Tab 1 Welcome & Apologies

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Gloucestershire Integrated Care Board Meeting

To be held at 2.00pm to 5pm on Wednesday 30 November 2022

Boardroom, Sanger House, 5220 Valiant Court, Gloucester Business Park,

Brockworth, Gloucester GL3 4FE

(The meeting is also available via MS Teams)

No.	Time		Action	Presenter
1.	2.00 – 2.05pm	**Welcome and Apologies**	Information	Chair
2.	2.05-2.07pm	Declarations of Interests *(Register of Interests noted)*	Information	Chair
3.	2.07 – 2.09pm	Minutes of the meeting held on 28 September 2022	Approval	Chair
4.	2.09 – 2.15pm	Action Log Matters Arising Urgent and Emergency Care update	Discussion	Chair Ellen Rule
		Business Items		
5.	2.15 -2.20pm	Questions from members of the public	Discussion	Chair
6.	2.20 –2.40pm	Healthwatch Patient Story	Discussion	Nikki Richardson, Healthwatch Chair
7.	2.40-2.45pm	Chief Executive Officer report *Include workforce updates in this report on the Recruitment initiative across Glos in September; Research4Gloucestershire*	Discussion	Mary Hutton
8.	2.45–3.10pm	Maternity & Neonatal Services *(response to East Kent letter)*	Discussion	Kim Forey Matt Holdaway
9.	3.10– 3.35pm	Integrated Finance, Performance, Quality and Workforce report	Discussion	Cath Leech Mark Walkingshaw Marion Andrews Evans Tracey Cox
10	3.35–3.50pm	Board Assurance Framework	Discussion	Tracey Cox

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11.	3.50–4.10pm	Fit for the Future	Approval	Ellen Rule/Micky Griffith
		Information items		
12.	4.10–4.20pm	Chair's report on the Primary Care & Direct Commissioning Committee meeting held on 6 October 2022 Minutes of the PC&DC meeting held on 4th August 2022	Information	Colin Greaves
13.		Chair's report on the Quality Committee meeting held on 20 October Minutes of the Quality Committee meeting held on 18 August 2022	Information	Prof Jane Cummings
14.		Chair's report on the Audit Committee held on 17 November 2022 Minutes of the Audit Committee meeting held on 8 September 2022	Information	Julie Soutter
15.		Chair's verbal report on the People Committee held on 6 October 2022	Information	Clive Lewis
16.		Chair's report on the System Resources Committee held on 1 November 2022 Minutes of the System Resources Committee meeting held on 8 September 2022	Information	Prof. Jo Coast
17.	4.20pm	**Any Other Business**		
		Time and date of the next meeting 2.00pm – 5.30pm 25 January 2023, Boardroom, Sanger House.		

Withdrawal of the press and public
That under the provision of Section 1, sub-section 2 of the public bodies admission to meetings act 1960, the public may be excluded for such a period as the Board is in Committee on the grounds that publicity would prove prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

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Gloucestershire Integrated Care Board Meeting

2:00pm – 4:50pm, Wednesday 28th September 2022

Boardroom and Virtually at Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester GL3 4FE

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Members Present:		
Dame Gill Morgan	GM	ICB Board Chair
Mary Hutton	MH	Chief Executive Officer
Julie Soutter	JS	Non-Executive Director
Colin Greaves	CG	Non-Executive Director
Prof. Jane Cummings	JCu	Non-Executive Director
Prof. Jo Coast	JCo	Non-Executive Director
Dr Marion Andrew-Evans	MAE	Chief Nursing Officer
Cath Leech	CL	Chief Finance Officer
Dr Andy Seymour	AS	Chief Medical Officer
Tracey Cox	TC	Director of People, Culture and Engagement
Siobhan Farmer	SF	Director of Public Health, Gloucestershire County Council (GCC)
Ellen Rule	ER	Deputy CEO/ Director of Strategy and Transformation
Prof. Sarah Scott	SS	Executive Director of Adult Social Care & Public Health, Gloucestershire County Council (GCC)
Deborah Lee	DL	Chief Executive Gloucestershire Hospitals NHS Foundation Trust (GHFT)
Paul Roberts	PR	Chief Executive - Gloucestershire Health & Care NHS Foundation Trust (GHC)

