

# NHS Foundation Trust FTC Completion Instructions Month 12 2015/16

Updated: March 2016

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#### 1 Introduction

#### 1.1 Purpose of this document

These FTC Completion Instructions have been updated with a focus on what you need to know to complete the month 12 FTCs for 2015/16. The emphasis in this document is on:

- standing guidance on completing specific tables within the FTC;
- providing guidance on consolidating a charity, and recording a transfer by absorption;
   and
- explaining changes made since the last version of the FTC template.

Key changes to standing guidance in this document are highlighted in boxes.

#### 1.2 Purpose of the FTC template

Monitor is required by statute to prepare consolidated financial statements for the NHS Foundation Trust sector and a direction from the Department of Health requires Monitor to lay these before Parliament. Monitor collects the information necessary to complete these accounts via the Foundation Trust Consolidation (FTC) template.

Since 2011-12 under HM Treasury's 'Clear Line of Sight' initiative, the Department of Health has been required to consolidate all entities within its accounting boundary into the Department's resource accounts for the year. This includes NHS foundation trusts. Monitor provides a consolidation of information contained in FTC templates to the Department of Health.

The accounts of all NHS foundation trusts will also be consolidated into the Whole of Government Accounts (WGA) prepared by the HM Treasury. Monitor collects the information required for WGA purposes as part of the FTC template.

The purpose of the FTC is to collect the information necessary for the FT Consolidated Accounts, Department of Health resource accounts and Whole of Government accounts, and is not itself a set of pro-forma accounts. Paragraph 3.6 of the FT Annual Reporting Manual (FT ARM) states:

"NHS foundation trusts must also include notes to the accounts corresponding to those notes included in the FTC forms, unless explicitly not required for example because these are nil or immaterial disclosures, as agreed with the NHS foundation trust's own auditors. The content of these notes, however, need not follow the format of the FTC forms, as long as the NHS foundation trust complies with IFRS and the additional requirements of this manual. The FTC forms must be consistent with the accounts. This means that they should be prepared using the same accounting policies and the same amounts should be disclosed in both the accounts and FTCs. The FTCs also collect additional information which is not expected to be replicated in an NHS foundation trust's accounts, but may be included at an NHS foundation trust's discretion if agreed with the NHS foundation trust's own auditors. These additional tables are given 'table' rather than 'note' numbers in the FTCs."

Disclosures titled 'Note' in the FTC should be replicated in the FT's accounts where applicable, although detail such as counterparty columns can be omitted. Disclosures titled 'Table' are collected for the purposes of the consolidated accounts or Departmental resource accounts only and are not required to be included in local accounts.

The FTC template is only supported by Excel 2010. This is in line Monitor policy (as communicated via the August 2012 FT Bulletin) and is consistent with other templates (e.g. In Year Financial Returns). Monitor has no current plans to migrate to Excel 2013.

#### 1.3 Timetable and submission

#### **IMPORTANT - BREAKING LINKS**

All links to other workbooks should be broken before the FTC is submitted to Monitor. The protection in the FTC means it is not possible to use the tools within Excel to break all the links. NHS foundation trusts should use the 'break links' button on the cover - this macro bypasses the security in the FTC and will break all the links in the document

As set out in our letter to NHS foundation trust finance directors on 15 October 2015 (available <a href="here">here</a>1), month 12 submissions are required to be made in line with the table below. The <a href="FT ARM 2015/16">FT ARM 2015/16</a> (paragraph 1.14) provides more detail on the full extent of required submissions.

Date	Detail
Friday 22 <sup>nd</sup> April 2016 (9am)	NHS foundation trusts submit unaudited FTCs and accounts to Monitor (refer to FT ARM for full instructions). This submission will include income/expenditure and receivables/payables WGA data.
	FTCs uploaded to Monitor portal as 'Trust Return' and with activity name 'FTC Statement M12-Unaudited'. File name should be "[MARS ID] 1516 Draft FTC.xlsm".
	Accounts uploaded to Monitor portal as 'Trust Return' and with activity name 'FTC Statement M12-Unaudited'.
	There should be no validation errors in this submission.

<u>admin.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/469463/Monitor\_Timetable\_letter\_Oct\_2015.pdf</u>; linked from <u>www.gov.uk/monitor/accountsprocess</u>.

<sup>1</sup> https://whitehall-

Date	Detail
Thursday 5 <sup>th</sup> May 2016 (noon)	NHS foundation trusts re-submit FTCs to provide updated agreement of balances information to Monitor.
(HOOH)	Accounts information does not need to be updated in this submission. The accounts tabs will not be utilised by Monitor in this submission. Any changes to the accounts must be agreed with your auditors and should form part of the audited submission of the accounts and FTCs on 27 May.
	With the exception of validations 132, 157, 158 and 159 (which must be passed), validation errors can be ignored in this submission. These validations are highlighted in blue for your reference on the validation summary in the FTC form.
	The 'Reconcile to Q4' tab should be completed in this submission.  FTCs uploaded to Monitor portal as 'Trust Return' and with activity name 'FTC  Statement M12-Resubmission'. File name should be "[MARS ID] 1516 Draft FTC  – AoB resubmission.xlsm'".
Friday 27 <sup>th</sup> May 2016 (noon)	NHS foundation trusts submit audited FTCs and accounts to Monitor (refer to FT ARM for full details and required submissions on this date, including quality reports assurance work).
Quality report assurance documents due at 5pm	FTCs uploaded to Monitor portal as 'Trust Return' and with activity name 'FTC Statement M12-Audited'. File name should be "[MARS ID] 1516 Audited FTC.xlsm".
	Accounts related documents uploaded to Monitor portal as 'Trust Return' with activity name 'FTC Statement M12-Audited'.
	There should be no validation errors in this submission.

#### 1.4 Audit issues

Not achieving a clean, unmodified audit opinion by the deadline is a serious issue and NHS foundation trusts must make every effort to avoid this situation arising. However, circumstances may arise where an NHS foundation trust is unable to avoid a qualified or modified audit report or may not receive audit sign off by the deadline.

To prevent the situation highlighted above from affecting the Consolidated Accounts, NHS foundation trusts must:

- Inform their Relationship Manager within Monitor of the likely qualification/modified audit opinion as soon as possible. Please copy <a href="mailto:ft.accounts@monitor.gov.uk">ft.accounts@monitor.gov.uk</a> into any emails;
- Submit an FTC with the latest position via the Monitor Portal on 27 May 2016; and
- Once audit sign off is achieved, send all the required items to Monitor immediately.

Monitor will discuss with the auditors of the consolidated accounts the treatment of the NHS foundation trust's entry into the consolidated accounts. Monitor's aim will be to ring fence the

amount covered by audit qualifications to the extent that the amount affected is not material to the Consolidated Accounts. To achieve this we may need additional information from NHS foundation trusts which receive a qualified/modified audit opinion.

