2021/22

NHS
Gloucestershire
Clinical Commissioning Group

Annual **Report**

A review of our year

2021/22

A MESSAGE FROM

Mary Hutton
Accountable Officer

Dr Andy Seymour
Clinical Chair

As everyone will be aware this has been a highly unusual year which has brought huge challenges to the NHS and all our local partners.

It's clear however that during the COVID-19 pandemic and into the recovery phase, health and care professionals have shone at every level - whether that's the brilliant staff on the front line, those responsible for leading, directing and supporting the response and the wider One Gloucestershire partnership which has shown itself to be stronger, more steadfast and more innovative than ever.

Particular mention must go to our Primary Care Networks - groups of GP practices who have worked with partners across health and care to deliver day to day medical care under intense pressure and continuing to spearhead one of the most effective COVID-19 community vaccination programmes in the country alongside an army of brilliant volunteers.

The pandemic has undoubtedly impacted on planned care services. There is no doubt that we face a long and difficult recovery and as a result of the pandemic, we are conscious that many of our patients have had to wait longer for operations, treatments and appointments during this period.

We have been honest about this reality, but the CCG and NHS Trust staff are working tirelessly and doing everything possible to reduce this backlog, support people throughout and put patient care first. Significant progress is already being made.

Against the backdrop of intense pressure, it's great to highlight the continuing progress being made as together we develop groundbreaking support and services in Gloucestershire and put the building blocks in place for an NHS that can meet the needs of future generations.

Gloucestershire is leading the way on so many areas that matter to people on the ground such as young people's mental health services, support for people with learning disabilities, respiratory care, cancer and stroke care and support for people who are frail, have dementia or are reaching the end of their lives (to name but a few!)

In this report, you can read more about our engagement and consultation activities and how local people's views have been shaping the future of health and care services in Gloucestershire this year. We remain committed to taking into account the views and ideas of patients, carers, the public and staff working across and health, care, community and voluntary services.

Looking forward, as part of the national changes, which will see the creation of the NHS Gloucestershire Integrated Care Board (public name: NHS Gloucestershire) working hand in glove with an Integrated Care Partnership (public name: One Gloucestershire Health and Wellbeing Partnership), we will be placing even greater emphasis on preventing ill health, whilst promoting the benefits of good health, and helping people to live in more active communities with strong networks of support.

We'll be supporting people to retain their independence for as long as possible, but when they do need services, we'll work hard to ensure people can access consistently high quality, joined up physical and mental health care.

So, as the CCG makes way for NHS Gloucestershire in July 2022, we would like to place on record sincere gratitude to our Non-Executive Directors, CCG GP liaison leads*, staff and partners for all that has been achieved over the last eight years. We can be truly proud of what has been accomplished together.

Thank you for your support as we embark on COVID-19 recovery and work to improve the health and wellbeing of the population for the long term.

**CCG Governing Body Non-Executive Directors and GP liaison leads.*

Joined up care and communities

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2021/22

TOP 20

Highlights of the year

1

More than **5,500 COVID-19 patients** supported to stay at home safely on the Virtual Ward, using remote monitoring to identify those who might need to go into hospital for additional care.

2

More than **37,000 referrals** to integrated health and social care community teams, **7 days a week**. More than 3,500 referrals were made to the rapid response service up to February 2022.

3

More than **2,400 people** at risk of diabetes have taken **positive steps** to improve their health and wellbeing by completing the National Diabetes Prevention Programme.

4

KiActiv®, a digital personalised health programme, has helped over **530 patients** living with a long-term condition become more physically active in the last year.

5

Over 400 children and young people have been supported over the last year through Creative Health Programmes allowing them to access alternative support for their **mental wellbeing**.

6

The South Cotswold Frailty Service has supported more than 600 people over the last year. In Gloucester, Cheltenham and the Forest of Dean, the Complex Care at Home service has seen **over 1,000 people**.

GP practices continued to **expand** the range of roles within their teams, with **204 additional staff** including paramedics, social prescribers, clinical pharmacists and mental health practitioners.

7

8

Around **175 people** have been supported to recover in the specialist stroke rehabilitation unit at Vale Community Hospital, with around **75%** being able to return home after their period of intensive rehabilitation.

9 **Around £65m** of capital investment has supported around **20 primary care infrastructure schemes** in the last six years, including new builds and extensions.

10 More than **790,000 prescriptions** were ordered online in the last 12 months either through GP practice websites or the NHS App.

11 Three community teams are already in place to ensure women who have the greatest needs are cared for by very small teams of midwives to **improve outcomes** for them and their babies.

12 More than **70 women** who have suffered a traumatic birth or loss have been **supported** by a new Maternal Mental Health Trauma Service.

13 There have been more than **6,000 visits** to the 'Support at the Cavern' drop-in service, a place where people can benefit from non-clinical mental health support, company and a listening ear, every evening **365 days a year**.

14 The Post-COVID Syndrome Assessment Service has had more than **850 referrals**, supporting those affected by on-going COVID-19 symptoms.

15 **Around 37,500 people** each month used online triage to report symptoms to their GP surgery and be directed to the appropriate advice or support.

16 More than **900 people** have been referred to The Alzheimer's Society Dementia Advisors in the last year. The team provide advice, support and signposting to people with dementia, their families and carers.

17 **3,200 people** aged 14 or over with a learning disability attended an Annual Health Check.

18 **4,350** local people referred by GPs to community activities or support through '**Social Prescribing**.

19 Almost **80% of people** found out whether they have cancer within 28 days of being referred by their GP thanks to **quicker access** to diagnostic tests.

20 The referral assessment service **avoided** more than **5,300** unnecessary outpatient appointments, with hospital specialists reviewing referrals and advising GP practices on how to support patients.

News Digest

Top stories from around the county

Gloucestershire at the forefront of the COVID-19 vaccination programme

The Gloucestershire COVID-19 vaccination programme has delivered almost 1.5 million vaccines in the last year, with staff and volunteers from across the One Gloucestershire health and care family pulling out all the stops to protect the population from COVID-19.

Teams responded quickly to the call to accelerate the delivery of the winter booster in December, with more than 125,000 vaccines given in just three weeks before the end of the year.

Treatments for people at risk of serious illness with COVID-19

People at greatest risk of serious illness with COVID-19 are receiving new treatments via the Gloucestershire COVID Medicines Delivery Unit.

The service, managed by Gloucestershire Health and Care NHS Foundation Trust, offers infusions (currently delivered in Tewkesbury Community Hospital) or oral medications (sent directly to patients homes) to those who aren't hospitalised but have an underlying condition which makes them more likely to become seriously unwell if they have COVID-19 (e.g. Down Syndrome, organ transplant recipients or people who have certain types of cancer.

Over 250 people have received treatment since December 2021.

Tackling barriers to COVID-19 vaccination uptake

While 90% of people over 18 have had at least one dose of the vaccine, we have been working hard with our partners across the voluntary and community sector to understand the barriers some people face make it easier for them to come forward for a vaccination.

The vaccination outreach team have been out and about almost every day in the local community spending time with people to talk through the issues before they make a decision to have their vaccination. 'Pop-up' clinics have been taking place at community venues including mosques or churches, cafes, community centres and homeless centres.

Since December, this small, dedicated team have given more than 1,000 vaccinations, including first, second and booster doses.

Supporting families on the journey to parenthood

Since December, more than 2,000 of those who are pregnant have been given a new Journey to Parenthood journal throughout their pregnancy, assisting them to have open conversations with their maternity care team about 'what matters to them'.

It supports families to understand their choices, decide on their care options and receive safe and personalised care.

The journal can be shared with anyone the family want to be involved in their care and is owned by them.

Supporting people with Type 2 diabetes to lose weight

Patients with Type 2 diabetes are being supported to achieve significant weight loss and potential diabetes remission through the Low-Calorie Diet Programme. Delivered digitally by Oviva, the national pilot has been extended to May 2023 with an additional 250 places available (750 total).

Since its launch in September 2020, 379 referrals had been received, with 232 people starting the programme. The average weight loss at 12 weeks is 14kg.

Oliver McGowan training in Learning Disability and Autism

More than 2,600 health and social care staff in Gloucestershire have completed the new Oliver McGowan training in Learning Disability and Autism. The training is named after Oliver McGowan, whose death highlighted the need for health and social care staff to have better training in learning disabilities and autism.

The training is fully co-designed and co-delivered with people with a learning disability, autistic people, family carers and people working within learning disability and autism services.

Supporting young people to access mental health services

Working alongside voluntary sector organisations, children and young people, and other health and social care stakeholders, we are proud to have co-produced On Your Mind Glos (OYMG), a mental health support finder for people aged 25 and under.

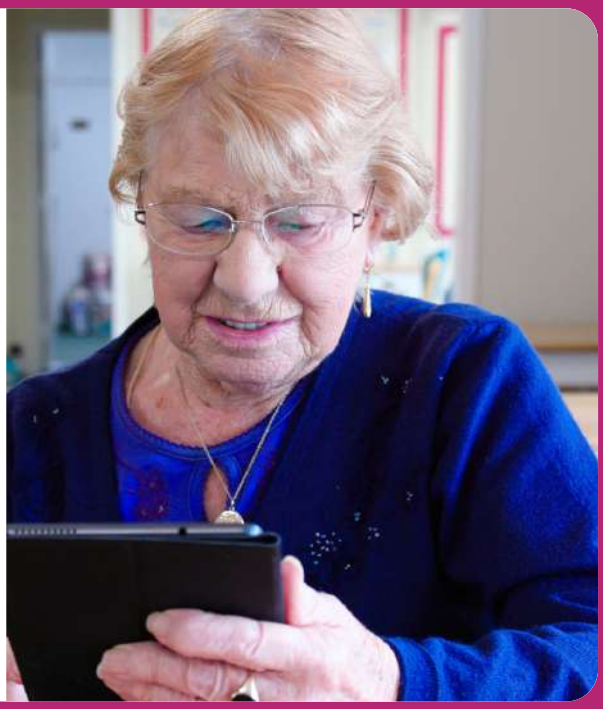
The website and text bot service acts as a digital front door for young people's mental health services in Gloucestershire, helping them to find the right support, and self-refer to local services.

Since the launch in February over 2,000 users have accessed OYMG.

Using technology to detect chronic kidney disease at home

More than 4,500 people living with diabetes in Gloucestershire are using pioneering new technology to test for chronic kidney disease at home, without needing to visit their GP practice, thanks to an app which turns an ordinary smartphone camera into a clinical-grade medical device.

The Minuteful Kidney test – created by healthtech company Healthy.io – enables home-based urine testing, which is critical for picking up early signs of chronic kidney disease. Since being rolled out last year, almost 500 additional cases have been found that may otherwise have gone undetected.

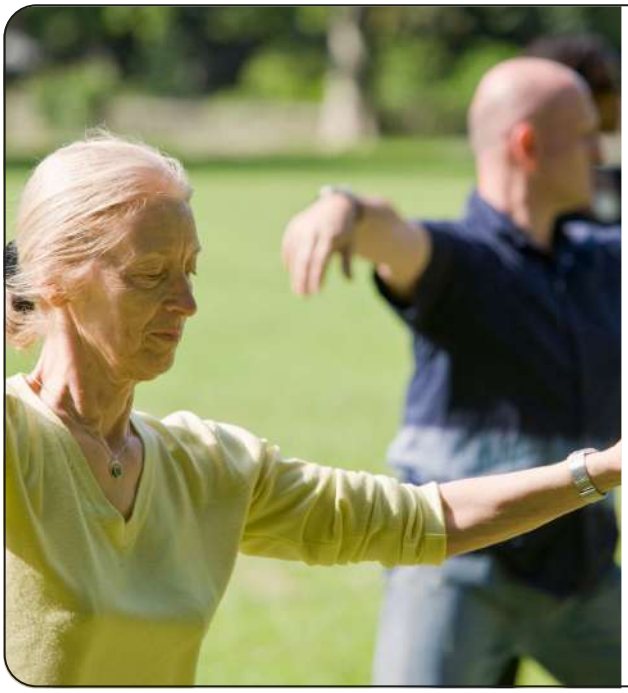


Doing things differently to support Men's Health

A group of men in Stroud have been working with the NHS and The Long Table to develop new ways to support them in taking action to improve their health, where 'traditional' methods weren't working.

'The Men's Table' led the development of their group, from defining what needed to change, what they'd call success, and how they wanted to operate. They support one another to identify and address their health and wellbeing goals while carrying out activities like open fire cooking and connecting around a shared meal.

Participants have signed up to coach more men, with the aim to expand to other parts of the county during 2022.



It's Your Move helping people with persistent pain

The 'It's Your Move' exercise programme has been helping increase energy levels and significantly improve the mental health of people living with persistent pain.

The 10-session activity programme, developed by Active Gloucestershire, supports people through movement-based activity including Tai-Chi, gentle strengthening exercise and balance.

Around 78% of participants reported that their pain was reduced at the end of the programme. Following an initial pilot, the course is expanding to support more people.

Providing specialist respiratory support in the community

Around 150 people with complex respiratory illnesses are receiving care closer to home thanks to a new specialist community respiratory team.

So far, the team have been working with GP practices across the Forest of Dean and Cheltenham to provide support to patients, without the need to travel to hospital for appointments.

In partnership with GPs, pharmacists, nurses and other healthcare professionals, the team also review cases and develop care plans to manage patients in the community.

Improving diagnosis of asthma and COPD

Since October 2021, more than 600 FeNO and 550 Spirometry tests have taken place in GP surgeries to accurately diagnose asthma and COPD respectively following a pause in testing during the height of the pandemic.

In addition, a new Respiratory Champion is supporting GP practices to improve their knowledge and understanding of these conditions to provide patients with the appropriate medications and support to manage their condition.

Advice and guidance tool directs patients to the right service first time

Cinapsis is an advice and guidance tool which GPs and others in primary care can use to ask hospital specialists questions before making a referral.

The service has continued to expand, with 20 services now live and a 50% increase in calls totalling more than 28,000 clinician requests.

This means patients are directed to the right service first time, with around 82% of calls about urgent care avoiding a visit to A&E.

Supporting people with cancer with their health and wellbeing

Around 1,700 people have received support from Gloucestershire Health and Care NHS Foundation Trust's Macmillan Next Steps service following cancer diagnosis and treatment.

MACMILLAN NEXT STEPS CANCER REHABILITATION

The rehabilitation programme provides psychological, dietary, physiotherapy and exercise-based supports targeted to individual needs.

More than 250 patients have used a new 'pre-hab' service since October 2021, which offers similar health and wellbeing support as the rehabilitation programme before cancer treatment begins. The aim is to support patients to build their strength and resilience, to improve longer term health and reduce complications and side effects from treatment.

Improving the health and wellbeing of people living with frailty

Work has started on a new five-year strategy to improve the health and wellbeing of people living with frailty in Gloucestershire.

Staff from health and social care, the independent sector and voluntary services shared their experiences of working with people with frailty to develop new approaches to care.

The aim is to prevent, identify and manage frailty while supporting people to remain independent and well within their community. The strategy will be published later this year.

Access to cancer services in the pandemic

Access to cancer services was prioritised during the pandemic, with 94.8% of patients being seen within two weeks of referral and 96.6% of patients starting treatment within 31 days of diagnosis.

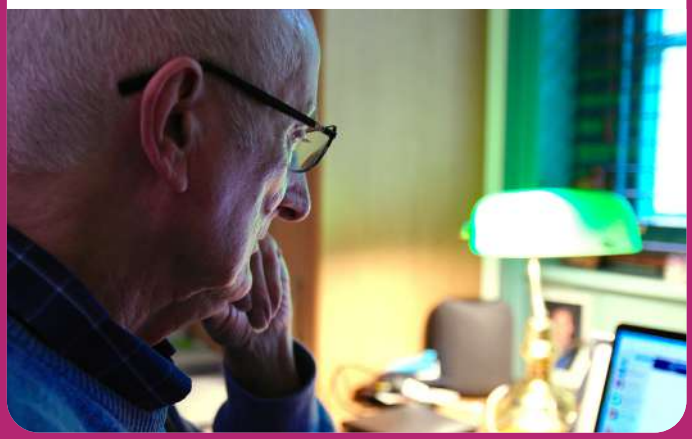
GPs continued to see patients with worrying symptoms, supporting 18% more people (around 26,000) to be referred to hospital services for diagnostic tests to confirm or rule out cancer.

Around 12,000 people have accessed a new test via their GP which can indicate bowel cancer early and identify patients who require further tests at hospital.

Making it easier for patients to access services

We continue to make use of technology to make it easier for patients to access GP services. Using text messages sent securely via electronic patient records, GP surgeries can provide referral letters, sick notes, leaflets or links to access video consultations.

Patients can also book or amend appointments or ask questions securely via practice websites. In addition to making it easier for patients to access services, this also frees up phone lines and appointment slots for patients who need urgent advice and care.



Developing a sustainable workforce in GP Practices

GP practices continue to work more closely in Primary Care Networks (PCNs) with a focus on developing a sustainable workforce.

GPs are supported throughout their career, with more than 50 participating in a 'new to practice' fellowship so far, and programmes to cater for those at the mid or late stages of their career.

The nursing workforce remains a key focus, with roles introduced to support nurse training, career development and retention.

The Training hub is working with practices to recruit clinical and non-clinical roles through open days and role promotion.

Supporting people at the end of life

A refreshed Palliative Care and End of Life Care strategy launched in 2021 which focused on identifying people earlier as they approach the end of their lives and supporting people to live well until they die.

A pilot project in Gloucester has had positive results, with an increase in the number of people dying in their preferred place from 11% to 59%. The approach will be rolled out to more areas throughout 2022.

Investing in the surgeries of the future

Quayside House in Gloucester is now home to two city centre GP surgeries, Severnside Medical Practice and Gloucester Health Access Centre. The fabulous new £5.3m healthcare centre opened in July 2021 and is providing services to around 18,000 local people.

Building work on a brand new £10m health centre development in Cheltenham is nearing completion and is due to open in summer 2022. Three town centre practices (Berkeley Place, Crescent Bakery and Royal Crescent) will relocate to the new premises on Prestbury Road to provide services to around 25,000 patients.

Construction work is underway on Stroud's brand-new £6.5m medical centre which will deliver GP services to more than 15,000 patients in the heart of the town. The new Five Valleys Medical Practice is due to open in autumn 2022.

Meanwhile patients in Minchinhampton are moving a step closer to having a new £5.5m health centre following approval of the planning application in March 2022. Subject to a further review of the business case, the new health centre will be built at Vosper Field on Cirencester Road, just over half a mile away from the current surgery.

Plans for a new £5.4m health centre development in Coleford are moving forward with the outcome of the detailed planning application expected in April.

Rendcomb Surgery in Cirencester, Hilary Cottage in Fairford, Underwood Surgery in Cheltenham and Quedgeley Medical Centre have also been given over £0.5m financial support to modernise and extend their buildings.

Performance report - overview

Performance Report – an overview

Over the last twelve months we have seen many achievements, but also faced some challenges. This section of the report provides you with an overview of NHS Gloucestershire Clinical Commissioning Group (CCG), its main objectives, strategy, performance and principal risks in-year.

About Us

The CCG is a clinically led organisation made up of 71 GP member practices working across 6 localities and 15 Primary Care Networks (PCNs).

The CCG commissions (buys) a wide range of primary care (GP), community, mental health, learning disability and hospital services on behalf of the local population.

A key role of the CCG is to work with all health providers and other partner organisations (see description of our Integrated Care System below) to help keep people healthy, develop and support active, well connected communities and provide joined up health and care services.

This includes:

- Prevention – helping people to stay well and avoid getting unwell
- Empowering people to look after themselves (self-manage) their health conditions where they can
- Developing joined up community services and support, keeping people independent for as long as possible and reducing the need for hospital stays
- Ensuring high quality, safe specialist hospital care when needed
- Ensuring that the patient experience of services and the effectiveness of services is as good as it can be
- Meeting national and local service standards such as waiting times
- Working with partners, including housing, local councils, police, the voluntary, community and social enterprise sector, Healthwatch, Health Education England and the Academic Health Science Network to reduce health inequalities and tackle the wider factors that can impact on a person's health
- Involving patients and the public in shaping health services.

How we work

Our 71 member GP member practices are at the heart of our communities and in a good position to understand the needs of their local population alongside partners in the 15 Primary Care Networks and 6 district level Integrated Locality Partnerships (ILPs).

Our member practices influence and inform decisions and provide feedback and ensure we do not lose the local focus amongst the national and wider Gloucestershire priorities.

We also work to ensure that the voice of patients and the public can inform and influence decisions through GP Practice based Patient Participation Groups (PPGs) and the PPG Network, chaired by the CCG.

Our support (commissioning) staff work in, and across, 7 Directorates led by:

- Accountable Officer's team – Mary Hutton
- Commissioning Implementation – Mark Walkingshaw
- Finance and Digital – Cath Leech
- Integrated Commissioning (joint commissioning with the County Council) – Kim Forey
- Locality Development and Primary Care – Helen Goodey
- Nursing and Quality – Marion Andrews-Evans
- Transformation and Service Re-design – Ellen Rule.

Our constitution

A formal document, called a Constitution, sets out the arrangements the CCG has put in place to meet its responsibilities for commissioning high quality support and services for the people of Gloucestershire.

It describes the governing principles and rules and procedures which ensure integrity, honesty and accountability.

It also commits the CCG to taking decisions in an open and transparent way and places the interests of patients and public at its heart.

Our Constitution can be found on our website at: **www.gloucestershireccg.nhs.uk/about-us/the-governing-body/constitution/**

Working with our partners we are currently developing the constitution for the CCG's successor organisation, NHS Gloucestershire Integrated Care Board (NHS Gloucestershire) which comes into being on 1 July 2022.

The population we serve

The CCG covers a population of around 675,000 registered with a Gloucestershire GP, with 69% living in an urban area and 31% in a rural area.

There are pockets of deprivation in the county although these are lower than the national average, within Gloucestershire, 31 out of 373 of the LSOAs (Lower Layer Super Output Areas) fall within the most deprived 20% in England; this represents 8.2% of the County's population.

Life expectancy is also better than the average however this masks significant differences between parts of the population; a boy born in Cheltenham today can expect to live 8.7 years longer than a boy born in Podsmead, and a girl 6.5 years longer, just 10.6 miles away from each other.

The CCG and partners are committed to reducing health inequalities and more information can be found on page **40**.

Our providers

We commission (buy) services from a range of providers, including:

- GP providers
- Gloucestershire Health and Care NHS Foundation Trust
- Gloucestershire Hospitals NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust
- Third sector bodies – these are non-governmental and non-profit making organisations or associations, including charities, social enterprises and voluntary agencies
- Independent sector care homes, hospitals and services.

Our headquarters

Our headquarters are based at 5200 Valiant Court, Brockworth, GL3 4FE.

Our Integrated Care System (ICS)

As an ICS we are at the forefront of providing joined, up, better co-ordinated care and support with communities, breaking down the barriers between services and integrating physical and mental health care.

Over the last 12 months, we have been strengthening our relationships with partners, taking the next steps to developing the statutory integrated care system arrangements from 1 July 2022. This includes the transition to the new NHS Gloucestershire Integrated Care Board (NHS Gloucestershire) working alongside the Integrated Care Partnership (One Gloucestershire Health and Wellbeing Partnership) from 1 July 2022, subject to legislation.

The One Gloucestershire Integrated Care System (ICS) comprises the following NHS and care organisations, although the ICS includes a wide range of other local partners:

- NHS Gloucestershire Clinical Commissioning Group (CCG)
- Primary care (GP) providers
- Gloucestershire Health and Care NHS Foundation Trust
- Gloucestershire Hospitals NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust
- Gloucestershire County Council.

We will continue to develop and evolve our ICS to ensure we are a high performing system with a focus on:

- evolving governance structures, including shared accountability for delivery of outcomes
- organisational development and cultural change, including enhancing collaboration across our system;
- new ways of working, including development of procurement and contractual models and support functions.

As an ICS, we are committed to making rapid progress with partnership priorities including:

- urgent and emergency care
- developing our Primary Care Networks
- cancer
- long term conditions, including diabetes
- mental health, including children and young people and eating disorders
- maternity
- digital technology
- workforce development
- Health inequalities.

You can find out more about our One Gloucestershire Integrated Care System (ICS) at:
www.onegloucestershire.net

Mary Hutton

Accountable Officer

June 2022

Performance report - analysis

Performance Report

Review of 2021/22: statement from the accountable officer on performance

The main positives that have arisen for the CCG in 2021/22 are:

- The continued strong progress in reducing waits for diagnostic tests, planned surgery and treatment.
- Strong cancer access and treatment performance.
- Demand management initiatives to reduce the number of unnecessary Emergency Department attendances and emergency admissions (through providing alternative services for patients).
- The continued development and use of digital technology to reduce waits and increase access to clinical advice and guidance.
- The ongoing success of theCOVID-19 vaccination programme within Gloucestershire (including the targeting of vulnerable groups and the 'booster' programmes).

Principle Risks and Uncertainties

During 2021/22, we have continued developing our approach to risk management within the organisation to ensure that there is a streamlined approach to assurance, enabling the Governing Body and delegated committees to focus only on the strategic risks of the organisation, and the residual risk which remains once all possible mitigations are in place. For assurance see the full annual governance statement from page 54. The Governing Body Assurance Framework is supported by the Corporate Risk Register which do The Corporate Risk Register and Governing Body Assurance Framework are regularly reported to the Governing Body, Audit Committee and the Directors' meeting.

Our risks and uncertainties should be viewed against a backdrop of the direct and indirect impact of the pandemic, significant number of patients still awaiting diagnostics and/or treatment, health inequalities and a significant number of people living with long term conditions.

Key operational risks identified are:

- Risk to delivery of constitutional standards including the four hour wait within the Emergency Departments , Ambulance handover delays and Ambulance response times alongside planned care waiting times (as the backlog is gradually cleared).
- Risks within urgent care including ambulance handover delays, delays to discharge from hospital for patients who are clinically ready to be discharged and the risk of failure to reduce demand for urgent care services through reductions in avoidable ED attendances and emergency acute admissions
- Children and young adults not receiving the specialist care they need through the lack of available tier 4 eating disorder beds
- Care home market constraints leading to a reduced capacity to be able to admit individuals requiring this type of care.
- Workforce pressures across the system.

Full details of the most significant risks are detailed in the Governance Report within the Risk Management Section.

Our Financial Performance

The CCG set a balanced budget 2021/22 with an in year financial position of a very small surplus of £0.004m and a cumulative surplus of just under £20.5m; this was based on the planning guidance issued at that time from NHSE&I. The NHS continued to work with an interim Financial Framework in 2021/22 with an expectation of System breakeven. Key elements of this included:

- A fixed financial envelope for the Gloucestershire System; this was part of a planned transition back to a pre pandemic financial framework and included an implied efficiency as part of ensuring value for money
- A fixed COVID-19 cost envelope which reduced in the second half of the financial year
- changed contractual arrangements between NHS providers and commissioners replacing them with block payments to provide financial stability and enable them to focus on the ongoing impact of COVID-19 with a similar approach to GP practices, enabling additional capacity

- the provision of additional funding for a number of programmes outside main funding, most notably the Hospital Discharge programme and the COVID-19 vaccination programme.
- A focus on recovery of all services, in particular elective and mental health.
- the ability to claim additional funding for specific areas of spend such as the vaccination programme
- The ability to draw down funding up to a fixed amount for the hospital discharge programme.

The CCG spent £1,150m in 2021/22 and achieved a surplus of £2.214m. The Gloucestershire NHS System also met its financial target with a surplus of £6.814m. The CCG's cumulative surplus at the end of 2021/22 is £22.688m. Under the financial framework significant additional funding has come into the NHS to aid recovery and also deal with specific areas. During the year, the system plan was for a very small surplus, plans included the recovery of services and bids were submitted to NHS England for additional funding. Due to a number of factors, including the higher levels of covid and the urgent care demands on the system, elective recovery has been impacted and schemes associated with this did not progress as planned. In addition, for the same reasons, schemes associated with other several bids did not progress to their full extent. There have also been underspends emerging in some areas, the key one for the CCG being prescribing. The Gloucestershire partners managed the additional funding as a whole System to enable best use of the resources available; however, due to the sums involved the system as a whole made a financial surplus.

The cumulative surplus above 1% of the CCG's allocation is available to the CCG in future years to use non-recurrently, as part of the development of the five-year long-term plan, these are subject to overall affordability for the NHS.

In addition, the CCG:

- Remained within its maximum cash drawdown as agreed with NHSE&I
- Complied with the Better Payments Practice Code (details provided within note 6.1 of the annual accounts).

The CCG's financial performance is reflected in table 1 with the overall system performance in table 2.