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Participants:		
Deborah Evans	DE	Chair, Gloucestershire Hospitals NHS Foundation Trust (GHNFT)
Cllr. Carole Allaway-Martin	CAM	Cabinet Member for Adult Social Care Commissioning, Gloucestershire County Council (GCC)
Ingrid Barker	IB	Chair, Gloucestershire Health, and Care NHS Foundation Trust (GHC)
Chris Spencer	CS	Director of Children's Services, Gloucestershire County Council (GCC)
Pete Bungard	PB	Chief Executive, Gloucestershire County Council (GCC)
Rachel Pearce	RP	Director of Commissioning, SW NHS England & Improvement (SW NHSE/I)
Mark Walkingshaw	MW	Director of Operational Planning & Performance, (GICB)
Kim Forey	KF	Director of Integration (GICB)
Helen Goodey	HG	Director of Primary Care & Place (GICB)
Dr Paul Atkinson	PA	Chief Clinical Information Officer (GICB)
Graham Russell	GR	Vice-Chair, Non-Executive Director (GHC)
Dr Olesya Atkinson	QA	ICB is Primary Care Networks GP Representative
Micky Griffith	MG	Programme Director, Fit for the Future (GICB)

In Attendance:		
Jill Parker	JP	Engagement and Partnership Lead, Gloucestershire VCS Alliance
Chris Davis	CD	Senior Project Officer, Health Communities, and Individuals, (GICB)

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Matt Lennard	ML	Chief Officer, Voluntary & Community Sector Alliance (VCSA), Gloucestershire
Christina Gradowski	CGi	Associate Director of Corporate Affairs (GICB)
Lauren Peachey	LP	Corporate Governance Manager (GICB)
Rachel Carter	RC	Governance Coordinator (GICB)
Jo Underwood	JU	Transformation Programme Director Healthy Communities & Individuals (prevention), (GICB)
Simon Bird	SB	Director, Thorpebird Consulting
Karen Lynas	KL	Associate, Thorpebird Consulting
Caroline Smith	CS	Senior Manager, Engagement & Inclusion, (GICB)

1.	**Welcome and Apologies - Chair**
1.1	Apologies were noted from Clive Lewis, and Dr Jo Bayley.
1.2	The Chair confirmed that the Board of the ICB was quorate.
2.	**Declarations of Interest**
2.1	The Chair advised that all members were required to declare relevant interests at every ICB Board meeting. The Chair also advised that it was in line with best practice to consider any potential conflict of interests at each meeting. No interests were declared.
3.	**Minutes of the Previous Meeting**
3.1	Minutes of the meeting held on Wednesday 27th July 2022 were approved as an accurate record.
4.	**Action Log and Matters Arising**
4.1	<u>Action Log</u>
4.1.1	**27/07/2022, Item 4.1.1, A report on Urgent and Emergency Care is required for the next ICB Board (ER).**

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	An Urgent Care and Winter Planning Report was included in the papers for the meeting held on 28 September 2022. **Action Closed**
4.1.2	**27/07/2022, Item 5.1, The question raised by a member of the public on measures being taken by the ICB to tackle Health Inequalities should be sent to the member of the public and published on the ICB Website (CGi)** The ICB Response to the Public Question was sent to the member of the public via email. A copy has been posted on the ICB website https://www.nhsglos.nhs.uk/news/nhs-gloucestershire-icb-public-board-meeting-2-00pm-5-00pm-27-july-2022/ **Action Closed**
4.2	**Matters Arising: Update on Care Quality Commission (CQC) Inspections**
4.2.1	GM formally acknowledged the positive inspection report of GHC by the CQC. GM extended thanks and congratulations on behalf of the system to PR, IB, their Board and to the NEDs for the leadership shown, in enabling this recognition from the CQC. PR thanked GM for this acknowledgement, stating that GHC were happy to share the learning gained from the inspection with system partners. GM stated that it was important to be part of CQC inspections elsewhere as a system, because the learning as well as good practice identified could be shared with system partners.
5.	**Questions from Members of the Public**
5.1	There were no questions from members of the public.
6.	**Patient Story: Music Works**
6.1	GM introduced the presenters of the programme entitled Music Works. Two short films were shared which showed the approach of the 'Music Works' programme. GM asked how this programme could fit in with the vision for children's services. CD responded there was an excellent Voluntary, Community Social Enterprise (VCSE) resource in Gloucestershire that could be further utilised for children's services. CD explained how developing the connection between children's services and programmes on offer through the VCSE worked. ML highlighted that Music Works was keen to continually work towards simplifying their referral processes and support a clear pathway into the programme for children and their families. PR highlighted the importance of working in a more integrated way across organisations to support better outcomes for the population.

