

**Meeting of the Oxford Health NHS Foundation Trust**

 **Finance and Investment Committee**

**RR/App 45/2021**

(Agenda item 23(d))

[Draft]Minutes of a meeting held on

Thursday, 20 May 2021 at 09:00

Via Microsoft Teams Virtual Meeting

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| **Present:** |  |
| Chris Hurst | Non-Executive Director (**CMH**) (the Chair) |
| John Allison  | Non-Executive Director (**JA**) |
| Mike McEnaney  | Director of Finance (**MMcE**) |
| David Walker | Trust Chair (**DW**) |
| **In attendance:**  |  |
| Laura Carter  | Senior Programme Manager (**LC**) - *part meeting* |
| Alison Corfield  | Head of Clinical Systems (**AC**)- *part meeting* |
| Claire Dalley | Director of Estates & Facilities (the **DoE/CD**) - *part meeting* |
| Alison Gordon  | Head of Financial Management (**AG**) - *part meeting* |
| Paul Pattison | Senior Directorate Accountant (**PP**) - *part meeting* |
| Kerry Rogers | Director of Corporate Affairs and Company Secretary (**KR**) |
| Michael WilliamsHannah Wright  | Financial Controller (**MWi**)Risk Manager (**HW**) |
| Shelly Masih  | Executive Assistant to DoF (**SM**) (Minutes) |
| Susan Wall | Corporate Governance Officer (**SMW**) (Minutes) |
| **Observer:**  |  |
| Tracy McAteer | Head of Operations (**TM**) |

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| ab | **Apologies for Absence**Apologies for absence were received from: Nick Broughton, Chief Executive; Martyn Ward, Director of Strategy & Chief Information Officer; and Hannah Smith, Assistant Trust Secretary.The Chair welcomed Tracy McAteer to the FIC meeting. |  |
| ab | **Minutes of the Meeting held on 23 March 2021 and Matters Arising**The Finance and Investment Committee (**FIC**) minutes of the meeting held on 23 March 2021 and 19 January 2021 Extraordinary FIC with Audit minutes at RR/App 13/2021 were approved as a true and accurate record. ***Matters Arising*****Item 6(e) Warneford Foundation Steering Group Minutes transport proposal** Following John Allison’s concerns raised at previous FIC meetings in relation to the Warneford development car parking proposal, the Chair opted for the action to remain on hold. John Allison requested the Warneford Foundation Steering Group to give more thought to car parking plans to ensure plans would be appropriate . He expressed an interest in finding out what Oxford Council was doing about transport systems and why the Trust was not able to obtain more parking permission. It was noted for this matter to be raised at all future FIC meetings so any available updates could be discussed. |  |
| abcdefghijklm n o pq abcdab a b c  | **Review of current financial performance:****3a) Summary of YTD financial position – to include financial ICS update and review of COVID-19 spend**The Chair highlighted to the Committee the challenge introduced by the Trust Chair at the last Board meeting to reflect on how Board Committee members can use their time adequately to improve effectiveness in the limited time available at the Board and Board Sub Committees. The Chair said he would share his views with the other Committee members and the Director of Finance (**DoF**) separately for further consideration. To close off last year’s position, it was noted for Month 12 Performance report to be added to the suite of available papers for the Committee. The DoF presented slides on the current financial position. He informed the Committee the plan for the first half year had been determined by NHS England/Improvement (**NHSE/I**) and was based upon Quarter 3 results from last year. £5 million surplus had been determined in the first half year that had been challenged down to £3.5 million surplus, of which £1.2 million was due to Covid underspend against the allowance. The remainder of £1.8 million was attributed to delayed spend in Mental Health Investment Standard (**MHIS**) and other investment money received. He advised that Buckinghamshire, Oxfordshire, and Berkshire (**BOB**) was expecting the trust to deliver a high-level plan. Month 01 position included a £0.1million surplus which is £0.4 million adverse of plan. The underspend on the Covid allocation was identified at £0.8 million favourable, and the DoF emphasised it would be important to manage these areas tightly. The Committee noted a risk of £0.2 million in first half of the year plan. The main areas of overspend, particularly for Oxfordshire, was due to high bank and agency usage and continuation of high Out of Area Placements (**OAPs**) rates. It was noted the team was focusing in reviewing the current situation on Oxon underspends. The DoF reported it was difficult to confirm the Month 01 position in thecurrent circumstances, however he was relatively confident in delivering a £3 million surplus in the first half year depending on Oxon underspends being resolved. The Committee noted the Month 01 position included contributions such as the MHIS spending review funding, plus a total of £15 million extra revenue was pending. The DoF advised the largest part of income to the Trust had been deferred to evidence funds against plan, and it was noted the plan would be finalised and submitted to BOB in mid May. The Committee noted for the Month 02 position detailed information would be presented on individual variances. The Trust Chair enquired how the expectations for funding would be managed in Mental Health teams in Oxfordshire, and how the historical funding gaps would be resolved. The DoF replied it was a very complex situation with some monies for developing services in line with national developments, however the £5.6 million underspend owed was for the development of local services, and plans were being developed by the Executive Managing Director for Mental Health and LD&A Services with Directorates. It was noted it would be beneficial for plans to be presented to the Board when finalised. The DoF gave an update on Covid spend stating levels of allocation had been achieved to plan from the first half year allowance. Analysis of Covid-19 spend indicated where the costs were and how they had progressed. It was noted that agency, bank, and independent sector beds were running high and to remain under review. The DoF said there would be significant financial risks that would need to be managed appropriately when the Covid funding stopped. The Committee noted the main areas that would require a reduction in spend once the funding stopped was the:* Mental Health Helpline – to review how this would this be funded going forward.
* PPE Warehouse – costs were likely to be incurred until at least March 2022. Therefore, 6 months risk on cost of the warehouse and team.
* IPC guidelines – any change would affect spend on agency staff, agency housekeepers and Mental Health independent sector beds and OAPs.
* Services - ability of services to reduce spend at the same time as funding ceases.