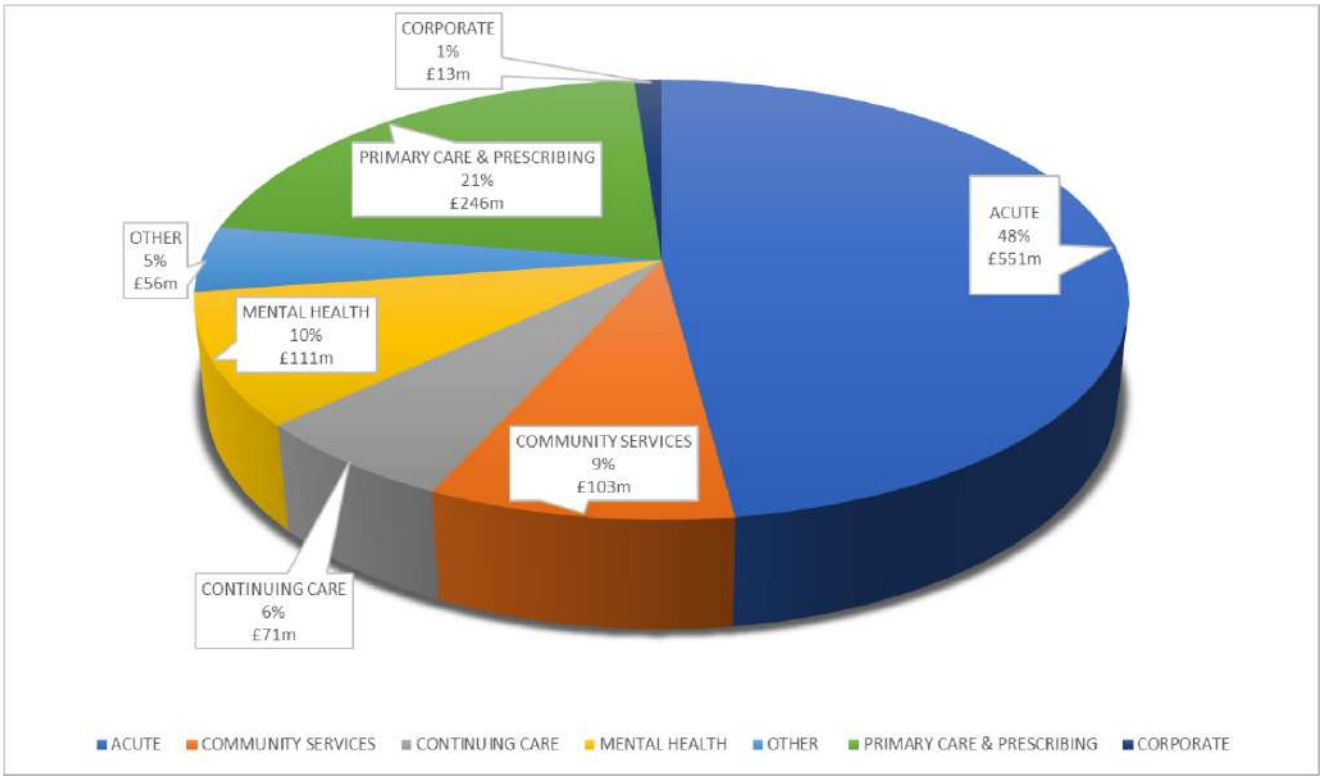
Table 1

Financial Summary	Programme Costs including primary care £m	Running Costs £m	Total £m
Revenue resource limit	1,139,929	12,870	1,152,799
Total net operating cost for the financial year	1,137,716	12,869	1,150,585
Surplus in year	2,213	1	2,214
Brought forward surplus			20,496
Adjustment for 20/21			(22)
Cumulative surplus			22,688

Table 2

	CCG £m	GHC £m	GHFT £m	Total £m
System position Surplus/(deficit)	2,214	4,080	520	6,814
System target	0	0	0	0
Variance to target				6,814

The main areas of CCG expenditure (this excludes expenditure by NHS organisations funded by the CCG fell into the following areas:



The NHS has been operating under interim financial frameworks over the last two year, as a result of this, expenditure patterns in these years differ to prior years are not therefore directly comparable.

Within expenditure for the year specific areas relating to COVID have been incurred, please see table below, the main one of these for the CCG was the Hospital Discharge Programme where additional funding was drawn down from NHS England, this totalled just over £5m for the year. No expenditure was incurred as part of the EU Exit.

Description of COVID costs	£000
Hospital Discharge Programme	5,521
Primary Care costs	1,303
Long COVID	595
Vaccination Programme	169
Total	**7,588**

The accounts as presented have been prepared under a Direction issued by the NHS Commissioning Board under the National Health Services Act 2006 (as amended).

For the financial year 2022/23, the NHS financial framework has reverted back to one more similar to pre pandemic frameworks with a system allocation and the responsibility to commission for individuals registered with a Gloucestershire GP. There remains an additional, fixed allocation for COVID-19 costs plus the ability to call down additional funding for specific purposes such as COVID-19 testing. The System financial envelope includes elements relating to the pandemic interim financial frameworks and NHS England have put in place a pace of change for systems to get back to their fair shares allocation. The In 2022/23 there is an efficiency target built into the allocation and a financial target of breakeven. During the coming year the focus will be on progressing the recovery of all, including elective, services and reducing waiting times, focusing on workforce as one of the key constraints within the system, transforming the urgent care system across the whole pathway to improve the flow and provide a better quality and experience for individuals and throughout all pieces of work there will be a focus on reducing inequalities within services.

The system is currently finalising system and organisational plans for 22/23 building on work on the underlying recurrent costs for each organisation and the system in total to develop a longer term financial position for Gloucestershire; this work will feed into the medium term plan, including a financial plan, to be developed by the System over the coming months. The refresh of the longer term financial plan will build on the medium term financial plan developed in 2019/20 and the subsequent changes over the last two years where a number of elements have accelerated but, a number of other areas have now changed significantly as a result of the pandemic.

The financial situation remains very constrained and the focus on initiatives that deliver value has resumed. A key part of the planning for 2022/23 and future years includes a review previous areas of opportunity to determine if these remain the right areas for the system. Areas included in the programme of work include:

Service Design/Redesign, informed by intelligence on spend and outcomes to focus our improvement activities to look at how we deliver value, this will include:

- Urgent care pathway redesign
- New pathways and services for areas such as respiratory, Musculoskeletal and Ophthalmology services
- Digital programmes of work.

Transactional Savings:

- The agreement of evidence-based activity planning and activity management actions with providers including appropriate clinical controls on the access to and type of treatment
- Engagement and influence on medicines management
- Procurement savings on contracts.

An explanation of the going concern

The CCG is required to explain its consideration of its status as a going concern. This is effectively in relation to its intention to continue its operations for the foreseeable future and the awareness of any circumstances affecting this in its preparation of these financial statements.

During 2021/22 the NHS continued to respond to the ongoing impact of the COVID-19 pandemic but also to put in place actions to recover. NHSE&I continued with an interim financial framework to support the response. For 2022/23 the financial framework has changed and has moved, in the main, back to a similar pre pandemic financial framework. The new framework incentivises elective recovery as well as a continuation of existing functions.

Taken together, this package and Government statements effectively demonstrate how NHS Gloucestershire CCG, as a statutory body in the NHS, will have its finances supported by the Government. This is in addition to the Secretary of State direction that, where Parliamentary funding continues to be voted to permit the relevant services to be carried out elsewhere in the public sector, this is normally sufficient evidence of going concern.

NHSE&I issued a Board paper at the end of November 2020 which outlined the transition from non-statutory Integrated Care Systems to a statutory Integrated Care System. Within the paper and subsequent Health and Care Bill, the functions of the CCG will continue and will transition to the NHS Gloucestershire Integrated Care Board (NHS Gloucestershire). The timetable for the transition anticipates a start date of 1st July 2022 for the new organisation.

As a result, the governing body of NHS Gloucestershire CCG has prepared these financial statements on a going concern basis.

Mary Hutton

Accountable Officer

June 2022

Performance Report - Analysis

Performance 2021/22 and the recovery from the impact of COVID-19

The NHS across Gloucestershire works as a system to deliver healthcare according to the principles and values as set out by the NHS constitution.

NHS Gloucestershire CCG commissions healthcare services and works collaboratively with healthcare providers to ensure that patients and the public have timely access to high quality care in accordance with the rights and pledges given in the NHS constitution. The CCG monitors progress against national and local targets via its performance framework with accountability to its Governing Body.

During the 2021/22 financial year, NHS healthcare and public health more widely has been dominated by the response to the COVID-19 global pandemic whilst addressing recovery targets as set out by NHSE&I as the pandemic has continued. Whilst in previous years, this publication has focused upon the performance of the Gloucestershire system against each of the key NHS constitutional standards for timely and quality care, in this year we must acknowledge that all healthcare services have been severely impacted by COVID-19 and thus this year has been about recovery of our position and delivery of healthcare to patients. This has manifested in numerous ways, from the expansion of virtual wards to the provision of non-face-to-face appointments. There has been a significant impact upon patient behaviour as a result of the pandemic and a focus has been on addressing health inequalities and access to services.

Whilst the South West region has had a lower COVID-19 incidence than many areas across England, Gloucestershire has at times been under extreme pressure. The increase in delayed discharges continues to cause delays in being able to admit patients through A&E, leading to long waits in A&E for some patients. That said, at its peak this year, in March 2022, 17% of hospital beds in the local acute trust (Gloucestershire Hospitals NHS Foundation Trust) were occupied with COVID-19 patients which is a reduction on last year's peak of 27%. Performance across the majority of the national performance indicators, in common with the NHS across the whole of England and the devolved nations of the UK has continued to be a challenge.

GCCG Performance comparison 2020/21 to 2021/22

Service area	2020/21 performance	2021/22 performance (provisional)
Emergency Department waiting times – Type 1		
Emergency Department waiting times – Type 3		
Ambulance Response Times		
Referral to Treatment waiting times		
Diagnostic Test waiting times		
Cancer referral waiting times		
Cancer Treatment waiting times		

The priority throughout the COVID-19 pandemic has been to ensure that services continue to be provided to patients with an urgent need, and to avoid causing or contributing to harm to patients if they may have a longer wait for a service than usual. Urgent care services (such as Emergency Departments, Minor Injury and Illness Units, Out of Hours and NHS 111) have continued to provide access and triage to patients with injury or illness requiring same day assessment and treatment, working in new ways in many cases to increase virtual access and introduce enhanced infection control procedures to make the services as safe for the public as possible.

The need to prioritise services for patients requiring urgent treatment has meant that elective healthcare services in particular have seen increased wait times and growing patient treatment lists. In line with the National position the focus this year has been to recover our waiting lists and increase activity levels back to those delivered in 2019/20 with a dedication to eliminating the number of patients waiting 104 weeks for consultant led treatment.

The increased use of independent sector capacity throughout the year has enabled hundreds of

patients with long waits for routine surgery to access treatment and has also supported urgent surgery requirements where possible. The use of virtual outpatient appointments has also ensured that patients continue to be seen by consultants for assessment of their condition in a COVID-secure manner. These initiatives have continued to support recovery in in 2021/22 and the months ahead. Whilst good progress has been made in recovering the 2019/20 position, the whole of the NHS is continuing to work on this moving into 2022/23. Total recovery is acknowledged to be a long-term response to the COVID-19 pandemic.

There is a particular focus moving into 2022/23 on access to mental health services, as demand from patients has increased since the start of the pandemic. The Gloucestershire system is reviewing and planning services to respond to the increase as part of the whole system recovery from COVID-19.

Service areas and specific performance targets:

Urgent Care

Emergency Department – waiting and treatment times

Emergency departments across the country have struggled to meet the 4-hour target throughout the 2021/22 financial year. In Gloucestershire, A&E activity levels have not reverted back to those seen in 2019/20. This suggests that the work we have done as a system to ensure patients only attend A&E when absolutely necessary is having a positive impact. Unfortunately, the length of time taken for patients who come through A&E and subsequently need to be admitted to a hospital bed has significantly increased. This has mainly been caused by significant increases in long lengths of stay, due to delays in discharges from hospital, especially for COVID-19 positive patients requiring onward care, which has put pressure on the flow of patients through the whole health and social care system.

To support the system in maintaining patient flow through the acute hospital and beyond, the Gloucestershire system has taken a number of actions including:

- Procuring additional out of hospital bed-based care to support recovery for patients following acute stays.
- Enhancing the support to patients requiring health and social care support in their own homes.
- Working with NHS111 and increasing clinical advice and guidance support to clinicians and the public to ensure patients are signposted and referred to the right place at the right time.

Continuing work force pressures are also impacting upon the ability to meet performance targets. However, system improvement initiatives have helped to reduce the pressure by discharging or pulling frailty patients through A&E to a frailty assessment service for a swift turnaround. Additional psychiatric liaison supports patients with Mental Health issues and Rapid Response, Home Assessment Team, voluntary and reablement services are also working alongside A&E staff to support discharge are all helping to effectively manage A&E demand.

Ambulance Response times

Performance against the Ambulance Response Programme targets (7-minute average call response time for life threatening incidents, 18-minute average response time for a potentially serious condition that may require rapid assessment) has declined over the 2021/22 financial year. In Gloucestershire, Ambulance response times are above the national target for both categories 1 and 2.

Across all incidents, ambulance response times have been affected by the pressure on hospital services, with handover delays at hospitals rising across the country, and this has also been seen within Gloucestershire.

To help alleviate handover delays Pit stop (express triage) is in place, a consultant led triage and fast transfer to same day emergency assessment and treatment services. The system also continues to promote and utilise Cinapsis (our advice and guidance tool) to SWAST and GPs (in order to reduce conveyances to A&E). New cohorting areas have also been identified in Gloucestershire Royal Hospital with clinical management protocols being agreed when in escalation to ensure safe staffing and oversight.

As a system, Gloucestershire has been working to reduce the demand on South Western Ambulance Service NHS Foundation Trust (SWASFT), by ensuring there are alternative pathways to conveyance to a hospital available to paramedics where it is appropriate for the patient, and has invested in clinical triage

of calls to SWAST from NHS111 to ensure that patients who can be treated appropriately elsewhere are signposted appropriately.

Planned Care

Diagnostic Services – Waiting times

The national target is for no more than 1% of patients to be waiting more than 6 weeks for a diagnostic test. Due to the severe service disruption seen in the early part of 2020/21, there was a significant decline in diagnostic activity with a dramatic increase in patients waiting longer for a diagnostic test (over 43% of patients waiting more than 6 weeks during the first COVID-19 wave).

This year, most test types have managed to significantly recover their activity. There are backlogs of patients waiting for a test in some specialties; however, patient waiting lists are triaged to ensure that urgent cases are dealt with quickly, with cancer diagnostics remaining a top priority throughout the pandemic.

Echocardiography has been an area of concern, with a significant backlog of patients impacting upon overall diagnostics performance recovery. Recovery plans are in place and steps are being taken to expedite recovery in advance of the original August 2022 trajectory. Additional staff, equipment and IT support from the TIF bids is now in place as well as further insourcing and outsourcing with Independent Sector Providers. However, the backlog is unlikely to be cleared until August 22.

Overall performance is expected to remain well above the 1% target into the new financial year, as recovery of elective healthcare continues locally and nationally.

Referral to Treatment (RTT) – Waiting times

The national target is that patients should not be waiting more than 18 weeks for consultant led treatment, however in the early part of 2020/21 elective care was stood down in the majority of areas to support the COVID-19 response. This led to serious deterioration in performance against the RTT standard, the waiting lists started to grow as did the number of patients waiting over 52 weeks.

Moving into 2021/22, elective patients waiting for surgery have continued to be prioritised by clinical need and waiting lists validated to ensure they are accurate and up to date. The highest urgency patients continue to be treated first along with cancer patients with the remainder of the waiting list being treated in wait time order.

The total waiting list size for elective treatment has remained relatively stable throughout the year, best performance for the year so far was in July 2021 with 76.3% of patients waiting less than 18 weeks. However, the number of patients with longer waits has increased – in particular, the total number of patients waiting more than 52 weeks. 2021/22 has focused significantly on the system response to the challenge of increased long waits and the severe impact of COVID-19 on elective service activity. The plan has aimed to utilise NHS capacity before the onset of winter pressures to treat patients in clinical order and 104-week risks, maximising productivity and efficiency while being mindful of the impact on staff wellbeing.

Despite this drop in performance, Gloucestershire benchmarks well against other areas nationally.

Cancer – Waiting times

Cancer services continue to be prioritised locally throughout the pandemic into 2021/22 to make sure that patients referred with suspicious symptoms are seen within 2 weeks of referral. Due to this prioritisation, and the focus on ensuring cancer services were not compromised by COVID-19, cancer performance has been extremely good in Gloucestershire with fewer people waiting and more patients being seen and treated within target than in 2019/20 before the pandemic occurred.

There has been extensive innovation across cancer pathways in particular to support patients receiving timely diagnostics and only requiring in person appointments where necessary. For example, primary care screening for Lower GI cancer has been maintained throughout the pandemic and now patients who may have been previously referred straight to endoscopy are able to access Faecal Immunoprecipitation Testing (FIT) through their GP, potentially avoiding the need for a hospital appointment completely.

The CCG continues to work closely with Gloucestershire Hospitals Foundation Trust to develop the cancer pathways and services, and the focus for 2021/22 has been to reach patients who may not have come

forward with worrying symptoms during the COVID-19 pandemic, and to develop pathways for patients with vague symptoms.

Across the nine standards for cancer referrals and treatments, Gloucestershire Hospitals NHS Foundation Trust has met five in full, its best achievement being in May 2021 when it achieved seven out of nine standards:

	2021/22 performance (provisional Feb22)
Cancer Referral - All cancer 2 week waits – At least 93% of patients seen for the first time within 2 weeks of referral	94.8%
Cancer Referral - Two week wait for breast symptoms – At least 93% of patients seen for the first time within 2 weeks of referral	95.2%
Cancer Treatment – at least 96% patients to receive first definitive treatment within 31 days of a cancer diagnosis	98.9%
Cancer Treatment - at least 98% of patients to receive subsequent treatment for cancer within 31 days of diagnosis - Drug Regime	99.4%
Cancer Treatment - at least 94% of patients to receive subsequent treatment for cancer within 31 days of diagnosis - Radiotherapy	100.0%
Cancer Treatment – at least 94% of patients to receive subsequent treatment for cancer within 31 days of diagnosis – surgery	93.7%
Cancer - 62 day cancer treatment target (percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer to be greater than 85%)	69.2%
Cancer Treatment - 62 day wait for first treatment following referral from an NHS cancer screening service	80.0%
Cancer - 62 day cancer treatment target (percentage of patients receiving first definitive treatment for cancer within 62 days of consultant referral for suspected cancer to be greater than 90%)	80.0%

Mental health targets

Dementia Diagnosis Rate

Dementia diagnoses have declined considerably in Gloucestershire as a result of the pandemic, partly as COVID-19 has been associated with a higher risk of death in the dementia patient population.

Patients may have been less likely to access their GP, therefore not be receiving a diagnosis in as timely a manner as before the COVID-19 pandemic began. Again, this is a national trend, with Gloucestershire seeing a drop to 62.3% of patients estimated to have dementia receiving a recorded diagnosis (down from the 2019/20 level of 67%).

Gloucestershire is above the national position which has declined to 61.6%. This has been a priority area for COVID-19 recovery in 2021/22 for Gloucestershire with work to support GPs and dementia services with identifying and supporting this group of vulnerable patients.

Improving Access to Psychological Therapies (IAPT) – Access and Recovery

In 2021/22, demand for IAPT has risen, with a greater proportion of people requiring intervention following the demands of the COVID pandemic. Work has been underway to expand the IAPT service in line with new demand expectations. Patient access to IAPT has been maintained throughout the 2021/22 financial year with performance hovering around the target position, and appropriate reconfiguration to allow online therapy and minimise social contact is in place. The service has developed group therapy using platforms such as MS Teams to continue to support patients in their preferred setting.

In 2021/22 the service has continuously met the national recovery target of more than 50% of those

patients completing therapy moving to recovery, and consistently achieves a higher percentage of patients moving to recovery than the national average.

NHS System Oversight Framework

CCGs play a major role in achieving good health outcomes for the population that they serve and are subject to annual assessment by NHS England and NHS Improvement (NHSE&I) on their overall performance and performance across domains related to healthcare

The NHS Oversight Framework replaced the Improvement and Assessment Framework (IAF) for CCGs in 2019/20, bringing CCGs into a similar oversight framework to NHS provider trusts, reinforcing the system led delivery of integrated care. The oversight framework for 2021/22 continued to use many of the indicators previously associated with the IAF framework with CCGs receiving an overall assessment in one of four categories: outstanding, good, requires improvement, or inadequate.

The Framework is split into the following broad areas:

- quality of care, access and outcomes;
- preventing ill health and reducing inequalities;
- people;
- finance and use of resources;
- leadership and capability;
- and local strategic priorities.

In general, Gloucestershire performance is close to the national average for the majority of indicators. There are some indicators where performance is meeting the national target, but is lower than the national average, and some indicators were assessed prior to the COVID-19 pandemic, meaning that their performance has changed significantly since this time (for example 18-week RTT).

Further information can be found here:
https://www.england.nhs.uk/publication/system-oversight-framework-2021-22/

Sustainable development

The importance of the sustainability agenda increased following the publication of 'Delivering a net zero NHS' in 2020. It is now widely recognised that Climate Change places the biggest impact on human health and NHS Trusts, Primary Care Networks and ICSs must do all they can to mitigate the effects from an ever-changing climate.

Previously, we calculated our carbon footprint using the Sustainable Development Units (SDU) carbon footprint tool. The SDU was disbanded in 2021 and reformed into the Greener NHS Team and associated reporting tools have been revised and remain obsolete until the upcoming financial year.

We therefore cannot accurately report our carbon footprint for 2021/22 until the Greener NHS Team begin the new reporting process. Our full carbon footprint for 2021/22 will feature in a standalone Sustainability Annual Report where we will continue to monitor our emissions and progress made against the CCG's baseline.

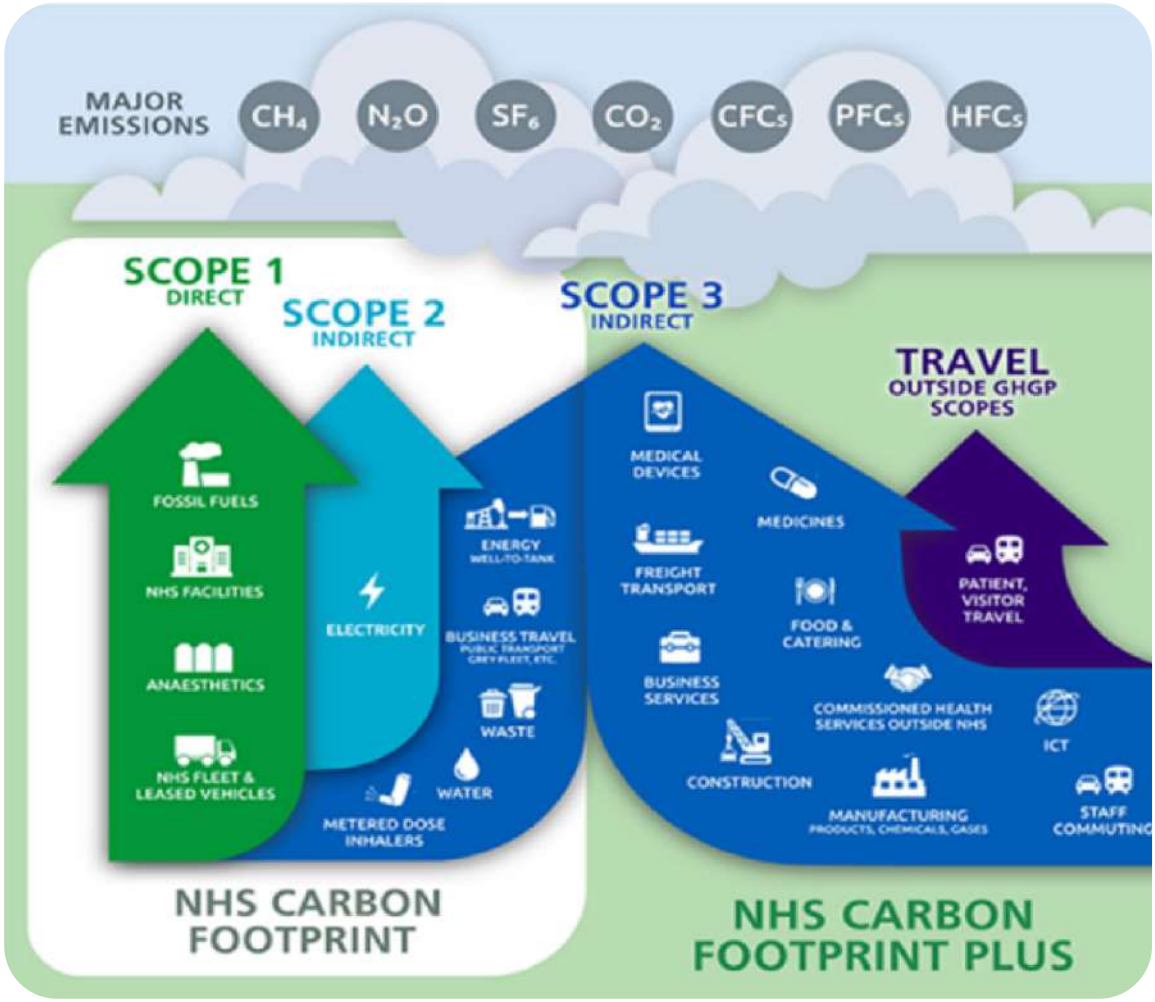
The CCG continues to use a sustainable approach when commissioning healthcare services, considering the social and environmental impact of all its procurement and commissioning activities with sustainability included as a factor within procurements. The CCG's Chief Finance Officer (CFO) and Director of Nursing and Quality take responsibility for Sustainability at Board level.

Action on sustainability continues to be initiated through the CCG's Joint Staff Consultative Committee, which regularly includes sustainability as an agenda item and promotes sustainability through staff briefings. Staff continued to work primarily from home in 2021/22 thus continuing some of the reductions in commuting and also energy usage for the office. Most business meetings remain virtual.

Despite these challenges in reporting emissions, we are progressing with the development of a system wide Green Plan for Sustainability and acting against Climate Change. This Green Plan will place emphasis on reaching net zero carbon footprint by 2040 and will encompass more holistic approaches to

sustainable healthcare including Sustainable Care Models, Healthcare prevention, procurement, and social value. The One Gloucestershire ICS Green Plan will be approved by the ICS Board and launched during 2022.

The targets for reaching net zero are set out below:



NHS Scope of Emissions

These targets will be achieved by reducing our emissions from energy use, travel and our procurement activities.

NHS Net Zero Targets

1. **NHS Carbon Footprint** to reach net zero by 2040, with an ambition for an 80% reduction in emissions (compared with a 1990 baseline) between 2028 to 2032.
2. **NHS Carbon Footprint Plus** to reach net zero by 2045, with an ambition for an 80% reduction in emissions (compared with a 1990 baseline) between 2036 to 2039.

Quality Improvement

The Health and Social Care Act 2012 S26(14R) sets out that Clinical Commissioning Groups have a duty to continually improve the quality of services.

The CCG Quality and Governance Committee has responsibility on behalf of the Governing Body for ensuring these responsibilities are discharged.

As with the previous 12 months, this has been another challenging year for the NHS. As services start to return to pre-pandemic footings, new challenges have emerged to support and improve the Quality of services.

During the last year we led and supported providers with a system-wide review of nosocomial infections to promote system-wide learning and improvement to keep our patients safe. With both main providers having now published their reviews we can act as system lead to draw conclusions together. We continue to work with providers to support the review of Serious Incidents and Never Events. While we remain concerned at the 10 Never Events reported during the last year, the openness with which they have been reported shows the transparent and open culture we have always advocated. We look forward to the move to the 'Patient Safety Incident Response Framework' over the next year where we can continue the promotion of such openness.

As we move to streamline assurance routes in advance of the formal creation of NHS Gloucestershire Integrated Care Board (NHS Gloucestershire) we have strengthened our links with our main providers' quality committees which continue to provide the CCG with an in-depth understanding of the issues they are facing and their response to the risks to quality which have been identified.

We have also strengthened our relationship with NHSE&I in development of the system Quality Surveillance Group. This group bring together a wide range of system partners to champion improvement. As assurance structures within the Integrated Care Board change over time, the new iteration of this group, the System Quality Group, will gradually take shape and build on the existing group's success.

We continue to focus on maternity services and ensuring the Ockenden Essential actions are evidenced. The CCG will continue to work closely with the Trust to support embedding the actions and to meet the recommendations of the final Ockenden report published on 30 March 2022. We remain in a positive position with regard to the implementation of Continuity of Carer compared to other areas in the South West where we have maintained three teams working with some of most deprived areas and with women from diverse communities. Feedback from women has been extremely positive.