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	ER commented that feedback from a peer review with the VCSE alliance showed that Gloucestershire uniquely manages to combine a top-down vision for commissioning arts and health and social prescribing with bottom-up engagement and co-production; organisational partners felt they were equal partners in being able to shape and develop the vision around the offers that were provided.	
	MH reiterated the excellent offer provided by Music Works and explained that the Music Works programme supported the plan to tackle inequalities.	
6.2	**RESOLUTION: The ICB Board noted the benefits of the approach used by the 'Music Works' programme.**	
7.	**Chief Executive Officer Report**	
7.1	MH presented the CEO report and highlighted a number of areas:	
	• Health and Housing: The Strategic Housing Partnership (SHP) had been established with senior representation from the six District Councils, Public Health, NHS Gloucestershire, Gloucestershire Health & Care Foundation Trust, Adult Social Care commissioning and social housing providers. There were three operational delivery groups supporting the SHP.	
	• A number of initiatives had been put in place through the SHP. Some examples included the sign-off for adaptations up to £70k with flexibilities through the Disabled Facilities Grant (DFG) Forum; recruitment of a Specialist Housing Occupational Therapist to support with DFG; Warmth on Prescription; and the specialist Emergency Department nurse who continued to work with colleagues in the acute sector to improve outcomes for homeless people. MH confirmed that a future report on this work would be made to the Board.	
	• MH highlighted there had been many other investments and initiatives through the SHP which were detailed within the report.	
	• Focusing on hospital discharge and system flow: the Housing Frailty Officer continued to work closely with frailty and discharge teams to support people to remain at home, move to more suitable accommodation and to return home after a hospital stay.	
	• There was a strong foundation in place to continue partnership with the Voluntary, Community Social Enterprise (VCSE) Sector as we move forward as an ICB.	
	• A new Assistant Director for Safeguarding, who will also cover the role of Designated Nurse for Safeguarding Children commenced in post in August 2022.	

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	• There was a Deep Dive during September with the Diabetes Clinical Programme Group. The Deep Dives gave a chance to focus on the benefits being created through the transformation programmes.
7.2	**RESOLUTION: The ICB Board noted the contents of the Chief Executive report.**
8.	**Integrated Finance, Performance, Quality and Workforce Report**
8.1	MW outlined the report and explained that this report will continue to be developed, based on feedback from the Board. MW updated the Board on discussions from the September Resources Committee meeting: • Ongoing pressures in Urgent and Emergency Care (UEC) were a focus; particularly around ambulance handover delays. Assistance in the form of additional investment will be available for UEC, some of which will also help winter pressures. The cost of living crisis, however, was most likely to bring further pressures into the system. • C£3m will be allocated to support elective recovery - there has been strong performance from GHFT and GHC colleagues here. Elective recovery waiting lists were reducing at GHFT with the wait being at around 2%, comparing well with the national position of 5-6%. • It was aimed to recover cancer services and diagnostic and pathology delays to bring performance in line with national standards. • Additional areas have been added to the pack: Primary Care Performance, Community Care and Ageing Well and also Adult Social Care. Work continued on how to report Health Inequalities. • The next Report would focus on key measures in reducing inequalities in cancer care within the county. • TC stated that there was a time lag on some of the data in the People Report - there had been a small deterioration in performance in that sickness trends which had increased and a very small increase in new staff leaving within 12 months. • Vacancy rates across the NHS were showing another deteriorating position, with over 132K vacancies nationally (without including social care which would increase the figure further). • At today's system wide Recruitment Event for health and social care there had been a very positive turnout from people interested in NHS careers. The event had attracted many people from Gloucestershire and other areas. Approximately 240 job offers had been made at the end of the day. The support for the event from staff in their organisations had been amazing and had helped towards creating a successful and enjoyable day. • The People Committee was due to meet on 6 October and one of the issues which was highlighted from national colleagues was the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) performance. A deep dive would be

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- conducted into understanding the underlying reasons and actions to address issues identified.
- RM was pleased to confirm that the Winfield and Tetbury hospitals had now moved from "Requires Improvement" to "Good" based on the CQC's assessment of its services. GHC retained its "Good Overall" following their inspection which was a huge success for the Trust. It was noted that the CQC inspections helped to triangulate information from a range of sources, and identify where services were performing well and others needed to improve.
- RM was pleased to report that there had been no new Never Events in this reporting period.
- Serious Incidents and Never Events will be overhauled as part of the transition to the new Patient Safety Incident Response Framework and national reporting systems will also be changing. RM confirmed that an update would be provided at the next System Quality Committee in October.
- Cancer Patient Experience Survey – there were good results for GHFT. It was noted that the current survey findings were the Trust's best ever results to date, demonstrating a much higher satisfaction with cancer services than the national average.
- Primary Care Satisfaction scores from the GP Patient Survey were 81%, well above the national average of 72%.
- CL reported that the overall financial position forecast for the ICB and the system was one of Break Even, however there was significant risk from GHFT, which had arisen from the escalating use of agency staff.
- GHFT had a Financial Improvement Plan and was actively working through a number of steps within that. The other two organisations also had a current forecast of Break Even, but decision to admit (DTA) beds and inflation were causing pressures. Work continued with GHFT to help mitigate some of these pressures in order to deliver that Break Even position for the system. All Committees and the Board members will be kept continually updated of the financial situation.
- Forecast to Break Even on capital – it was noted that while there were pressures they were not unusual for this time of year.

