to minimise future exposure)* Members **agreed** with the proposal to introduce a minimum value invoice value.
16/AA099	**Bank Electronic Instruction – Finance Control Authorisation** The Director of Finance confirmed this item had been previously dealt with by Board members at the Trust Board meeting on 24th January 2017 and was therefore no longer required to be considered at the Audit and Assurance Committee.
16/AA100	**Outline of planned changes to Standing Financial Instructions** This item has been deferred to the extra ordinary meeting of the Audit and Assurance Committee meeting in 23 March 2017.
16/AA101	**Information Governance Update** The Information Governance and Risk Manager presented to Committee members a detailed review of progress against the Information Governance (IG) Toolkit standards, which had previously been requested by members. He confirmed that an implementation plan was in place in order to achieve compliance with the toolkit. The Chair questioned when the next submission date for the toolkit is and if the Trust would be compliant by this date. The Information Governance and Risk manager confirmed progress against closing gaps identified in IG Toolkit is slower than hoped meaning that the Trust is unlikely to be level 2 compliant by 31 March 2017 submission. Graham Russell asked if compliance could be accelerated. In response the Director of Finance confirmed that additional resource had been sought and is now in place and an improved position should be reported in March 2017 following submission which would be circulated to members. Following further discussions members; (i) **Noted** the update and the actions on-going to improve compliance with the IG

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	Toolkit (ii) **Approved** the Information Governance Management System (iii) **Approved** the Registration Authority Process (iv) **Approved** the Incident Governance Policy (v) **Approved** renewal of the Data Protection Notification with no changes 2017-18
16/AA102	**Cyber Security** The Head of Information Technology and Systems Management presented the report which had been in response to KPMG's Progress Report from December 2016. She highlighted key aspects from her report which provided a summary of developments and on-going work to protect the Trust from existing threats and vulnerabilities known to GCS and mitigations in place to protect the GCS IT environment. The incoming Director of Finance questioned what the Trust doing to raise awareness around the importance of cyber security with colleagues. In response the Information Governance and Risk Manager confirmed that he is currently working with Human Resources department to highlight the need to add suitable e-learning and induction training to stress the importance of good practice and ensure everyone holds a sound awareness of cyber risk. The Director of Finance asked for a formal report to be circulated to members to demonstrate what has been intercepted. Members discussed Cyber Security and noted that a further report on progress would be scheduled for September 2017. Members **Noted** the update and the follow up actions agreed.
16/AA103	**Legal Report** The Head of Planning, Compliance and Partnerships presented the report highlighting the on-going claims in quarter 3 for clinical negligence and third party claims. Members considered the report and agreed there were no issues of concern at this time. Members **Noted** the report.
16/AA104	**Health, Safety and Security Update** The Head of Planning, Compliance and Partnerships presented the report which provides assurance that the obligations for Health, Safety and Security are being met. Members discussed the reports in detail and noted the following: (i) **Approved** the updated Health and Safety Policy (ii) **Noted** the updated Health, Safety and Security Strategy (iii) **Approved** the Annual Security Report on behalf of the Board
16/AA105	**Emergency Preparedness & Resilience Assurance Submission** Members curtailed discussion of the submission in the absence of the Chief Operating Officer and requested further clarification before approval.

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16/AA106	**Governance Update** The Trust Secretary presented members with a proposed new format for the forward planner, terms of reference and annual Committee review of effectiveness questionnaire. Following discussion members; (i) **Agreed** the updated Terms of Reference for the Audit and Assurance Committee and recommended them to Board for approval (ii) **Approved** the prosed new format for the forward planner **(iii)** **Approved** the format for the self-assessment committee effectiveness.
16/AA107	**Emergency Preparedness & Resilience Steering Group Minutes** Members **Noted** and **Received** the minutes from the steering group of 24th November 2016.
16/AA108	**Any Other Business** There was no other business to report. The Chair closed the meeting at 12.00pm
	Date and Time of Next Meeting 26th May 2017 10.00hrs – 12.30hrs Boardroom Edward Jenner Court