In November and December, the Care Quality Commission (CQC) undertook the first of new kind of inspection covering all parts of the Urgent and Emergency Care pathway. They rated some areas outstanding (NHS 111) but found others requiring improvement (Out of Hours). Supporting the system to make these improvements will be a priority for us.

The CCG recognises that it has responsibility for assuring quality in a wide range of health and care providers. This year the out of hospital care experience remains a high priority for the CCG quality team.

The CCG's Care Home Infection Prevention Team (CHIP) have continued to support Gloucestershire's Care Homes and Supportive Living settings with advice and guidance around outbreak management, ongoing use of PPE and IPC training updates. This support has been face-to-face and virtual in accordance with the requests or needs of the home. The team work closely with the IPC Team at Gloucestershire Hospitasl NHS Foundation Trust to ensure that the latest IPC guidance and up to date information around topics such as testing and visiting restrictions are shared with community colleagues. They have also provided point of care testing (POCT) for flu, assisted with GP liaison and attended IMT with Public Health colleagues for wider outbreak management.

During the pandemic the CCG's Medicines Team continued to closely monitor the prescribing of antibiotics in primary care. Although there was an initial increase in antibiotic usage this has since declined following guidance and oversight by the Gloucestershire Microbiologists and the countywide approach to antimicrobial prescribing. The Quality Team continue to monitor the rate of other common infections amongst the population. It is evident that the precautions the public have taken to control the spread of COVID-19 has also had a significant impact on the incidence of other infections. There has been a 21% reduction in the cases of C.Difficile; a 64% reduction in MRSA and a 20% reduction in the incidence of

E. Coli. Until recently levels of influenza have also remained low, but April has started to see a rise in Flu A cases linked to the COVID-19 restrictions being lifted.

The ongoing use of pulse-oximetry COVID virtual wards in patient's homes supports around 200 referrals each week and with the new Neutralising Monoclonal Antibodies treatment being undertaken we have been able to support the system developments to reduce unnecessary COVID-19 related admissions.

We have also continued to support the ongoing COVID-19 vaccination programmes. During the December 2021 push to increase booster take up, staff from across the CCG came together to support primary care vaccination sites both as vaccinators and administrators.

Gloucestershire GP-led Primary Care Network (PCN) vaccination hubs, with the support of the CCG, are now offering spring boosters to everyone aged over 75 and have successfully vaccinated all Care Homes in the county. For the booster programme there has been a poor uptake amongst the clinically extremely vulnerable (CEV) cohort with around 18% uptake so far, but Gloucestershire remains one of the top performing areas in the country for vaccine uptake. We are currently offering all children aged 5-11 vaccinations at a number of centres with specialist children teams.

The CCG team continue to provide quality assurance standards and monitoring visits to ensure safe delivery of the large number of vaccinations being given at the PCN vaccination sites. The CCG continues to have a responsibility for the quality of primary care general medical services.

Our Practice Nurse Education programme has successfully led change by delivering better health outcomes in primary care, and by making primary care 'the place to be' for ambitious nurses who deliver quality care and empower our population to live well.

The Clinical Learning and Development Matron has been working closely with Gloucestershire Primary Care Training Hub (GPCTH) over the last year to promote the recruitment, retention and return of General Practice Nurses (GPN's) and Health Care Assistants (HCA's). The key areas are; Preceptorship for newly qualified and new to practice GPN's, Mid-career development, Advanced Practice and the drive to 'grow our own' staff by increasing the numbers of Trainee Nursing Associates (TNA's).

Since 2020, the numbers of TNA's have risen from 0-10 with 4 completing their first year, 6 starting the course in April and more interest for the September 2022 cohort. Considering the requirement to expand our Nursing Associate numbers, GPCTH have appointed two TNA Practice Education Facilitators (PEF) for a 12-month fixed term duration. The role of the PEF's will be to build on the work from the Clinical and Learning Development Matron and accelerate the TNA/NA programme within Gloucestershire to support the overall Health Education England target increase of 11%.

Working Together to Safeguard Children in Gloucestershire

Strategic leadership and Partnership working are key elements to proactively supporting the effectiveness of Gloucestershire's Safeguarding System. The CCG's Director of Nursing and Quality continues to Chair the Gloucestershire Safeguarding Children Partnership (GSCP), as well as her Board level presence at Gloucestershire Adult Safeguarding Board. This work is underpinned across the Partnership working groups, by the CCG Designates, Provider Trust Safeguarding Leads, Named and Specialist Practitioners, and seeks health operational Safeguarding activity that is engaged, and impactful.

The ensuing development of ICSs has enabled NHS Gloucestershire CCG's focused project on the opportunities and benefits for integration of health-related safeguarding teams. Working closely with the Directors of Nursing and Safeguarding Leads for the CCG and both Provider Trusts, integrating work on our common functions will allow for improvements address gaps and duplication in service provision, as well as in enhancing ease of access and simplicity for our partners.

Engaging People and Communities

Overview

NHS Gloucestershire CCG is committed to taking into account the views and ideas of patients, unpaid carers, communities, the wider public and staff working across and health, care, community and voluntary sectors.

Our intention is always to co-design potential solutions to the challenges and opportunities that come our way, so that the services we commission can be truly responsive to the people and communities who use them and the staff and partners who deliver them.

In Gloucestershire we have a strong track record of delivering effective and innovative approaches to working with people and communities – both ongoing and to support specific programmes and projects.

We are mindful of our legal duties with respect to involvement and match these with our shared desire to ensure that What matters to Gloucestershire residents (and people living on our borders), our partners across the voluntary and community sector and our staff, influences the delivery of health and care services. The Health and Social Care Act 2012 S26 (14Z2) sets out how NHS Clinical Commissioning Groups have a duty to work to ensure there is public involvement and consultation.

We describe our activities on our websites and other online platforms and report outputs at meetings in public, such as the CCG Governing Body and Gloucestershire County Council's Health Overview and Scrutiny Committee (HOSC). We routinely publicise 'you said, we did' data. At the end of Engagement and Consultation projects we produce and publish Output Reports. An example of these can be found here: **https://www.onegloucestershire.net/wp-content/uploads/2021/03/FINAL-Fit-for-the-Future-Output-of-Consultation-Report-FINAL.pdf**

Our Output Reports:

- describe the engagement and consultation activities undertaken and the results of the activities, such as:
    - Community outreach work
    - Information Bus tours
    - Targeted focus groups
    - Surveys (freepost and online) we publish survey responses in full (redacted for Personally Identifiable Data)
    - Telephone interviews
    - Facebook LIVE discussions
    - Citizens' Juries
- incorporate Equality Impact Analysis of the approach to engagement/consultation taken;
- record demographic information about participants
- summarise the feedback received into quantitative results and qualitative themes; and
- include considerations and learning points for future engagement and communication activities.

The number of engagement specialists across the One Gloucestershire ICS is relatively small. However, over time we have developed experience in many aspects of engagement. This has meant that almost all engagement activity across the One Gloucestershire ICS has been planned, delivered, analysed/reported and evaluated 'in house' within existing resources. There are two notable exceptions to this where we have invested significantly in external support over the last two years:

- Independently facilitated Citizens' Juries x 2 (juror recommendations accepted by decision makers)
- Quality Assurance by The Consultation Institute of the Fit for the Future consultation process (2020) - rated 'good practice'.

Although we work as individual organisations across the county, we also work in close partnership to ensure we involve a wide range of people in projects and in gathering lived experiences of services to inform service redesign and quality improvement.

COVID-19 Engagement and Experience

During 2021/22, the CCG Patient and Public Engagement and Experience (PPE) team has continued to adapt to 'socially distanced' ways of working. As restrictions have reduced over the last 12 months, more face-to-face activities have recommenced. However, we learned so much about the benefits and opportunities offered by online methods in terms of increased accessibility for different groups of people that we have continued to expand and incorporate these into our established ways of working.

COVID-19 Experience Feedback

COVID-19 incident management gave all parts of the CCG opportunities to work differently and innovate. Capturing and sharing the experience of patients, carers and staff has been crucial so we can continue to improve as a system after COVID-19 and in line with the ICS priority to learn from all the incredible hard work that has been done during this time.

CCG Patient Support, Advice and Liaison Services (PALS)

During the last 24 months all CCG Patient Advice and Liaison Services (PALS) have adapted to ensure that patients, carers are families have been able to access the support they require.

As well as resolving issues, these services have recorded experience of local services. The CCG Patient Advice and Liaison Service (PALS), which focuses on 'Patient and Public Experience', has maintained a 5 day a week CCG PALS and Complaints service throughout the last year.

In the last two years we have seen a significant increase in PALS contacts from an average of 120 a quarter in 2019/20, to over 250 contacts a quarter in 2020/21 with an even bigger rise in 2021/22 to on average 342 contacts a quarter. The last quarter of 2021/22 saw a reduction in the overall number of contacts. However, the nature and level of patient contact have remained both complex and time consuming. There has been an increased number of MP Enquiries handled by the PALS team during 2021/22. Good relationships continue with MPs' constituency offices.

The PALS team have continued to provide a weekly reporting mechanism, recording and sharing all COVID-19 related contacts with the CCG Director of Nursing and Quality. The number of COVID 19 related enquiries has reduced considerably in the last two quarters of 2021/22.

In the last twelve months there have been four contacts with the Parliamentary and Health Service Ombudsman relating to cases of Continuing Healthcare. Two cases are closed and not upheld, one was partially upheld, and one is still awaiting review.

The CCG and system partners have been proactive in gathering feedback of local people's experience of services using a variety of different methods throughout the year. More detail of provider activity in this respect can be found in individual organisations' Quality Accounts for the year.

Engagement in 2021/22

Mindful of the need to communicate in different ways during the pandemic, all engagement activities have been widely publicised through the media, social media and through cooperation with our partners in the public, voluntary and community sectors.

We use the NHS Gloucestershire CCG and the One Gloucestershire Integrated Care System websites as part of our engagement and consultation processes. In October 2020, we launched the 'Get Involved in Gloucestershire' (GIG) online participation platform.

Get Involved in Gloucestershire

Get Involved in Gloucestershire is the CCG's online participation space where local people can share their views, experiences and ideas about local health and care services. Their input helps us to inform and influence the decisions local NHS organisations make.

Today there a more than 300 registered members of GIG. Registering on the site is really easy and only takes a few moments. The registration form asks people to express their preferences for how we communicate with them and identify any particular areas and topics of interest. Individuals don't have to register to participate in our work, but if they do it helps us to keep them informed about our latest

projects. Since GIG launched in October 2020 there have been over 7,000 individual site visits.

https://getinvolved.glos.nhs.uk/

GIG provides a range of integrated online engagement tools, information and communication resources, as well as participant record management, reporting and data analysis capabilities. Key Feedback Tools in each GIG project include: Independently moderated Discussion Forums, Patient/Stakeholder stories, Ideas boards, surveys and quick polls. Key Communication and Information Resources in each GIG project include: Email and e-Newsletter Formats, Documents Library, FAQs; Project Life Cycle and Key Dates, video and image galleries.

The system has so far been used for COVID-19 and non-COVID-19 activity, in particular it has supported the Fit for the Future: Lung Function and Sleep Service Engagement (see below) this year as well as activities to support clinical programme group areas such as Diabetes and Community Diagnostics.

GIG has developed further as a systemwide resource over the past 12 months, with a commitment from local Provider Trust to recognise GIG as the county hub for system-wide engagement activities.

This partnership approach is demonstrated in a GIG development this year which has seen the creation of two new 'members areas' for Foundation Trust members to access information and get involved in systemwide opportunities.

- **https://getinvolved.glos.nhs.uk/gloucestershire-health-and-care-nhs-foundation-trust-members-area**
- **https://getinvolved.glos.nhs.uk/gloucestershire-hospitals-nhs-foundation-trust-members-area**

Engagement support to GP member practices

From April 2016, it has been a contractual requirement for all English GP practices to form a Patient Participation Group (PPG). The CCG offers support and advice to all the county's 70+ PPGs and we have created a dedicated space on the Get Involved in Gloucestershire online participation space for them **https://getinvolved.glos.nhs.uk/ppg-network** which includes: Latest news and Ideas space, a place for discussions and a place where PPG members can propose and vote for agenda items for the countywide PPG Network Meetings.

Online PPG Network in 2021/22

The CCG Engagement Team has hosted bi-monthly Microsoft Teams Countywide Patient Participation Group (PPG) Network meetings throughout the year with between 30 and 40 PPG participants attending each meeting.

PPG Members have joined in with many varied discussions ranging from PPG work planning to the co-development of a generic PPG survey for Gloucestershire PPGs to use, to be administered by the CCG Engagement team using our in-house survey tool (SMART). PPGs have also talked about PPG member recruitment and there has been a big focus on involving PPGs in developing the ICS approach to working with people and communities.

The CCG Engagement Team supports individual GP practices and their Patient Participation Groups to engage with their practice populations about changes and developments such as branch closures, staff changes and premises developments. The Team also supports practices and PPGs with quality improvement projects such as innovations like the 'walk, talk, walk' group at the Aspen Medical Centre. This is an opportunity for patients registered with the practice to meet together in the fresh air, get some exercise and talk informally. This was an idea from the PPG to reduce isolation and promote exercise in an urban area. The CCG Engagement Team gave the Aspen PPG a platform to promote this to other PPGs across the county; as a matter of fact, the face to face Countywide PPG Network meeting scheduled for May 2022 will be followed by a 'walk, talk, walk' for interested members.

Involvement Opportunities in 2021/2022

Obviously, a big focus of this year's involvement work has been on planning for the new One Gloucestershire Integrated Care System and the transition of the CCG to the Integrated Care Board.

Integrated Care System – Engagement - Developing our ICS priorities

An Engagement exercise was launched with a wide range of community partners, local people and communities during the Spring. The aim of the engagement was to:

- develop One Gloucestershire ICS priorities - supporting the future direction of both the proposed NHS Gloucestershire Integrated Care Board (to be known as 'NHS Gloucestershire') and the Integrated Care Partnership (to be known as the 'One Gloucestershire Health and Wellbeing Partnership') and;
- inform our future Working with People and Communities Strategy and discover how people would like to get involved in the work of the ICS going forward.

To support conversations, we developed a short guide, which set out our early thinking and also helped people to find out more about NHS Gloucestershire and the One Gloucestershire Health and Wellbeing Partnership. Inclusion Gloucestershire produced an Easy Read version of the Guide.

The Guide, together with information about the Information Bus Tour and a short survey were shared on the Get Involved in Gloucestershire online participation platform: **https://getinvolved.glos.nhs.uk/ics-gloucestershire**

The Engagement was promoted to key stakeholders, and the wider public. Each Integrated Locality Partnership had the opportunity to participate in the Engagement.

The Engagement asked three key questions:

- How would you like to be involved?
- Are there areas or issues you would like us to consider as we develop a new strategy for the ICS this year?
- What are the top three things you think we could do to improve health and wellbeing in our county?

The responses to these questions are now being analysed and will be shared across the ICS partners; influencing strategic planning and specific programmes and projects as we transition into new systemwide working.

A separate Engagement activity on behalf of the NHS Gloucestershire Integrated Care Board is seeking views on developing a new website to replace: **www.gloucestershireccg.nhs.uk** and **www.onegloucestershire.net**

It's important that the new website for NHS Gloucestershire provides information that is easy to access, relevant and helpful for people accessing health and care services in the county. As an NHS organisation, there are certain things that the ICB must make available on its website, but we also want to hear about the kind of information people want to see and about website functionality and design.

Lung Function and Sleep Services Engagement

Influencing the new ICS has not been the only subject local people and communities have been involved with over the past 12 months. A good example is the Engagement relating to proposed changes to the Lung Function and Sleep Services.

Fit for the Future is part of the One Gloucestershire vision, focussing on the medium and long-term future of specialist hospital services at Cheltenham General Hospital and Gloucestershire Royal Hospital. Last summer, we talked to local people about an opportunity to change the way Lung Function and Sleep Services are provided and explored what this could mean for them, their families and our staff. The ideas for change were based on the desire to make best use of our dedicated specialist staff, equipment and our two thriving hospital sites. We heard from current patients of the service as well as people who might need to use the services in the future.

The Output of Engagement Report was presented at the NHS Gloucestershire CCG Governing Body, where the proposals for change were supported. The proposals and feedback from engagement were

also discussed with representatives of Gloucestershire Health Overview and Scrutiny Committee (HOSC) and Healthwatch Gloucestershire and consideration was given as to whether the proposed change represented a 'substantial variation' requiring further public consultation. It was concluded by everyone that no further consultation with the public was required.

The feedback from the engagement and the final decision made by the CCG Governing Body were all be published at: **www.onegloucestershire.net/yoursay** and shared on the online participation platform Get Involved in Gloucestershire at: **https://getinvolved.glos.nhs.uk**

The Lung Function and Sleep service are expected to move out of their current Gloucester Royal Hospital (GRH) location from September 2022. The service will then set up their spoke site at GRH and expand into their temporary location at Cheltenham General Hospital (CGH). Once the Catheter Labs for Interventional Cardiology are completed in GRH, this will mean that Interventional Cardiology can move out of their space in CGH, which will be used to develop the permanent hub for Lung Function and Sleep services. We are expecting the work on the main hub to start in September 2022 and be complete in 2023.

The service anticipates that around 100-150 lung cancer patients per year will visit the hospital once, as opposed to twice under the new hub and spoke model. In future, it is also possible that for sleep patients who make up around 5-10% of referrals (1,200 patients per year) would only have to visit the service once as opposed to four times throughout the pathway, as a result of issuing sleep equipment from the hospital site.

Strategy and Reporting

Engagement and Experience Strategy

Currently each NHS organisation in Gloucestershire has a strategy/plan relating to involvement/ engagement:

- **NHS Gloucestershire CCG** believes that involving our local communities leads to better, more informed decision-making. **An open culture: a strategy for engagement and experience** sets out our commitment to listen to the views of our local communities and involve people in the planning, development and evaluation of services. The full document is available at: **www.gloucestershireccg.nhs.uk/about-you/strategy-and-reports/**

  Our engagement strategy celebrates the diversity of our county and recognises the need to ensure we commission services that lead to Better Health Outcomes and Improved Patient Access and Experience (Goals and outcomes of EDS2).

  We are currently in the process of co-creating our ICB system-wide strategy for working with people and communities. This will be completed by mid-May 2022. This strategy will replace the CCG Strategy and be informed by NHSE ICS Guidance: **https://www.england.nhs.uk/wp-content/uploads/2021/06/B0661-ics-working-with-people-and-communities.pdf**

- **Gloucestershire Hospitals NHS Foundation Trust (GHT): Engagement and Involvement Strategy 2020–2024** This strategy outlines the Trust's principles and approach for embedding engagement and involvement into how outstanding care is delivered **https://www.gloshospitals.nhs.uk/about-us/reports-and-publications/strategies/engagement-and-involvement-strategy/**

- **Gloucestershire Health and Care NHS Foundation Trust (GHC): Membership and Engagement Strategy 2021-24** This strategy outlines the Trust's vision for Membership and Engagement and sets out the methods that will be used to identify and build an effective, responsive and representative Membership body that will assist in ensuring that GHC is fit for its future in the changing NHS environment.

And:

Gloucestershire Health and Care NHS Foundation Trust (GHC): Working Together Plan, launching in 2002: This plan outlines:

- what the Trust means by working together;
- the values and principles the Trust will use to guide improvement plans;
- examples of what has worked well so that the Trust can see what needs expanding, improving or creating so that people have a quality experience of being involved;
- the next steps the Trust is taking to work towards its aims; and
- methods the Trust is developing that test and measure involvement so it can report on our progress.

Recognising Equality, Diversity and Inclusion

We want to understand the needs of our diverse community and strive to treat everyone as an individual, with dignity and respect, in accordance with their human rights.

To help us understand "what matters to you," we have undertaken a significant amount of local engagement across the county. Working in partnership with voluntary sector and community groups and organisations across One Gloucestershire (our Integrated Care System), we aim to provide a range of opportunities for people to get involved and influence local health care services.

Planning for public engagement and consultation activities includes the completion of an Engagement Equality Impact Assessment of the approach to engagement taken, describe the engagement activities. An example of a completed EEIA for the Fit for the Future Consultation can be found at: **www.onegloucestershire.net/wp-content/uploads/2020/10/Equality-and-Engagement-Impact-Assessment-FINAL-1.pdf**

Testing our approach and learning

Our approach to evaluating the effectiveness of our engagement and consultation activities locally is to apply a respected quality improvement methodology, using an iterative process: Plan, Do, Study, Act (PDSA cycle) **https://improvement.nhs.uk/documents/2142/plan-do-study-act.pdf**

In a 'twitter poll' in 2021 - Improvement Methodology Olympics #ImprovementMethodOlympics **https://twitter.com/helenbevantweet/status/1428606043823738881** - the gold medal winner was PDSA cycles, with 'What matters to you' and 'Appreciative Inquiry' taking the silver and bronze places respectively. These are also methods we routinely practice in our approach to, and learning from, our experience of working with people and communities.

We have adapted the Engagement (and Consultation), Experience and Inclusion Evaluation Framework developed by The Science and Technologies Facilities Council https://stfc.ukri.org/files/corporate-publications/public-engagement-evaluation-framework/ to support the STUDY element in our Engagement, Experience and Inclusion PDSA Cycle.

Governance: engagement and involvement activity

The CCG working together with partners

The CCG works as a member of the One Gloucestershire Integrated Care System (ICS) partnership; feedback collected from local people and communities through our engagement activities informs strategic thinking across the ICS.

The CCG works with a wide range of partners from statutory, voluntary and community organisations. These key relationships are shown at: **www.gloucestershireccg.nhs.uk/wp-content/uploads/2020/02/Working-together-for-you.pdf**

Much of the strategic engagement activity in Gloucestershire is organised across the countywide One Gloucestershire Integrated Care System partnership. We have an established ICS Communications and Engagement Sub-Group. We believe building strong and sustainable relationships and engaging in open conversations avoids surprises, builds trust, confidence and credibility and engenders mutual respect;

providing firm foundations for the development of better future services. Individual Provider Trusts also undertake involvement within their organisations, seeking patient, carer and staff views to inform the development of services and monitor the quality of services they provide.

There are comprehensive structures and processes for involving patients and the public in the work of the CCG and across Gloucestershire's Integrated Care System (ICS). The feedback received from public engagement and consultation is reported and heard at all levels of the CCG's Governance structure from the groups that report into the sub-committees and boards up to the Governing Body. There are feedback loops back to patients and members of the public who have shared their views on how they wish to see services changes and improve.

Governing Body:

The CCG Governing Body holds meetings in public on a bi-monthly basis. At many meetings there is a patient story; usually an individual's experience of using local services.

The narrative given often highlights areas of good practice, poor/inadequate service provision and changes the person would like to see in how services are organised and delivered.

Over the past 12 months, patient stories have covered:

- End of Life, family experience
- Low Calorie Diet Programme weight loss story
- Music Works for Long Term Health Conditions
- Vaccine Equity
- Language that Cares ambassadors: positively impacting the environment of children who live in care

The Governing Body receives a Quality report at each meeting which provides an update on the quality of commissioned services as well as providing an overview of contemporary engagement activity and patient and public feedback. The Quality report also includes a summary of PALS/complaints contacts and themes.

The Governing Body receives strategies and reports on numerous services, projects and programmes, many of which incorporate patient experience and feedback and reflect changes that have been made in light of feedback received.

Quality and Governance Committee:

The Quality and Governance Committee has specific responsibility for assuring the Governing Body of the quality and safety of services the CCG commissions on behalf of Gloucestershire residents. Part of the remit of the Committee is to consider and review the quality of patient and public involvement and engagement. At each meeting, an over-arching quality report is received. In addition, the provider's quality accounts, PALS/complaints data and engagement activities are included in reports to the Q&G Committee.

Primary Care Commissioning Committee (PCCC):

The PCCC, which includes amongst its membership a member of the Healthwatch Gloucestershire Board and the Chair of the Gloucestershire County Council Health and Wellbeing Board, receives and reviews the bi-monthly primary care quality reports. This includes an overall summary of engagement activities undertaken over the past two months within primary care.

The report covers the activities of the Patient Participation Groups, key themes emerging from those groups and feedback on what needs to change for example changes to the phone system and appointments at practices.

Additionally, every application that is submitted for practice merger/acquisition or out to tender includes an analysis of the patients' feedback from the practices affected, as well as wider stakeholder engagement including opportunities for the Health Overview and Scrutiny Committee, Health and Wellbeing Board and Healthwatch Gloucestershire to consider and comment. This feedback along with other important factors is used in determining for example practice location and premises etc.

Involvement in other groups

All groups will have methods for including patients and the public in their group's work for example Individual Funding Request Panel receives submissions from patients and the HR/OD group includes staff members from across the organisation. The HR/OD group is responsible for ensuring that the findings and recommendations from the Staff Survey are acted upon and reported to the Quality and Governance Committee.

Regular reporting of patient experience and engagement activities at the CCG

As described above, Engagement and Experience updates form part of the regular Quality Reports discussed at the CCG's Committees.

These reports promote discussions, ensuring patient and public voices influence decisions about the development and commissioning of services. Further details of the CCG Governance Structure can be found at: **www.gloucestershireccg.nhs.uk/about-us/the-governing-body/governance-structure-sub-committees/**

Experience Team

The CCG Experience Team reactively deals with patient experience feedback. This includes assisting with local resolution of individual patients' concerns and handling the complaints process. We can also signpost to independent advocacy support through an independent provider: POhWER. We regularly liaise across multiple NHS and care organisations, both locally in Gloucestershire and in our neighbouring counties, to help to resolve complex issues.

Engagement Team

The CCG Engagement Team advises the CCG on active ways to engage local community; seek feedback on services, plans and proposals; and ensures that the CCG complies with current legislation relating to engagement and equality.

Patient and Public Engagement Team skills include::

- the planning, design and delivery of engagement and consultation activities
- developing and undertaking survey work and reporting
- providing support to patients who want to share their experiences of using NHS services, raise a concern, ask questions or need help to access healthcare
- providing advice on equality good practice
- Graphic Facilitation
- training; we have an accredited trainer for NHSE&I's 10 Steps to Even Better Engagement supporting NHS Gloucestershire Clinical Commissioning Group staff with patient and public engagement.

We are a small team and are there to help people and communities to get involved in shaping health and care in Gloucestershire. We also provide advice and support CCG staff and our member GP practices. In 2021/22 we were pleased to be joined by a new team member. Our new colleague is working to ensure that the views and experiences of people with protected characteristics and 'communities of interest' and 'communities of place' inform the CCG and ICS strategic direction, specifically with regards to reducing stigma and health inequalities. Working with partners across the ICS, she is developing appropriate and sensitive methods to facilitate the involvement of people with protected characteristics.

This year we have continued to present information about the CCG's approach to Patient and Public Engagement at all new staff online induction sessions and have facilitated 10 Steps to Even Better Engagement training at the Clinical Programmes Team away day.

CCG Information Bus

Recognising the value of partnership working, we support the shared use of the CCG Information Bus to support active community involvement across Gloucestershire. Using our Information Bus enables us to reach into local communities and visit events and festivals across the county.

The CCG's Information Bus facilitates partnership working, offering information and activities to support self-care, health and wellbeing and self-management across the communities of Gloucestershire. The Bus is also a fantastic engagement resource to promote conversations with people at all four corners of the county about services and support.

In the last 24 months the Information Bus has not been as active due to COVID-19 lock down restrictions. When we used the Bus in 2020/21 it was under very strict social distancing arrangements. As a result of our learning during the COVID-19 restrictions we decided to undertake a review of the Information Bus form and function this year. The outcome of that review is that we will be investing in the refurbishment of the Bus in 2022/23. The refurbishment is a cost-effective option to 'revitalise' the existing vehicle and gives us an opportunity to extend the potential use of the Bus by making it more clinically viable (e.g. all wipeable surfaces). The refurbishment is booked in for September 2022 after the busy summer period.

The future for engaging people and communities in Gloucestershire's Integrated Care System

'Working together to improve health and social care for all'[1] sets out the proposals to abolish Clinical Commissioning Groups and establish Integrated Care Boards as statutory NHS commissioning organisations. NHS and local authorities will have the duty to collaborate with each other. Measures for statutory integrated care systems (ICSs) will be legislated:

These will be comprised of an ICS Health and Care Partnership, bringing together the NHS, local government and partners, and an ICS NHS Body. The ICS NHS body will be responsible for the day to day running of the ICS, while the ICS Health and Care Partnership will bring together systems to support integration and develop a plan to address the systems' health, public health, and social care needs.[2]

Involving people and communities will remain central to the planning, development and operation of NHS services, but the organisations responsible and the precise mechanisms for public involvement will change. We are advised that CCGs statutory duties relating to public engagement set out in the Health and Social Care Act 2012 S26 (14Z2) will transfer in legislation to Integrated Care Systems from 1 July 2022.