Questions and Comments
JS state that she liked the Report and felt it fitted in with the idea of an ICB and commended the work which had gone into this. JM asked whether the national programme money, attracted public dividend capital, on which interest was charged.

CL explained that the revenue pressures from capital were built into plans and budgets for the organisation. The finance team was carefully examining what would be bid for in the remainder of the year, to ensure that the underlying cost base was not added to, unless there were tangible benefits from that, either financial or otherwise.

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	PR commended the work being undertaken at the Recruitment Event to attract new people into health and social care jobs. PR queried the staff net change figures in the table and TC confirmed that she would look into the matter and email PR separately on this.

PR considered the Ageing Well community figures, stating that GHC's information was improving after having undertaken considerable work in this area. He felt the Board may wish to have a deeper dive into the programme, at some point.

JC asked whether the system was achieving its performance trajectory in areas we thought we would. MW responded that this report was developing and improvements were continually being made to the report.

GM thanked MW for co-ordinating the integrated performance report, noting the efforts made by those involved. She commented that this new style of report provided a overview of system performance and gave the Board assurance in a different way from that done in the past. |
| 8.2 | **RESOLUTION: The ICB Board:**

    1. **Noted the key highlights from the Integrated Performance report.**

    2. **Reviewed the format of the first Integrated Performance report and provided comment and suggestions to support future development.** |
| **9.** | **Urgent and Emergency Care including Winter Planning** |
| 9.1 | ER presented an overview of the programme for Board members. The programme had three pillars:
Transformation
- Vision & Strategy
- Culture and OD Programme (in response to LGA Peer Review)
- Redesign/Service Improvement Programme through Care Programme Group (CPG) approach. |
| 9.2 | **Performance Improvement**
- System Accountability for Delivery – Board Assurance Framework
- Quality and Safety
- UEC Improvement Plan |
| 9.3 | **Planning**
- Demand and Capacity analysis and plan – whole system bed model
- Winter Plan – our Winter Pledge(s), including a communications strategy and
- Financial accountability and resilience. |
| 9.4 | An overview of Winer Planning 2022 was given. The system level winter plan will be a strategic / high level document with a communication's focus. The intention was to have an organisational development approach by building an |

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	awareness of a shared system focus on delivering services for winter, and the patient being at the heart of all we do.
9.5	Following the publication of the plan, system partners will then help to support the plan through a wide ranging 'cascade' of the material to reach our front-line staff as a priority.
9.6	All partners will be asked to sign up to a set of objectives and delivery metrics, including accountability for delivery of the benefits associated with winter investments (which will be supported by business cases currently in development).
9.7	The strategic plan will be underpinned by the technical detail/measures set out in the new assurance framework document, which was currently being completed ready for first submission to NHS England/Improvement Regional Team. This included demand and capacity planning (bed numbers), investment profiling and a comprehensive set of performance measures for all system partners to be completed on a monthly basis.
9.8	Communications and Branding - a new brochure of not more than 20 pages, would be ready for dissemination shortly which will mainly target front line staff and will also be communicated to the public and to the Health and Overview Scrutiny Committee (HOSC) as well as other external partners.
9.9	Slide 6 demonstrated the Winter Planning Assurance and key dates.
9.10	GM commented that as a system we were not making the impact we would like to see, and this is not due to any lack of will or lack of investment. It was about being able to get people in the right place a the right time to do the work. She noted that everyone involved in this work was working as hard as they could to improve UEC services for our citizens, while working in a collective and cohesive way.
9.11	GM informed the Board that a helpful meeting had been held with South West Ambulance Service NHS Foundation Trust (SWAST) last week, which provided an opportunity to think differently and share different ideas about tackling the issues in UEC.
9.12	It was noted that there was potentially c£500m of national monies made available to systems to support the work around discharging patients from hospital. When further information was received, this will be cascaded to the Board.
9.13	TC informed the Board that in the People Report there were details about how as a system we had been successful in obtaining some monies from the Leadership Academy to help with organisational development support. This money could be potentially used to support the OD work in UEC