Chair's Signature:

Date:

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Gloucestershire Care Services NHS
NHS Trust

Audit and Assurance Committee

Date: 23rd March 2017

Members	
Richard Cryer	Non-Executive Director (Chair)
Sue Mead	Non-Executive Director
Graham Russell	Non-Executive Director
Jan Marriott	Non-Executive Director
Nicola Strother Smith	Non-Executive Director
In attendance	
Glyn Howells	Director of Finance
Stuart Bird	Deputy Director of Finance
Katie Norton	Chief Executive – by invitation
Gillian Steels	Trust Secretary

Ref	Minute
AA/01/0317	**Welcome and Apologies** The Chair welcomed attendees to the Committee.
AA/02/0317	**Confirmation of Quoracy** The Chair confirmed that the meeting was quorate.
AA/03/0317	**Declarations of Interest** Declarations of Interest previously declared were noted. There were no Declarations in relation to the agenda for the meeting.
AA/04/0317	**Information Governance Policy Ratification Proposals** The Committee considered a revision to the policy approval process to support ratification of policies to support completion of the Information Governance Toolkit requirements before the end of March 2017. Updated terms of reference for the Information Governance Steering Group to support this were also considered. It was agreed that the proposal was in line with the Committee's role of oversight. It was agreed that a sample of policies would be provided at a future date to provide further assurance. It was confirmed that the incoming Director of Finance was experienced in Information Governance and would ensure that the Information Steering Group had the required level of scrutiny and challenge. It was agreed the Terms of Reference should be approved, but that reference to individuals be removed. It was confirmed that regular reports on Information Governance would continue to be brought to the Committee. Members were updated that work continued to meet the requirements of the Information Governance Toolkit by the submission date at the end of March. [post

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	meeting note – the submission date was met and NHS Digital undertook an Audit and have confirmed the Trust compliance as "satisfactory Level 2 compliance with an improvement plan on one area only (Training). **Resolved that the Committee:** (i) **approve** the delegation of the review of information governance related policies to the Information Management and Technology Group and the Information Governance Steering Group; (ii) **approve** the updated terms of reference for the Information Governance Steering Group. (iii) **note** the update on Information Governance Toolkit compliance.
AA/05/0317	**Waiver Proposals** The Committee considered the proposals to waive the Trust's agreed Procurement Processes, in line with agreed Waiver Process as set out within the paper. 1. Proposed Extension for Management Software from CRM Works Limited It was confirmed that the Waiver criteria "clear benefit to be gained from continuity with an earlier project" applied. It was noted that a competitive process had selected this supplier for a number of services and that the proposed waiver would extend the supplier to further services. It was confirmed that when the product was originally purchased it had been confirmed as competitively priced and a review of other systems had confirmed this remained the position. 2. To supply and fit a parking protection system from ASG UK Systems The Director of Finance advised that this proposal had been further reviewed by the Executive and it was now proposed that a three quote exercise be undertaken to provide assurance on best value. It was confirmed that both waivers were below OJEU tendering requirements. **Resolved that the proposed waiver for Management Software from CRM Works Ltd be approved and that the waiver for ASG systems be approved subject to a three quotation process**.
AA/06/0317	**Planned Changes to SFI, Standing Orders, Scheme of Delegation, Scheme of Reservation and Terms of Reference** The Committee considered the proposed updates to the: • Standing Financial Instructions • Standing Orders • Scheme of Delegation • Scheme of Reservation • Committee Terms of Reference It was confirmed that the current Executive and the incoming Director of Finance had been involved in the review process which had incorporated consideration of good