We anticipate that collaboration and joint-decision making in Integrated Care Systems will be less complicated and that joined-up engagement activity across ICS partners will be easier. New forums for local collaboration will provide opportunities for influencing engagement design, implementation and evaluation.

And finally…

…an exciting development for 2022/23 – Our Citizens Panel

We know that we regularly hear from 'engaged', 'informed' and 'interested' individuals through existing channels (Get Involved in Gloucestershire, Trusts' memberships, other partners and stakeholders. We have identified that we can do more to ensure that we hear the voices of individuals living in Gloucestershire who do not, or cannot, easily tell us what matters to them.

One way we are going to address this over the next year is to establish a Citizens Panel.

One Gloucestershire ICS was successful in securing funding to support the development of a local Citizens' Panel (one of only 7 systems selected in England in 2021/22). We have set up a local Steering Group to take the Project forward. Our plan is to work with an independent organisation to:

- Design and use targeted market research methodologies to recruit and enable individuals to share their perceptions of local health and care services, and to tell us what matters to them. Sample to include representation of Gloucestershire population [Group 1], using the most up to date population data available on the Gloucestershire County Council 'Inform Gloucestershire' website **https://www.gloucestershire.gov.uk/inform/**
- Address the opportunity for participation amongst identified communities of interest in particular 'places' [Group 1 – segmented by 6 x Integrated Locality Partnerships (ILP) boundaries. The six ILPs

[1] **www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all**

[2] **www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version**

are largely coterminous with six District/Borough Council areas and as such share a constituency with the six geographical localities covered by the two NHS Foundation Trusts Public Governors. Inform Gloucestershire includes data at a District Profile level: **https://fingertips.phe.org.uk/profile/health-profiles/area-search-results/E10000013?place_name=Gloucestershire&search_type=parent-area**

- Target people and communities experiencing greater health inequalities, mirroring our Core20Plus5 populations. This is likely to focus on the more urban parts of the county, together with those experiencing rural isolation, which limits access to services and opportunities to get involved [Group 2].

We want to explore engagement question development with the independent organisation, ensuring that questions/feedback topics are clear and accessible to all. This may involve additional support to some communities e.g. people who do not have English as a first language; people with sensory impairment, people with low levels of literacy.

Our intention is to engage the 'core' [Group 1] and 'enhanced core' [Group 2] groups initially during Autumn 2022, as close to the launch of the ICS as possible. Concurrently we want to use the same engagement techniques with our already 'engaged', self-selecting membership of GIG and Foundation Trusts' members [Group 3]. This first engagement will focus on a series of questions, which we plan to develop with the independent provider. Our approach to question development will be informed by Understanding Integration: How to listen to and learn from people and communities: **https://www.kingsfund.org.uk/publications/understanding-integration-listen-people-communities**

Through analysis of the responses from both groups, we will be able to mitigate and potentially overcome self-selection bias by beginning to build a picture of the perceptions and views of two types of residents – those who have already proactively opted in to having their say 'the self-selecting' [Group 3], and those who have been selected through sampling [Groups 1 and 2].

We plan to run 2 surveys with Groups 1, 2 and 3 during the year, using the same set of core questions, but adding questions which also seek views on individual ICS priorities. Participants will ideally remain engaged with the Panel for two years. At the end of the second-year participants in Groups 1 and 2 will be invited and encouraged to become GIG and Foundation Trust members and a new process to recruit new Panel members for Year 3 will begin.

Procurement will commence in Q1 2022/23. The procurement specification is being co-designed with public voice partners - members of the new Working with People and Communities Advisory Group.

It is important to stress that the Panel will be an adjunct to other involvement and engagement activities and will not in any way replace our existing channels.

Equality, Diversity and Inclusion

NHS Gloucestershire CCG is committed to upholding the Rights set out in the NHS Constitution, specifically in relation to equality, diversity and human rights, and the principle which requires us to provide "a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity or marital or civil partnership status."

We recognise that Gloucestershire has a diverse population and that individuals may have multiple identities which can cut across more than one protected characteristic; e.g. we all have an age and a racial identity. Some of our characteristics may change over the course of our lives, e.g. we may acquire a disability, and some of us may change our religion.

Engaging our communities

We want to understand the needs of our diverse community and strive to treat everyone as an individual, with dignity and respect, in accordance with their human rights.

To help us understand "what matters to you," we undertake significant amounts of local engagement across the county. Working in partnership with voluntary sector and community groups and organisations across One Gloucestershire (our Integrated Care System) we aim to provide a range of opportunities for people to get involved and influence local health care services. We have expanded our engagement team

this year to include a new Insights Manager, ED&I role. Working with colleagues from across the ICS, she is developing appropriate and sensitive methods to facilitate the involvement of people from diverse communities.

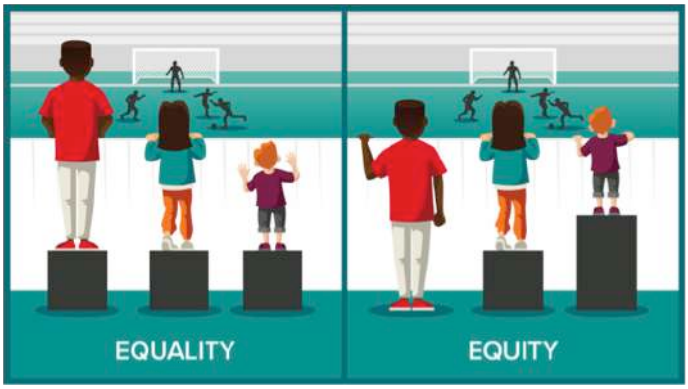
We support people to get involved by:

- providing information in an accessible format
- ensuring that any event we hold has a hearing loop installed, microphones are used and presentations are displayed on a large screen
- ensuring that an interpreter is available for anyone that may require one in order to fully participate
- ensuring that our venues are accessible to those attending
- paying reasonable expenses as outlined in the Patient and Public Reimbursement Policy: **www.gloucestershireccg.nhs.uk/wp-content/uploads/2020/01/94_Patient_and_Public_Reimbursement_Policy_V1.pdf**

Supporting our communities

We recognise that to ensure equity for our diverse communities, flexibility in the support we provide is essential.

COVID-19: We know the impact of the virus has been greater on some communities, for example people from ethnic minorities, those with a learning disability, people living in areas of high deprivation. Throughout the pandemic we have continued to ensure people have access to appropriate information and health care support.



Over the last year we have worked with ICS partners to ensure access to the COVID-19 vaccination programme for our more vulnerable communities. We have continued to develop our understanding of the specific challenges some people face, supporting them by:

- providing 'pop-up' vaccination clinics in community venues, places of worship and workplaces;
- delivering information in the most frequently spoken languages, including British Sign Language;
- producing and sharing resources in Easy Read; and
- developing information using social media, video and radio, featuring trusted members of our diverse communities.

Further information is available at **https://covid19.glos.nhs.uk/vaccinations/**

Accountability

Equality Impact Assessment

The Public Sector Equality Duty (2011) requires the CCG to ensure that in the exercise of its functions, it is mindful of the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

We routinely undertake an Equality and Engagement Impact Assessment (EEIA) to assess the potential impact of any service review, design or changes in service delivery and ensure our services are accessible and non-discriminatory. We then undertake targeted engagement with those who may be disadvantaged by any proposals for change.

In 2019/20 we established an Integrated Impact Assessment (IIA) Reference Group, a task and finish group established to oversee the process and development of the Integrated Impact Assessment work needed to support the Fit for the Future (FFTF) programme. The Groups role was to ensure that:

- the Integrated Impact Assessment process was adequately specified;
- the products/documents developed were fit for purpose; and
- the views and requirements of key stakeholders were represented.

The IIA Group have continued to meet with a view to guiding strategic engagement for the ICS as an ICS Insight Group.

EDS2 (Equality Delivery System)

In preparation for the move to an Integrated Care Board, we are currently refreshing our approach to achieving the Goals and Outcomes of EDS2 (Equality Delivery System). We aim to work with partners from across the ICS to take a collaborative approach to EDS2 in the future.

To find out more about EDS2 visit the Equality and Diversity section on the CCG website at:
www.gloucestershireccg.nhs.uk/about-you/equality-diversity/

The webpages feature case studies that contribute to better health outcomes and improved patient access and experience.

Reducing Health Inequalities

Achieving health equality and tackling the causes of poor health outcomes is a pervasive, all-encompassing mission for NHS Gloucestershire CCG which is as core to our purpose as delivery of quality, value and equity for all.

The CCG fulfils its statutory duty by making and reporting on progress against the requirements set out in the NHS national Planning Guidance as well as related health inequalities requirements and initiatives including the Urgent Actions we presented in last year's report as well as a new guiding framework, "Core20Plus5".

We have a Board-level Health Inequalities lead and responsibility across the organisation for implementation through Quality, Contracting, Engagement, Workforce and Organisational Development, Transformation Programmes (Clinical and Life Course programmes, Prevention and Personalisation programmes), and place-based partnerships through Integrated Locality Partnerships and primary care networks

Core20Plus5

In England we use a compound metric, the Index of Multiple Deprivation, to identify areas subject to greater disadvantage. This metric is applied at Lower Super Output Area, or LSOA. These sub-groups are smaller than electoral wards and are typically home to around 1,500 residents. There are 373 LSOAs in Gloucestershire and of these, 31 are numbered amongst the most deprived 20% in England – this is nearly 60,000 residents, or 8.2% of the county population.

In a county that appears to be generally healthy and thriving we recognise that we have to look beyond positive averages to better understand the lived experience of the large number of people who do not share this privilege. In doing so we will actively work with people and communities to remedy and reverse the inequality in opportunity, access and experience which leads to poor health outcomes.

Compared with the county overall, people who live in one of the Core20 neighbourhoods in Gloucestershire:

- Are more likely to be of Asian, Asian British, Black, Black British or mixed heritage
- Are younger on average driven by a higher proportion of children and young people
- Are more likely to access urgent and emergency care and mental health services and less likely to access preventative primary or elective care

- Are more likely to become frailer quicker
- Can expect to die on average 8.7 years (males) and 6.5 years (females) before those who live in the most affluent neighbourhoods.

'Plus' refers to any population group(s) experiencing disadvantage across the county on whom we want to focus attention and resource to address barriers they face. Following learning and insight from the Black Lives Matter movement, the 2020 DPH Report and the 2021 report from the Commission for Race Equality in Gloucester, we are committed to focussing on the health outcomes of racially minoritized communities. This means:

- taking extra steps to engage with and build trust and dialogue with the community, for example by supporting the development of a legacy black-led infrastructure organisation
- developing our quality and service improvement approaches to identify and address unwarranted variation
- ensuring our workforce is representative, and given the knowledge and awareness to serve communities in culturally appropriate and respectful ways
- explicitly tackling and rooting out overt discrimination and micro-aggressions in our services and our communities
- taking steps to ensure that our ethnicity data coding is complete drives our actions to reduce unwarranted variation.

The final '5' elements refer to specific clinical pathway interventions:

1. Maternity continuity of carer

We have already started by introducing Continuity of Carer into areas of highest deprivation and with women from racially minoritised communities. Continuity of carer is an evidenced based personalised approach which improves outcomes. Over 22/23 this model will be rolled out so that over 50% of women are receiving this care. Feedback from women on this model is overwhelmingly positive

"I received outstanding care during preparation for both procedures and during labour and birth."

"Every midwife was extremely caring and amazing at their jobs – my midwives who were part of the continuity of carer were OUTSTANDING and incredible during my labour and delivery"

"I felt totally confident that my midwife understood my complex medical history"

Staff have also benefitted from working in this way:

"Very rewarding knowing and understanding women's vulnerabilities and history prior to supporting them through labour"

"Getting to know the families – makes it extra special when able to be at the birth"

"Providing good quality care to women we know really well"

"Building meaningful relationships"

"More time to spend with women"

"The joy of caring for a specific caseload of women"

"Providing more personalised care"

2. Severe mental illness – ensuring annual health checks for 60% of those living with SMI

People with severe mental illness (SMI) face health inequalities and live on average 15 to 20 years less than the general population. They are less likely to have their physical health needs met, including identification of health concerns and appropriate, timely screening and treatment. They are three times more likely to smoke, have double the risk of obesity and diabetes and a higher risk of cardiovascular issues.

The NHS Long Term Plan set out an objective to ensure that by 2020/21 280,000 (60%) people will have their physical health needs met by increasing early detection and expanding access to evidence-based

physical care assessment and intervention. By 2023-24 an additional 110,000 people with SMI will be accessing health checks. CCGs have been asked to achieve 60% of the population with SMI on the GP register to be offered NICE-recommended screening and access to physical care interventions. The South West are not yet achieving the 60% target, and in Gloucestershire we are under-achieving against our submitted trajectory (currently 39% February 2021/22.)

As per the national guidance, the responsibility for ensuring completion of PHC for this cohort is shared between Primary Care and Secondary Care provision. Locally we are working to embed a systematic, sustainable model as part of our Community Mental Health Transformation programme, developing initiatives that not only support Primary Care delivery, but utilise new digital technologies and VCSE expertise to offer new ways of working, that are responsive to and remove the barriers for those accessing PHC for SMI. Here are some of the things we have been doing in 2021/22 to improve uptake of health checks by people with SMI:

- We are a pilot site for the NHS Digital funded **'Blue Box' project** which offers point of care testing kits (equipment for all 6 health checks) alongside three additional Healthcare Assistant posts within the existing Recovery Teams at GHC to further support checks.
- During the second half of 2021, Gloucestershire County Council and the NHS Gloucestershire CCG carried out **community engagement** on the local report '#BlackLivesMatter - Gloucestershire Mental Health Services' Report (2021). The engagement took a variety of forms including a large face-to-face community event in December 2021 at the Friendship Café in Gloucester. The latter attracted 105 participants with 8 working groups with a wide ethnic and gender mix: Chinese, Afro-Caribbean, Polish, Asian, including Gujarati, Bangladeshi and Arab.

  There are 6 main themes that we will be addressing: general mental health awareness and understanding for the community to remove stigma; accessible information and services (culturally accessible and appropriate use of trained interpreters); accessible advocacy, culturally sensitive services, interventions and professionals; inequality of healthcare experiences; and inequality of outcomes – overrepresentation in mental health inpatient services and apparent underrepresentation in more preventative 'upstream' services, although poor data recording makes it difficult to conclude the latter.

  The results of the engagement have been used to refine and amend the draft recommendations from the report, all of which were endorsed. A plan has now been created, which incorporates revised and new actions and that will be progressed in 2022/23.
- We are currently undertaking a Community Mental Health Transformation programme, part of which is focussing on the crucial role the voluntary sector plays. Following on from our engagement work we will ensure appropriate community representation as part of our expert group and will work to co-produce a local, inclusive and equitable model. We are also working with Independence Trust to support GP practices to raise awareness, better engage and increase uptake of physical health checks for SMI in practice.

  This has included tailored offers of support including contacting those on the SMI register (directly by phone, text and letter,) providing education and advice on why having an annual physical health check is important, facilitating appointment booking and also where necessary supporting individuals to attend. Learning through lived experience.

3. Chronic respiratory disease – drive uptake of COVID-19, flu and pneumonia vaccines to reduce exacerbations and associated emergency hospital admissions

The COVID-19 Vaccination Equity Group established in 2021 found that the vaccination uptake rate (3 doses) was 75% in the most affluent decile neighbourhoods compared with just under 50% in the most deprived. There are lower vaccination rates across almost all ethnic minority groups compared to White British (92.2% first dose of which 87.4% had a second dose). While numbers in some groups are small, making statistical comparisons difficult, lowest uptake rates were seen among Gypsy or Irish traveller (42.2% first dose of whom only 29.7% had a second dose); Mixed White and Black Caribbean (62.3% first dose of which 52.1% had second dose) and under 70% first dose among Arab, Caribbean, 'other Black background', Chinese and 'other White background' communities.

Through close joint working with community and faith leaders and Voluntary, Community and Social Enterprise groups the Vaccine Equity Group has taken targeted action to improve vaccine uptake including:

- Translating information into: Arabic, Chinese (Mandarin), Czech, Gujarati, Polish, Romanian, Slovak, Sylheti, Urdu and including vaccine information in pregnancy leaflets in the following languages: Arabic, Chinese, Polish, Punjabi, Romanian, Somali
- Promoted the uptake of booster vaccinations through community outreach clinics in targeted areas:
    - 6 clinics between 18th-23rd Dec – total vaccines 159
    - 5 clinics between 27th-31st Dec – total vaccines 206
    - 4 clinics between 4th-8th Jan – total vaccines 77.

Statutory services could not change this without building the vital, ongoing relationships and connections with the voluntary, community, social enterprise and faith sectors. Another key element is the ability to be flexible and responsive, as well as offering safe, accessible and familiar spaces, and for community endorsement to increase uptake.

4. Early cancer diagnosis

The cancer clinical programme has been collaborating throughout the pandemic to identify and remedy areas where two week wait referrals for suspect cancer are not reaching expected levels. In the Summer of 2020 they identified a significant reduction in **lung cancer** referrals and diagnoses with a strong link to deprived communities. A combination of national and local awareness raising contributed to an increase in chest x-ray requests and lung cancer referral numbers. Work is now continuing on Targeted Lung Health Checks (TLHCs) using data modelling from the national programme to identify areas of highest need in the region.

5. Hypertension case finding

The CCG oversees a county-wide Circulatory Clinical Programme Group which oversees development and improvement activities across cardiovascular disease, heart failure, stroke and associated diagnostic services.

This group will be developing an approach during 2022/23 to increase annual reviews and management of patients at high risk of cardiovascular disease and deterioration. They are also working on implementing a new Ambulatory Blood Pressure Monitoring pathway. The Clinical Programme Group will review Core 20/Plus data to ensure population groups are targeted who will benefit most from these interventions.

Mitigating against 'digital exclusion': our Digital Inclusion Group will continue to look at more systematic uses of technology in care, and more importantly to ensure the views of people with disabilities/users of care/other disadvantaged groups are heard. The group is developing a three-pronged approach:

- building on community based digital involvement schemes, especially the Council's Digital Innovators Group;
- use of our staff as advocates, building up their Digital Literacy and awareness; and
- making sure our solutions are highly usable and accessible to all.

We will also continue our partnership approach to tackling the wider determinants through our seven existing Health and Wellbeing Board priorities and our newly-formed countywide Health Inequalities Panel, led by the ICS Senior Responsible Owner for Health Inequalities. The latter is currently completing a baseline self-assessment against the Community Centred Whole System Approach, allowing us to define the tactical and transformative priorities which will support a step-change in the context and corresponding actions taken in the name of tackling health inequality.

Population Health Management

The Gloucestershire Population Health Management (PHM) programme is gathering both pace and profile across all partners. Our vision for PHM is *"Gathering and linking good quality data and developing the skills and infrastructure to understand, use and present intelligence to support actionable insights for improving the health of the whole population"*

Our core programme of working structured as follows:

Integrated data infrastructure: Developing advanced analytical tools to allow population segmentation, risk stratification and visualisation which will help show inequalities using Core20plus along with other tests for inequality such as rurality, social isolation and other protected characteristics.

Information Governance (IG) framework: Having an IG framework in place that enables data sharing and allows access across a single repository of data sources

Developing skills and sharing with a focus on:

- Epidemiological, and health analytical knowledge, skill sharing and upskilling across workforce
- Developing and sharing skills regarding evaluation, key performance indicators and pathway design
- Widening engagement of partners across the system to enable a PHM approach.

Through this programme we will enable Gloucestershire ICS to turn **data** into **intelligence** and **intelligence** into **insight**.

Health and Wellbeing Strategy

Throughout the pandemic response the CCG has remained an active partner of the Health and Wellbeing Board (HWB). The Health and Wellbeing Board does not hold a budget but takes a position as a system leader to enable and facilitate change to improve population health and wellbeing. The board has always been clear that its purpose is to focus on actions whereby working together we can make the biggest difference to those in the greatest need. Since the development of a new Health and Wellbeing Strategy for Gloucestershire and a revised membership for the board in 2019 the HWB has been focussed on seven priorities::

- Physical Activity
- Adverse Childhood Experiences (ACEs)
- Mental wellbeing
- Social isolation and loneliness
- Healthy lifestyles – health weight
- Early year and best start in life
- Housing.

For each of the priorities, the focus is where the board can truly add value. In addition to these priorities, the board also agreed to keep a watching brief over:

- Green infrastructure
- Air quality
- Transport
- Economic development

These are key areas which have a vital contribution to health, but in acknowledging this the board also recognised that they are already overseen by other parts of our Gloucestershire system.

Addressing health inequalities acts as the golden thread throughout the strategy with each priority challenged to consider how the delivery of this contributes to reducing health inequalities.

The Health and Wellbeing Board has a key role in ensuring that there is a sustained focus on embedding prevention across the health and social care system, taking a place-based approach (looking at communities and neighbourhoods) that goes beyond just thinking about what public sector services provide.

Although the delivery on all the seven priorities has undoubtedly been impacted in some way by the pandemic, delivery as continued in some way against each priority. Some examples of work underway includes:

Although we have been refreshing the strategy during 2019/20 we have not stood still and action against all of the seven priorities is already underway. Some examples of the work we are doing already include:

Physical Activity Priority

This priority is delivered through *'We can move'* our whole systems approach to increasing levels of physical activity, which is facilitated by Active Gloucestershire and has been developed through extensive research and consultation.

Though challenging, the pandemic has provided the opportunity to test new approaches and to strengthen partnerships. During the year supporting *'we can move'*, and in partnership with Sport England, Active Gloucestershire has allocated grants totalling £150,000 to organisations working to address health inequalities using physical activity. The project has supported strong levels of community action, such as the work being undertaken by ***Get Moving Waddon*** and *Abbeymead Rovers* walking football team.

During periods of lockdown some programmes were delivered on-line or amended. For example, projects such as '*Fall Proof*' has been adapted so that materials have been distributed at vaccination centres. The '*Fall Proof*' approach has now been picked up and used in other regions across England. During the lockdowns '*We can move*':

- Distributed 5000 deconditioning leaflets distributed via vaccination centres
- Distributed 2000 deconditioning leaflets distributed via local voluntary and housing groups
- Distributed 2500 Fall-proof packs to older people via local COVID-19 response and community groups across the county
- Distributed 1500 Fall-proof packs via local authority response teams in Stroud, Gloucester and the Forest of Dean
- Reached 44000 people via the Fall-proof social media campaign
- Engaged 4314 people with our six-week virtual Fall-proof exercise classes.

The CCG and Active Gloucestershire have been working in partnership to deliver a 'we can move' pilot programme for people waiting for treatment for Pain called 'It's Your Move'. Results so far have been very positive and the work has been highlighted by the **British Journal of General Practice**. A further phase has now been agreed and we are exploring how this can be scaled whilst working alongside other approaches such as social prescribing and exercise on referral. Working with the Forest of Dean and Stroud District Council we're testing a referral platform 'Refer All' with a view to offering it across the county.

Work with schools, children and young people (CYP)has been challenged by periods of home schooling. However, some programmes have been delivered online, this has included innovative approaches such as yoga skills training for teachers delivered in partnership with Gloucestershire Healthy Living and Learning. There are plans to scale up our CYP programmes in the coming year including:

- Embed the 'Creating Active Schools' approach in 35 schools across the county, prioritised on the basis of health inequalities data
- Provide grant funding to purchase or upgrade play and exercise equipment and make it available to local communities

- Rollout our physical activity on referral CYP social prescribing offer to schools across the county
- Deliver yoga in schools training to an additional 50 schools bringing the total number of schools trained in this approach to 81.

Adverse Childhood Experiences (ACEs) and resilience Priority

The Gloucestershire ACEs Panel leads on the ACEs Strategy and reports to the Health and Wellbeing Board.

The ACEs panel resumed regular meetings in September 2020 after a pause through the first phase of the pandemic. The focus has been on continuing momentum in the programme with a view to responding to the impact of the pandemic on vulnerable children and adults, and building on the examples of individual and community resilience which the county has seen.

In May, the Action on ACEs programme held an Ambassadors Networking event offering an opportunity to engage with the 135 plus current Ambassadors across social care, early years, the VCSE and education sectors. This was followed by the annual ACEs conference in June (ran jointly with education colleagues) which attracted 487 delegates. The conference focused on the importance of resilience as a protective factor against the impact of ACEs.

Work is also underway to:

- Roll out a pilot of trauma informed training for the VCSE sector in conjunction with the Nelson Trust;
- Introduce Trauma Informed Relational Practice training for schools and GCC; and
- Develop mentoring support for vulnerable girls and young women.

Health and Wellbeing Board and Integrated Care Partnership

The Health and Care Bill was introduced on Tuesday 6 July 2021 and promotes integration between health and care. It is the first major piece of primary legislation on health and care in England since the Health and Social Care Act 2012. This sets out the formation of a statutory Integrated Care System (ICS) and introduction of Integrated Care Partnerships (ICPs).

ICPs will be jointly convened by Local Authorities and the NHS as equal partners and will comprise a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population they serve. ICPs will be built on existing partnerships and collaboration and will be focused on addressing the wider determinants of health.

Included within the draft Health and Care Bill is a requirement that before the start of each financial year, the Integrated Care Board must prepare a plan setting out how it will exercise its functions over the next 5 years. The plan must include detail on how the ICB proposes to discharge its duties, including its duty with respect to reducing inequalities and regarding public involvement and consultation. It will also need to articulate how the ICS will support the implementation of the joint Health and Wellbeing strategy. The ICB will be required to secure the support of the Health and Wellbeing Board for both its long-term and annual plans. The Health and Wellbeing Board will be formally consulted while the plans are in draft, to test that they take sufficient account of the local Health and Wellbeing strategy for the periods that each plan relates to. Published plans will then include a statement of final opinion of the Health and Wellbeing Board.

During 2021/22 we have been developing our preferred approach and model for the joint functioning of the HWB and ICP. Our preferred approach is to align the Health and Wellbeing and ICP Boards. This would avoid the risk of unnecessary dual reporting and bureaucratic burden. It could facilitate the delivery of joint sessions of the ICP and the Health and Wellbeing Boards where this is the most expedient way of progressing business and decisions. Duties that sit purely within the jurisdiction of the Health and Wellbeing Board would be identified for bespoke meetings with all other business conducted in the joint

session. This would enable the agendas to be aligned, prevent duplication and ensure a coherent shared approach.

Work will continue over the coming year to ensure the preferred model is implemented and put into practice in such a way that delivers the best approach enabling greatest positive impact for the citizens of Gloucestershire.

Mary Hutton

Accountable Officer

June 2022

Corporate Governance report

Accountability Report - Corporate Governance Report

The Corporate Governance Report outlines the composition and organisation of the CCG governance structures and how they support the achievement of the CCG objectives.

It comprises the:

- Members' Report
- Statement of the Accountable Officer's responsibilities
- Governance Statement.

Members' report

NHS Gloucestershire CCG (the CCG) is responsible for planning and commissioning health services for a local population of around 675,000. The CCG was authorised in April 2013 and operates in accordance with its Constitution (**https://www.gloucestershireccg.nhs.uk/about-us/publications/**) with a Governing Body comprising clinicians, lay members and executive directors. Dr Andy Seymour is the Chair of the CCG.

Member profiles

For a list of Governing Body members and their records of attendance at Governing Body meetings see here **www.gloucestershireccg.nhs.uk/about-us/the-governing-body/**, and the Governance Statement. Member's profiles can be viewed on the CCG's website here: **https://www.gloucestershireccg.nhs.uk/about-us/the-governing-body/member-profiles/**

Member Practices

The CCG is a clinically led organisation with 71 GP member practices, organised into 15 Primary Care Networks and 6 Integrated Locality Partnerships. Our member practices help to shape local health services. A listing of the 15 Primary Care Networks and the practices within those networks can be found in the main body of the Annual Report. Our 15 PCNs are organised into 6 Integrated Locality Partnerships: Cheltenham, Cotswolds, Forest of Dean, Gloucester, Stroud & Berkeley Vale and Tewkesbury.

Committee(s), including Audit and Risk Committee

For a list of Audit & Risk Committee members and a record of their attendance at meetings see here: **www.gloucestershireccg.nhs.uk/about-us/the-governing-body/** which also includes details of sub-committees of the Governing Body and members record of attendance at meetings.

Register of Interests

The CCG maintains a Register of Interests in line with its Standards of Business Conduct Policy and details set out within its Constitution. The Register of Interests is updated whenever there is an update or change and posted on the CCG's website at the least on a biannual basis. The Registers of Interests related to Governing Body members are included in the papers of the Governing Body meeting which is held on a bi-monthly basis. There are registers of interest for Governing Body members, CCG staff (those in AFC Band 8A and above), along with registers detailing any gifts and hospitality received on the CCG's website see here: **http://www.gloucestershireccg.nhs.uk/about-us/the-governing-body/**.