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9.14	TC spoke about a recent Compassionate Leadership Course with a theme of "What can I do to be most helpful to you today". Attendees had felt valued and uplifted by this course. The themes from this course could therefore be used as a strong undercurrent to support what is going to be a difficult operating environment this winter for staff and patients.
9.16	HG commented that Faye Noble the new UEC CPG consultant had attended the Clinical Directors Meeting. Faye talked about this being a collective responsibility and accountability, which was well received by the GPs. Faye will also be examining models in Primary Care which could be also used in urgent care settings.
9.17	OA asked about recruitment and if it was possible to recruit more staff and asked if there were other plans further down the line to address this problem.
9.18	ER responded that the focus now had to be on anything we do, having to be done well. This issue had been building, but last year was exceptionally difficult after the pandemic and resulting staff exhaustion. The Peer Review recommended staff being able to free up some of their time by examining the way they worked, rather than layering on added tasks for a perceived pressure. The whole approach would be different this year.
9.19	MH commented that there needed to be incremental change across a whole series of actions because there were many issues to tackle, not least recruitment. The National focus was on work to avoid admissions and address high intensity users, falls and frailty.
9.20	Work to address UEC was now being undertaken in a more structured and collaborative way, underpinned by a strong set of principles and collaborative working with accountabilities clearly set out. It was noted that support needed to be given to colleagues and creativity and enthusiasm encouraged in this challenging environment.
9.22	**RESOLUTION: The ICB Board noted the verbal update on Urgent and Emergency Care including Winter Planning.**
10.	**Fit for the Future - Outcome of Engagement Report**
10.1	ER explained that it was important to acknowledge that the main outcome of the Engagement Report was not circulated until this morning and had only been placed in the public domain today. After review of the timeline, further consideration could be accommodated at the November Board meeting to ensure that members of the public had sufficient time to put questions to the Board. There were further opportunities for board members to ask questions in relation to FFTF at other ICB meetings.

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NHS Gloucestershire

10.2	The Health Overview and Scrutiny Committee (HOSC) were yet to meet on 18th of October, allowing an opportunity to hear their feedback at the November ICB Board. The Fit for the Future programme had been running for some time, but for some members of the ICB board this programme will be new to them.
10.3	The Fit for the Future Phase One consultation had been comprehensive and was a strategic review of the direction of travel for the use of the two main hospital sites, Cheltenham General Hospital and Gloucester Royal Hospital. The scale of the consultation with the public and staff had been phenomenal, and it was important to note the huge level of input that had gone into this very important consultation.
10.4	It was noted that a number of things had been repeated in Phase Two based on learning from the Covid period, so the second consultation was much more digitally based. Approximately 200 surveys were returned which was a low number than expected.
10.5	With regard to the changes proposed to stroke services there was a lower proportion of support from staff and the public compared to other changes. A lot of work had been undertaken around this.
10.6	Overall, the responses received from staff and the public had been very positive and there were only small numbers of staff who had concerns, particularly vascular surgeons, and their teams. Their comments and feedback had been included in the Report in order for the Board to understand the relevance of this.
10.8	GM had some questions about transport (including 999 services and interlinkage of services) and asked what was being done to address those concerns. Additionally there were a number of comments about the interface of services and how different services and pathways joined up. These types of questions appeared to shine through a lot of the comments from the community and staff.
10.10	MG responded that in relation to public transport - all the findings had been carefully analysed and statistically it had relatively low impact, apart for individuals who may have to bus in from outlying areas, which was more challenging. Travelling to CGH was more difficult than reaching GRH and expectations would have to be managed.
10.11	The number 99 bus travelled between both sites; and activity and capacity had been mapped. Options were being examined around potential transport support to patient between the two sited. A paper would be brought to the Leadership Group in the next couple of weeks concerning this matter.
10.12	In terms of the blue light ambulance service, there had been some very detailed modelling with SWAST - the details were included in the Business Case with some further details in the Report.

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10.13	Interlinkage of services - there was an appearance of a lack of integration with services. Work had been undertaken to understand the feedback given on this issue and delve deeper into the findings through organising targeted workshops. Out of 200 people questioned about potential workshops, only 27 responded, and when MG attempted to contact people, only 7 responded. It was noted that the Information Bus travelled around the county to collate feedback on a range of services and the FFTF programme. People were always directed to the PALS Team for any further support or help as well.
10.14	Since Phase One, reviews of these services had been placed under the auspices of the Clinical Programme Group. The CPG was looking at the configuration of the hospital service in the context of the whole pathway - this had been a real asset of Phase Two. It was noted that acute services reconfiguration and clinical programmes had significant common ground in terms of looking at the whole pathway which has advanced the approach.
10.15	SF considered that inequalities around transportation were only likely to worsen during the cost of living crisis, and welcomed the additional work being undertaken to look at transport options.
10.16	JCu was interested in looking at some of the responses to the stroke replacements. The hyper-acute unit had been at CGH for a while and wondered if there was any evidence to help explain the clinical effectiveness of having that particular acute service on the CGH site as the vast majority were over on the GRH site.
10.17	MG explained that each of the services must provide a consultant model on the GRH or CGH sites, which will address some of the issues around access and providing capacity for beds. If there was an issue on the CGH site, and a patient needed a consultant for a specific service, they should have the same access across both sites. This was being built into the model and applied to stroke services as well.
10.18	The Board noted that there was a helpful video that the Clinical Senate had seen, which explained the changes being undertaken. It was very compelling and coherent and was clear around the clinical case and benefits in terms of staff and patients and deserved a far wider audience, a link to the video would be sent to Board members.
10.19	GM spoke about the engagement process and invited the Board to think about any other information they might need before the November meeting. The Board had now received significant amount of material on the FFTF Phase 2 and over the coming weeks would have the opportunity to scrutinise the comments and feedback received. GM asked that any further questions be directed to the team by next week to respond to.