#### 1.5 Supporting guidance

This guidance accompanies the following documents:

- The <u>NHS Foundation Trust Annual Reporting Manual 2015/16</u> which provides mandatory guidance on the format of NHS foundation trusts' annual report and accounts in 2015/16.
- The <u>Supplementary Agreement of Balances Guidance</u> <sup>3</sup> which is applicable to all bodies in the Department of Health group. This page also includes the agreement of contacts list updated for month 12.

Further details on the agreement of balances process for month 12 will be issued separately by the Department of Health. This will include, for example, updated contact lists.

These documents and subsequent updates are posted to www.gov.uk/monitor/accountsprocess.

If you have any queries please contact <a href="mailto:tt.accounts@monitor.gov.uk">tt.accounts@monitor.gov.uk</a>.

<sup>&</sup>lt;sup>3</sup> At the time of issuing this document, the guidance had not yet been published. It should be available at this link shortly.

#### 2 Changes for month 12 2015/16 since month 9 2015/16

#### 2.1 Summary of changes

The following is a summary of the key changes in the month 12 FTC compared to month 9 2015/16.

Area of change	Reference point for detail
Pre-population of comparatives	Section 2.2 below
New data requirements	Section 2.3 below
Comparatives to revisit	Section 2.5 below
Other key changes	Section 2.6 below
Full list of changes at month 12 2015/16	See Annex A

A full list of changes made to the FTC since month 9 2015/16 is provided in Annex A.

Please remember that your 'MARS ID' is the one word identifier used by Monitor for your Trust, as selected on the front of the FTC file. It is not your organisation's NHS code.

#### 2.2 Pre-population of comparatives

Unless otherwise requested, your FTC templates has been pre-populated with your 2014/15 comparatives. These comparatives have been taken from your audited month 12 2014/15 submission rather than your 2015/16 month 9 FTC. Therefore any amendments made to your comparatives at month 9 will not be reflected in the FTC and you will need to edit the relevant cells again where applicable.

Where Monitor contacted your trust in the prior year in relation to an error identified in your FTC, the adjustments agreed with you have been reflected in your populated comparatives. Any such changes are highlighted in the email sent to you from FT Accounts on 9 December to accompany the issuance of the FTC file. Please refer to this email before contacting Monitor about any changes.

The accuracy of comparative information remains the responsibility of the trust and the cells remain open for editing if you believe the populated data to be incorrect.

#### 2.3 New data requirements

Changes to the FTC template since month 9 largely relate to functional improvements only but the following additional data requirements have been added which trusts will want to note:

• Sheet 4 'CF': new rows have been added to the analysis of purchases of PPE and investment properties in the reconciliation between the SoFP and cash flow. These

- are to capture the movements in capital creditors for new FTs and transfers under absorption.
- Sheet 6 'Op Inc (source)': A new row has been added for additional income for delivery of healthcare services. An update to the FT ARM will be published soon to confirm that this row is to be used for revenue contributions from DH (except merger support monies) – for example for local 'capital to revenue' transactions.
- Sheet '6. Op Inc (source)': A new row has been added for merger support monies provided by the Department of Health.
- Sheet '8B. Remuneration report' has been added. More details provided below.
- Sheet '29. PFI (on SOFP)': Table 34A has been added back to collect commitments in respect of the service element of the PFI, LIFT or other service concession arrangement. This is a requirement for HM Treasury. More information is provided in section 4.6 of this document.
- Sheet '29. PFI (on SOFP)': Table 34B has been amended to state the number of schemes which have a total commitment value in excess of £500m need to be disclosed for on-SoFP schemes. Previously the description stated if the net commitment exceeded £500m.

A complete list of changes is provided in annex A of this document.

Sheet 8B: Remuneration report

The Department of Health Workforce Division is collecting the remuneration report single total figure table information from all local NHS bodies. Rather than DH issue a separate collection to NHS foundation trusts, we have added this tab to the FTC.

This tab should be a copy of the disclosure included in your remuneration report in the annual report.

Given that there is not a requirement to submit a 'draft' annual report, this table does not need to completed in the unaudited FTC submission but must be completed in the audited FTC submission. If an FT chooses to not complete the table in the draft submission, validation 24 can be ignored.

Similarly if sheet 8A (off payroll) is not completed in the unaudited FTC submission validation 23 can be ignored.

Both tabs should be fully completed when the final FTC is submitted.

#### 2.4 Optional accounts templates

Monitor will issue an optional accounts template alongside the FTC template. This template does not form part of Monitor's accounts direction to FTs and use of the template is entirely down to local discretion. Monitor has no current plans to mandate the use of its accounts template in future years. The template has been developed in two forms: one to assist the preparers of consolidated financial statements and one to assist with trust only financial statements. The templates are issued with links to an FTC file and can be redirected easily to your locally completed FTC.

#### 2.5 Comparatives to revisit

As in prior year, cells have been highlighted in bright green where new categories have been added to notes / tables which have the potential to affect the comparative year data. Where applicable FTs will need to revisit their comparative information and potentially reclassify comparative information. These new comparative cells are now highlighted in bright green.

- Sheet 4 'CF': Loans received from and repaid to the Independent Trust Financing Facility (ITFF) have been locked (subcodes 263 & 269) and the prior year comparative moved into the loans received from the Department of Health (subcodes 265 & 270). This is to achieve consistency with the analysis on the borrowings note. Trusts are asked to consider whether the comparative year is correctly categorised, using the guidance box provided in tab '23. Borrowings' of the FTC.
- Sheet 6. Op Inc (source): A new row has been added to 'income from activities' for 'additional income for delivery of healthcare services' (subcode 157). Please consider if there should be a balance in the prior year and restate accordingly.
- Sheet 6. Op Inc (source): A new row has been added to 'other operating income' for 'support from DH for mergers' (subcode 221). Please consider if there should be a balance in the prior year and restate accordingly.

#### 3 Changes for 2015/16 as previously seen at month 9

This section provides information on the completion of specific notes in the FTC template.

#### 3.1 Summary of changes

The following is a summary of the key changes in the month 9 FTC compared to month 12 2014/15.

Area of change	Reference point for detail
New data requirements	Section 3.2 below
Comparatives to revisit	Section 3.3 below
Other key changes	Section 3.4 below

#### 3.2 New data requirements (added at month 9)

Changes to the FTC template since prior year largely relate to functional improvements only but the following additional data requirements have been added which trusts will want to note:

- Sheet '7. Op exp': Internal audit cost rows have been added to this note (subcode 281).
- Sheet '8. Staff', Note 4.1: Internal audit costs have been added. (subcode 147A)
- Sheet '13. Intangibles': Table 11B: A new row has been added to enable impairments of intangible assets charged to revenue to be categorised as either DEL or AME.
- Sheet '14. PPE': Table 12F: A new row has been added to enable impairments of PPE assets charged to revenue to be categorised as either DEL or AME.
- Sheet '23. Borrowings', Table 25A: The Department of Health now require information on interest accruals for DH loans to be collected to simplify group eliminations.
- Sheet '29 PFI (on-SoFP), Note 34.2: new table to reflect the disclosure requirement in the FT ARM.