In addition, at the start of each meeting of the Governing Body and formal committee meetings, members are required to declare any conflicts of interests in relation to the items on the agenda and discussion is held around how any conflicts have been handled and this is formally recorded in the minutes. The procedures for declaring conflicts of interests is detailed in the CCG's Standards of Business Conduct Policy updated in March 2020 here: **https://www.gloucestershireccg.nhs.uk/about-us/nhs-publication-scheme/our-policies-and-procedures/**

Personal data related incidents

There were no personal data related incidents that took place during the financial year 2021/22 that were reported to the Information Commissioner's Office (ICO).

Statement of Disclosure to Auditors

Each member of the CCG at the time the Members' Report is approved confirms:

- so far as the member is aware, there is no relevant audit information of which the CCG's auditor is unaware that would be relevant for the purposes of their audit report;
- the member has taken all the steps that they ought to have taken in order to make him or herself aware of any relevant audit information and to establish that the CCG's auditor is aware of it.

Whistleblowing policy

The CCG updated its Whistleblowing Policy in August 2021 (**www.gloucestershireccg.nhs.uk/about-us/nhs-publication-scheme/our-policies-and-procedures/**). This policy takes into account guidance issued under the 'Freedom to speak up: raising concerns (whistleblowing) policy for the NHS' (2016).

The policy provides examples of concerns that staff may wish to report along with confidential mechanisms to report whistleblowing concerns to an Independent Lay Member of the CCG Governing Body and / or contact the CCG's Freedom to Speak up Guardians. The Freedom to Speak up Guardians are members of the CCG staff who have had the relevant training to undertake the role and support staff through the process.

The policy is promoted on the CCG's intranet and through the Joint Staff Consultative Committee as well as through the Staff Bulletin. From 1 April 2021 to 31 March 2022 there have been no concerns reported by staff members with regard to Whistleblowing. Additionally the Freedom to Speak Up Guardians have received no concerns during that period.

Modern Slavery Act

NHS Gloucestershire CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

Section 54 of the UK Modern Slavery Act (2015) requires commercial organisations that operate in the UK and have an annual turnover above £36m to produce a Slavery and Human Trafficking statement each year. The statement sets out how a business is taking steps to address and prevent the risk of modern slavery in operations and supply chains. The CCG's Modern Slavery Act (2015) statement can be read here: **www.gloucestershireccg.nhs.uk/about-us/modern-slavery/**

Statement of Accountable Officer's Responsibilities

The National Health Service Act 2006 (as amended) states that each Clinical Commissioning Group shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHSE&I). NHSE&I has appointed Mary Hutton to be the Accountable Officer of NHS Gloucestershire CCG.

The responsibilities of an Accountable Officer are set out under the National Health Service Act 2006 (as amended), Managing Public Money and in the Clinical Commissioning Group Accountable Officer Appointment Letter. They include responsibilities for:

The propriety and regularity of the public finances for which the Accountable Officer is answerable. For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction).

For safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities).

The relevant responsibilities of accounting officers under Managing Public Money.

Ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section14R of the National Health Service Act 2006 (as amended)).

Ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).

Under the National Health Service Act 2006 (as amended), NHSE&I has directed each Clinical Commissioning Group to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHSE&I, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

NHS Commissioning Board (NHSE&I) has appointed Mary Hutton as Accounting Officer of Gloucestershire Clinical Commissioning Group.

The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the Gloucestershire Clinical Commissioning Group's assets, are set out in Managing Public Money published by the HM Treasury.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out under the National Health Service Act 2006 (as amended), Managing Public Money and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

I also confirm that:

- as far as I am aware, there is no relevant audit information of which the CCG's auditors are unaware, and that as Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the CCG's auditors are aware of that information.
- that the annual report and accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.

Mary Hutton

Accountable Officer

June 2022

Governance Statement

Background

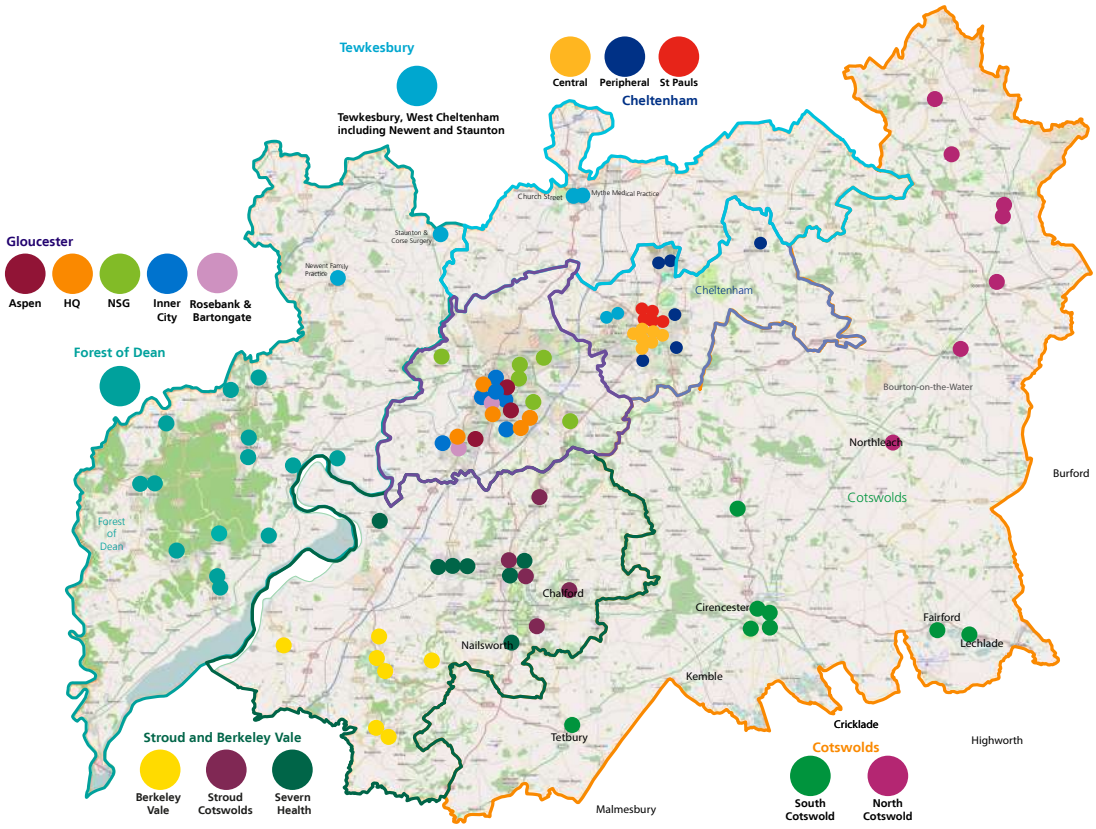
NHS Gloucestershire CCG is a body corporate established by NHSE&I on 1 April 2013 under the National Health Service Act 2006 (as amended).

The Clinical Commissioning Group's statutory functions are set out under the National Health Service Act 2006 (as amended). The CCG's general function is arranging the provision of services for persons for the purposes of the health service in England. The CCG is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its local population.

As at 1 April 2021, the clinical commissioning group is not subject to any directions from NHSE&I, issued under Section 14Z21 of the National Health Service Act 2006.

The CCG is a membership organisation and the provider of primary medical services drawn from 15 Primary Care Networks linked to 6 Locality Partnerships. There are 15 PCNs following the reconfiguration in Gloucester City to 5 PCNs. Practices that provide primary medical services to a registered list of patients under either a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract are eligible to apply for membership of the CCG.

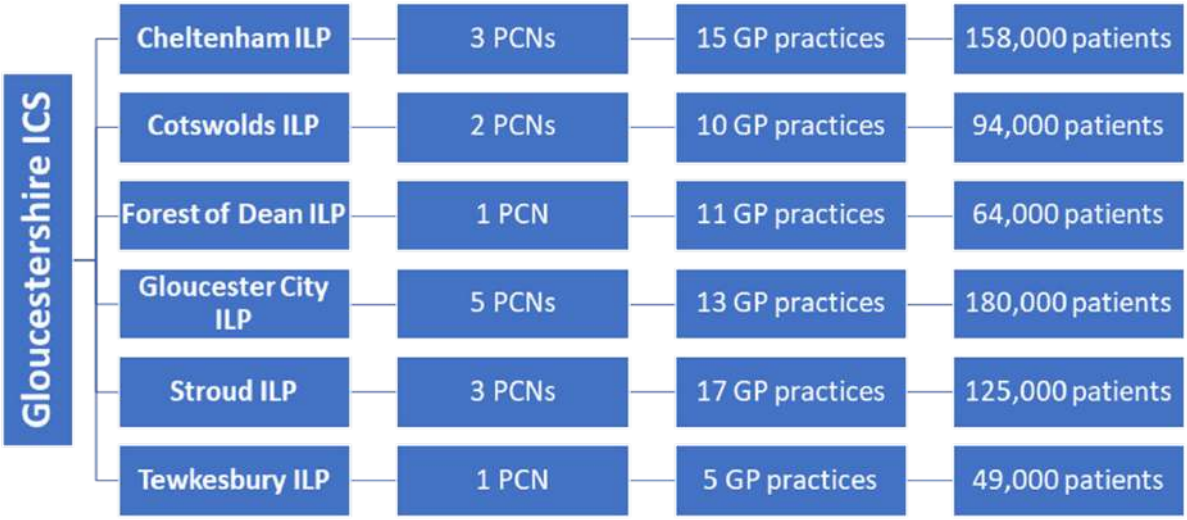
Map of Primary Care Networks



Gloucestershire GPs have a strong tradition of being involved in the planning and design of services for their patients and are committed to working with patient groups, local stakeholders and partners across the county to put residents at the heart of the CCG's work. During 2019, the CCG focused on providing support to practices with the implementation of the new GP contract, setting up Primary Care Networks and bringing together ICS partners at the local level through the Integrated Locality Partnerships (ILPs). During the first year of COVID-19, the ILPs did not meet as ICS partners, including GPs who concentrated on their response to the pandemic. In 2021 the ILPs resumed their meetings and programmes of work.

ILPs are the organising principle of our ICS' place-based ambitions and is where our partners are able to play a full and active part in shaping the strategy and delivery of services for their local populations. Launched collectively by our ICS Lead (CCG Accountable Officer), ICS Chair (independent lay chair) and ICS Place CEO Sponsor (Chief Executive of GHC), they are often led by senior GPs with representation from senior leadership teams from our ICS partners, including Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) and Gloucestershire Health and Care NHS Foundation Trust (GHC).

The six ILPs are:



Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the clinical commissioning group's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

I am responsible for ensuring that the Clinical Commissioning Group is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the clinical commissioning group as set out in this governance statement.

Governance arrangements and effectiveness

The main function of the Governing Body is to ensure that the Group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it.

The Constitution of the Clinical Commissioning Group establishes the principles and values in commissioning care for the people of Gloucestershire. The Constitution outlines the governance structure of the organisation and details the role and responsibilities of the Governing Body, its members and sub-committees.

The CCG operates in line with the good governance standards including the standards of behaviour published by the Committee on Standards in Public Life (1995) known as the Nolan Principles, the Standards for Members of NHS Boards and CCGs in England (2012) and the seven key principles of the NHS Constitution. This includes the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business.

The CCG's overarching governance arrangements are set out in its Constitution which explains the powers that the member practices have elected to reserve for themselves as members of the CCG and those that they have delegated to the Governing Body of the CCG and its various committees.

The Constitution describes the governing principles, rules and procedures that the member practices have established to ensure accountability and probity in the day-to-day running of the CCG. It contains the Standing Orders, Standing Financial Instructions and a Scheme of Reservation & Delegation along with the terms of reference for the Committees of the Governing Body.

The CCG uses its Internal Audit function to independently audit its governance arrangements and check compliance with legislative requirements and public sector good practice.

Governing Body - Structure

The Governing Body is responsible for ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the principles of good governance.

The Governing Body is a mixture of primary care and secondary care clinicians, experienced NHS managers, lay members and local authority representatives. The Governing Body membership can be found on the CCG's website here: **www.gloucestershireccg.nhs.uk/about-us/the-governing-body/member-profiles/**

Governing Body meetings during COVID-19

During 2021/22, all Governing Body meetings were held at the scheduled appointed date. The meetings were held virtually using MS Teams.

Members of the public were encouraged to attend the meetings by contacting the Governance Team to ensure appropriate technical arrangements were made.

Public questions were submitted in advance of the meetings, read out at the meeting, with a response sent to the requester thereafter. The public questions and answers are routinely included in the minutes and all Governing Body Q&As received during 2021/22 have been posted onto the CCG's website here: **www.gloucestershireccg.nhs.uk/category/board-meetings/**

Governing Body - Meetings

The Governing Body meeting is chaired by Dr Andy Seymour. It met 10 times in 2021/22; 4 of those meetings were extraordinary Governing Body meetings. All of the Governing Body meetings were quorate.

During the year, the Governing Body received the following reports:

- Director of Public Health Annual Report;
- Vaccine Equity Report;
- Flu Immunisation Planning;
- Governing Body Assurance Framework and risk report at each meeting;
- Performance and Finance report at each meeting;
- Integrated Care System report at each meeting;
- Quality report including a summary of patient engagement and experience activities at each meeting.

The Governing Body strives to hear a Patient Story at each meeting. Unfortunately, due to COVID-19 pressures a patient story was not always available at each meeting. However, the Governing Body heard patient stories from Young Ambassadors on the power of language in health settings; dying at home, and a patient's experience of following the Low Calorie Diet supported by the NHS, amongst other stories that were shared with governing body members.

During 2021/22 the Governing Body approved the following:

- CCG Annual Accounts and Annual Report 2020/21
- Gloucestershire Seasonal Flu Plan
- Section 75 Agreement

- Additional CCG non recurrent funding for winter schemes for primary care;
- The recommendation that the proposed service change (under the Fit for the Future programme) to the Lung Function and Sleep Services do not require consultation and approved the proposal to create a Hub and Spoke model for Lung Function and Sleep Services.

The Governing Body also received the Emergency Preparedness Resilience and Response (EPRR) Assurance 2021/22 at its November 2021 meeting; and noted that the process had been completed by NHS Gloucestershire CCG in fulfilment of the NHSEI National EPRR Core Standards assurance process.

Governing Body papers are published on the CCG's website and can be found here: **www.gloucestershireccg.nhs.uk/category/board-meetings/**

Audit & Risk Committee

The Audit & Risk Committee is responsible for the oversight of financial assurance matters and reviews all internal and external audit reports and has no executive members. The committee is responsible for risk management, providing assurance to the Governing Body that risk structures, processes and practices are robust and embedded throughout the organisation. The committee receives regular reports on risk management, copies of the Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF).

The committee met 6 times in the financial year 2021/22. The committee was quorate on each occasion. The committee is chaired by Colin Greaves, Lay Member for Governance. The membership of the committee can be found here: **https://www.gloucestershireccg.nhs.uk/wp-content/uploads/2022/06/Governing-Body-and-Committee-Members-attendance-2021-22-DRAFT.docx**

Across the year, the committee reviewed a number of internal audit reports undertaken by BDO including action plans, relating to the following service areas:

- Key Financial Systems;
- Conflicts of Interests;
- Data security and Protection Toolkit;
- Cyber Security (Joint with GHFT);
- Cyber Security reporting (Advisory);
- Partnership Working (Integrated Care System development);
- Continuing Healthcare;
- Primary Care Commissioning;
- Community Diagnostics Programme.

In addition, the committee has oversight and receives regular reports on the following areas:

- Counter Fraud;
- Declarations of Interest including the gifts and hospitality registers;
- ICS Savings / Solutions report;
- Risk Management (CRR and GBAF);
- Procurement Decisions;
- Waivers of Standing Orders;
- Aged Debtor report.

During 2021/22, the committee ensured that its Terms of Reference were reviewed and updated, and the Annual Committee Effectiveness Report was produced.

The Quality & Governance Committee

The Quality & Governance Committee is chaired by Julie Clatworthy, Registered Nurse and is responsible for the assurance of quality and patient safety issues.

The committee is responsible for reviewing and scrutinising clinical risks, as well as governance matters covering policies and human resources. The membership of the committee can be found here: **https://www.gloucestershireccg.nhs.uk/wp-content/uploads/2022/06/Governing-Body-and-Committee-Members-attendance-2021-22-DRAFT.docx**

During 2021/22, the committee met 6 times and was quorate on each occasion.

The committee received the following reports:

- County wide Quality Report;
- Gloucestershire Joint Annual Health Report for Children in Care 2020;
- Safeguarding Annual Report;
- Mortality Review of Patients Transferred to Discharge to Assessment bed;
- Review of clinical risks include on the Corporate Risk Register (including COVID-19 and Workforce risks);
- End of Life Strategy;
- Special Educational Needs and Disability report on changes to governance structures and associated papers;
- Provider Quality Reports (Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care Foundation Trust etc.);
- Received GHFT's response to the Ockenden Report, including the Maternity Services Assurance tool and the Perinatal Surveillance Tool;
- Staff Survey report 2020 (findings and action plan);
- Bi-annual workforce reports (CCG workforce);
- Workforce Race Equality Standard and Workforce Disability Equality Standard report;
- Equality, Diversity and Inclusion presentation;
- Data Security and Information Security updates.

From April 2021 to March 2022, the committee was given regular updates on the ICS actions being undertaken to respond to the COVID-19 outbreak, including the Vaccine Rollout programme and the Booster programme across Gloucestershire, as well as being updated on the flu vaccination plan. This was also reported to the Governing Body through the bi-monthly Business Sessions.

The Quality and Governance Committee approved a range of policies and strategies:

- Complaints and Feedback Policy and Procedure;
- Learning and Development Policy;
- Job Evaluation & Salaries Policy;
- Temporary Promotion Policy;
- Alcohol and Substance Misuse Policy;
- Flexible Working Policy;
- Prevent Policy;
- CHC Operational Policy;
- Disputes Policy (CHC);
- Recovery of Overpayments and Underpayments Policy;
- Non-emergency Transport Policy.

Primary Care Commissioning Committee (PCCC)

As the CCG has delegated authority for the commissioning of primary care, it has an established sub-committee which manages the delivery of primary care services, within the context of the overall CCG Plan.

The committee is chaired by Alan Elkin, Lay Member for Patient and Public Involvement. The membership of the committee can be found at: **https://www.gloucestershireccg.nhs.uk/wp-content/uploads/2022/06/Governing-Body-and-Committee-Members-attendance-2021-22-DRAFT.docx**

This year, the committee met 5 times during the year, with the December meeting cancelled due to COVID-19 pressures. Meetings were quorate on each occasion. The committee received the following:

- Quality Reports on Primary Care;
- Primary Care Workforce Report including Additional Roles Reimbursement Scheme;
- COVID-19 Virtual Ward presentation;
- Delegated Primary Care Finance report;
- COVID-19 Vaccination Programme report;
- Primary Care Contracts report;
- Primary Care Infrastructure Plan 2020/2021 review and key objectives for 2021/2022;
- Update on Learning Disability Directed Enhanced Service – Annual Health Checks;
- Summary and Progress Update of 2021/22 Improvement Grant Applications and Approvals.

The committee approved:

- Application to merge from Stroud Valleys Family Practice and Locking Hill Surgery;
- Primary Care Infrastructure Plan 2021/2026 – Stage 1 project proposal for the development of primary care facilities in Chipping Campden.

PCCC members also supported the Overton Park and Yorkleigh project proposal so that the practices could proceed to develop a detailed Business Case for future consideration by the PCCC.

Primary Care Commissioning Committee meeting papers are available on the CCG's website here: **www.gloucestershireccg.nhs.uk/category/board-meetings/**

Priorities Committee

The purpose of the Priorities Committee is to advise the local NHS health economy as to the health care interventions and policies that should be given high or low priority. The Priorities Committee helps the CCG and its localities choose how to allocate its resources to promote the health of the local community, based on the local health needs assessment. The committee is chaired by Dr Andy Seymour, Clinical Chair, all members of the Governing Body are also members of the Priorities Committee.

During 2021/22, there were 4 meetings of the Priorities Committee.

The committee considered the following reports/papers:

- HS2 Briefing paper;
- HS2 Investment Decisions;
- HS2 Planning;
- Aging Well Programme.

Remuneration Committee

The Remuneration Committee determines and approves the remuneration, fees and other allowances for CCG employees (specifically, very senior managers, consultants and contractors etc.). The membership of the committee can be found here: **https://www.gloucestershireccg.nhs.uk/wp-content/uploads/2022/06/Governing-Body-and-Committee-Members-attendance-2021-22-DRAFT.docx**

The Remuneration Committee is chaired by Alan Elkin, Lay Member for Public and Patient Engagement. It formally met on 2 occasions during 2021/22 and was quorate on that occasion. The Remuneration Committee makes its recommendations to the Governing Body for approval.

The full remuneration report can be found within the CCG Annual Report and Accounts.

Annual assessment of committee effectiveness

There is an established process in place for each of the Governing Body sub-committees to conduct an annual assessment of the committee's effectiveness. A survey is completed by committee members and a report along with recommendations for improvement is produced for each of the committees.

During 2021/22, only the Audit and Risk Committee had completed its self-assessment report. The Chair of the committee reported the findings and actions being taken to improve the effectiveness of the committee at its December 2021 meeting. The Governance Team has implemented the recommendations.

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance.

The guidance contained within the UK Corporate Governance Code (Sept 2012) and the NHS CCG Code of Governance (Nov 2013) has been followed. I consider that the organisation complies with the principles and standards of best practices.

The arrangements in place for the discharge of statutory functions have been reviewed for any irregularities as part of the internal and external audit work and are considered to be legally compliant. Further assurance has been obtained through the work of the Accountable Officer, Chief Finance Officer, the Governing Body and the Audit Committee.

The Clinical Commissioning Group has followed guidance issued by NHSE&I on the role and powers of clinical commissioning groups and employs experienced and well qualified staff. Legal advice and the views of the NHSE&I Local Area Team have been sought to obtain clarification and interpretation of laws, regulations and guidance, where appropriate.

Discharge of Statutory Functions

In light of recommendations of the 1983 Harris Review, the Clinical Commissioning Group has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations.

As a result, I can confirm that the Clinical Commissioning Group is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the Clinical Commissioning Group's statutory duties.

Risk management arrangements and effectiveness

The CCG has maintained a clear view of the keys risks affecting its strategic, corporate and directorate activities through the implementation of a three lines of defence model; the Governing Body's Assurance Framework (GBAF) containing key strategic risks reported to the Governing Body, the Corporate Risk Register (CRR), containing high level operational risks and Directorate Risk Registers with detailed directorate risks. The GBAF along with the CRR is reported to the Audit and Risk Committee.

The Quality and Governance Committee has oversight of clinical risks and receives the CRR at each of its meeting for review. All directorate risk registers are held and managed at a local level. Directorate risk registers are signed off by the relevant director. They are also reviewed monthly by the Executive Team.

This systematic approach is detailed in the Risk Management Policy. This approach tracks:

- Risk identification, their cause and effect;
- How risks are being managed;

- The likelihood of occurrence and impact;
- Risk rating – escalation and de-escalation process;
- Their potential impact on the successful achievement of the CCG's objectives.

The GBAF identifies the key risks (those rated 12 and above) actions, controls and assurances that have been put in place by the organisation and that may have an impact on the CCG's principal and strategic objectives.

The CRR identifies those high-level operational risks that could threaten the achievement of the CCG's operational objectives.

The CCG has utilised the National Patient Safety Agency (2006) Risk Assessment Tool and the (5x5) Risk Matrix to grade and frame risk scores, and to demonstrate what type of risk the CCG looks to identify in the areas of safety, quality, finance, statutory compliance, people, claims and complaints.

Key risks are owned by an Executive Director to ensure appropriate accountability for the management of risk. The Governance team provides oversight, challenge and consistency checks of risks on the directorate risk registers that populate the CRR and GBAF.

Throughout 2021/22, the Governing Body regularly received reports on risk through its respective committees.

The Audit and Risk Committee scrutinise and challenge the risks on the CRR and GBAF providing effective feedback to directors; the committee acts as the "Assurance Committee" monitoring the quality of the GBAF and the CRR and refers significant issues to the Governing Body. The Committee supports the Governing Body by ensuring that effective internal control arrangements are in place.

The Audit and Risk Committee receives and considers the latest iteration of the GBAF and CRR at every meeting along with updates on significant developments. During 2021/22 the Committee had oversight of the development of the confidential GBAF and confidential CRR. During 2020/21 and continued into 2021/22 the Audit and Risk Committee also commenced a deep dive review into each of the directorates risk registers on a cyclical basis.

The Quality and Governance Committee focuses on clinical risks, ensuring that there is alignment between the risks highlighted in the quality and safety reports reported to the committee and the CRR. This committee escalates quality risks, where appropriate to Audit and Risk Committee.

The Audit and Risk Committee provides assurance of the robustness of the risk management framework, structure and processes. The Governing Body has played a key role in reviewing the risk management system. The Executive Team has been pivotal in the escalation and de-escalation of risk and assessing the quality of directorate risks that are transferred onto the CRR and GBAF.

Capacity to Handle Risk

During 2021/22, the Governance Team continued with its work on implementing the 4Risk system. Over a 7-month period approximately 20 Risk Management training sessions were organised by the Governance Team, approximately half of the sessions had been organised on an individual basis with risk leads.

Key risks identified in 2021/22

There were a number of key risks reported during 2021/22.

High level risks rated at 12 or more are reported through the Governing Body Assurance Framework (GBAF). A number of key risks were the focus of dedicated Governing Body business sessions particularly those concentrating on the vaccine booster programme and recovery phase.

As of the 31 March 2022, there were 33 risk in total on the Corporate Risk Register, comprising 28 risks rated at Amber, 5 Yellow and 15 of those risks were of a score of 12 or more and were therefore also reported on the GBAF.

As at 31 March 2022, there were 21 risks on the GBAF, i.e. those scoring 12 or more. Approximately 7 were red rated risks and 15 were Amber. The following risks were rated as RED risks:

- **CD 3:** Risk of non-delivery of NHS Constitution standard for maximum wait of 4 hours within the

Emergency Department; actions to address this risk include the development, implementation and monitoring of the collaborative; daily escalation calls and monitoring of SHREWD;

- **CD 8:** SWAST have identified a risk in the SW to patients due to call stacking, this risk is being addressed through contract monitoring meetings with SWAST, as well as providing support to SWAST through the management of urgent care and daily escalation calls;
- **CD 2:** Risk of non-delivery of reduction in delays for patients who are clinically ready for hospital discharge; in addition to the support provided by the Urgent Care team around daily escalation calls; there is further work around the System Flow & Delivery Cell (currently fortnightly) taking oversight of delivery of collaborative actions for operational recovery and service developments;
- **CD 4:** Risk of failure to reduce demand and prevent avoidable emergency acute attendances and admissions; in addition to the actions being taken with regard to the risks outlined above, there are Bi-monthly A&EDB meetings with system partners, including NHSEI.
- **CD 5:** Risk of failure to comply fully with NHS Constitution standards for planned care waiting times; the Elective Recovery Collaborative continue to monitor recovery and the latest COVID-19 impact. Recovery is also monitored weekly at the Adapt and Adopt Steering group and immediate system wide actions are taken.
- **ID 27:** Child/young adults not receiving the specialised care they would receive in a Tier 4 Eating Disorder Bed; there is a programme of work, working with the voluntary sector on developing a wide range of community options that can be used to facilitate discharge.
- **ID 31**: Risk to the capacity of the Care Market, workforce plans have been developed to attract and retain care staff including continuing to promote Proud to Care, retention bonuses, wellbeing support and offers to care staff etc.

All risks on the CRR and GBAF have comprehensive action plans to address the risks, with controls and assurances in place. The GBAF is reported at each Governing Body meeting see here: **https://www.gloucestershireccg.nhs.uk/wp-content/uploads/2022/06/Governing-Body-and-Committee-Members-attendance-2021-22-DRAFT.docx**

The outstanding risks in place on 31 March 2022 are carried over into the new financial year and will continue to be managed within the Risk Management Framework described within this statement.

As Accountable Officer I can confirm that there have been no significant lapses of protective security.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the Clinical Commissioning Group to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

Annual audit of conflicts of interest (CoI) management

The revised statutory guidance on managing conflicts of interest for CCGs (published 16 June 2017) requires CCGs `to undertake an annual internal audit of conflicts of interest management'. To support CCGs to undertake this task, NHSE&I has published a template audit framework.