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10.20	GM said that the two big issues which needed to be addressed were the continuity of the care pathway and transport issues. Even if numbers were not large, GM felt that every perception and every comment was important and would help with the next phase of what needed to be done.
10.21	**RESOLUTION: The ICB Board noted the contents of the Fit for the Future Outcome of Engagement Report.**
11.	**Chair's report on the Primary Care and Direct Commissioning Committee meeting held on 4 August 2022**
11.1	CG reported that the previous minutes were not available but would be available at the next Board meeting. There were a number of reports at the first PC&DC of which CG listed. There was nothing of any significant note from these Reports to report to the Board.
11.2	There was an update on the change to Enhanced Access, the report was very positive.
11.3	The Committee looked at Primary Care Delegated Commissioning for Pharmacy, Optometry and Dentistry. CG encouraged the Primary Care Team to provide a more detailed report in order for a decision to be made shortly about taking on these services and the risks associated with taking on these services.
11.4	There were some slight discrepancies in the Terms of Reference which were discussed with recommendations being approved from the ICB Board on 31st August.
11.5	**RESOLUTION: The ICB Board noted the Chair's verbal update on the Primary Care and Direct Commissioning Committee.**
12.	**Chair's report on the Quality Committee meeting held on 18 August 2022**
12.1	JC explained that draft minutes were yet to be completed. ToR, although approved, there were some changes that needed to be made to the ToR. The changes included reference to social care and ensuring that quality across Primary Care must be a focus, ensuring that duplication does not occur and that nothing falls between PCDC and the Quality Committee.
12.2	The Frailty Strategy, and Children in Care Annual Report were reviewed. The LeDeR Annual Report and the LeDeR Policy were also reviewed. Some of the CQC Reports were discussed, in particular Maternity.
12.3	A constructive and positive discussion was held on system assurance and what the responsibilities were of the different organisations. The discussion centred around non-duplication of work across other organisations, that early notice

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	was given if there were concerns, being open and honest about this, deciding what actions could be taken collectively and what the system could do to support different areas.
12.4	General reporting was also examined and having deep dives into subjects that might need further detail. Patient Safety as a topic will be discussed at the next meeting. Other topics were UEC, Primary Care, the Migrant Health Programme and looking at some of the care pathways such as diabetes and eating disorders and some of the complexities around this.
12.5	Identifying good practice was also very important and being able to commend areas on where things are going well and to share that good practice to ensure that positives were being identified, particularly during these times when the NHS and social care were under so much pressure.
12.6	**RESOLUTION**: **The ICB Board noted the Chair's verbal update on the Quality Committee**
13.	**Chair's report to the Board from the Audit Committee held on 8 September 2022**
13.1	JS informed the Board that there had been two meetings of the Audit Committee since 1 July 2022. As a result of ICBs being postponed until 1st July, there was an additional three month period for financial reporting and this placed an extra burden on various colleagues in having to provide reports for a three month period. The minutes from 14th July carried over some of the actions as a result of this and these were approved at the September meeting.
13.2	The meeting on 18th September the assurance report in the pack was not quite the same format as the ones attached to the IPR. This gives an overview of the areas that were discussed by the Committee and most of the areas were green in terms of the assurance and management actions.
13.3	Information Governance Cyber Security - In the report and in the presentation, the risk was requested to be kept as Red due to the national focus on cyber security. This related to the risks to Ukraine and recent cyber-attacks which did not affect Gloucestershire. Management risk associated with that were Amber due to a couple of areas awaiting completion around software and patch updates to ensure all systems were resilient. Significant improvement has been made in this area.
13.4	In terms of the Risk Management and Board Assurance Framework (BAF), this was down as Red initially, as this is akin to developing an IPR dashboard, as this was started a bit later. Work was progressing on developing system-wide strategic risks for including in the BAF and developing the Risk Management Framework and policy for the ICB. Management actions were already

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	underway, and it was aimed to move from Red to Amber in time for the next Audit Committee in November.
13.5	**RESOLUTION: The ICB Board noted the Chair's verbal update on the Audit Committee.**
14.	**Any Other Business**
14.1	There was no other business to conduct.

The meeting closed at 4.50 pm.