The chair recognised ongoing financial challenges. The Trust Chair enquired if there was provision in the financial plan for the continuation of mass vaccination programmes. The DoF confirmed the vaccination centre costs were not included in the plan and were separately funded. The spend was agreed in advance and was reimbursed at present. However, the plans around delivering an annual vaccination were not clear at this stage. As a part of Financial planning, the Chair stressed the importance of recording key financial planning assumptions with regular review at each FIC meeting as part of the Committees discipline. *Laura Carter joined the meeting.* The Chair enquired about Budget Justifications (**BJ**) pressures from services with requests for additional spend totalling approximately £6 million. The available budget to allocate was approximately £3 million. The Head of Financial Management stated that approximately £2.5 million costs were already being incurred and the remaining costs were associated to requests for additional investments. It was noted that most of the BJ’s were based on supporting requests for clinical areas. The DoF stated there was on going demand for additional expenditure particularly from Human Resources, Information Technology, and Performance and Information which added up to a significant sum for requirements. He said the Finance team were carrying out an initial review of the requirements and a list would be reviewed the following week at the Executive Management Committee (**EMC**) to rationalise, and for approval purposes. He pointed out that in the plan there was £3.5 million of Cost Improvement Programme (**CIP**) delivery that was contingent on the delivery of cost savings. The chair reminded and asked for the following points to be reflected on at each meeting with key assumptions referenced at 3a(k) above: * £1.2 million underspend against the Covid allocation, and
* Contingency reserves of £2.1 million were sufficient to cover the risks within service budgets.

The DoF clarified to the Chair that he would expect all baseline budgets to be approved by the following month, with some being resolved with the £3 million allocation.The DoF reminded the Committee the Long-Term Plan had £3 million surplus in the first half year and, £3 million deficit in the second half year. There were opportunities from the Forensic Collaborative Provider, with potential savings of £2 million, of which some should come to the Trust. He reported that after the EMC there would be more clarity in the allocation of the £3 million around unmet requests and other opportunities. The Committee noted £2.1 million contingency reserved and revenue had increased subjectively by 30% this year. **The Committee noted the presentation and oral update.***Alison Gordon left the meeting.* **b) Productivity Improvement Programme – review of work plans** The chair introduced paper FIC 15/2021 Productivity Improvement Programme (**PIP**) - FY21 M12 Update. The paper reported on the last 12 months, covering the Covid pandemic, challenges going forward, and engagement with the directorate leads. Senior Programme Manager, Laura Carter, covered the following key points:* Full year savings noted for this year as a total of £2.6 million of which £4.2 million was adverse to the original plan based on the Non-Pay Expenditures, such as business miles and room hire costs (£1,694k) due to Covid-19.
* The key area of savings were: Agency reduction, Estates productivity, Pharmacy, Public Dividend (full year savings target achieved at year end) and, IT & Health and Social Care Network Deployment.
* Planning for FY22 programme continued and fell into two broad categories:
	+ - 1. FY22 roll over schemes – these had Project Initiation Document (**PID**) in place enabling the opportunity to start having conversations with the directorates. She informed the PID document would be developed and refined by August 2021.
			2. New areas of opportunity – following discussions at the last Committee to pause development of stage 2 scheme generation until September 2021, there were still discussions taking place in revising the £3.4 million savings required for FY22. New ways of working established in response to the pandemic were being devolved to the directorates, as part of Covid-19 recovery plans which could support PIP saving. The plans included: reviewing and consolidating use of estates; IT infrastructure development to support agile working across services; and hybrid working models to enable home working for staff. She informed discussions had taken place with Heads of Services for clinical based staff, and surveys or listening events would be undertaken to understand how to support clinical colleagues, and noted it would be useful for Board members to be involved in these forums.
* She flagged the following risks: a third wave of Covid-19, and PIP Project support.