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Trust Secretary	practice at other trusts, governance guidance, reduction in duplication between the documents and increased clarity. It was confirmed that the Counter fraud lead had reviewed the documents and suggested minor revisions which had been incorporated. Following a discussion on the waiver process it was agreed that this should be revised to approval by the Chair of the Audit and Assurance Committee, alternate another Non-Executive Director on the Audit and Assurance Committee, where the amount was above £50k to avoid delay. It was confirmed all uses of the waiver process would still be subsequently reported to the Audit and Assurance Committee. Following discussion of the proposed changes the Committee confirmed support for the proposed documents. It was agreed that Internal Audit should review the documents, with any final changes being highlighted to the Chair of the Audit and Assurance Committee for endorsement. The Chief Executive commented on the need to ensure that the documents were communicated to colleagues to ensure compliance and it was confirmed this would be taken forward once the documents were finalised. The Committee considered the Committee Terms of Reference. It was agreed that the membership of the Chair of the Quality and Performance Committee on the Finance Committee provided a check and balance to ensure quality and care remained a key driver during the work of the Committee. It was confirmed that the Director of Nursing would continue to be able to attend Finance Committees and receive the papers. It was agreed that the relationship of subgroups to Board Committees should be clarified to confirm where they were management subgroups, and the reporting role through to the Executive clarified. **Resolved that subject to the changes outlined above the Committee approve the updated:** • **Standing Financial Instructions** • **Standing Orders** • **Scheme of Delegation** • **Scheme of Reservation** • **Committee Terms of Reference** **Subject to Internal Audit review and finalisation by the Chair of the Committee.**
AA/07/0317	**Any Other Business** The Committee considered Data sharing and TPP (SystmOne) following recent correspondence from TPP to the Minister of Health and guidance from the BMA. The Committee considered the issues around data sharing, patient safety and the safeguards in place which limited access to records to individuals bound by professional codes and standards. On this basis, the Committee supported the on-going use of TPP considering the risk of patient harm where information was not shared was the higher level of risk. It was noted that were data sharing to be switched-off the Trust would not be able to share information between its different services. It was agreed the Chair would update the Board. The Chair closed the meeting at 10am

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	Date and Time of Next Meeting 26th May 2017 10.00hrs – 12.30hrs Boardroom Edward Jenner Court Later amended to 9th May 2017.

Chair's Signature:

Date:

APPROVED

Gloucestershire Care Services NHS Trust

Trust Board

Date of Meeting: 18th May 2017

Report Title: Year End Governance Compliance Report

Agenda reference Number	15/0517
Reason for Being Heard in Confidential Session	N/A
Accountable Executive Director (AED)	Katie Norton, Chief Executive Officer
Presenter (if not AED)	Gillian Steels, Trust Secretary
Author(s)	Gillian Steels, Trust Secretary
Board action required	To note
Previously considered by	None
Appendices	

Executive Summary:

This report provides the Board with assurance on compliance with statutory register maintenance relating to:

- Register of Declaration of Interests (Directors)
- Register of Declaration of Interests (all Budget Holders)
- Register of Fit and Proper Persons Test
- Register of Gifts and Commercial Sponsorship
- Register of Seals

Recommendations:

The Board is asked to:

1) **RECEIVE** this report.

2) **NOTE** that the registers detailed above are being held, maintained and updated as required in line with statutory requirements and good practice.

Related Trust Objectives	**1,5**
Risk Implications	No risks identified
Quality/Equality Impact Assessment (QEIA) Requirements/Implications	No equality implications identified
Financial Implications	No finance implications identified
Legal/Regulatory Implications	No legal or regulatory implications identified

Year End Governance Compliance Report

1 Introduction and Purpose

To provide the Board with assurance that statutory governance compliance is being maintained.

2 Register of Declaration of Interests

The NHS Code of Accountability requires Board members to declare interests which are relevant and material to the NHS Board of which they are a member.

It is also a requirement that budget holders declare any interests that they have which may conflict with the interests of the Trust itself.

The following registers have been updated for 2017/18

- Register of Declaration of Interests (Directors)
- Register of Declaration of Interests (all Budget Holders)

For Board Members the following processes are in place, equivalent processes are in place for staff if required.