#### 3.3 Comparatives to revisit (changes made at month 9)

As in prior year, cells have been highlighted in bright green where new categories have been added to notes / tables which have the potential to affect the comparative year data. Where applicable FTs will need to revisit their comparative information and potentially reclassify comparative information. These new comparative cells are now highlighted in bright green.

Sheet 4. CF, Statement of cash flows: receipt of cash donations to purchase capital
assets has been added to this note (subcode 231). Previously in the cash flow
statement there was a row deducting the donation of assets as a non-cash item. This
has been revised so that now donations of cash and assets are both removed in the

operating section (as non-operating items), and the receipt of donated cash to purchase an asset is added back in the investing section as a cash flow. The net result of this is that there is no change to the cash flow, other than a move between the operating and investing sections. The prior year cell is editable, with a reconciliation box in the current year, in case there is a timing difference in the income recognition to be adjusted for cash flow purposes. It is therefore expected to be rare that NHS foundation trusts would need to adjust this.

- Sheet '7. Op exp': Internal audit cost rows have been added to this note (subcode 281).
- Sheet '8. Staff', Note 4.1: Internal audit costs have been added. (subcode 147A)
- Sheet '11. Finance', Note 9: Historic ITFF/ FTFF interest expense has been mapped to 'Capital loans from Department of Health' interest expense. The previous ITFF/FTFF loans row has been locked. This change is to simplify the number of categories of DH loans. Further guidance on this change is provided on tab 23.
- Sheet '23. Borrowings', Note 25: Historic ITFF/ FTFF current and non-current loans have been mapped to 'Capital loans from Department of Health'. The previous ITFF/FTFF loans row has been locked. This change is to simplify the number of categories of DH loans. Please reallocate as required using the guidance provided on tab 23.
- Sheet '29. PFI (on-SoFP), Note 34.2: new table to reflect the disclosure requirement in the FT ARM.

#### 3.4 Other key changes made at month 9

Other changes made in the month 9 FTC include:

- Index tab free text boxes have been added to this tab for NHS foundation trusts to make notes if they wish as part of their team's work to prepare the FTC. This was requested by a trust who tested the month 9 FTC for us. These are entirely optional for use and will not be used by Monitor.
- Tab 5, operating income: note 2.1 the headings have been amended to emphasise
  that income should be classified according to the services it relates to rather than a
  historic single categorisation of the Trust type.
- Tab 7, operating expenses: note 3 the row 'audit services- regulatory reporting'
  has been locked. Prior year balances will need to be reallocated as either audit
  services or non-audit services. New guidance has been added to the FT ARM
  regarding classification of fees relating to quality reports assurance. For the FTs this
  affected this is highlighted in the email accompanying the FTC file being issued. A
  validation has been added to ensure this prior year cell is nil on submission.
- A new validation has been added which checks the consistency of 'other WGA' transactions data between the accounts and WGA tabs has been amended to include corporation tax expense recorded on the face of the SOCI.

#### 4 Information on specific notes/tables

This section provides information on the completion of specific notes in the FTC template.

#### 4.1 Operating expenditure

#### Recording drugs spend and inventory consumption

Note 3. Operating expenses includes 3 lines relating to drug costs and consumption of inventories:

- 'Drugs inventories consumed' is populated from the 'Drugs' category of Note 19.1 Inventory Movements.
- 'Drug costs (non-inventory drugs only)' is free entry and should be used to record drugs which are not passed through inventory (such as FP10s).
- Foundation trusts are encouraged to use 'Inventories consumed' for the remaining
  inventories recognised in expenses in year however this remains free entry as it is
  understood that some NHS foundation trusts believe it to be more appropriate to
  recognise some items within 'Supplies and Services'.

Where foundation trusts use other rows in operating expenditure for inventory movements, additional information is required as part of tab 19. This is explained under section 4.5 below.

This format assists Monitor in meeting the WGA and Departmental reporting requirements for the FT sector.

#### Counterparty analysis of inventories consumed

Where inventories consumed were purchased from other NHS bodies, the Department of Health considers the expense recognised to be an accounting adjustment as opposed to the initial expenditure incurred on purchasing the inventories. As such where inventories purchased from non-FTs are consumed in year, the expense should be recorded as external to government, and the notified expenditure in the AoB sheets adjusted back out through the adjustments column. The Department of Health recognises that this will result in mismatches in the AoB exercise.

For inventories purchased from other FTs however, the potential value of the mismatch is material to the consolidated NHS Foundation Trust Accounts. As such, FTs are permitted to record the consumption of inventories purchased from FTs against the relevant counterparty and this will allow Monitor to make the relevant eliminations from the inventories movement note.

#### Consultancy costs (within Note 3. Operating expenses)

Costs included within Consultancy costs *Note 3. Operating Expenses*, should meet the definition provided in the FT ARM. Counterparties for this line have therefore been restricted as it is not deemed that bodies within the Departmental Group would be providing such services outside of business-as-usual.

#### 4.2 Employee expenses

#### Interaction between Note 4. Employee Expenses and Note 3. Operating Expenses

Note 4 includes an analysis of net employee expenses between relevant operating expenditure lines. These then populate Note 3. Where lines may include an element of employee and non-employee expenditure these lines have been split in two.

This mechanism enables Monitor to meet the WGA and Departmental reporting requirements for the FT sector.

#### Staff costs - counterparties and net accounting

The Department of Health requires separate counterparty analyses to be provided for permanent employees and other staff costs. Counterparty analysis for expenditure relating to permanent employees is restricted to Other WGA bodies (for employer NI and pension contributions) and external to government (gross salary and other payments) only. Expenditure relating to 'other' is unrestricted.

A counterparty analysis is not expected for this income. Both parties to the recharge arrangement should account for the income/expenditure as 'external to government' (as with an agency arrangement). More guidance on this is provided in the *Agreement of Balances Guidance*.

#### Staff costs - permanently employed / other staff

Please note the following definitions when completing this table:

- Permanently employed this relates to staff who are permanently employed by the FT and includes staff who are on outward secondment or loan to other organisations.
- Others this relates to others engaged on the objectives of the FT and will include staff on inward secondment or loan from other organisations, agency/temporary staff and contract staff.
- Agency / contract This line is intended to meet the FReM requirement for reporting temporary staff spend. This relates to non-payroll staff only such as agency workers, interim managers and specialist contractors. It should not include bank staff or staff borrowed or seconded from other NHS bodies. These should be recorded in salaries and wages. As such, this line has a restricted counterparty analysis. The 'Other WGA' counterparty column is unlocked to permit spend with NHS Professionals to be recorded in the agency line.
- Contract staff this means contractors engaged by the FT on a contract to undertake
  a project, task or interim role. It does not include amounts payable to contractors in
  respect of the provision of services (e.g. cleaning or security) which should not be
  recorded within staff costs.