John Allison mentioned it would be prudent to see the paper focus to be more on lessons learnt from the Covid-19 pandemic and it was noted for a more forward focusing approach for future papers. **The Committee noted the report.***Laura Carter left the meeting*. **c) Financial Forecasting** **i) FY22 Financial Plan update (including budget setting); and ii) Review of capacity to manage aggregate financial risk,(including utilisation of reserves and risks and opportunities not included in the current forecast)** The DoF reported on FIC 16/2021 FY22 Plan update, and stated the calculated underling deficits brought forward to FY22 was £4.1million, and if £3.5 million CIP could be delivered then a break even position could be achieved for the year, the target position required of all Trusts. It was noted there were significantly high Agency Costs at a premium of approximately £5 million. Reducing agency cost in long term was a key factor, and would continue to be a priority over the next few years. The deficit plan for BOB ICS this year would be around £13 million for the first half year with no clear plan for second half year. **The Committee noted the presentation and oral update.***Claire Dalley joined the meeting.* **d) Working capital, including cashflow – verbal update on latest position and outlook**The Financial Controller presented papers RR/App 15(i)-(ii)/2021 Cash Management to 31 March 2022, and RR/App 16/2021 Working Capital report final outrun report for FY21. The Committee noted the working capital position was strong compared to the last few years. At the end of March, the Trust was holding £55 million of cash, and in the new financial year the expectation was the cash holding would decrease to £39 million. This was in relation to liabilities at the end of FY21. It was noted there would be approximately £10 million of expenditure being deferred into the new financial year, arising from issues with suppliers’ invoices and capital creditors, impacting the cash position. **The Committee noted the working capital and cashflow reports as read.** |   |
| abc d | **Oxford Pharmacy Store (OPS) performance report – update on latest performance and FY forecast**The Chair presented papers RR/App 17(i)-(ii)/2021 OPS Performance Report. He stated despite the significant impact of Covid overall the team had performed well to manage the position. He recognised there was pressure on the acute sector now to recover the elective position and this would therefore underpin a much better performance position. The DoF reported as a part of being in recovery, OPS had achieved a surplus on Month 01 position. The Committee noted sales were being tracked daily and were increasing. He highlighted the team involvement supporting the Covid vaccination programme was still on going and this would provide future opportunities if the vaccine become an annual event. The Committee noted further consultancy work was planned with the Department of Health and Social Care (**DHSC**) and other government bodies in the supply of pharmaceuticals and expansion of drug distribution services partnering with NHSE and commercial manufacturers. It was noted by the chair for an oral update to come to the September FIC on strategic elements for vaccine opportunities, and elective recovery. **The Committee noted the report.** |  |
| **5.**abcdefab c d e a b cd e f a | **FY21 Capital Programme Plan – review of progress****a) Financial position – YTD spend against budget and FY forecast**The Financial Controller introduced papers FIC 17(i)-(ii)/2021 FY21 and FY22 Capital Programme Plan that outlined the final outturn figures for FY21. The Committee noted the actual spend was £9.6 million, presenting a £1.9 million underspend against plan, with most of the spend being against Estates for the Psychiatric Intensive Care Unit (**PICU**) project at £0.8 million. The draft Capital Plan of FY22 outlined a total budget of £12.4 million of which £9.4 million related to the BOB ICS allocation, and £0.3 million Public Dividend Capital (**PDC**) VAT from the centre for the PICU project. The proposed plan would be presented to the EMC for approval on 24 May 2021. The Committee noted there was a £12 million gap in the FY22 Capital Plan across BOB ICS at present and discussions were taking place between all organisations to close the gap. The DoF informed the initial ask for investments was £15 million, and the aim was to try and reduce this figure to £9.4 million, any further reductions from this would require capital support.John Allison enquired why the FIC did not have any authority over the governance route and approval process for the FY22 Capital Plan proposal. The DoF clarified that the detailed content focused on operational issues and was the remit of Executives. **The Committee noted the report at 5a)**, **and oral update included from item 5d) on the FY22 Capital Programme Plan.