A detailed review of conflicts of interest audit was undertaken in 2021/22 and assurance of 'substantial assurance' for design and substantial for operational effectiveness was achieved. The report identified a number of areas of good practice and some minor areas for improvement. The areas of good practice identified included:

- The implementation of Civica Declare which is set up automatically to send out email reminders to staff and managers. Each staff member has their own password protected account in Civica which they use to log their interests;

- Robust policies for declaring Conflicts of Interests and Gifts and Hospitality; there is also a Staff Handbook with details and instructions for declaring CoI;
- Comprehensive training material regarding Conflicts of Interest which is utilised as part of the Corporate Induction training;
- The Governance Team has put considerable effort into chasing individuals who have not completed the mandatory Conflicts of Interest ('CoI') training. Emails have been sent out every quarter to remind Directors and PAs to ensure their staff complete the mandatory training. These emails include reports run from Civicia showing staff completion status. Compliance for module one was 84.7% as at 24 January 2022 (2020: 87.4%) and module two was 78.3% (2020: 77.7%);
- CoI, Gifts and Hospitality registers publicly available on the CCG's website and updated bi-annually;
- Conflicts of interests are declared at each Governing Body and committee meeting and interests are reported in the minutes.

The report identified a number of areas for improvement, as follows:

- One low priority finding relating to Gifts and Hospitality not being declared within 28 days and one observation relating to the completeness of the Governing Body and Senior Staff Members CoI register.

The CCG has ensured that following on from this report further communications will be sent to all staff via the weekly staff bulletin to remind them to declare gifts within 28 days. At the Corporate Inductions held on a quarterly basis staff will be reminded of the importance of declaring their interest; however it should be noted that this stipulation is included in all training documents and resources on CoI.

The CCG has adopted a culture whereby all gifts and hospitalities that do not subscribe to a modest amount should be declined. This is exemplified in the Association of British Pharmaceutical Industry registry which showed that GCCG had declared and accepted no gifts/hospitalities in 2021/22. The internal audit report also identified robust procedures for declaring and managing interests related to any procurement.

All the recommendations made by the auditors are being implemented by the Governance Team and staff more broadly where this applies.

Data Quality

Governing Body members consider data quality to be an integral part of its system of internal controls in order that it can assess both the effectiveness and performance of the organisation and its contracted services. There have been no significant concerns about data quality reported in 2020/21 and 2021/22.

Information Governance & Data Security

The NHS Data Security Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information; this is supported by the Data Security and Protection Toolkit, and the annual submission process by the CCG provides assurances to the Clinical Commissioning Group, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

As part of the annual Data Security and Protection Toolkit submission a comprehensive assessment of information security was undertaken; further assurance has been provided by the CCG's internal auditors who reviewed the submission. The effectiveness of these measures is reported to, and monitored by, the Data Security and Awareness Working Group reporting to the Quality and Governance Committee. This includes details of any personal data related serious incidents, the CCG's annual data security toolkit assessment and reports of other data security incidents and audit reviews.

The Data Security and Protection Toolkit for 2021/22 is due for submission at the end of June 2022. As part of the annual Data Security and Protection Toolkit work for 2021/22 a comprehensive assessment of information security is being undertaken; further assurance is being provided by the CCG's internal auditors who are carrying out a review of evidence.

In 2021/22, the CCG made a toolkit submission that met the Data Security and Protection standards for the period relating to 2020/21.

In compliance with NHS Digital Information Governance Toolkit, the CCG ensured that all key information security risks are monitored and controlled, this is via its informatics providers: South, Central and West Commissioning Support Unit (CSU) and Countywide IT Services who ensure that the CCG operates secure information networks and systems. New systems and processes are assessed by governance and information security staff at the point of design or procurement, and appropriate safeguards to minimise risk are put in place. The CCG has a robust process for recording and managing incidents which are monitored by the CSU's information governance team with input from Data and Information Security experts as required.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and have developed data security and protection processes and procedures in line with the Data Security and Protection toolkit. We have ensured all staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities.

Cyber Security

A Cyber audit report was undertaken in November and an action plan has been developed to address the findings. The progress on the action plan is reported on a monthly basis to the ICS Digital Executive Meeting. The main recommendations including an update are listed below with implementation taking place over a 12 month period.

- Unsupported Software – Unsupported software has been identified, patch management/upgrades are ongoing.
- Anti-Virus – Process documented, dashboard in place for monitoring, exceptions are reported and flagged for action.
- IT Infrastructure – Penetration test completed and draft report under review. Mention of other tools that are proactively scanning.
- Firewall Management – Documented manual in operation to routinely review firewall and rules.
- Password Management – SOP's under review for Netrix, Issues with Netrix AD auditor continue to be addressed with supplier, prior to additional scope in operational use.
- IT Business Continuity Plan – Digital Team Disaster Recovery Programme commenced 26/1/22 – Existing BCP arrangements under review next workshop 23rd May.
- Network Access Controls - Cisco ISE project already in flight and already operational for wireless authentication that this would be extended to devices connecting to the wired IT network - planned to go live in May 2022. Requires follow up for assurance.

Business Critical Models

In line with best practice recommendations of the 2013 MacPherson review into the quality assurance of analytical models, I confirm that an appropriate framework and environment is in place to provide quality assurance of business-critical models.

Third party assurances

The CCG is working in partnership with Gloucestershire County Council to manage both the Better Care Fund and other partnership budgets. The operation of the Better Care Fund is considered as part of the performance monitoring report received at every formal meeting of the Governing Body.

The arrangement is governed by a Section 75 agreement. On 26 March 2020, the Governing Body gave approval for the CCG to enter into a new Section 75 Agreement with Gloucestershire County Council from 1 April 2020 to 31 March 2023, with an option to extend for a further two years to 31 March 2025.

Control Issues

The CCG can state that there were no significant control issues of control to report.

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

The Governing Body has overarching responsibility for ensuring the CCG carries out its activities effectively, efficiently and economically. To ensure this:

- There are procurement processes to which the CCG adheres. There is a scheme of delegation which ensures that financial controls are in place across the organisation. The roles of the accountable and delegated committees and groups are shown within this report;
- The Governing Body receives a report from the Chief Finance Officer at each of its Public Governing Body meetings in addition to finance and performance reporting at the Business Sessions on a monthly basis;
- The Audit and Risk Committee receives regular reports on financial governance, monitors the Internal Audit programme and reviews the draft and final annual accounts;
- The CCG has a programme of Internal Audits that provides assurance to the Governing Body and Executive Team of the effectiveness of its internal processes;
- The CCG's annual accounts are reviewed by the Audit and Risk Committee and audited by our external auditors;
- Following completion of the planned audit work our external auditors will issue an Independent and objective opinion on the CCG's arrangements for securing economy, efficiency and effectiveness in the use of resources.

Delegation of functions

The CCG has a defined scheme of reservation and delegation in the CCG's Constitution approved by its GP members, the Council of Members.

This identifies which functions are reserved for the Council of Members and Governing Body and which are delegated for discharge across the CCG in line with effective use of resources and risk management processes. In support of this, the CCG has a Detailed Scheme of Delegation which identifies what financial responsibilities the following levels of authority have:

- Level 1 – CCG Governing Body
- Level 2 – Accountable Officer
- Level 3 – Chief Finance Officer
- Level 4 – Other Directors
- Level 5 – Budget holders, in accordance with specific levels of authority granted to individuals
- Level 6 – all other office holders.

The Governing Body receives regular reports from all its committees to provide assurance regarding the arrangements for the discharge of delegated functions, including those relating to quality, finance, risk and performance, particularly relating to constitution targets.

The Governing Body receives minutes from the Primary Care Commissioning Committee ensuring they are meeting their delegated duties and that conflicts of interests are being effectively managed.

Internal Audit provides independent assurance on the processes in place as part of the annual internal audit plan which is supplemented by the oversight of the assurance of the CCG's value for money, economy, efficiency and effectiveness by the External Auditors.

Counter fraud arrangements

The Chief Finance Officer is the lead for counter fraud within the CCG and works with the nominated Local Counter Fraud Specialist to develop the annual work-plan which is approved by the Audit and Risk Committee.

The CCG's Counter Fraud Service is provided by the Gloucestershire Shared Service for NHS (GSS) which has a Memorandum of Support with Audit South West a provider of internal audit, counter fraud and consultancy services to healthcare organisations within the South West. GSS employs a team of three accredited Local Counter Fraud Specialists who provide the full range of Counter Fraud functions.

The Head of Counter Fraud meets regularly with the Chief Finance Officer to discuss progress against the Action Plan and areas of potential risk. During 2021/22 regular reports and updates were given to the Audit and Risk Committee on:

- Counter fraud Annual Report;
- Counter fraud work-plan;
- Counter fraud Alerts;
- National counter fraud initiative;
- Self-Review Tool;
- Counter Fraud Risk Assessment review;
- Salary Overpayments LPE Report;
- Procurement Checklist LPE Report;
- CCG Counter Fraud Survey Results;
- Current Cases and Proactive Counter Fraud Work;
- Updated Counter Fraud, Bribery and Corruption Policy;
- Counter fraud training – face to face and e-learning training Counter Fraud deliver face to face training to all staff as a part of the CCG's Statutory and Mandatory Training. The Governing Body also receives annual Counter Fraud training. Fraud awareness is also raised through updates via the CCG's newsletter Team Brief.

The Head of Counter Fraud attends all Audit and Risk Committee meetings to provide both a written and verbal update on progress against the Action Plan and the Standards for Commissioners.

Head of Internal Audit Opinion

The role of internal audit is to provide an opinion to the Governing Body, through the Audit & Risk Committee, on the adequacy and effectiveness of the internal control system to ensure the achievement of the organisation's objectives in the areas reviewed.

The annual report from internal audit provides an overall opinion on the adequacy and effectiveness of the organisation's risk management, control and governance processes, within the scope of work undertaken by our firm as outsourced providers of the internal audit service. It also summarises the activities of internal audit for the period. The basis for forming my opinion is as follows:

- An assessment of the design and operation of the underpinning Governing Body and Assurance Framework and supporting processes
- An assessment of the range of individual opinions arising from risk-based audit assignments contained within internal audit risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses
- Any reliance that is being placed upon third party assurances.

Overall, we are able to provide moderate assurance that there is a sound system of internal control designed to meet the CCG's objectives and that controls are being applied consistently. However, some weakness in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk.

In forming our view we have taken into account that:

- The CCG has delivered a surplus of £2.214m, based on the unaudited accounts. As a result, its cumulative surplus is £22.688m. Due to the Covid-19 pandemic the 2021/22 financial year was initially set up with a 6 months (H1) allocation, providing the Gloucestershire Integrated Care System with a 6 month financial envelope with local agreement for the allocations, but based on growth/uplift levels provided within the guidance. This arrangement was extended into the 2nd half of the year (H2), but with revised guidance and specific H2 growth/uplift allocations.
- Despite the impact on the staff due to the Covid-19 pandemic, we have been able to complete all of our planned audit work, during the year. There have been no limitations in scope due to the homeworking restrictions.
- The CCG has displayed strong controls in relation the key financial system, conflicts of interest and primary care commissioning processes. Significant assurance opinions on the design and operational effectiveness of the processes were provided for these audits.
- The Covid-19 pandemic has resulted in aspects of the NHS Constitutions not being met, however, from the work we have undertaken and the reports provided, it was evident that the Governing Body has been kept informed on the issues a timely basis. However, this aspect has contributed to our overall opinion of moderate assurance.
- The CCG has continued to develop and enhance its mechanisms to ensure appropriate assurance and oversight arrangements are in place to demonstrate the monitoring of its risks within the Governing Body Assurance Framework.
- Good progress has been made during the year with the implementation of the actions arising from the audit work.

Report Issued	Recommendations & Significance			Overall Report Conclusions	
	H	M	L	Design	Operational Effectiveness
Primary Care Commissioning	-	-	-	Substantial	Substantial
Cyber Security (joint with GHFT)	3	4	-	Moderate	Limited
Key Financial Systems	-	-	1	Substantial	Substantial
Conflicts of Interest	-	-	1	Substantial	Substantial
Cyber Security Reporting (Advisory)	-	-	-	n/a	n/a
Partnership Working – ICS Development – CCG Closedown and ICB Readiness	-	1	-	n/a	n/a

Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within Gloucestershire Clinical Commissioning Group who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me.

My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the CCG achieving its principles objectives have been reviewed.

I have been advised on the implications of the result of this review by:

- the Governing Body;
- the Audit and Risk Committee;
- The Quality and Governance Committee; and
- Internal Audit.

The conclusions of each were that there were no significant control issues.

Conclusion

No significant internal control issues have been identified during 2021/2022.

Mary Hutton

Accountable Officer

June 2022

Remuneration and staff report

Remuneration and staff report

Remuneration Committee

The Remuneration Committee makes recommendations to the Governing Body about the remuneration, fees and allowances for senior managers and the persons in senior positions within the CCG, including those who regularly attend the Governing Body meeting, who are appointed by or who provide services to the CCG.

Details on the Remuneration Committee are shown within the Governance report including membership and number of meetings.

Full details of the remuneration paid to the Governing Body members and senior employees are provided within the Remuneration Report included herein, together with their pension entitlements.

Senior Managers Remuneration Report

For the purpose of this report, senior managers are defined as being 'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Clinical Commissioning Group'.

This means those who influence the decisions of the organisation as a whole rather than the decisions of individual directorates or departments. Such persons will include Lay Members.

It is the Remuneration Committee that recommends the reward packages of Executive Directors to the Governing Body. Information on the Remuneration Committee can be found in the Governance Statement.

Remuneration Policy

The policy on remuneration of senior managers has been set using national CCG remuneration guidance and principles within "Clinical Commissioning Groups: Remuneration guidance for Chief Officers (where the senior manager also undertakes the Accountable Officer role) and Chief Finance Officers".

The CCG does not have a policy for performance related pay for its senior managers.

Senior Manager Contracts

Senior officer appointments to the CCG are consistent with the employment policies of the CCG. Where appropriate, duration of contracts is determined by the needs of the business.

Notice periods take account of statutory requirements and terms previously established by the NHS very senior managers' pay framework.

Liability in the event of early termination is in accordance with the NHS Agenda for Change terms and conditions handbook. Further guidance is also provided by NHSE&I on the termination and reengagement of senior managers.

They also include any additional pension benefit accrued to the members as a result of their purchasing additional years of pension service in the scheme at their own cost. Cash Equivalent Transfer Values (CETVs) are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Staff Report

NHS Gloucestershire CCG employs a headcount staff of **467 (348.32 WTE) as at the 31 March 2022**. These figures include all permanent staff, those on short-term contracts as well as secondments into the CCG and those staff employed on bank contracts.

Staff Turnover for period 1 April 2021 to 31 March 2022 is 14.68%.

The CCG has a well-structured HR service with the Commissioning Support Unit's ConsultHR service providing transactional and employee relations HR services. The CCG has internal HR resources with Associate Director of Corporate Affairs responsible for HR strategy and organisational development working closely with ConsultHR and ICS partners. The Deputy AO/ Director of Commissioning has overall responsibility for HR within the CCG.

Governance arrangements for HR

The reporting structure for HR and workforce reports is through the Quality and Governance Committee which is a sub-committee of the Governing Body. The Q&GC receives a bi-monthly workforce report detailing:

- Number of staff in post and whole time equivalents (WTEs)
- Starters and leavers for the past 2 months and rolling total for 12 months
- Sickness absence data including short-term and long term sickness absence.

The Committee also receives the following reports:

- Six monthly HR and Workforce reports
- Staff Survey findings and action plan
- Wellbeing updates
- Equality, Diversity and Inclusion reports.

The committee has had oversight of number of key projects and plans including the homeworking, staff survey and policy; wellbeing work and HR policies.

The Joint Staff Consultative Committee (JSCC) has an important role providing staff feedback and input to the development of HR plans, policies, staff events and staff survey, amongst many other things. The committee meets on approximately 10 occasions during the year and is chaired by the Executive Nursing Director and Quality Lead. Each directorate has one or more JSCC representatives who attend the meeting along with HR/OD colleagues and other senior managers.

Throughout 2021/22 there has been good representation from staff at the JSCC meetings noting that staff reps have found the forum important to staff engagement. The main focus of the JSCC meetings throughout the second half of 2021 and through to the end of March 2022, has been the staff transfer arrangements resulting from the demise of the CCG and establishment of the Integrated Care Board.

Staff survey results

The CCG partook in the national staff survey in 2021 and received early in 2022 a suite of reports including a full and detailed report of the findings, a summary report of the 9 key themes, and directorate reports providing a breakdown of the results. This was the third year that the CCG partook in the national survey with benchmark data available from 2019 and from other CCGs. A total of 248 questionnaires were completed by CCG staff, representing 63% of the workforce; this compared nationally with an 78% median score. This was a decrease in participation rates compared to 2020 where 72% of the CCG's workforce responded to the survey. This drop in response rate may be symptomatic of increased pressures place on staff with many staff working on the transition programme as well as continuing to work both on their day jobs, responding to the pandemic and working remotely.

Unlike previous years the National Staff Survey this year was constructed around the 9 key themes in the NHS People Promise with sub-themes included. The results that are published on the National Coordination Centre show how NHS Gloucestershire CCG's results compared to the CCG average, with benchmark data for the CCG against the best and worst in sector. **www.nhsstaffsurveys.com/results/**

1. We are compassionate and inclusive:

- Compassionate culture
- Compassionate leadership
- Diversity and equality
- Inclusion

GCCG scored 7.8 just above the CCG average which was 7.7.

2. We are recognised and rewarded (no sub themes)

GCCG scored 6.9 the same as the CCG average.

3. We each have a voice that counts:

- Autonomy and control
- Raising concerns

GCCG scored 7.4 just above the CCG average of 7.3.

4. We are safe and healthy

- Health and safety climate
- Work pressures, resources and people to do the job
- Bullying, harassment and abuse.

CGG scored 6.8 above the CCG average of 6.6.

5. We are always learning

- Development
- Appraisals

GCCG scored 5.8 above the CCG average of 5.5.

6. We work flexibly

- Support for work-life balance
- Flexible working

GCCG scored 7.4 the same as the CCG average.

7. We are a team

- Team working
- Line management

GCCG scored 7.2 above the CCG average 7.2.

8. Staff Engagement*

- Motivation
- Involvement
- Advocacy

GCCG scored 7.3 above the CCG average 7.2.

9. Morale

- Thinking about leaving
- Work pressure
- Stressors.

GCCG scored 6.5 compared to the CCG average 6.2.

Overall the CCG performed well compared to the CCG average for 2021. However, it is difficult to compare 2021 with previous years as the questions have changed and are not necessarily comparable. Analysis shows that with regard to morale this remains broadly the same as in 2020, staff engagement there is a minor increase and team working has improved; these were all key improvement themes for 2020. The CCG continues to maintain its commitment to making health and wellbeing a key priority which was above the CCG average compared to other CCGs although there was a dip in the score compared to the previous year.

These over-arching results are underpinned by a range of detailed findings. More information can be found on the National Staff Survey Coordination Centre website **https://www.nhsstaffsurveys.com/Page/1085/Latest-Results/NHS-Staff-Survey-Results/**

The CCG has developed a Staff Survey Action Plan focusing on the key improvement themes from the 2021 survey including training for line managers, enhancing the wellbeing support provided to staff with additional health and wellbeing seminars and resources, and continuing with our programme of work around Equality, Diversity and Inclusion, which we began in the Autumn 2020 through to 2021 (see section below). In addition, the HR team will be supporting individual directorates with their own actions to address the 2021 findings.

Staff engagement

During 2021/22 with the emergence of the Omicron variant of COVID-19 staff have continued to predominantly work from home, although increasingly staff have come into the office during the early part of 2022.

The CCG has ensured that as part of its staff engagement process we use the technology available to us to reach many more staff in more flexible ways such as, organising meetings using MS Teams and recording those meetings and uploading them to the intranet to be viewed at a time convenient to staff.

Our staff engagement activities during 2021/22 covered the following key activities:

- Coordinated programme of engaging with staff about how they wanted to return to the office in 2021, following the removal of the restrictions around social distancing. This involved focus groups with directorate and individual teams including an end of engagement report shared with staff. Following on from this revised guidance on home / office working was distributed to staff based on their feedback and views.
- Monthly Team Briefing sessions held on MS Teams (led by the Accountable Officer Clinical Chair and Deputy Accountable Officer) which is supported by a written Team Brief e-bulletin that is then distributed after the meeting.
- Weekly staff communications sent out each Friday providing the latest updates to staff and now includes weekly wellbeing articles and notices as way to mainstream this work.
- Monthly Team Directorate team meetings.
- Lunch and learn sessions run by staff to share their work and learning with other staff members including Mindfulness, knit and natter etc.
- Bi-monthly Wellbeing Newsletters were sent out up until October 2021, thereafter wellbeing support and articles have been included in the weekly staff brief.
- Development of 'CCG Live,' A-Z Staff Area to provide a place where staff can find out about key HR policies that support them, the latest news on wellbeing, homeworking support and staff benefits.
- A-Z on the Staff Area of CCG Live containing new pages on corporate induction, policies and the staff survey 2020/21.
- Monthly senior managers meeting held between senior managers and Executives.
- Managers hold regular one-to-one meetings with staff and a robust appraisal system ensures all staff work towards clearly defined personal objectives which are supported with learning, training and development opportunities.
- The Joint Staff Side Consultative Committee continued to meet throughout 2021/22 with a key focus of their work the Staff Transfer from the CCG to the ICB, wellbeing support and returning safely and productively to the office environment.

Staff Wellbeing

The CCG has established a Wellbeing Group which meets on a bi-monthly basis to share and discuss wellbeing resources for CCG staff.

From late 2021 onwards the CCG employed a wellbeing consultant for 2 days a week to help support this work and provide a dedicated resource to researching the latest thinking and schemes that support wellbeing, explore local initiatives and programmes and produce the weekly articles covering physical, mental and financial wellbeing that have been included in the staff bulletin. Additionally, the following new schemes / projects have commenced:

- The CCG gained accreditation for the Gloucestershire Healthy Workplace Award: **https://www.hlsglos.org/about-us/healthy-workplaces/** with plans to achieve the Advanced Award later in 2022;
- Appointed a Wellbeing Guardian – Lay Member on the CCG Governing Body;
- Currently recruiting Wellbeing Champions throughout the organisation;
- Supported the launch of the Wellbeing Line, that provides health and wellbeing support to health and care colleagues across Gloucestershire was launched in February 2021;

- System wide wellbeing policies have been developed including the Menopause Policy and resource pack;
- Extension of the office furniture grants scheme into 2021/22 and now includes provision for office equipment covering desks and office chairs.

Staffing policies

The CCG like other NHS employers has a host of HR policies, user guides, forms and resources. Policies are formally reviewed both by the Executive Management Team and the JSCC, before being ratified and adopted by the Quality and Governance Committee prior to publication. Over the past 12 months the following HR policies have been reviewed and updated:

- Recruitment Toolkit;
- Drugs and Alcohol Policy;
- Flexible Working Policy updated;
- Overpayments and Underpayments Recovery Policy;
- Job Evaluation and Salaries Policy;
- Temporary Promotion Policy;
- Organisational Change and Pay Protection Policy;
- Learning and Development Policy.

The full range of HR policies currently in use can be found here: **www.gloucestershireccg.nhs.uk/about-us/nhs-publication-scheme/our-policies-and-procedures/**

Sickness absence data

Details of the level of sickness absence are given below. The organisation has an approved policy and associated procedure to help with the management of sickness absence.

Sickness absence is managed in a supportive and effective manner by CCG managers, with professional advice and support from ConsultHR, Occupational Health and Care First (Employee Assistance Programme). The CCG's approach to managing sickness absence is governed by a clear HR policy and this is further reinforced by the provision of HR support and training sessions for all line managers on the effective management of sickness absence.

Bi-monthly sickness triggers are reported to managers, highlighting where staff have either breached the sickness triggers or coming close to breaching. The manager is advised to have a supportive conversation with the staff member.

Managers ensure that the culture of sickness reporting is embedded within their teams and sickness absence is actively monitored and formally reported to the Quality and Governance Committee on a bi-monthly basis via the HR Dashboard and detailed reporting is provided in the six month workforce report.

National NHS Absence Rates can be found at the following website:
www.digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Ill health retirement

There were no early retirements on ill health grounds in 2021/22 (Nil in 2020/21).

The Trade Union (Facility Time Publication Requirements) – Regulations 2017

The CCG confirms that there are relevant union officials who are staff members of the CCG, and they take time off during their working hours for the purpose of taking part in any activities in relation to which they are acting as a representative of a union. The one union official has spent approximately 4 hours on facility time during the financial year 2021/22 at a cost of less than £100.

Equality, Diversity and Inclusion

As a CCG, we have a number of statutory and NHS requirements that we must comply with in relation of our workforce, including:

- Equality Act 2010 - legally protects people from discrimination in the workplace and in wider society. It provides the basic framework of protection against direct and indirect discrimination, harassment and victimisation. The Act makes it unlawful to discriminate in the provision of goods or services or employment on the basis of defined Protected Characteristics.
- Public Sector Equality Duty - The Equality Act contains special provisions for public sector bodies which mean that public bodies have to consider all individuals when carrying out their day-to-day work, including shaping policy, delivering services and in relation to their own employees. In exercising our functions as a CCG we must consciously think about, consider and be influenced by these three aims:

  1. Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;

  2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it;

  3. Foster good relations between people who share a protected characteristic and people who do not share it.

The CCG has a set of Equality and Diversity objectives for 2020-2024. For workforce there are three key objectives:

- Eliminate and tackle discrimination on the basis of race, gender, disability gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic, in all areas of CCG business. This will involve encouraging and supporting staff to use our reporting processes if they witness or are themselves subject to bullying, harassment and/or intimidation. It will also involve reviewing our policies, procedures, strategies and governance arrangements;
- Recruit and retain a more diverse workforce at all levels of the organisation from the Governing Body through to senior managers, middle management and entry level jobs;
- Support staff with protected characteristics to develop their careers within the NHS and beyond starting with BAME staff.

The CCG is committed to creating an open and welcoming organisational culture for all staff, ensuring that we recruit from as wide a pool of talent as possible, create opportunities for all staff to advance their careers, in a supportive and compassionate organisation that proactively tackles discrimination, bullying and intimidation of any kind.

During 2021/22 the ED&I specialist at Central South Commissioning Support Unit commenced the ED&I review of the CCG. This review entailed appraising the CCG's strategies, procedures and policies against best practice on ED&I and making recommendations for improvement. In addition, a cultural piece of work was undertaken to understand how the CCG can be best placed to embrace diversity. The report has been completed, with a raft of recommendations and will be shared with the new Director of People, Culture and Engagement and Governing Body members.

During 2021/22 the following schemes were put in place to support ED&I work:

- Recruited two associate lay members from BAME background to join our Governing Body;
- Continue to support the BAME CCG Group and provide secretariat and specialist ED&I support to the group;
- Shared the WRES data with BAME group and engaged members on improvement actions;
- Supported with HEE monies the ICS Flourish Schemes – Ethnic Minorities, Disabled Staff and LGBTQ+ which included a managers programme;
- Continued to review all our HR policies and procedures via an ED&I lens;
- Organised Managers workshops where ED&I and Wellbeing are core themes this is available via ConsultOD to all CCG managers;
- Ensured the ICS Leadership Development Programme addressed ED&I as part of the training for managers across the system;
- Continue to work with the CSU ED&I specialist on a review of the CCG's governance and policies as well as culture.

Workforce Race Equality Standard (WRES) which aims to ensure employees from black and minority ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace as well as tackling inequality in our systems.

Workforce Disability Equality Standard (WDES) which aims to better understand the experiences of disabled employees to support creating a more inclusive environment.

For more information about the CCG's WRES and DES data see:
www.gloucestershireccg.nhs.uk/about-you/equality-diversity/our-work

Equalities monitoring

The CCG monitors equalities information and reports are given to the Executive Team, Joint Staff Side Consultative Committee and the Quality and Governance Committee on the diversity of its workforce. This data is also shared with our Integrated Care System HR/OD partners.

The CCG has not set any targets for 2021/22 however the CCG has commissioned a review of ED&I by and independent ED&I specialist who has made a raft of recommendations in the End of Review Report which covers diversity targets amongst many other recommendations; these recommendations will be considered by the newly established ICB for taking forward work across the ICB and in partnership with ICS colleagues.