#### 4.3 Impairments

Impairments are entered into the FTC on sheet '12. Impairments'. They must be analysed by the nature of the impairment to permit the correct budgeting treatment in the group accounts.

Additional functionality is included in rows 51 & 52 and 64 & 65 of tab 12. Impairments to allow FTs to specify whether they wish to present their impairments through cost or accumulated depreciation. This is in response to the number of historic FTC to accounts inconsistencies arising from different presentation of impairments in PPE notes. Where FTs do not wish to differ from the presentation previously used in the FTCs, the default on this additional functionality remains in line with years prior to 2013/14.

	12C	12D	12E	12F	12H	121	12J	12L
			PPE			Intangibles		
Impairments for period ending 31 December 2013	Total	Operating income	Operating expenses	Revaluation Reserve	Operating income	Operating expenses	Revaluation Reserve	Operatir income
Impairments	£000	£000	£000	£000	£000	£000	£000	£000
Loss or damage from normal operations	0							
Loss as a result of catastrophe	0							
Abandonment of assets in course of construction	0							
Unforeseen obsolescence	0							
Over specification of assets	0							
Other [complete free text below]	0							
Changes in market price	0							
TOTAL GROSS IMPAIRMENT	0		0	0		0	0	
The following rows allow you to specify whether you impairments through sest and local impairments through			rment within the	e cost or deprec	iation section of	f your PPE or in	tagibles note to	aid consist
De disclosed within:						8		
Cost or Valuation	0			0			0	
Depreciation / Amortisation			0		• • • • • • • • • • • • • • • • • • • •	0		

#### 4.4 Asset valuations

To facilitate the production of the accounting policies note in the FT Consolidated Accounts, Monitor needs to collect additional information about how foundation trusts determine the valuation of their assets. This information is collected in the *Asset Valuations table* in worksheet *15. NCA Misc.* For non-property assets, the method for determining fair value (e.g. historic cost as proxy for fair value) should be entered in the relevant cells, with the net book value of assets valued using this method in columns C to D.

In the property valuations table, please enter the current NBV of those assets. For example, if buildings were revalued using Modern Equivalent Asset, without using the option for Alternative Site, and their current Net Book Value is £10m, enter £10,000k in the cell for Buildings excluding dwellings, Modern Equivalent Assets (no Alternative Site).

#### 4.5 Analysis of inventory and provisions charges to expenditure

In reporting to the Department of Health, the Department requires that inventory charges and provisions charges be recorded on specific lines within operating expenditure, rather than allocated to detailed lines within that note as NHS foundation trusts are currently able to. NHS foundation trusts have fed back to Monitor that they would not want this change to be imposed on them.

Additional tables have been included on sheets 19 and 25 for NHS foundation trusts to analyse where 'inventories consumed' and 'provisions arising in year' have been charged within operating expenses. This analysis will enable Monitor to meet the Department's requirement within the consolidated accounts without imposing a mandated format on foundation trusts.

FTs should use this table to identify where inventories	have been reci	ognised in expe	enses		-
	19P	19Q	Maincode		
Table 21A Breakdown of inventories	2013/14	2012/13			
recognised in expenses				Ezpected	
	£000	£000	Subcode	Sign	
Total inventories consumed (per note 21.1)	0		390		
Charged to:					
Drugs inventories consumed	0		400	+	Figure drawn from 7.0p Exp
Inventories consumed (excluding drugs)	0		410	+	Figure drawn from 7.0p Exp
Supplies and services - clinical	0		420	+	Balancing figure
Supplies and services - non clinical			430	+	]
Other			440	+	]
TOTAL	0		450	+	]

#### 4.6 Notes/tables relating to on-SoFP PFI schemes (tab 29)

Note 34.1 On-SoFP PFI, LIFT or other service concession arrangement obligations (finance lease element)

This note is an analysis of the obligations under the finance lease element of the scheme. The top part of the note asks for the gross obligations, with the middle row then a negative entry of future finance charges. Imputed future finance charges are part of the total obligation for paying the financing element but they do not form part of the liability on the balance sheet at the present time. The bottom part of the note is then an analysis of the net obligation – the total of this will agree to the liability on the balance sheet seen in note 25 on tab 23.

This note is the same as the analysis required for finance leases. The disclosure requirement comes from IFRIC 12 and SIC 29 specifying that the IAS 17 disclosures are required for the imputed lease element of the scheme. As the disclosure comes from accounting standards, it is also required in accounts.

Note 34.2 Total On-SoFP PFI, LIFT and other service concession arrangement commitments

This note is an analysis of all total future payments committed. It will include the financing element analysed separately in note 34.1. It is likely to come from the total future committed unitary payments over the life of the scheme.

Note that at month 9 this note included rows to deduct future finance charges. This was removed in a December 2015 update to the HM Treasury *FReM* with a corresponding update to the *FT ARM* to be published in March 2016.

The disclosure requirement comes from the *FReM*. It is therefore included in the *FT ARM* and so is required in accounts.

Table 34A On-SoFP PFI, LIFT and other service concession arrangement commitments

Note 34.1 is a subset of note 34.2 focusing on the finance lease element of the scheme.

Table 34A is a separate subset of note 34.2 focusing on the service element of the scheme. This table is an analysis of total future commitments for the service element.

This note is not required by the *FReM* and so it is not required by the *FT ARM*. As such it is not required to be included in accounts. However HM Treasury has said that it will not remove the disclosure from the Whole of Government Accounts and so unfortunately we need to continue to collect this information from NHS foundation trusts, as was the case in previous years.

Table 34B Number of on-SoFP PFI and LIFT schemes and other service concession arrangements

The first row of this table is asking for the number of on-balance sheet schemes.

The second row is asking how many of those schemes have a total future commitment value in excess of £500 million.

This information is required for HM Treasury reporting and is not required to be replicated in accounts in this form.

Note 34.3 Analysis of amounts payable to service concession operator

This note is an analysis of the amount paid during the year (on an accruals basis) to the scheme operator for the scheme. It should include amounts paid under the service concession contract. It would not include any optional extra items purchased from the scheme operator in the year that were not part of the contract.

For most schemes, this will be the unitary payment. The top part of the note is an analysis of the unitary payment. Some elements of this, such as the interest charge, then feed into the other relevant parts of the FTC. In some cases there may be additional amounts that are part of the service concession contract (i.e. the trust is committed to them over the life of the scheme) but are technically not part of the unitary payment. The second part of the table captures these amounts.

This note is required by Monitor and the FT ARM requires that the note be included in accounts.

There is an additional row to record PFI support income recognised in the year. The analysis of the amount paid to the service concession operator should be 'gross'; i.e. PFI support income should not be offset and this additional row is available for capturing the income. It is not mandatory to include this support income row in the accounts disclosure but trusts are able to include this if they wish.