** **b) Capital Projects update**The Director of Estates (**DoE**) presented paper FIC 18(i)-(iii)/2021 Capital Project update report outlining the progress made throughout the year and highlighted the pressure that the Capital team had been under owing to the impact of the response to Covid. She recognised their involvement in creating the vaccination hubs at Kassam and Madejski stadiums. She informed that a number of projects had slipped, with the biggest financial slippage being for the PICU unit. A number of small projects had slipped and were particularly related to works associated with wards, and these were included on the plans for FY22 spend. A draft programme of FY22 had been developed and a detailed list of the completed projects were included. She stated the year end position and new capital changes, the slippage would need to be absorbed to avoid affecting FY22 spend. The original capital projects plan had been £15 million but had been adjusted down to £9.4 million. She highlighted the estates capital plan had been reduced to £2.7 million from £4.6 million. In terms of already committed projects from estates, the Child and Adolescent Mental Health Services (**CAMHS**) outpatients projects were agreed to be carried over as the funding had been agreed in FY21. The carry forward was noted for the PICU project, and Evenload seclusion room and refurbishment. The original total cost of carry forward was £3.3 million and at the last Capital Programme Sub Committee this had been reviewed. The Easton Street project had also slipped for FY22. To reduce the spend, all the schemes had been considered based upon the risks associated and the impact on the services. It was concluded that some projects were to be put on hold, with the bottom-line impact in terms of spend being £2.699k as a carry forward amount. However, she expressed her concerns in reducing the figure any further.**The Committee noted the report.****c) Estates Strategy oral update**The DoE provided an oral update on the Estates strategy. She identified a key issue was around rationalising buildings and assessing what could be completed with the necessary investments, and potential investment those buildings could generate. She reported that to reduce the amount of estates held a possibility was to develop hubs in mental health, similar to results achieved at Easton Street. This process would allow Estates to come out from leases and be able to sell asserts. She highlighted it was important to understand Clinical and Operational Strategies to be able to utilise sites efficiently. It would be important to identify the demand of services for sites such as Didcot and Witney Hospitals. Condition Surveys were routinely undertaken to understand building conditions of the estate. The Committee noted that the Estates team had developed a questionnaire for services to understand requirements throughout the Covid pandemic. This was to assist with understanding what ‘new normal’ working could look like, and she stressed the importance of strategic interaction from clinical and operational perspectives. The Chair acknowledged the importance of input required from the clinical and operational services in order for the strategies to align together. John Allison was impressed with the work the team had carried out, and for the opportunity of plans to be shared with the Committee. He also recognised the need for strategic interaction planning, and through the board to understand what the Trust plans were. The Director of Corporate Services and Company Secretary acknowledged this and added Easton Street would be discussed at a future Board of Directors meeting, as part of the Board site visits programme. David Walker enquired why the Community Strategy was not integrated with future plans for Didcot and Witney Hospitals. The DoF replied Mental Health Services had more flexibility to determine requirements related to the Mental Health strategy (**MHS**). However, due to the complexity associated with the Community Services Strategy and the nature of agreements with various other partnership organisations it was difficult to achieve at this point in time. The Chair suggested it would be beneficial to have a strategy to capitalise the commitment of action by others, and where the Trust was in that process.  On behalf of the Committee the Chair asked the DoE to send a message to the Estates team recognising their exceptional effort shown and achievements in the last year. **The Committee noted the oral update.***Hannah Wright joined the meeting.* **d) FY22 Capital Programme Plan** Item covered at 5a).  *Claire Dalley left the meeting.***e) Provider Collaborative update** Paul Pattison provided an oral update to the Committee on Provider Collaboratives (**PCs**), noting the following points: * The Trust was involved in three PCs: Secure; CAMHS; and Adult Eating Disorders.
* The Secure PC went live on 01 May 2021 with an envelope of £78 million. A process was underway with regards to signing off partnership agreements with Central North West London NHS Trust pending moving to a private contract with NHSE. The PC was moving towards sub-contracts being in place by 31 July 2021.
* The CAMHS PC went live on 01 April 2021 with an envelope of £23 million and the next step would be to sign off sub-contracts. The main challenge noted for this PC involved the mis match in demand and capacity. He informed medium term bids had been submitted at short notice of which only a 6 bedded unit had been approved with 35% contribution from NHSE that required formalising. However, if the service was managed effectively, it could increase access to services and reduce waiting times.
* The Adult Eating Disorders PC service was aiming to go live on 31 October 2021 with an envelop of £6 million and a schedule was due from NHSE prior to any due diligence being carried out. The Committee noted similar issues around demand verses capacity.