Gender

Gender	Headcount	%	FTE
Female	350	74.9	261.42
Male	117	25.1	86.90
Total	467	100.0	348.32

Ethnicity

Ethnic Group	Headcount	%	FTE
A White - British	373	79.87	288.04
B White - Irish	5	1.07	5.00
C White - Any other White background	8	1.71	5.10
CC White Welsh	1	0.21	0.00
CP White Polish	1	0.21	0.60
D Mixed - White & Black Caribbean	3	0.64	2.67
F Mixed - White & Asian	2	0.43	0.77
G Mixed - Any other mixed background	1	0.21	1.00
H Asian or Asian British - Indian	12	2.57	9.08
J Asian or Asian British - Pakistani	2	0.43	1.40
L Asian or Asian British - Any other Asian background	2	0.43	1.60
LE Asian Sri Lankan	1	0.21	1.00
LH Asian British	1	0.21	1.00
M Black or Black British - Caribbean	6	1.28	2.57
N Black or Black British - African	2	0.43	2.00
PD Black British	1	0.21	1.00
R Chinese	2	0.43	1.44
S Any Other Ethnic Group	1	0.21	1.00
Unspecified	4	0.86	0.11
Z Not Stated	38	8.14	21.94
Grand Total	**467**	**100.00**	**348.32**

Disability

Disability Flag	Headcount	%	FTE
No	386	82.7	299.85
Not Declared	54	11.6	37.66
Prefer Not To Answer	1	0.2	0.00
Unspecified	14	3.0	2.50
Yes	12	2.6	8.31
Grand Total	**467**	**100.0**	**348.32**

Age Band

Age Band	Headcount	%	FTE
<20	2	0.43	1.67
21-25	29	6.21	27.87
26-30	32	6.85	28.80
31-35	32	6.85	24.08
36-40	49	10.49	38.24
41-45	55	11.78	42.25
46-50	51	10.92	38.14
51-55	86	18.42	67.04
56-60	73	15.63	50.19
61-65	42	8.99	23.84
66-70	11	2.36	5.64
>=71 Years	5	1.07	0.56
Grand Total	**467**	**100.00**	**348.32**

Religion

Religious Belief	Headcount	%	FTE
Atheism	77	16.49	66.16
Buddhism	4	0.86	3.00
Christianity	219	46.90	169.67
Hinduism	7	1.50	4.96
Islam	3	0.64	2.40
Not Disclosed	113	24.20	74.86
Other	32	6.85	23.44
Sikhism	3	0.64	2.32
Unspecified	9	1.93	1.50
Grand Total	**467**	**100.00**	**348.32**

Sexual Orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	2	0.43	2.00
Gay or Lesbian	3	0.64	3.00
Heterosexual or Straight	374	80.09	293.80
Not Disclosed	75	16.06	47.61
Other sexual orientation not listed	3	0.64	0.20
Unspecified	10	2.14	1.70
Grand Total	**467**	**100.00**	**348.32**

Other employee matters

Health and Safety at work

We are committed to ensuring the health and safety of all our employees. It is important to us as an organisation that we provide a safe environment for people to work in where their health and safety is valued, and in doing this we continue to work closely with our landlord and security management teams. In order to ensure as far as possible the health and safety of our staff we have a number of procedures in place, in addition, during the COVID-19 period additional procedures were put in place to ensure staff safety and security whilst working at home and also if they needed to work within the office.

Fair Pay (audited)

The annualised range of remuneration is £12.83k to £167.5k (2020/21 £16.9 to £167.5k).

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director/member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid member of the Governing Body in the CCG in the financial year was £180k - £185k (£180k - £185k in 2020/21) on an annualised basis. This figure is different to the remuneration table due to it being calculated on an annualised basis for part-time work.

The relationship of the highest paid director to the remuneration of the organisation's workforce is disclosed in the below table.

The median pay ratio has reduced slightly as a result of departmental changes in staffing.

Pay Ratio information

2021-22	25th Percentile	Median	75th Percentile
Total remuneration (£)	£31,534	£40,057	£54,764
Pay ratio information	5.79:1	4.56:1	3.33:1

2020-21	25th Percentile	Median	75th Percentile
Total remuneration (£)	Prior year comparive is not required for 21/22	£40,894	Prior year comparive is not required for 21/22
Pay ratio information		4.46:1	

* All remuneration relates to salary only. There have been no performance related pay or bonuses.

The average percentage change for the CCG as a whole has seen a 2% increase in 21/22. This is as a result of 21/22 pay awards and departmental changes. There has been no change in the highest paid directors remuneration in 21/22.

In 2021/22 no employee received remuneration in excess of the governing body.

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

Off Payroll Engagements

For all off-payroll engagements as of 31 March 2022, for more than £245 per day:

	Number
Number of existing engagements as of 31 March 2021	9
Of which, the number that have existed:	
for less than one year at the time of reporting	1
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	4
for 4 or more years at the time of reporting	4

All existing off-payroll engagements have been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, assurance has been sought.

For all off-payroll engagements between 1 April 2021 and 31 March 2022, for more than £245 per day:

	Number
Number of temporary off payroll workers engaged between 1 April 2021 and 31 March 2022	9
Of which:	
Number Not Subject to off-payroll legislation	
Number Subject to off payroll legislation and determined as in-scope of IR35	
Number Subject to off payroll legislation and determined as out of scope of IR35	
Number of engagements reassessed for compliance/assurance purposes during the year	
Of which:	
No. of engagements that saw a change to IR35 status following the consistency review	0

Off-payroll engagements of Board/Governing Body members and/or senior officials with significant financial responsibility between 1 April 2021 and 31 March 2022:

	Number
Number of off payroll engagements of Board/Governing Body members and/or senior officials with significant responsibility during the financial year	0
Total number of individuals on payroll and off-payroll that have been deemed "board members and/or senior officials with significant financial responsibility" during the financial year. This includes both on-payroll and off-payroll engagements.	21

Remuneration Report for NHS Gloucestershire CCG 2021-22 (audited)

	2021/22						
Name & Title	Salary (bands of £5,000)	Expense Payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	Sub-total (band of bands)	All Pension Related Benefits (bands of £2,500) *	Total (bands of £5,000)
Dr Andrew Seymour, Clinical Chair	130-135	0	0	0	130-135	7.5-10	140-145
Mary Hutton, Accountable Officer	155-160	0	0	0	155-160	0	155-160
Mark Walkingshaw, Deputy Accountable Officer/ Director Of Commissioning Implementation	135-140	0	0	0	135-140	62.5-65	200-205
Cath Leech, Chief Finance Officer	120-125	0	0	0	120-125	22.5-25	145-150
Ellen Rule, Director of Transformation and Service Redesign	125-130	0	0	0	125-130	0	125-130
Helen Goodey, Director of Primary Care and Locality Development [1]	95-100	0	0	0	95-100	0	95-100
Kim Forey, Director of Integration [2]	55-60	0	0	0	55-60	27.5-30	85-90
Dr Caroline Bennett, Clinical Commissioning Lead (North Cotswolds)	45-50	0	0	0	45-50	10-12.5	55-60
Dr Will Haynes, Clinical Commissioning Lead (Gloucester City)	45-50	0	0	0	45-50	10-12.5	55-60
Dr Hein Le Roux, Deputy Clinical Chair [3]	85-90	0	0	0	85-90	22.5-25	110-115
Dr Mala Ubhi, Mental Health, Learning Disabilities and Autism Lead	45-50	0	0	0	45-50	32.5-35	75-80
Dr Sheena Yerburgh, Clinical Commissioning Lead (Stroud & Berkeley Vale)	45-50	0	0	0	45-50	12.5-15	60-65
Dr Will Miles, Clinical Commissioning Lead (Cheltenham)	45-50	0	0	0	45-50	0	45-50
Julie Clatworthy, Registered Nurse	20-25	0	0	0	20-25	0	20-25
Dr Marion Andrews,Evans – Executive Nurse & Quality Lead	115-120	0	0	0	115-120	0	115-120
Dr Alan Gwyn, Clinical Commissioning Lead (South Cotswolds)	45-50	0	0	0	45-50	0	45-50
Alan Elkin, Lay Member, Patient And Public Engagement	15-20	0	0	0	15-20	0	15-20
Colin Greaves, Lay Member, Governance	20-25	0	0	0	20-25	0	20-25
Joanna Davies, Lay Member, Patient & Public Engagement	15-20	0	0	0	15-20	0	15-20
Peter Marinner, Lay Member, Business	10-15	0	0	0	10-15	0	10-15
Dr Lesley Jordan, Secondary Care Clinical Advisor [4]	0-0	-	-	-	0-0	0	0-0

* These figures are purely the benefits accruing to senior managers from membership of the NHS Pensions Scheme. These are the aggregate input amounts, calculated using the method set out in section 229 of the Finance Act 2004(1). Para 10(1)(e)(ii)(cc) of sch8 of 2013/1981 (update to the Finance Act 2004):

• Due to changes in the NHS pension scheme and, in particular, where individuals may have changed schemes in previous years this distorts the calculations.

[1] Remuneration relates to Work for Gloucestershre CCG. Non disclosed remuneration for role at Gloucestershire Care and Health NHSFT. Total remuneration received is within band 120-125k

[2] Remuneration relates to Work for Gloucestershre CCG . Non disclosed remuneration for role at Gloucestershire County Council Total remuneration received is within band 115-120k

[3] Relates to his Board and Non Board appointments. The Board appointment is within band £45-50K

[4] Payment is made to Dr Jordan's host Trust (Royal United Hospitals Bath NHS Foundation Trust). No payment was made In line with the temporary COVID financial regime.

Remuneration Report for NHS Gloucestershire CCG 2020-21 (audited)

	2020/21						
Name & Title	Salary (bands of £5,000)	Expense Payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	Sub-total (band of bands)	All Pension Related Benefits (bands of £2,500) *	Total (bands of £5,000)
Dr Andrew Seymour, Clinical Chair	145-150	0	0	0	145-150	17.5-20	165-170
Mary Hutton, Accountable Officer	145-150	0	0	0	145-150	0	145-150
Mark Walkingshaw, Deputy Accountable Officer/ Director Of Commissioning Implementation	135-140	0	0	0	135-140	0	135-140
Cath Leech, Chief Finance Officer	115-120	0	0	0	115-120	0	115-120
Ellen Rule, Director of Transformation and Service Redesign	120-125	0	0	0	120-125	0	120-125
Helen Goodey, Director of Primary Care and Locality Development[1]	95-100	0	0	0	95-100	72.5-75	170-175
Kim Forey, Director of Integration[2]	55-60	0	0	0	55-60	25-27.5	80-85
Dr Caroline Bennett, Clinical Commissioning Lead (North Cotswolds)	45-50	0	0	0	45-50	7.5-10	55-60
Dr Lawrence Fielder, Clinical Commissioning Lead (Forest of Dean) Left in September 2020	20-25	0	0	0	20-25	0	20-25
Dr Will Haynes, Clinical Commissioning Lead (Gloucester City)	45-50	0	0	0	45-50	7.5-10	55-60
Dr Hein Le Roux, Deputy Clinical Chair[3]	60-65	0	0	0	60-65	27.5-30	85-90
Dr Maia Ubhi, Mental Health, Learning Disabilities and Autism Lead from 1 September 2020	25-30	0	0	0	25-30	92.5-95	120-125
Dr Sheena Yerburgh, Clinical Commissioning Lead (Stroud & Berkeley Vale)	45-50	0	0	0	45-50	7.5-10	55-60
Dr Will Miles, Clinical Commissioning Lead (Cheltenham)	45-50	0	0	0	45-50	2.5-5	50-55
Julie Clatworthy, Registered Nurse	20-25	0	0	0	20-25	0	20-25
Dr Marion Andrews-Evans, Executive Nurse & Quality Lead	115-120	0	0	0	115-120	0	115-120
Dr Alan Gwynn, Clinical Commissioning Lead (South Cotswolds)	45-50	0	0	0	45-50	0	45-50
Alan Elkin, Lay Member, Patient and Public Engagement	15-20	0	0	0	15-20	0	15-20
Colin Greaves, Lay Member, Governance	20-25	0	0	0	20-25	0	20-25
Joanna Davies, Lay Member, Patient and Public Engagement	10-15	0	0	0	10-15	0	10-15
Peter Marriner, Lay Member, Business	10-15	0	0	0	10-15	0	10-15
Dr Lesley Jordan, Secondary Care Clinical Advisor[4]	0-0	0	0	0	0-0	0	0-0

* These figures are purely the benefits accruing to senior managers from membership of the NHS Pensions Scheme.These are the aggregate input amounts, calculated using the method set out in section 229 of the Finance Act 2004(1). Para 10(1)(e)(ii)(cc) of sch8 of 2013/1981 (update to the Finance Act 2004):

• Due to changes in the NHS pension scheme and, in particular, where individuals may have changed schemes in previous years this distorts the calculations.

[1]Remuneration relates to Work for Gloucestershire CCG. Non-disclosed remuneration for role at Gloucestershire Health and Care NHSFT. Note that value of pension related benefits has been corrected from that reported within the 2019/20 Annual Report.

[2]Remuneration relates to Work for Gloucestershire CCG. Non-disclosed remuneration for role at Gloucestershire County Council

[3]Includes Remuneration for Dementia Clinical Lead role of £13k, not previously disclosed in 2018/19

[4]Payment is made to Dr Jordan's host Trust (Royal United Hospitals NHS Foundation Trust) In 2020/21, no payment was made in line with the temporary COVID financial regime.

Pensions Report 2021-22 (audited)

Name & Title	2021/22							
	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2022 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2021	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022	Employers contribution to stakeholder pension
Name & Title	£000	£000	£000	£000	£000	£000	£000	£000
Dr Andrew Seymour, Clinical Chair (opted out of pension Feb-20)	0-2.5	0	20-25	45-50	431	6	458	19
Cath Leech, Chief Finance Officer (opted out of pension Dec-19)	0-2.5	0-2.5	45-50	105-110	945	32	993	12
Helen Goodey, Director of Primary Care and Locality Development	0-2.5	0	30-35	55-60	622	0	627	12
Kim Forey, Director of Integration (Opted out of pension scheme in Oct-19)	0-2.5	0	20-25	0	350	31	399	17
Dr Caroline Bennett, Clinical Commissioning Lead (North Cotswolds)	0-2.5	0	15-20	30-35	297	12	317	7
Dr Sheena Yerburgh, Clinical Commissioning Lead (Stroud & Berkeley Vale)	0-2.5	0	10-15	20-25	237	14	259	7
Dr Will Haynes, Clinical Commissioning Lead (Gloucester City)	0-2.5	0	15-20	35-40	348	13	370	7
Dr Hein Le Roux, Deputy Clinical Chair	0-2.5	0-2.5	20-25	15-20	270	18	297	7
Dr Mala Ubhi, Clinical Commissioning Lead	0-2.5	2.5-5	5-10	20-25	104	19	130	7
Mark Walkingshaw, Deputy Accountable Officer/Director Of Commissioning Implementation	2.5-5	2.5-5	50-55	110-115	885	62	966	15
Mary Hutton, Accountable Officer	Mary Hutton received her NHS pension benefits in November 2020							
Ellen Rule, Director of Transformation and Service Redesign	Ellen Rule has opted out of the NHS pension scheme							
Dr Lesley Jordan, Secondary Care Clinical Advisor	Dr Jordan is not an employee of NHS Gloucestershire CCG and payment is made to her host Trust (Royal United Hospitals Bath NHS Foundation Trust)							
Dr Will Miles, Clinical Commissioning Lead (Cheltenham)	Dr Miles has opted out of the NHS pension scheme							
Dr Alan Gwynn, Clinical Commissioning Lead (South Cotswolds)	Dr Gwynn has opted out of the NHS pension scheme							
Dr Marion Andrews-Evans – Executive Nurse & Quality Lead	Dr Andrews-Evans has opted out of the NHS pension scheme							

Pensions Report 2020-21 (audited)

Name & Title	2020/21							
	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2021 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2020	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2021	Employers contribution to stakeholder pension
Name & Title	£000	£000	£000	£000	£000	£000	£000	£000
Dr Andrew Seymour, Clinical Chair (opted out of pension Feb-20)	0-2.5	0	15-20	50-55	390	16	431	17
Cath Leech, Chief Finance Officer (opted out of pension Dec-19)	0	0	45-50	105-110	912	8	945	10
Helen Goodey, Director of Primary Care and Locality Development*	2.5-5	2.5-5	30-35	60-65	530	67	622	16
Kim Forey, Director of Integration (Opted out of pension scheme in Oct-19)	0-2.5	0	20-25	0	301	27	350	16
Dr Caroline Bennett, Clinical Commissioning Lead (North Cotswolds)	0-2.5	0	15-20	30-35	276	10	297	7
Dr Sheena Yerburgh, Clinical Commissioning Lead (Stroud & Berkeley Vale)	0-2.5	0	10-15	20-25	218	9	237	7
Dr Will Haynes, Clinical Commissioning Lead (Gloucester City)*	0-2.5	0	15-20	35-40	325	11	348	7
Dr Will Miles, Clinical Commissioning Lead (Cheltenham)	0-2.5	0-2.5	10-15	30-35	247	11	269	7
Dr Hein Le Roux, Deputy Clinical Chair	0-2.5	0	15-20	15-20	240	19	270	7
Dr Maia Ubhi, Mental Health, Learning Disabilities and Autism Lead from 1 September 2020	0-2.5	5-7.5	5-10	15-20	38	35	104	4
Mary Hutton, Accountable Officer	Mary Hutton received her NHS pension benefits in November 2020							
Ellen Rule, Director of Transformation and Service Redesign	Ellen Rule has opted out of the NHS Pension scheme							
Mark Walkingshaw, Deputy Accountable Officer/Director Of Commissioning Implementation	Mark Walkingshaw has opted out of the NHS Pension scheme							
Dr Lesley Jordan, Secondary Care Clinical Advisor	Dr Jordan is not an employee of NHS Gloucestershire CCG and payment is made to the host Trust (Royal United Hospitals NHS Foundation Trust)							
Dr Alan Gwyn, Clinical Commissioning Lead (South Cotswolds)	Dr Gwyn has opted out of the NHS Pension scheme							
Executive Nurse & Quality Lead	Dr Andrews-Evans has opted out of the NHS Pension scheme							

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional

years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in 2015. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement. During the year, the Government announced that public sector pension schemes will be required to provide indexation on the Guaranteed Minimum Pension element of the pension. NHS Pensions has updated the methodology used to calculate CETV values as at 31 March 2021. The impact of the change in methodology is included within the reported real increase in CETV for the year.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Staff Numbers

Average Contracted WTE of Staff Groupings by Occupational Code (excluding Off Payroll engagements only)	21/22			20/21		
	Male	Female	Total	Male	Female	Total
Governing Body members	3	1	4	3	1	4
Executive Directors	1	6	7	1	6	7
Senior Manager G0 (Band 8D and Above)	5	8	13	5	6	11
Manager G1 (Band 8A, 8B, 8C)	20	30	50	16	29	45
Clerical and Admininstrative G2 (Band 7 and Below)	45	148	193	42	127	169
Nursing, midwifery and health visiting staff	0	1	1	1	1	2
Medical and dental staff	2	38	40	2	33	35
Scientific, therapeutic and technical staff	4	21	25	3	25	28
Sub Totals	80	253	333	73	228	301
Grand Total		**333**			**301**	

Staff profile (audited)

The profile of staff within the CCG, based on the average number of Whole Time Equivalent contracted in 2021-22, is as presented in the table below. This is referred to in note 4.2 of the Annual Accounts.

Avg No WTE contracted (including Directors & Off Payroll engagements)	21/22			20/21		
	Director	Other Ee	Total	Director	Other Ee	Total
total Staff	7	330	337	7	297	304
of which:						
Perm	7	295	302	7	272	279
Other	0	35	35	0	25	25
of which:						
Male	1	83	84	1	74	75
Female	6	247	253	6	223	229

Total staff costs including employers national insurance and pension (audited)

	21/22			20/21		
	Directors £'000	Other Ees £'000	Total £'000	Directors £'000	Other Ees £'000	Total £'000
total Staff Costs	1,071	19,544	20,614	1,050	17,126	18,176
of which:						
permanent	1,071	18,621	19,692	1,050	16,746	17,796
other	-	922	922	-	379	379

Employee benefits and staff numbers (audited)

	21/22			20/21		
	Total	Permanent Employees	Other	Total	Permanent Employees	Other
	£'000	£'000	£'000	£'000	£'000	£'000
Employee Benefits						
Salaries and Wages	16,081	15,158	922	14,221	13,842	379
Social Security Costs	1,599	1,599	0	1,391	1,391	0
Employer Contributions to NHS Pension scheme	2,824	2,824	0	2,504	2,504	0
Other Pension Costs	6	6	0	3	3	0
Apprenticeship Levy	66	66	0	57	57	0
Termination Benefits	39	39	0	0	0	0
Gross employee benefits expenditure	**20,614**	**19,692**	**922**	**18,175**	**17,796**	**379**
Total – Net admin employee benefits including capitalised costs	**20,614**	**19,692**	**922**	**18,175**	**17,796**	**379**
Less: Employee costs capitalised	0	0	0	0	0	0
Net employee benefits excluding capitalised costs	**20,614**	**19,692**	**922**	**18,175**	**17,796**	**379**

There were no significant increases in staff groups in 2021/22.

- There have been no significant awards made to past senior managers in 2021/22
- There has been no compensation on early retirement or for loss of office in 2021/22
- There have been no payments to past directors in 2021/22
- Two staff on Very Senior Manager contracts earn in excess of £150,000 pa on a pro-rata basis

Exit Packages (subject to audit)

Exit Package cost band (inc.any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Whole numbers only	£s	Whole numbers only	£s	Whole numbers only	£s	Whole numbers only	£s
Less than £10,000	0	£0.00	2	£15,544.74	2	£15,544.74	1	£9,257.42
£10,001 to £25,000	0	£0.00	0	£0.00	0	£0.00	0	£0.00
£25,001 to £50,000	1	£38,569.27	1	£0.00	1	£38,569.27	0	£0.00
£50,001 to £100,000	0	£0.00	0	£0.00	0	£0.00	0	£0.00
£100,001 - £150,000	0	£0.00	0	£0.00	0	£0.00	0	£0.00
£150,001 - £200,000	0	£0.00	0	£0.00	0	£0.00	0	£0.00
> £200,001	0	£0.00	0	£0.00	0	£0.00	0	£0.00
Totals	**1**	**£38,569.27**	**2**	**£15,544.74**	**3**	**£54,114.01**	**0**	**£0.00**

Redundancy and other departure cost have been paid in accordance with the provisions of the terms of the individual contracts of employment. Exit costs in this note are the full costs of departures agreed in the year. Where Gloucestershire CCG has agreed early retirements, the additional costs are met by Gloucestershire CCG and not by the NHS Pensions Scheme. Ill health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Analysis of other departures

	Agreements	Total Value of agreements
	Number	£000s
Contractual payments in lieu of notice *	1	7
Non-contractual payments requiring HMT approval **	1	9
Total	**2**	**16**

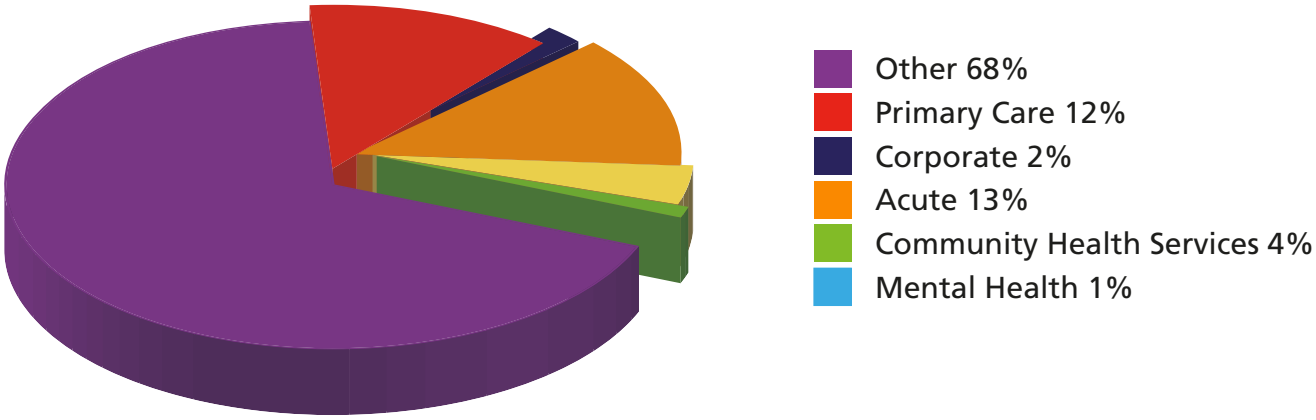
*any non-contractual payments in lieu of notice are disclosed under "non-contracted payments requiring HMT approval" below.

**includes 1 relating to non-contractual payments in lieu of notice. The value in exit packages includes employers NI costs as well as the value of the special payment. The CCG is currently seeking retrospective approval for this element.

There were no cases where the payment value was more than 12 months' of their annual salary.

Consultancy

Consultancy costs of £**448**k in 2021/22 were spent in the following areas:



External Audit

The CCG's external auditors are Grant Thornton UK LLP. The cost of the annual statutory audit of the 2021/22 Financial Statements was £84k. The cost was determined based upon the size of the CCGs commissioning budget. The CCG has also provided for an additional audit service from Grant Thornton of a Mental Health Investment Standard (MHIS) audit totalling £18k.

Mary Hutton

Accountable Officer

June 2022

The financial statements

Independent auditor's report to the members of the Governing Body of NHS Gloucestershire CCG

Report on the Audit of the Financial Statements

Opinion on financial statements

We have audited the financial statements of NHS Gloucestershire CCG (the 'CCG') for the year ended 31 March 2022, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the CCG as at 31 March 2022 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the CCG in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of matter – Demise of the organisation

In forming our opinion on the financial statements, which is not modified, we draw attention to note 1.1 to the financial statements, which indicates that, under the Health and Care Act 2022 the commissioning functions, assets and liabilities of NHS Gloucestershire CCG are due to transfer to Gloucestershire Integrated Care Board on 1 July 2022.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accountable Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the CCG's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the CCG to cease to continue as a going concern.

In our evaluation of the Accountable Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group accounting manual 2021 to 2022 that the CCG's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services currently provided by the CCG. In doing so we have

had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2020) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the CCG and the CCG's disclosures over the going concern period.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the CCG's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

The responsibilities of the Accountable Officer with respect to going concern are described in the 'Responsibilities of the Accountable Officer and Those Charged with Governance for the financial statements' section of this report.

Other information

The Accountable Officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the guidance issued by NHS England or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the CCG, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Opinion on regularity of income and expenditure required by the Code of Audit Practice

In our opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions in the financial statements conform to the authorities which govern them.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the CCG under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

Responsibilities of the Accountable Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of Accountable Officer's responsibilities, the Accountable Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity.

The Accountable Officer is responsible for ensuring the regularity of expenditure and income in the financial statements.

The Governing Body is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the CCG's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities . This description forms part of our auditor's report.

We are also responsible for giving an opinion on the regularity of expenditure and income in the financial statements in accordance with the Code of Audit Practice.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the CCG and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022).
- We enquired of management and the Audit and Risk Committee, concerning the CCG's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Audit and Risk Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the CCG's financial statements to material misstatement, including how fraud might occur, by evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls. We determined that the principal risks were in relation to journals, accounting estimates and critical judgements made by management.
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a focus on management override of control**;**
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of prescribing accruals;
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and/or expenditure recognition, and the significant accounting estimates related to prescribing accruals.
- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation

- knowledge of the health sector and economy in which the CCG operates
- understanding of the legal and regulatory requirements specific to the CCG including:
  - the provisions of the applicable legislation
  - NHS England's rules and related guidance
  - the applicable statutory provisions.

- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The CCG's operations, including the nature of its other operating revenue and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The CCG's control environment, including the policies and procedures implemented by the CCG to ensure compliance with the requirements of the financial reporting framework.

Report on other legal and regulatory requirements – the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

We have nothing to report in respect of the above matter.

Responsibilities of the Accountable Officer

As explained in the Annual Governance Statement, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the CCG's resources.

Auditor's responsibilities for the review of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in December 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the CCG plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the CCG ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the CCG uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the CCG has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of the financial statements of NHS Gloucestershire CCG in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

This report is made solely to the members of the Governing Body of the CCG, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the members of the Governing Body of the CCG those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the CCG and the members of the Governing Body of the CCG as a body, for our audit work, for this report, or for the opinions we have formed.

Julie Masci, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Bristol

21 June 2022

ANNUAL ACCOUNTS

Completed in accordance with the DH Group Accounting Manual 2021/22 and NHS England SharePoint Finance Guidance Library

Mary Hutton

Accountable Officer

16/06/2022

Data entered below will be used throughout the workbook:

Entity name:	NHS Gloucestershire CCG
This year	2021-22
Last year	2020-21
This year ended	31-March-2022
Last year ended	31-March-2021
This year commencing:	01-April-2021
Last year commencing:	01-April-2020

These account templates are a proforma for a set of NHS England Group Entity Accounts, this is not a mandatory layout for local accounts.