#### Table 34C Analysis of amounts charged to operating expenditure

In order to meet HM Treasury reporting requirements, DH needs all PFI expenditure to be recorded separately in the analysis of operating expenses. When we have asked NHS foundation trusts about this, you have told us that you would like to continue to analyse these costs in the existing detailed analysis in the operating expenses note. The purpose of table 34C therefore is to ask you where you have recorded the service element within the analysis of operating expenditure. This will enable Monitor to move these amounts into a separate row upon consolidation.

This table is only required for this purpose and so does not need to be included in accounts.

#### Table 34 D Revenue costs of IFRS: Arrangements brought on SoFP under IFRIC12

This table is a comparison between PFI revenue costs on an IFRS basis and on a UKGAAP/ESA10 basis. This should be completed by all trusts who are disclosing a commitment at the balance sheet date. This information is required because in order to comply with HM Treasury budgeting rules, DH needs to essentially take PFIs 'off balance sheet', and then add back the costs associated with off balance sheet accounting. This is why the table asks for the IFRS version and the UK GAAP version of revenue and capital expenditure. The HM Treasury rules are following the 'European System of Accounts' (ESA) but these requirements are almost identical to UK GAAP in respect of PFI accounting and so this table refers to UK GAAP to ease the understanding of local NHS bodies.

If the Trust's PFI scheme was accounted for on balance sheet under UK GAAP prior to the transition to IFRS, this note should be completed with equal costs under each basis.

The first part of the table collects the revenue impact on the IFRS accounts of having the PFI scheme on balance sheet: i.e. charges for services, depreciation charges and so on. These largely feed from elsewhere in the FTC. There is then a line for the UK GAAP / ESA 10 version of this. Commonly under UK GAAP the scheme would be off balance sheet so the charge to expenditure would equal the unitary payments. A further line then calculates the difference between the two.

Capital expenditure under IFRS will be any additions recognised in the current IFRS accounts, for example capital lifecycle spend. It most cases it will therefore equal the line 'capital lifecycle maintenance' in note 34.3. In some cases capital expenditure on an IFRS basis in this table might be higher, for example if there is a new capital addition during the year.

Capital expenditure on a UK GAAP basis is asking for what the capital expenditure would be under UK GAAP accounting. Commonly under UK GAAP the scheme would be off balance sheet and so this is expected to relate to the build-up of a residual interest over the life of the scheme: additions to build up the residual interest are recognised as annual capital additions with an off-balance sheet PFI scheme.

#### 5 How to record a transfer by absorption in the FTC file

This section has been drafted on the basis of an incoming absorption transfer, but the principles apply equally to an outgoing transfer.

#### Step 1: Determine the transferring balance sheet numbers

The first step is for the FT to have working papers for the balances of the SoFP at the point of transfer. Please be reminded that as set out in the FT Annual Reporting Manual, the recipient of an absorption transfer should recognise assets and liabilities at their book value on transfer. If the FT needs to make any adjustments to the values or classifications either on the basis of available supporting information or accounting policy alignment, these adjustments should be made by the FT <u>after</u> recognising the transfer. The FT ARM sets out that these subsequent adjustments relating to harmonising accounting policies are made directly in taxpayers' equity (reserves). <u>All numbers in the FTC recognised as 'transfer by absorption' (and covered by the steps below) must be the unadjusted numbers sent by the divesting body.</u> This also allows eliminations across the DH group.

#### Step 2: Complete the tab 36 summary note 40.1 for details of the transfer(s)

Note 40.1 on tab 36 should then be completed with summary details of the transfer(s). The gain/loss computed here then feeds into the Statement of Comprehensive Income, so it is important that this table is completed accurately.

#### Step 3: Complete the tab 36 analysis tables for details of the transfer(s)

In order to complete eliminations across the DH group, Monitor and the Department of Health need to know which body is sending/receiving balances to/from which body.

The subsequent tables on tab 36 (tables 40A1 to 40A12) are used to record the assets and liabilities that are transferring. In these tables the five rows correspond to the five sections of the summary table in note 40.1: therefore please use the relevant row for the transfer.

These entries then feed into the summary of assets and liabilities in table 40A13. Total assets in cell S262 and total liabilities in cell AC262 should agree to the totals for the transfer(s) completed in note 40.1 on this tab, as covered in step 2 above.

#### Step 4: Record transfers between reserves

Any revaluation reserve balances associated with transferred assets should be reinstated in the receiving body's revaluation reserve following transfer. This should be recorded on tab 36 table 40A14. This will flow through to the revaluation reserve note and into the analysis of reserves table where the corresponding entry will automatically be made in the I&E reserve.

PDC transferring from the predecessor body in accordance with the FT ARM should also be recognised as a transfer from the I&E reserve to the PDC reserve. This is recorded by entering the transferring amount in table 40A15 and the corresponding I&E reserve entry will automatically be recorded. These entries then feed through to the SOCIE.

#### Step 5: Double check that inter-company balances have been eliminated

If the transfer relates to the FT taking over another provider and the two finance functions have not yet been merged, additional care should be taken to ensure that any internal balances between the predecessor organisations after the point of transfer have been eliminated prior to completion of the FTC. For example, if as an interim measure the FTC has been completed by adding together FTCs from the two former bodies, please ensure that any items such as loans between the bodies have been eliminated in the entity's closing balance sheet.

Income and expenditure transactions between the two entities before the point of transfer should not be eliminated.

#### Step 6: Check impact on cash flow statement

The automation within the cash flow statement of the FTC file calculates gross balance sheet movements for receivables and payables. As such, any movements in receivables / payables that have resulted from the transfer by absorption must be removed from these calculations as they do not represent cash flows. These amounts should be adjusted from the movements in receivables / payables using cells D95 and D108. They should not be adjusted through cell D35.

The amounts adjusted out should relate to operating balances only (i.e. exclude items that do not relate operating cash flows such as capital payables, interest receivable etc) as these are already removed from the calculated movement.

#### 6 Overview of approach to charitable funds

#### Application of IFRS 10 to NHS charitable funds

As set out in the FT ARM, when NHS foundation trusts prepare their accounts, consideration should be made of the application of IFRS 10 to any linked charitable funds. If the charity meets the definition of a subsidiary under IFRS 10 the charity will be consolidated into the FT group accounts. This is explained more fully in the FT ARM.

The FTC file should be consistent with the FT's group accounts. If an NHS foundation trust does not consolidate its charity in its accounts, then it will not consolidate the charity in the FTCs.

#### Department of Health consolidation under ONS definitions

Since 2012/13, a change in the definition of the consolidation boundary by ONS has meant that the Department of Health is required to consolidate all NHS charitable funds into the departmental accounts. This is regardless of any local control or otherwise under IFRS 10.

Therefore even where you do not consolidate your charity under IFRS 10, the Department of Health and Monitor request that you provide summarised information to assist the Department in performing their consolidation under the ONS definition.