*Paul Pattison left the meeting.*  |  |
| **6.**abcd e | **Warneford Park Project Board Update**The minutes of meetings of the Warneford Park Project Board on 14 January 2021 at RR/App 18/2021 were taken as read.The Chair suggested for future reporting to be in sections: a project update against the overall project plan; and Warneford Foundation Steering Group (**WFSG**) minutes for information. The DoF advised that following an agreement received from the Board to go ahead to negotiate the Heads of Terms (**HoTs**) for land transition, the document would be presented to the next Board of Directors meeting on 09 June 2021 for formal approval. He said there was on going engagement with NHSE for support with documents. The planning application had been paused at present and would not restart until a full agreement was in place for land transitions. This process was not likely to be completed until September 2021. However, internal work was reported as progressing well in terms of design work and clinical engagement. He added that car parking, access and transport would be considered as an important matter and would be a part of the planning application. David Walker used the opportunity to recognise the contribution by the FIC Chair for this project as a Non-Executive Director and thanked him on behalf of the Board. **The minutes of the Warneford Foundation Steering Group were noted.** *Alison Corfield joined the meeting.*  |  |
| **7.**ab | **Capital Programme Sub-Committee Minutes of Meetings**The minutes of meetings of the Capital Programme Sub-Committee on 02 March 2021; and 13 April 2021 at RR/App 19(i)-(ii)/2021 were taken as read.**The minutes of Capital Programme Sub-Committee were noted.** |  |
| **8.** ab cde f g hij  | **IM&T update** Alison Corfield presented paper FIC 20/2021 IM&T Status report and informed that from £2 million of trust capital for FY22, the key investment priorities for the year would be: continuation of work on delivery of the electronic prescribing and medicines administration system (**ePMA**); to complete the migration of the Trust’s data centre; to complete the Trust’s Global Digital Exemplar Programme (**GDE**); and to improve the Trust’s IT infrastructure and equipment. A brief update followed on key items: ePMA progress included as follows: * The programme had progressed well with the implementation team largely in place. The team had built their knowledge through knowledge sharing sessions with the suppliers over the last few months;
* The Committee noted formalising additional clinical input and process were required to set up ePMA Clinical Reference Group;
* An intranet site had been launched to share communication and on-going work associated with the programme;
* A test system had been set up in the Cloud hosted by Beta. However, there were a few issues identified which had been worked through with OUH, OH Technical team and Beta;
* Development work was underway to integrate CareNotes and the ePMA system;
* At the next ePMA Programme Board the pilot wards would be formally discussed;
* The team had implemented Jira to manage tasks, risks, and issues, this was a pilot using this software for a project and the benefits would be reviewed, and initial feedback had been positive; and
* The milestone payment was due at the end of May 2021 and was reported on track.