- Declarations made during the course of Board meetings are recorded in the Trust Board minutes. Any changes in interests are declared at the next Board meeting following the change and recorded in the minutes of that meeting.
- Board members' directorships of companies likely or possibly seeking to do business with the NHS are signposted in the statutory Annual Report & Accounts.
- Conflicts which arise during the course of a meeting are be declared and if established, the Board member concerned should withdraw from the meeting and play no part in the relevant discussion or decision.

Declarations of Interest have been completed by all Board Members and Budget holders in line with the revised statutory guidance on managing conflicts of interest, which comes into force 1 June 2017 for NHS Trusts.

This register for Board members is available on the public website under the "our publications" section.

2.1 Register of Fit and Proper Person Test

Since 27 November 2014, all NHS bodies that are required to register with the Care Quality Commission (CQC) must consider the fit and proper person requirements when making appointments to director level positions. A person's continued fitness should be assessed as part of the existing appraisal process.

All Board members have completed the Fit and Proper Person Declaration for 2017/18.

2.2 Register of Gifts and Commercial Sponsorship

The revised guidance on Managing Conflicts of Interest in the NHS comes into force on 1st June 2017 and there is also increased public scrutiny in this area with the Association of the British Pharmaceutical Industry publishing records of gifts and hospitality given by their members to NHS organisations and staff.

The Trust's Gifts and Commercial Sponsorship forms are completed, recorded on the register and then authorised (if suitable) by the Director of Nursing or Medical Director for all applications. This register is available on the public website

3 Register of Seals

The common Seal of the Trust is primarily used to seal legal documents such as transfers of land, lease agreements. The seal has been used 12 times in 2016/17 in line with the Standing Orders.

4 Conclusion and Recommendations

The Board is asked to:

1) **RECEIVE** this report.

2) **NOTE** that the registers detailed above are being held, maintained and updated as required in line with statutory requirements and good practice.

Gloucestershire Care Services NHS
NHS Trust

TRUST PUBLIC BOARD - FORWARD PLANNER

Month	January	March	May	July	September	November
General Business						
Service User Story - TBC	x	x	x	x	x	x
Questions from the public	x	x	x	x	x	x
Leadership & Strategy						
Chair's Report	x	x	x	x	x	x
Executive Team Report	x	x	x	x	x	x
One Gloucestershire - Sustainability and Transformation Plan, including any consultation updates	x	x	x	x	x	x
Quality and Operational Performance						
Quality and Performance Committee update	x	x	x	x	x	x
Workforce and Organisational Development Committee update	x	x	x	x	x	x
Quality and Performance Report	x Month 8	x Month 10	x Month 12	x Month 2	x Month 4	x Month 6
Finance						
Finance Committee update	x	x	x	x	x	x
Finance Report	x Month 8	x Month 10	x Month 12	x Month 2	x Month 4	x Month 6
Assurance						
Board Assurance Framework	x	x	x	x	x	x
Charitable Funds Update (as required)	x	x	x		x	x
Audit Committee Update (as required)	x	x	x	x	x	x
Review of Quality and Annual Accounts				x		
Governance Update		x				
Strategies						
	Health, Safety and Security Strategy 2017 (every 3 years, **due 2020**)			Workforce and OD Strategy 2016 (every 3 years , **due 2019**)	Clinical Strategy 2016 (every 3 years, **due 2019**)	Business Continuity Strategy 2016 (every 3 years, **due 2019**)
	Information Management and Technology Strategy 2017 (every 3 years, **due 2020**)			Charitable Funds Strategy 2017 (every 3 years)	Estates Strategy 2017 (every 3 years)	Finance Strategy 2017 (every 3 years)
	Communication & Engagement Strategy 2017 (every 3 years, **due 2020**)	Risk Management Strategy 2017(every 3 years, **due 2020**)			Business Development Strategy 2017 (every 3 years)	

Corporate						
Understanding You Report	x			x		
Listening into Action					x	

Every routine meeting will also include:

Welcome and Apologies
Quoracy confirmation
Declaration of Interests
Approval of minutes from last meeting
Action Log
Forward planner
Any other business
Date of Next Meeting
Opportunity to informally review the meeting

Quality Strategy 2017 - under review