#### NHS charities with independent trustees

There are a small number of NHS charities whom are independent of their linked trust (with independent trustees) and where the Department of Health corresponds directly with the charity to obtain the information they need. In these cases you do not need to complete either of the FTC charity tabs as DH has alternative measures in place to collect the data. These independent charities are currently:

- Above & Beyond (i.e. University Hospitals of Bristol NHS FT)
- Addenbrooke's Charitable Trust (i.e. Cambridge University Hospital NHS FT)
- Chelsea & Westminster Health Charity
- Guy's & St Thomas' Charity
- King's College Hospital Charity
- Newcastle Healthcare Charity
- Oxford Radcliffe Hospitals Charity
- Queen Elizabeth Hospital Birmingham Charity (i.e. University Hospitals Birmingham NHS FT)
- Royal Free Charity, The
- Sheffield Hospitals Charity
- St George's Hospital Charity
- University College London Hospitals Charities

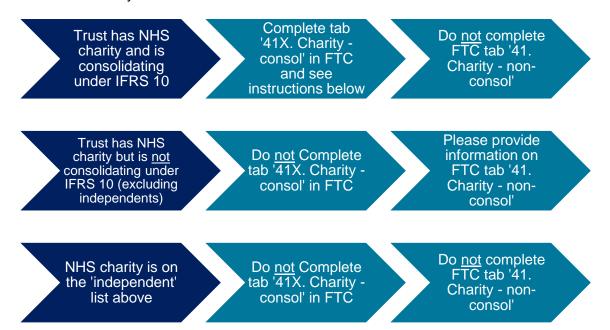
Separately, from 2015/16 there are six charities linked to NHS foundation trusts that are 'fully' independent and so will be entirely excluded from the DH consolidation and DH will not require any information from them:

- Brompton and Harefield NHS Foundation Trust,
- Birmingham Children's Hospital Charity
- Guys and St Thomas' Charity

- The Alder Hey Charity
- The Great Ormond Street Children's Charity
- Moorfields Eye Hospital Charity (from 31 December 2015)

#### Charity tabs in FTC template

For the purposes of the FTC file there are therefore three approaches depending on the form of the NHS charity:



If you are not consolidating (either due to control tests or on materiality grounds), please provide information on tab '41. Charity – non-consol' wherever possible (except where the charity is on the 'independent' list above).

In the unlikely scenario that you have more than one NHS charity and are consolidating one/some but not others, then please complete both tabs 41X and 41 as appropriate. Please also advise Monitor by email to FT.Accounts@monitor.gov.uk.

Section 7 of this guidance below provides instruction on how to consolidate a charity on tab 41X in the FTC file.

#### 7 Consolidation of NHS charitable funds (unchanged from 2014/15)

#### **IMPORTANT**

NHS charitable funds are considered external to government and do not form part of agreement of balances. Therefore:

- any charitable funds numbers in accounts tabs are 'external to government';
- if you transact with another NHS body's charitable funds, you will exclude these amounts from the balance with that counterparty on the WGA tabs; and
- you will exclude charitable funds from any agreement of balances schedules you send.

#### 7.1 Context

This guidance applies to where the NHS foundation trust is locally consolidating a charity, as set out in section 6.

#### 7.2 Monitor's objectives

In preparing the Consolidated NHS Foundation Trust Accounts, Monitor will consolidate the accounts of NHS foundation trusts, including local consolidation of charitable funds where this is performed under IFRS 10. Some NHS foundation trusts already prepare group accounts, due to other subsidiaries they already have.

As set out in the FT Annual Reporting Manual, NHS foundation trusts preparing group accounts will have 'group' and 'trust' columns in their accounts. For some foundation trusts, the 'group' column will include other subsidiaries, alongside the charitable funds. The FTC template has always captured 'group' numbers and will continue to do so. In designing the form of the FTC template, capturing 'group without charities' was not feasible as this would not enable auditors to confirm consistency between accounts and FTCs for all bodies.

The Department of Health intends to consolidate all charities as a separate exercise for its compliance with the ONS definition of the departmental group. Monitor needs to be able to report consolidated FT sector numbers to the Department excluding charity numbers. Rather than require NHS foundation trusts to additionally provide 'group excluding charity' numbers throughout to Monitor, Monitor has designed the FTC template to enable Monitor to deconsolidate charities, while seeking to simplify the process for NHS foundation trusts as much as possible.

#### 7.3 How to complete the FTC

In summary, the approach to consolidating charities in the FTC is as follows:

Step 1 mandatory Complete charitable information in tab '41X. Charity - consol'

Step 2 - mandatory

 Complete further analyses within notes as guided by tables on tab 41X (for example split between cost and depreciation in PPE)

Step 3 mandatory  Make intra-group adjustments to FT numbers in relevant tabs in the FTC. FTs are advised to pay particular attention to these adjustments in the cash flow statement.

Step 4 - optional

•Use the red cells to the right of main tables (for example on tab 6. operating income) to reallocate the numbers in the charity row to other rows in the note if you wish to present a line-by-line consolidation for group numbers

#### Step 1 – complete charity information in tab '41X. Charity – consol'

Tab 41X has been designed to collect both charitable fund information (in a simplified format) on a gross (un-consolidated) basis as well as the elimination adjustments. Post-elimination charitable fund numbers then feed from this tab throughout the FTC in dedicated charitable fund columns / rows (identifiable by blue highlighting). This format enables deconsolidation by Monitor at a group level, as explained above.

#### Table A – Consolidated charitable funds information

Provide the name and the registered charity number of all charities consolidated within the FT's annual accounts.

Where multiple charities are consolidated, gross charity figures (pre-elimination adjustments) should be added together in the following tables.

Table B – Statement of comprehensive income / Statement of financial activities

- Charitable funds numbers should be initially entered gross (prior to elimination adjustments for business with the FT) but after restatement for alignment of accounting policies, in columns D and G.
- The elimination adjustments (only the charity side of these adjustments) should then be included in columns E and H.
- Net charity numbers (after elimination adjustments) are then calculated in columns F and I which are populated into dedicated rows and columns in the operating income and expenditure notes and SOCITE.
- Note the text to the right of the table red text indicates some manual input is required within the related note. (Step 2 of the consolidation process)

- On tab 41X, resources expended on charitable activities should be classified by ultimate beneficiary. Therefore, where the charity purchases an asset and subsequently donates it to the FT (rather than donating cash for the FT to purchase an asset), this expenditure should be recorded as 'expended with the FT' rather than the asset supplier. This expenditure should be eliminated on consolidation.
- On tab 41X, where the FT recharges staff or other costs to the charity and uses net
  accounting for this in the trust only accounts (thus recognising no income or
  expenditure), the expenditure within the charity should be considered as incurred directly
  with the employee / external to the NHS. There will be no elimination of the expenditure
  upon group consolidation as the elimination has already been performed within the FT
  accounts through the net accounting being used.