 Data Centre progress update noted: * All procurement activities completed before end FY21;
* Fit out work for the server had been started with rack and power;
* Disaster Recovery circuit had been installed between the primary and secondary locations;
* The Trust’s network would be fully installed by the end of May 2021; and
* Project remained on track and was due for completion at the end of August 2021.

Laptop and Desktop update :* The team successfully rolled out 3,800 trust laptops with an additional 1,200 laptops currently in the process of being deployed in the coming months;
* As a result of rolling out the programme, it was highlighted there had been improved productivity, improved morale, and this had significantly increased the ability to work more flexibly and in new ways; and
* The programme was expected to be completed by early Autumn 2021.

GDE update: - * Major work was now complete. However, a number of deliverables would be discussed with the NHS Digital lead for clear outcome.

 Alison Corfield stated additional funding had been allocated at year end to refresh the Trust’s Wi-Fi network, and the programme was underway to install equipment and implement in FY22. The team were working through a 5-year IM&T plan which would be presented at a future Committee. Other areas noted:Clinical Systems Pipeline – the key element of ePMA as well as other elements such a Clinical Portal to support ePMA and was part of the GDE.* Information Governance Pipeline – this was a part of clinical portal deployment; and
* IT Pipeline – Data Centre noted as a key programme.

John Allison acknowledged the team effort.**The Committee noted the report.**  |  |
| **9.** a b | **IM&T Risk Register** Alison Corfield introduced paper FIC 21(i)-(iv)/2021 IM&T Risk Register and informed there were no risks to flag at present. She reported that as an IM&T department, processes were in place to manage risks and were reviewed monthly. As a part of project governance, Clinical systems had their own risks and logs, and there were no new risks to escalate at this point. **The Committee noted the report.** *Alison Corfield left the meeting.*  |  |
| **10.** a b c d  | **Board Assurance Framework (BAF) and Trust Risk Register (TRR) – Trust wide risks** Hannah Wright introduced paper FIC 22(i)-(iii)/2021 Operational and Strategic Risks: Trust Risk Register (**TRR**) and Board Assurance Framework (**BAF**) and outlined a risk around the suitability of the Estates and whether this risk should be closed or remain on the TRR as the risk captured more operational issues. It was noted historical focus on the estate had been on safety and maintenance which had been well controlled. The question was now about whether the current estate met aspirations against safety and integrity. The Director of Corporate Services and Company Secretary suggested for the Committee to reflect and consider what the aspirations and achievements were with regards to the Warneford Redevelopment and to consider the delivery against Trust’s strategic objectives. The Chair endorsed the need for a strategy to be developed for endorsement by the Board.The Committee discussed the risk around the availability of capital, and it was noted for further discussion of this to take place at the next Risk Register meeting when both Hannah Wright and the DoF would be in attendance.The Chair commented that over the last 18 months; the NHS had received additional Government funding, been relieved of the need to make CIPs and trusts had varied and relaxed some of their financial controls in response to COVID. In addition, the increased use of agency staff and out of area placements had become necessary in the short term. However, he expressed his concern that these factors could potentially weaken future financial control and discipline and that it would be important to be alert to this risk. **The Committee noted the report.***Hannah Wright left the meeting.*  |  |
| **11.** a b c | **Information Management Group (IMG) - Highlight and escalation report and IMG Terms of Reference (ToR)** The DoF presented paper FIC 23/2021 and highlighted that the IMG maintained its meetings, reporting and activities to ensure regulations and standards were met during the Covid pandemic. The Executive Assistant of the DoF presented paper RR/App 20(i)-(iii)/2021. She informed the Committee the main changes were updated membership details for the new Chief Medical Officer, and Deputy Data Protection Officer. It was noted that the CCIO and Caldicott Guardian roles were now separate. The Committee noted the changes in the accountability section and approved the IMG ToR**The Committee noted the report and approved the IMG ToR.** |  |
| **12.**a b c | **Procurement Status report** The Chair introduced paper FIC 24/2021 Procurement update and acknowledged the work the team had been involved in during the pandemic. The DoF informed a review was currently being undertaken to understand future needs and requirements of the Procurement function. It was highlighted that the workload had increased immensely and that contracting of healthcare was changing. Therefore, a process was underway to review the interface between the Procurement and Contracting team, with an update being provided to the Committee later in the year.**The Committee noted the report.**  |  |
| **13.** ab | **FIC Annual Report** The Chair introduced paper FIC 25/2021 and thanked Susan Wall, Corporate Governance Officer for the report. **The Committee noted the report**. |  |
| **14.**ab | **Any Other Business**The DoF informed that at the last Audit Committee a request had been received to answer the following questions:- What was the Trust’s increase in staff cost and how did this compare with other organisations within BOB ICS. The Financial Controller replied that staff costs had increased by 13.26% from FY21-FY22. He reported the Trust appeared to be broadly in the same position as other organisations, and that when more information was available this would be shared.  |  |
| **15.**ab | **Brief reflections on today’s meeting**John Allison commented effective discussions had taken place during the meeting. It was recognised that papers discussed at this Committee were shared with other Non-Executives and Executives for assurance purposes at different forums.The Committee discussed the best process of escalating key matters to the Board, and the Chair asked for consideration of Board sub-committee minutes to be held earlier on the Board agenda to inform subsequent discussions. The Director of Corporate Services and Company Secretary would look into the possibility of this. |  |
| The meeting was closed at 11:41.**Date of next meeting**: Tuesday 13 July 2021 09:00 -12:00 via Microsoft Teams virtual meeting.  |