Please review and adjust to local reporting requirements

Page Number

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The Primary Statements:

Notes to the Accounts

Statement of Comprehensive Net Expenditure for the year ended 31 March 2022

	Note	2021-22 £'000	2020-21 £'000
Income from sale of goods and services	3	(26,284)	(25,902)
Other operating income	3	(184)	(183)
Total operating income		**(26,468)**	**(26,085)**
Staff costs	4	20,615	18,176
Purchase of goods and services	5	1,145,313	1,050,191
Depreciation and impairment charges	5	0	199
Provision expense	5	2,281	3,089
Other Operating Expenditure	5	8,844	1,478
Total operating expenditure		**1,177,053**	**1,073,133**
Net Operating Expenditure		**1,150,585**	**1,047,048**
Other Comprehensive Expenditure		-	-
Comprehensive Expenditure for the year		**1,150,585**	**1,047,048**

Statement of Financial Position

	Note	31/03/2022 £'000	31/03/2021 £'000
Current assets:			
Trade and other receivables	8	5,275	8,017
Cash and cash equivalents	9	46	80
Total current assets		**5,321**	8,097
Total assets		**5,321**	**8,097**
Current liabilities			
Trade and other payables	10	(65,747)	(62,627)
Provisions	11	(5,648)	(4,080)
Total current liabilities		**(71,395)**	(66,708)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(66,074)**	(58,610)
Non-current liabilities		-	-
Assets less Liabilities		**(66,074)**	**(58,610)**
Financed by Taxpayers' Equity			
General fund		(66,074)	(58,610)
Total taxpayers' equity:		**(66,074)**	(58,610)

The notes on pages 7 to 21 form part of this statement

The financial statements on pages 3 to 6 were approved by the Governing Body on 16th June 2022 and signed on its behalf by:

Chief Accountable Officer
Mary Hutton

Statement of Changes In Taxpayers Equity for the year ended 31 March 2022

	2021/22 General fund £'000	2020/21 General fund £'000
Changes in taxpayers' equity for 2021-22		
Balance at 01 April	(58,610)	(43,760)
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2021-22		
Net operating expenditure for the financial year	(1,150,585)	(1,047,048)
Net funding	1,143,121	1,032,198
Balance at 31 March	**(66,074)**	**(58,610)**

The notes on pages 7 to 21 form part of this statement

The General Fund is the only reserve for NHS Gloucestershire CCG.

Statement of Cash Flows for the year ended 31 March 2022

	Note	**2021-22 £'000**	2020-21 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(1,150,585)	(1,047,048)
Depreciation and amortisation	5	0	199
(Increase)/decrease in trade & other receivables	8	2,742	(2,100)
Increase/(decrease) in trade & other payables	10	3,120	14,119
Provisions utilised	11	(713)	(422)
Increase/(decrease) in provisions	11	2,281	3,089
Net Cash Inflow (Outflow) from Operating Activities		**(1,143,155)**	(1,032,163)
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment		0	0
Net Cash Inflow (Outflow) from Investing Activities		**0**	0
Net Cash Inflow (Outflow) before Financing		**(1,143,155)**	(1,032,163)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		1,143,121	1,032,198
Net Cash Inflow (Outflow) from Financing Activities		**1,143,121**	1,032,198
Net Increase (Decrease) in Cash & Cash Equivalents	9	**(34)**	35
Cash & Cash Equivalents at the Beginning of the Financial Year		**80**	45
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		0	0
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**46**	80

The notes on pages 7 to 21 form part of this statement

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2021-22 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on a going concern basis.

The Health and Care Act received Royal Assent on 28 April 2022. The Act will allow for the establishment of Integrated Care Boards (ICB) across England and will abolish clinical commissioning groups (CCG). ICBs will take on the commissioning functions of CCGs from 1 July 2022. On this date the CCG's functions, assets and liabilities will transfer to NHS Gloucestershire ICB.
2021/22 saw a continuation of the interim financial operating environment within the NHS (for example moving all NHS providers onto a cost based 'block' payment regime, providing new funding for Hospital Discharge Programme and the recharge of other specific Covid 19 costs to NHSE).
Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated. Where a clinical commissioning group ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis. The statement of financial position has therefore been drawn up at 31 March 2022, on a going concern basis.

1.2 Accounting Convention

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

1.3 Movement of Assets within the Department of Health and Social Care Group

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.
Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 Pooled Budgets

The clinical commissioning group has entered into a pooled budget arrangement with Gloucestershire County Council [in accordance with section 75 of the NHS Act 2006]. Under the arrangement, funds are pooled for integrated community equipment services and Note 14 provides details of the income and expenditure.
The pool is hosted by Gloucestershire County Council. The clinical commissioning group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement. This arrangement has not changed in 2021/22.

Notes to the financial statements

1.5 Operating Segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the clinical commissioning group.

1.6 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:
• As per paragraph 121 of the Standard the clinical commissioning group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
• The clinical commissioning group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the clinical commissioning group to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the Clinical Commissioning Group is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.
Total net revenue expenditure for the year of £1,150,585k is funded by in year revenue resource allocations from NHS England. The revenue resource allocation is accounted for by crediting the general fund, but this funding is only drawn down from NHS England and accounted for, to meet payments as they fall due. The total funding credited to the general fund during the year was equal to the revenue resource allocation (see Statement of Changes to Taxpayers Equity on page 5).

The CCG's financial position is controlled by a limit on net expenditure rather than funding from DHSC. As such, the CCG's income from other activities is limited. The most significant element of income is where the CCG commissions service level agreements (for Mental Health and Community Services) through liaison with the local authority. Where the CCG is the Lead Commissioner for service level agreements that include a contribution from the local authority, the CCG is acting as the principal in the relationship. The CCG provides all the administration to the contract, monitors performance, arranges the price and holds the provider to account. In such cases, all income is recorded in the CCG accounts as gross and shown within Other Operating Revenue within note 3. The CCG does not enter into long term revenue contracts and, so, the assessment indicates that there is no impact of income recognition from adopting IFRS 15.

The value of the benefit received when the clinical commissioning group accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.7 Employee Benefits

1.7.1 Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.
The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.7.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as if they were a defined contribution scheme; the cost recognised in these accounts represents the contributions payable for the year. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the clinical commissioning group commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

National Employment Savings Trust ("NEST") Pension Scheme
The CCG has a small number of employees who are not enrolled into the NHS Pensions Scheme, with cover from the defined contributions scheme which is managed by the National Employment Savings Trust (NEST). The cost to the CCG is taken as equal to the contributions payable to the scheme for the accounting period.

Notes to the financial statements

1.8 **Other Expenses**

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.9 **Grants Payable (where relevant)**

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the clinical commissioning group recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.10 **Leases**

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

1.10.1 **The Clinical Commissioning Group as Lessee**

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the clinical commissioning group's surplus/deficit.
Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.
Contingent rentals are recognised as an expense in the period in which they are incurred.
Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.11 **Cash & Cash Equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.
In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the clinical commissioning group's cash management.

1.12 **Provisions**

Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the clinical commissioning group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

A restructuring provision is recognised when the clinical commissioning group has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.13 **Non-clinical Risk Pooling**

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

1.14 **Financial Assets**

Financial assets are recognised when the clinical commissioning group becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.
Financial assets are classified as Financial assets at amortised costs
The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.14.1 **Financial Assets at Amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.15 **Financial Liabilities**

Financial liabilities are recognised on the statement of financial position when the clinical commissioning group becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.16 **Value Added Tax**

Most of the activities of the clinical commissioning group are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.17 **Critical accounting judgements and key sources of estimation uncertainty**

In the application of the Clinical Commissioning Group's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods

1.17.1 **Critical accounting judgements in applying accounting policies**

There are no critical accounting judgements in the application of accounting policies

1.17.2 **Sources of estimation uncertainty**

There are no sources of estimation uncertainty in the application of accounting policies

1.18 **Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.19 **Accounting Standards That Have Been Issued But Have Not Yet Been Adopted**

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2021-22. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being implemented in 2022/23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The clinical commissioning group will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the clinical commissioning group will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the clinical commissioning group's incremental borrowing rate. The clinical commissioning group's incremental borrowing rate will be a rate defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2022 for existing finance leases.
For leases commencing in 2022/23, the clinical commissioning group will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.
Current estimates suggest that the CCG will need to create a right-of-use asset of approximately £1.8m following the introduction of IFRS 16. This relates entirely to the CCG headquarter buildings.

2 Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).
NHS Clinical Commissioning Group performance against those duties was as follows:

	2021-22 Target £'000	**2021-22 Performance £'000**	**Met (Y/N)**	2020-21 Target £'000	2020-21 Performance £'000	Met (Y/N)
Expenditure not to exceed income	1,179,267	1,177,053	Yes	1,073,155	1,073,133	Yes
Capital resource use does not exceed the amount specified in Directions	0	0	Yes	0	0	Yes
Revenue resource use does not exceed the amount specified in Directions	1,152,799	1,150,585	Yes	1,047,070	1,047,048	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	Yes	0	0	Yes
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	Yes	0	0	Yes
Revenue administration resource use does not exceed the amount specified in Directions	12,870	12,869	Yes	13,126	12,981	Yes

2.1 Performance against Resource limit

	2021-22			2020-21		
	Revenue £000	**Capital £000**	**Total £000**	Revenue £000	Capital £000	Total £000
Notified Resource Limit	1,152,799	0	1,152,799	1,047,070	-	1,047,070
Total Other operating revenue	26,468		26,468	26,085		26,085
Total Income	**1,179,267**	**Nil**	**1,179,267**	**1,073,155**	**Nil**	**1,073,155**
Employee benefits	20,614		20,614	18,175		18,175
Operating costs	1,156,439	0	1,156,439	1,054,958	0	1,054,958
Total Expenditure	**1,177,053**	**Nil**	**1,177,053**	**1,073,133**	**Nil**	**1,073,133**
In year Surplus/(Deficit) spend	**2,214**	**0**	**2,214**	**22**	**Nil**	**22**
Cumulative surplus brought forward at 1 April	20,496		20,496	20,474		20,474
Adjustment for 2020/21 surplus (see note below)	(22)		(22)			
Cumulative surplus drawn down during the financial year	Nil		Nil	Nil		Nil
Cumulative surplus carried forward at 31 March	**22,688**	**0**	**22,688**	**20,496**	**Nil**	**20,496**

The overall notified resource limit above includes specific funding for Primary Care Delegated Co-Commissioning of £98.639m (2020/21: £93.352m).

Due to the implementation of an interim financial framework as a response to the covid pandemic in 2020/21, it has been confirmed that the in-year surplus for that year (i.e. £22k for Gloucestershire CCG) has not been added to the organisation's cumulative surplus position; this has been adjusted in the table above.

3 Other Operating Revenue

	2021-22 Total £'000	2020-21 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	**1,141**	865
Non-patient care services to other bodies	**24,536**	24,469
Other Contract income	**607**	568
Total Income from sale of goods and services	**26,284**	**25,902**
Other operating income		
Charitable and other contributions to revenue expenditure: non-NHS	**41**	113
Non cash apprenticeship training grants revenue	**48**	35
Other non contract revenue	**95**	35
Total Other operating income	**184**	**183**
Total Operating Income	**26,468**	**26,085**

Non-patient care services to other bodies relates primarily to charges to Gloucestershire County Council.

3.1 Disaggregation of Income - Income from sale of good and services (contracts)

The majority of income from sales of goods and services (Contracts) relate to contracts with Gloucestershire County Council; the timing of the income for these contracts being over a period of time.

4. Employee benefits and staff numbers

4.1 Employee benefits

	2021-22			2020-21		
	Permanent Employees £'000	**Other £'000**	**Total £'000**	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits						
Salaries and wages	**15,158**	**922**	**16,080**	13,842	379	14,221
Social security costs	**1,600**	**0**	**1,600**	1,391	-	1,391
Employer Contributions to NHS Pension scheme	**2,824**	**0**	**2,824**	2,504	-	2,504
Other pension costs	**6**	**0**	**6**	3	-	3
Apprenticeship Levy	**66**	**0**	**66**	57	-	57
Termination benefits	**39**	**0**	**39**	-	-	-
Gross employee benefits expenditure	**19,693**	**922**	**20,615**	17,797	379	18,176
Less recoveries in respect of employee benefits (note 4.1.2)	**0**	**0**	**0**	-	-	-
Total - Net admin employee benefits including capitalised costs	**19,693**	**922**	**20,615**	17,797	379	18,176
Less: Employee costs capitalised	**0**	**0**	**0**	-	-	-
Net employee benefits excluding capitalised costs	**19,693**	**922**	**20,615**	17,797	379	18,176

The increased costs reported includes pay awards and the transfer of staff from the South Central and West Commissioning Support Unit (SCW SCU) onto the CCG's payroll in April 2021. Costs categorised as "Other" relate to both bank and agency staff; the increase in 2021/22 being primarily due to short term contracts on IM & T projects (these were previously contract costs recharged by SWCSU) and costs incurred in readiness of the establishment of an Integrated Care System (pending legislation)

Due to the continued impact of the covid pandemic during 2021/22 and work to progress recovery of services, the CCG provided for 10 days of staff untaken annual leave at 31st March 2022. This equated to £704k (20/21: £625k) and is included in staff costs

4.2 Average number of people employed

	2021-22			2020-21		
	Permanently employed Number	**Other Number**	**Total Number**	Permanently employed Number	Other Number	Total Number
Total	**302**	**35**	**337**	279	25	304

4.3 Exit packages agreed in the financial year

	2021-22 Compulsory redundancies		2020-21 Compulsory redundancies	
	Number	**£**	**Number**	**£**
Less than £10,000	-	-	-	-
£10,001 to £25,000	-	-	-	-
£25,001 to £50,000	1	38,569	-	-
£50,001 to £100,000	-	-	-	-
Total	**1**	**38,569**	**-**	**-**

	2021-22 Other Agreed Departures		2020-21 Other Agreed Departures	
	Number	**£**	**Number**	**£**
Less than £10,000	-	-	-	-
£10,001 to £25,000	-	-	-	-
£25,001 to £50,000	-	-	-	-
£50,001 to £100,000	-	-	-	-
Total	**-**	**-**	**-**	**-**

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.
Any redundancy and other departure costs have been paid in accordance with the provisions of the Agenda for Change terms and conditions of service.
Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.
The Remuneration Report includes the disclosure of exit payments payable to individuals named in that Report.
All payments above relate to one individual and the CCG is currently seeking retrospective approval relating to payment in lieu of notice from NHSEI for £8,193.

4.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

5. Operating expenses

	2021-22 Total £'000	2020-21 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England [1]	2,311	3,487
Services from foundation trusts [2]	726,200	654,531
Services from other NHS trusts	12,659	12,569
Services from Other WGA bodies	2	2
Purchase of healthcare from non-NHS bodies [3]	163,517	148,052
Purchase of social care	8,314	8,498
Prescribing costs	97,665	98,269
GPMS/APMS and PCTMS [4]	114,081	104,283
Supplies and services – clinical	1,895	1,371
Supplies and services – general	4,312	3,800
Consultancy services	448	406
Establishment	8,394	10,154
Transport	62	14
Premises	1,547	2,158
Audit fees [5]	84	79
Other non statutory audit expenditure		
· Other services [6]	18	12
Other professional fees	1,194	365
Legal fees	321	123
Education, training and conferences	2,241	1,983
Non cash apprenticeship training grants	48	35
Total Purchase of goods and services	**1,145,313**	**1,050,191**
Depreciation and impairment charges		
Depreciation	0	199
Total Depreciation and impairment charges	**0**	**199**
Provision expense		
Provisions	2,281	3,089
Total Provision expense	**2,281**	**3,089**
Other Operating Expenditure		
Chair and Non Executive Members	728	681
Grants to Other bodies [7]	8,107	788
Research and development (excluding staff costs)	0	0
Other expenditure	9	9
Total Other Operating Expenditure	**8,844**	**1,478**
Total operating expenditure	**1,156,438**	**1,054,957**

2021/22 interim financial framework

To support the NHS in continuing to respond to the ongoing impact of Covid-19 and also the recovery from the pandemic, NHS England issued two further interim financial frameworks in 2021/22 covering the first and second six months of the year; building on the measures introduced in 2020/21. Key elements of these included:

- a continuation of block contractual arrangements between NHS providers and commissioners to provide ongoing financial stability
- the funding of the majority of additional costs borne through implementing the Covid-19 actions primarily reverted to CCGs to coordinate the local system response.
- the provision of additional funding for a number of programmes remained outside main funding, most notably the Hospital Discharge and the

Costs incurred in the course of the response to the Covid-19 pandemic are included in the CCGs 2021/22 expenditure.

Key items are detailed below:

[1] The decrease in expenditure on services from CCGs and NHS England relates primarily to staff transferred to the organisation's payroll in 2021/22.

[2] NHS England implemented an interim financial regime in 2021/22, a part of which included block payments from host CCGs to NHS Trusts and NHS Foundation Trusts. Unlike in 2020/21, where a significant element of COVID-related costs were directly reimbursed from NHS England & Improvement, this funding was routed via host system funding envelopes and so flowed, in part, via local CCGs in 2021/22. Reported expenditure levels are, therefore, higher than in the previous financial year.

[3] Under the interim financial framework for 2020/21 NHS England reimbursed some private providers of acute care directly and, hence, expenditure in this category was lower than normal. For 2021/22, the CCG paid providers under normal, pre-pandemic, arrangements. In addition, activity levels were higher than in the previous financial year as part of the response to improve planned care waiting lists. This category, also, includes the impact of a backdated increase in Funded Nursing Care which has been notified by NHS England.

[4] The rise in GPMS/APMS and PCTMS costs predominantly relates to increases within the national GP agreement for 2021/22 including funding specifically to assist with the continued response to Covid-19. The higher level also includes cost implications of the development of Primary Care Networks and increased staffing costs in this area for Clinical Directors, Clinical Pharmacists and Social Prescribers.

[5] In Accordance with SI 2008 no 489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, there is no limitation of auditor liability in respect of death or personal injury, fraud or fraudulent misrepresentation by it or its employees. In all other instances a total aggregate limit of £2m applies. The external audit fee is £83,634; representing a net spend of £69,695 together with irrecoverable VAT of £13,939.

[6] Other audit related services relate to the Mental Health Investment Standard audit covering the period 2020/21 and 2021/22.

[7] Grants to other bodies include increases in spend with GP practices relating to minor improvement grants, expenditure with Gloucestershire County Council on the Single Health and Care Record (SHCR) and partnership working on discharge and flow and, also, reflects increasing partnerships with the local University sector.

6.1 Better Payment Practice Code

Measure of compliance	**2021-22 Number**	**2021-22 £'000**	2020-21 **Number**	2020-21 **£'000**
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	12,971	122,033	13,726	91,315
Total Non-NHS Trade Invoices paid within target	12,564	118,688	13,518	90,301
Percentage of Non-NHS Trade invoices paid within target	**96.86%**	**97.26%**	**98.48%**	**98.89%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	493	738,723	1,357	7,206
Total NHS Trade Invoices Paid within target	483	738,680	1,346	7,163
Percentage of NHS Trade Invoices paid within target	**97.97%**	**99.99%**	**99.19%**	**99.40%**

7. Operating Leases

7.1 As lessee

The CCG occupies property owned and managed by NHS Property Services Limited. In 2014/15, a transitional occupancy rent based on annual property cost allocations was agreed. However, in 2016/17, such property moved to market rent valuation and additional funding was received by the CCG to offset any increased cost of implementing this policy. This is reflected in Note 7.1.1.

While our arrangements with NHS Property Services Limited fall within the definition of operating leases, the rental charge for future years has not yet been agreed. Consequently, this note does not include future minimum lease payments for these arrangements.

Other lease costs in prior years relate to photocopiers.

7.1.1 Payments recognised as an Expense

2021-22	**Buildings £'000**	**Other £'000**	**Total £'000**
Payments recognised as an expense			
Minimum lease payments	509	7	**516**
Total	**509**	**7**	**516**

2020-21	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense			
Minimum lease payments	701	5	**706**
Total	**701**	**5**	**706**

8 Trade and other receivables

	Current 2021-22 £'000	Current 2020-21 £'000
NHS receivables: Revenue	2,162	2,531
NHS prepayments	-	-
NHS accrued income	507	32
Non-NHS and Other WGA receivables: Revenue	77	522
Non-NHS and Other WGA prepayments	799	792
Non-NHS and Other WGA accrued income	1,139	3,861
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	-	-
Expected credit loss allowance-receivables	(57)	(57)
VAT	645	324
Other receivables and accruals	3	13
Total Trade & other receivables	**5,275**	**8,017**
Total current and non current	**5,275**	**8,017**

8.1 Receivables past their due date but not impaired

	2021-22		2020-21	
	DHSC Group Bodies £'000	Non DHSC Group Bodies £'000	DHSC Group Bodies £'000	Non DHSC Group Bodies £'000
By up to three months	23	5	524	258
By three to six months	12	2	-	28
By more than six months	12	1	-	1
Total	**47**	**8**	**524**	**287**

9 Cash and cash equivalents

	2021-22 £'000	2020-21 £'000
Balance at 01 April 2021	80	45
Net change in year	(34)	35
Balance at 31 March 2022	**46**	**80**
Made up of:		
Cash with the Government Banking Service	46	80
Cash and cash equivalents as in statement of financial position	**46**	**80**
Balance at 31 March 2022	**46**	**80**

10 Trade and other payables

	Current 2021-22 £'000	Current 2020-21 £'000
NHS payables: Revenue	2,531	273
NHS accruals	144	1,221
Non-NHS and Other WGA payables: Revenue	13,794	11,932
Non-NHS and Other WGA accruals	45,001	46,402
Non-NHS and Other WGA deferred income	1,115	576
Social security costs	264	236
Tax	224	205
Other payables and accruals	2,674	1,782
Total Trade & Other Payables	**65,747**	**62,627**
Total current and non-current	**65,747**	**62,627**

Other payables include £1,158k outstanding pension contributions at 31 March 2022 (2020/21:£1,067k)

11 Provisions

	Current 2021-22	Current 2020-21
Current	**£'000**	£'000
Continuing care	901	592
Other	3,398	3,155
Restructuring	-	333
Legal Claims	1,349	-
Total	**5,648**	**4,080**
Non Current	**-**	**-**
Total current and non-current	**5,648**	**4,080**

	2021-22					2020-21			
	Continuing Care £'000	Other £'000	Restructuring £'000	Legal Claims £'000	Total £'000	Continuing Care £'000	Other £'000	Restructuring £'000	Total £'000
Balance at 01 April	**592**	**3,155**	**333**	**-**	**4,080**	**428**	**985**	**-**	**1,413**
Arising during the year	750	1,114		1,349	**3,213**	568	2,188	333	**3,089**
Utilised during the year	(441)	(272)	-	-	**(713)**	(404)	(18)	-	**(422)**
Reversed unused	-	(599)	(333)	-	**(932)**	-	-	-	**-**
Unwinding of discount	-	-	-	-	**-**	-	-	-	**-**
Change in discount rate	-	-	-	-	**-**	-	-	-	**-**
Balance at 31 March	**901**	**3,398**	**-**	**1,349**	**5,648**	**592**	**3,155**	**333**	**4,080**
Expected timing of cash flows:									
Within one year	901	3,398	-	1,349	**5,648**	592	3,155	333	**4,080**
Between one and five years	-	-			**-**	-	-		**-**
After five years	-	-			**-**	-	-		**-**
Balance at 31 March	**901**	**3,398**	**-**	**1,349**	**5,648**	**592**	**3,155**	**333**	**4,080**

The continuing care provision of £901k (2020-21: £592k) is for costs expected to be incurred in relation to backdated claims received by the CCG since 1st April 2013 for continuing healthcare and which have yet to be settled. Claims are assessed for eligibility using the national guidance and toolkit.

NHS England hold a provision for all backdated claims received prior to 1 April 2013. For NHS Gloucestershire, this has now been cleared within the financial year (2020-21: £308k)

The claims outstanding at 31 March 2022 are expected to be paid within the 2022/23 financial year.

Provisions made under the 'Other' and 'Legal claims' categories relate to potential primary care costs relating to practice development and other legal and contractual issues. During 2021/22 there were movements in the following categories
- an increase in the provision relating to practices
- a reversal of provisions relating to potential legal issues
- an increase in a provision for dilapidation costs relating to the CCG's office Sanger House
- a provision for costs relating to a cessation of a contract

The Restructuring provision has been reversed following the recruitment of the designate ICB Board

12 Financial instruments

12.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS clinical commissioning group is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The clinical commissioning group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the clinical commissioning group in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS clinical commissioning group standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS clinical commissioning group and internal auditors.

12.1.1 Currency risk

The NHS clinical commissioning group is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS clinical commissioning group has no overseas operations. The NHS clinical commissioning group and therefore has low exposure to currency rate fluctuations.

12.1.2 Interest rate risk

The clinical commissioning group borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The clinical commissioning group therefore has low exposure to interest rate fluctuations.

12.1.3 Credit risk

Because the majority of the NHS clinical commissioning group and revenue comes parliamentary funding, NHS clinical commissioning group has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

12.1.4 Liquidity risk

NHS clinical commissioning group is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS clinical commissioning group draws down cash to cover expenditure, as the need arises. The NHS clinical commissioning group is not, therefore, exposed to significant liquidity risks.

12.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

12.2 Financial assets

	Financial Assets measured at amortised cost 2021-22 £'000	Financial Assets measured at amortised cost 2020-21 £'000
Trade and other receivables with NHSE bodies	2,653	2,371
Trade and other receivables with other DHSC group bodies	1,057	4,093
Trade and other receivables with external bodies	178	495
Other financial assets	-	-
Cash and cash equivalents	46	80
Total at 31 March 2022	**3,934**	**7,039**

12.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2021-22 £'000	Financial Liabilities measured at amortised cost 2020-21 £'000
Trade and other payables with NHSE bodies	172	401
Trade and other payables with other DHSC group bodies	2,562	17,863
Trade and other payables with external bodies	60,706	43,346
Total at 31 March 2022	**63,439**	**61,610**

13 Operating Segments
The CCG and consolidated group consider that they have only one segment: commissioning of healthcare services

NHS Gloucestershire CCG presents its regular reports to the Governing Body (designated as the organisations Chief Operating Decision Maker) in this format

14 Pooled budgets
The pooled budget relates to integrated community equipment services with Gloucestershire County Council

This service has been running for a number of years and buys, delivers, collects, maintains and decontaminates equipment for patients in their own homes. This service is jointly commissioned by the CCG, with Gloucestershire County Council, who are the lead commissioner for the service.

The NHS Clinical Commissioning Group share of the income and expenditure handled by the pooled budget in the financial year are:

	2021-22	2020-21
	£000	£000
Income	(3,756)	(3,578)
Expenditure	3,756	3,578

15 Losses and special payments

15.1 Losses

There were no losses incurred by NHS Gloucestershire in 2021-22 (2020-21: nil)

15.2 Special payments

There was one special payment relating to a special severance payment (payment in lieu of notice) for £9k. (2020-21: nil)
The CCG is currently seeking retrospective approval from NHSEI

16 Events after the end of the reporting period

The Health and Care Act received Royal Assent on 28 April 2022. Subject to the issue of an establishment order by NHS England the CCG will be dissolved on 30 June 2022. On 1 July the assets, liabilities and operations will transfer to NHS Gloucestershire ICB

17 Related party transactions

The Department of Health is regarded as a related party. During the year the clinical commissioning group has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. For example NHS England, Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Health and Care NHS Foundation Trust, South West Ambulance Service NHS Trust, NHS Litigation Authority and NHS Business Services Authority.

In addition, the clinical commissioning group has had a number of material transactions with other government departments, universities and other central and local government bodies. Most of these transactions have been with Gloucestershire County Council in respect of joint commissioning of services.

In formulating this note the clinical commissioning group has considered all declarations of interest for Governing Body members.
Under IAS 24, related party transactions have only been disclosed where they meet the following criteria:
a(i) have control or joint control of the entity
a(ii) having significant influence over the reporting entity or
a(iii) are a member of the key management personnel.

An entity is related to a reporting entity if any of the following conditions applies:
b(i) the entity and the reporting entity are members of the same group (which means that each parent, subsidiary and fellow subsidiary is related to the others)
b(ii) one entity is an associate or joint venture of the other entity (or an associate or joint venture of a member of a group of which the other entity is a member)
b(iii) both entities are joint ventures of the same third party
b(iv) one entity is a joint venture of a third entity and the other entity is an associate of the third entity
b(v) the entity is a post-employment benefit plan for the benefit of employees of either the reporting entity or an entity related to the reporting entity. If the reporting entity is itself such a plan, the sponsoring employers are also related to the reporting entity
b(vi) the entity is controlled or jointly controlled by a person identified above
b(vii) a person identified in a (i) has significant influence over the entity or is a member of the key management personnel of the entity (or of a parent of the entity)
b(viii) the entity, or any member of a group of which it is a part, provides key management personnel services to the reporting entity or to the parent of the reporting entity
The Declaration of Interest register can be found on our website

NHS
Gloucestershire
Clinical Commissioning Group

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