#### Table C – Statement of financial position / Balance sheet

- Three years of charitable funds balance sheet should be provided to enable restatement under IAS 8. Gross charitable funds figures should be entered in columns D, G and J.
- Elimination adjustments should be entered in columns E, H and K.
- Calculated net charitable fund balances are populated into dedicated rows and columns of related notes.
- Refer to text to the right hand side of the table red text indicates some manual input is required within the note. (Step 2 of the consolidation process)

#### Table D - Movement in Charitable Funds reserve

This is a simplified SOCIE (current year only). Where possible, movements are
populated from previous tables however FTs should review the split between restricted
and unrestricted reserves and clear the check with validates closing reserves against the
SOFP.

#### Table E - Cash flow statement

Monitor recognises that charitable funds meeting the definition of a 'small company' are not ordinarily required to produce a cash flow statement. This table has therefore been designed to facilitate the foundation trust in producing simplified cash flows which are then populated directly into the consolidated cash flow statement.

Cash flows should be entered based on gross charitable funds activities (prior to eliminations) in columns D and G, then adjusted for the impact of elimination adjustments (e.g. movement in payables) in columns E and H. Cash flows post elimination are then fed directly into the consolidated cash flow statement in dedicated charitable fund rows.

Trusts are reminded that cashflow adjustments for charitable funds should always be shown on tab 41X in the cashflow and not on tab 4.Cashflow.

#### Table F – Analysis of charitable income received by the FT

As explained above, Monitor will de-consolidate charities for reporting to the Department of Health. Intra-group adjustments will be reversed using the information provided on tab 41X.

For intra-group income in the NHS foundation trust, Monitor needs to know where this income is recorded in the trust accounts, in order to allow these adjustments to be made. This table asks FTs to analyse the charity's expenditure with the FT into where this income is recorded.

#### Table G - Transfers reconciliation

Where an FT has gained control another NHS body's charitable funds during the year and this meets the definition of a subsidiary for the FT, this should be accounted for as an absorption transfer within the FT's group accounts. A gain on transfer may be recognised (within the group accounts only) and financial activity of the charitable fund should be consolidated for the current year only (i.e. no restatement of prior periods). By completing this note, assets and liabilities transferred will be automatically populated into movements note throughout the FTC.

This will not apply where the funds of a demising charity have transferred into the funds of the foundation trust's existing charity. This would be recorded as incoming resources in the underlying charity's accounts.

#### Checks

A number of checks have been included to ensure the internal consistency of charitable funds figures prior to elimination adjustments and also to ensure the consistency of movement notes with the information provided on Sheet 41X.

#### Step 2 – Complete further analyses within notes as guided by tables on tab 41X

The information provided on tab 41X is then fed automatically into dedicated charitable funds rows/columns throughout the rest of the FTC template. These are coloured blue for ease of identification.

Some information is entered in a summarised form in tab 41X and further analysis will be required in the corresponding group accounts note. For example, the net book value of PPE needs to be split into cost and accumulated depreciation in the PPE note. Narrative in column L/O on tab 41X identifies where this analysis is required.

#### Step 3 - Make intra-group adjustments to FT numbers in relevant tabs in the FTC

The completion of tab 41X allows charity numbers after intra-group eliminations to be fed to the rest of the FTC. Numbers in the remainder of the FTC for the FT therefore need to be adjusted to remove intra-group transactions. For example income from donations received by the FT from the charity will need to be eliminated. It is therefore very important that the analysis referred to above in Step 1 in Table F is completed so that Monitor can understand where this income arises for the FT.

Monitor advises FTs to not overlook the intra-group adjustments needed to be made to FT numbers in the cash flow statement, e.g. movements in working capital.

# <u>Step 4a – Optional - Use the red cells to the right of main tables to reallocate the numbers in the charity row in FTC notes</u>

Monitor does not expect the overall consolidation of charitable funds in the NHS foundation trust sector to be material to the consolidated NHS foundation trust accounts. Monitor currently intends to use dedicated rows/columns for charitable fund balances, as shown in the FTCs. However Monitor is conscious that for some FTs, consolidated charitable funds may be material to the local group accounts being prepared. FTs may wish to prepare a full line-by-line consolidation within notes in their accounts.

During the testing of the FTC template in 2013/14, some FTs fed back to us that they like to link their accounts to the FTC template and would not welcome having to do this reallocation within their accounts spreadsheet. The red columns to the right of relevant notes (for example income, expenditure, receivables, payables) have been added to allow FTs to reallocate the charity number in that note to other rows. It then calculates a revised total that FTs can use for linking to their accounts. Completion is optional and will not be used by Monitor.

#### Step 4b – Optional – Use the blue cells to the right of main tables to create 'Trust' numbers

As explained earlier, Monitor needs to collect Group numbers in the FTC. Monitor considered adding 'Trust' columns to the FTC throughout, but this would create additional burden for FTs in providing information that Monitor does not need. The FTC therefore does not contain 'Trust' numbers.

In testing the FTC file in 2013/14, some FTs fed back to us that they like to fully link their accounts template to the FTC and seek to minimise the adjustments made in their accounts spreadsheet file. Monitor has added additional optional columns (the blue columns) to the right of relevant notes to enable FTs to record 'Trust' numbers in the FTC. This is purely for the purpose of being able to link to these numbers from accounts spreadsheets. Completion is optional and will not be used by Monitor.

#### Annex A: Full list of changes made to FTC since month 9

The following table lists all changes made in the month 12 FTC compared to month 9 2015/16. In order to assist FTs in assessing the impact of changes made, these have been categorised by nature of change.

#### 1. New or amended data requirements

The following table lists new data requirements (as summarised in section 2.3 above):

Tab Affected	Statement/ Note affected	Change	Reason
5. Op Inc (nature) & 6. Op Inc (source)	Note 2.3	A new row has been added for additional income for delivery of healthcare services. An update to the FT ARM will be published in the coming weeks to confirm that this row is to be used for revenue contributions from DH (except merger support monies) – for example for local 'capital to revenue' transactions.	DH requirement
6. Op Inc (source)	Note 2.3	A new row has been added for merger support monies provided by DH.	DH requirement
8B. Remuneration	Table 4E	A new worksheet has been added to collect the information published by the trust in its remuneration. More information is provided in section 2.3 of this document.	DH requirement
29. PFI (on SoFP)	Table 34A	Table 34A has been added to collect commitments in respect of the service element of the PFI, LIFT or other service concession arrangement. This was included in 2014/15 month 12 FTC and has been added back to the month 12 2015/16 FTC. More information is provided in section 4.6 of this document.	HM Treasury requirement
29. PFI (on SoFP)	Table 34B	Table 34B descriptions have been corrected. The number of schemes which have a total commitment value in excess of £500m need to be disclosed for on-SoFP schemes. Previously the description stated if the net commitment exceeded £500m.	Correction

The following table lists other structural changes or changed analyses:

Tab Affected	Statement/ Note affected	Change	Reason
13. Intangibles	N/A	The previous note analysing the financing source of intangibles has been removed as this is not material to the DH group.	Simplification

Tab Affected	Statement/ Note affected	Change	Reason
21. CCE	Table 23A	Table 23A has been removed to reflect the new Government Banking Services arrangements. As such, there is no longer a need to analyse GBS balances between the different bank accounts. Note 23.2 has also been updated to make the cash with GBS cells editable.	Simplification
29. PFI (on- SoFP)	note 34.2	Note 34.2 has been simplified to remove rows that are no longer required. This reflects a late change to the HM Treasury Financial Reporting Manual and will be reflected in an update to the FT ARM to be published in the coming weeks. More information is provided in section 4.6 of this document.	Simplification

# 2. Formula changes / locked cells

Tab Affected	Statement/ Note affected	Change	Reason
4. CF	N/A	Loans received from / repaid to the Independent Trust Financing Facility (ITFF) have been locked and the prior year comparative moved into the loans received from / repaid to the Department of Health. This is to achieve consistency with the analysis on tab 23. Trusts are asked to consider whether the comparative year is correctly categorised, using the guidance box provided in tab '23. Borrowings' of the FTC.	Simplification

### 3. Validation and JOC changes

Validation / JOC	Change	Reason
JOC 15	A new JOC has been added to check that where internal audit costs have been recorded for 2015/16, comparative year internal audit costs have also been recorded.	Improved data quality
JOC 17	A new JOC has been added to check that where a healthcare science staff headcount has been recorded for 2015/16, a comparative year healthcare science staff headcount has also been recorded.	Improved data quality
JOC 19	Amended – the formulae have been amended to check that there are corresponding outstanding loan balances for any loan interest recorded in tab '11.Finance'.	Improvement

Validation / JOC	Change	Reason
JOC 31	New- This JOC was present at month 12 2014/15 but removed for month 9 2015/16. This is due to Table 34A being reinstated on tab '29.PFI (on-SoFP)'.	HM Treasury requirement/ Improve data quality
JOC 34 & 39	Amended- The structure of the JOC has been amended to enable the check to operate as designed.	Improvement
JOC 44	A new JOC has been added to check that if the I&E has been completed on tab 41X- consolidated charities, there is also a closing balance sheet position recorded for the charity.	Improved data quality
JOC 47	Amended – this JOC has been amended to check that the corporation tax expense/income has been included in the expenditure column of the WGA tab.	Improvement
Validation 24	A new validation has been added to check that all remuneration report checks on sheet 8B have been passed.	New – improved data quality
Validation 82	Amended – the formulae have been corrected.	Correction
Validation 156	Amended – the formulae have been corrected.	Correction

## 4. Other changes

Tab affected	Statement/ Note affected	Change	Reason
4.CF	CF	The check at the bottom of the cash flow has been updated, so that where the cash flow does not reconcile against the cash note, the imbalance figure is shown.	Improvement
4.CF	N/A	An information box has been provided giving additional clarification for the 'other adjustments' in the reconciliations of SoFP to cash flow for payables and purchases of PPE (cell G109 & G156). These rows should not include movement in capital accruals as capital items on tab 22 should be recorded in 'capital' rows rather than 'accruals' rows.	Clarification
4.CF	N/A	In the reconciliation of SoFP to the cash flow (below the cash flow), new rows have been added for capital creditors at the start of the period for new FTs for PPE, investment properties and intangible assets.	Correction

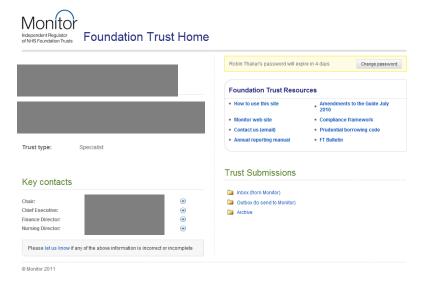
Tab affected	Statement/ Note affected	Change	Reason
4.CF	N/A	In the reconciliation of SoFP to the cash flow (below the cash flow), new rows have been added for transfers in/out of capital creditors under transfer by absorption for PPE, investment properties and intangible assets.	Correction
6. Op Inc (source)	Other operating income	The narrative for row subcode 255 has been corrected to put this back to be 'Rental revenue from finance leases - contingent rent', correcting an error at month 9.	Correction
7. Opex	Note 3 Operating expenses	We have added an information box to clarify that internal audit costs (row 68) should include costs in relation to counter fraud services. This will be reflected in an update to the FT ARM in the coming weeks.	Improved data quality
15. NCA misc	Note 13. 1 & Note 13.2	We have added an information box to clarify that the min/max life of assets should be based on the accounting policy, rather than the shortest/longest remaining lives within each asset group.	Improved data quality

#### **Annex B: Monitor Portal Upload Instructions**

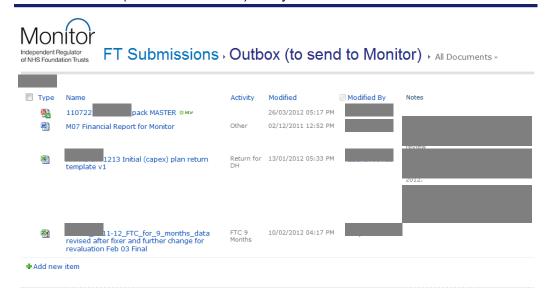
Following the instructions below will ensure that all files are submitted to Monitor correctly and submissions are not classed as late due to errors in the Monitor Portal upload process.

You are advised to check your Monitor Portal log in works as planned several days prior to the submission deadline. Due to the high volume of queries Monitor receives around submission day, it may prove difficult to contact a member of Monitor staff who can help you with any log in problems.

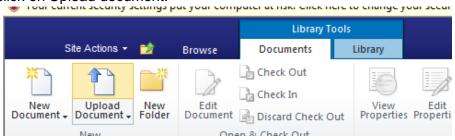
- 1. Open the Internet Browser (Internet Explorer 7 and higher is recommended as the system is not supported on Firefox and Chrome as well as earlier versions of Internet Explorer)
- 2. Browse to https://portal.monitor-nhsft.gov.uk/trusts/[MARSID] with MARS being the ID as communicated to you by monitor.
- 3. Enter your username and password into the dialog box which appears. These will have been emailed to the person whose name the account is in. All usernames begin with IRNHSFT\ and there is a full stop in between the first and last name. You will then see the screen below



4. Click on Outbox (to send to Monitor) and you will see the screen below.



5. Click on the documents tab at the top of the screen, (see below tab in white) then click on Upload document.



- 6. Click on browse and find the file which you wish to upload then click on OK.
- 7. Once the file has uploaded, you need to tell the system what kind of file it is. Choose **Trust Return under Content Type** for all your FTC and accounts submissions.
- 8. Choose the Activity for what you are returning. This activity should have been communicated to you by Monitor prior to the returns process. If you are unsure, refer to Monitor.
- 9. Important Note: The 2 fields above MUST be filled out correctly otherwise Monitor's automated systems cannot recognise the files. There will be a delay in analysing your data and your return might be considered late by Monitor.