Time and date of the next meeting:

2.00pm – 5.00pm Wednesday 30th November 2022, Boardroom, Sanger House and Virtually

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Gloucestershire Integrated Care Board Meeting - 28th September 2022

Tab 6 Healthwatch – Patient Story

healthwatch
Gloucestershire

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Jack's Story – Cost of Living as a barrier to accessing services

Jack is a 35 year old single man living in private rented accommodation in Gloucester who works full time and receives no benefits. He says that he tries to keep on top of everything and has cut down all but essential costs, including giving up his car. He describes his diet as 'rubbish' because he has to buy the cheapest, most filling food to fit within his budget. Every so often his mum brings him food parcels, which he says makes a big difference to the quality of his food, but it puts him in the difficult position of deciding whether to switch the freezer back on. He thinks, "There must be loads of people just like me".

Jack injured his hand and he cleaned and covered the wound himself. Despite his efforts to keep the wound clean and healing nicely, it became infected. The surrounding area became red and inflamed and "felt hot". For a couple of days he continued cleaning it and hoped that it would get better, but it got worse. The redness spread up to his wrist and he started to develop a high temperature. He says, "I knew I was looking at antibiotics, but I can't afford to pay nearly a tenner for a prescription".

Not wanting to add to the pressures on Accident and Emergency services, Jack thought that if he phoned to get the Out of Hours GP service and stressed his inability to get to an urgent treatment centre, then he would get an emergency call out and he would be given medication without having to pay a prescription charge. He says, "I felt guilty about phoning out of hours, but I did it anyway because I thought I'd have to pay for a prescription. And I was feeling pretty bad by that time too, so didn't really feel up to getting myself anywhere".

Jack was seen by the out of hours GP service who cleaned the wound and prescribed the first doses of antibiotics. He paid for this prescription. They instructed him to contact his own GP the following day to arrange for a further prescription. He did this and paid a further prescription fee. He contacted Healthwatch to ask if there was any financial help with prescription fees for him, and because he thinks he cannot be the only person who is avoiding going to the GP because of the cost of a prescription.

Jack says, "Maybe it serves me right for trying to game the system, and I ended up paying twice. But I only did it because I was desperate and if I can get anything back at all then it will mean that I can eat next week."

End.

Tab 7 Chief Executive Officer Report

Agenda Item 7

Integrated Care Board Meeting
30 November 2022

Report Title	Chief Executive Report		
Purpose (X)	**For Information**	**For Discussion**	**For Decision**
	X		
Route to this meeting	The various reports provided have been discussed at other internal meetings within the ICB.		
Executive Summary	This report summarises key achievements and significant updates by the Chief Executive Officer of NHS Gloucestershire to the Integrated Care Board. This report provides an in-depth focus on This report is provided on a bi-monthly basis to public meetings of the ICB.		
Key Issues to note	This report covers the following topics ○ We Can Move – Gloucestershire's Active Partnership ○ Working in partnership to tackle health inequalities for homeless people in Gloucestershire ○ New Medical Centre in Stroud ○ Workforce report 　▪ System wide Recruitment Event on 28 September 　▪ Equality Delivery System 2022		
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	The report includes a number of different services, schemes and initiatives with associated risks included on the project / implementation plans. The risk associated with not producing a CEO report that summarises key programmes is relatively small, as there would be other mechanisms to communicate with partners and stakeholders. (4x1) 4 (4x1) 4 (residual meaning accepted risk)		
Management of Conflicts of Interest	There are no conflicts of interests associated with the production of this report.		
Resource Impact (X)	**Financial**		**Information Management & Technology**	
	Human Resource	X	**Buildings**	X
Financial Impact	The schemes and initiatives included in this report will have associated financial plans that have been approved through established groups and committees.		
Regulatory and Legal Issues (including NHS Constitution)			

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Impact on Health Inequalities	Gloucestershire's Active Partnership, is a charitable organisation who receive core funding for their work through Sport England. Active Partnerships (formerly County Sports Partnerships or CSP's) are a networks of 43 local agencies across England. Committed to working together to create the conditions for an active nation, focusing on those who will benefit the most from an active lifestyle, through increasing the number of people taking part in sport and physical activity. The Active Partnerships mission is to 'increase levels of engagement in sport and physical activity, reducing levels of inactivity, tackling stubborn inequalities and using the power of sport and physical activity to transform lives. The report on Working in partnership to tackle health inequalities for homeless people in Gloucestershire on page 5, covers an initiative which targets those who experience severe inequalities, the homeless.
Impact on Equality and Diversity	WCM seeks to change many different parts of this system. This often also means working in partnership with the public and the communities across Gloucestershire to co-design interventions and actions. For example, a group of women within the Barton and Tredworth ward of Gloucester have co-designed various activities over the last three years. These activities have enabled women, predominantly Muslim, to participate in organised physical activities.
Impact on Sustainable Development	n/a
Patient and Public Involvement	See Active Partnerships work.
Recommendation	The Board is requested to: • Note the Chief Executive Officer report.
Sponsoring Director	Mary Hutton, ICB Chief Executive Officer

Glossary of Terms	**Explanation or clarification of abbreviations used in the paper**
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise

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Tab 7 Chief Executive Officer Report

NHS Gloucestershire Integrated Care Board (ICB)
Chief Executive Officer Report

November 2022

1.	**Introduction**
1.1	This report summarises key achievements and significant updates by the Chief Executive Officer of NHS Gloucestershire to the Integrated Care Board. This report will be provided on a bi-monthly basis to public meetings of the ICB.
2.	**We can move, (WCM) Active Gloucestershire and ICB partnership**
2.1.1	This update covers the context within WCM works, its aims and structure of WCM as part of the nationwide programme called Active Partnerships. This report highlights the unique role NHS Gloucestershire ICB plays as one of the founding partners of WCM and continues to play an active role in the partnership in shaping, supporting and promoting the movement.
2.2	**Background**
2.2.1	Physical activity plays a crucial role in maintaining health and wellbeing; however, people in the UK are around 20% less active now than in the 1960s. If the current trend continues, nationally we will be 35% less active by 2030. The way we live our lives has changed, fewer of us have manual jobs and technology dominates at home and at work, the two places where we spend most of our time, whilst societal changes have designed physical activity out of our lives. As a result, we are the first generation to need to make a conscious decision to be active in our daily lives.
2.1.3	Being active is good for our mental and physical health and reduces our risk of developing a number of health conditions. It is well known that physical activity has the potential to make an enormously positive impact on health and wellbeing. Indeed, the former UK CMO Professor Dame Sally Davies once tweeted: *"If physical activity were a drug, we would refer to it as a miracle cure."*
2.2	The transformational ability of regular physical activity can reduce the risk of hip fractures by 68%; type 2 diabetes by 40%; heart disease by 35%; and depression by 30%. At the same time there is an economic cost of inactivity. Inactivity is costing the UK an estimated £7.4 billion a year, including £0.9 billion to the NHS (ref) and £4.7 million per year to Gloucestershire CCG alone (ref). Long term conditions such as diabetes, cardiovascular and respiratory disease lead to greater dependency on acute, community, home, residential and ultimately nursing care. This drain on resources is avoidable, as is the personal strain it puts on families and individuals.
2.2.1	Physical activity's role in improving health and wellbeing is recognised nationally. Policy documents such as the government's 2019 green paper 'Advancing our health: prevention in the 2020s' (ref) and the NHS Long Term Plan (ref) recognise the need for more preventative approaches to improving health, and the role physical activity can play. Locally we have targeted increased population level rates of physical activity as one of the seven central priorities for the Gloucestershire Health and Wellbeing strategy (ref).

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2.3.	**We can move (WCM) aims and ambitions**
2.3.1	WCM's ambition is to halve physical inactivity rates by 2030. To do so we estimate, based on the latest research that we will need to support 74,000 inactive people. WCM began delivery of a three-year test and learn pilot in 2018, after extensive desk research and conversations with individuals, communities and organisations across Gloucestershire. WCM is now in a longer period of sustained delivery, with ICB & local government funding secured alongside Sport England funding through until 2026. It revolves around a theory of change which has systems science, behaviour change, and social movement building at its core. The programme pulls together various stakeholders from different sectors and organisations to understand the systems which influence the population-levels of physical activity. This includes the role of schools, healthcare, the workplace, our travel infrastructure, and wider agendas such as climate change.
2.3.2	By working with stakeholders, WCM seeks to change many different parts of this system. This often also means working in partnership with the public and the communities across Gloucestershire to co-design interventions and actions. For example, a group of women within the Barton and Tredworth ward of Gloucester have co-designed various activities over the last three years. These activities have enabled women, predominantly Muslim, to participate in organised physical activities.
2.3.3	Active Gloucestershire sit at the heart of WCM, overseeing and facilitating the programme of work. Their role is largely to drive initiatives forward and perhaps more importantly, to strengthen the relationships between stakeholders across the system. In doing so, this prompts other organisations to carry out work which aligns to the goals of WCM, and as such, increases the sustainability and impact of the approach.
2.4	**Active Gloucestershire's Structure**
2.4.1	Gloucestershire's Active Partnership, is a charitable organisation who receive core funding for their work through Sport England. Active Partnerships (formerly County Sports Partnerships or CSP's) are a network of 43 local agencies across England. Committed to working together to create the conditions for an active nation, focusing on those who will benefit the most from an active lifestyle, through increasing the number of people taking part in sport and physical activity. They are led by a central team of people whose job is to provide leadership and co-ordination of the network at a sub-regional level.
2.4.2	Established as a nationwide network nearly 20 years ago, the Partnerships have become a significant part of the sport and physical activity landscape across England. They have successfully delivered a number of high impact programmes, built strong local networks and adopted the highest standards of governance. A unique feature of the Active Partnerships is their independence, working across all sports, activities, providers and audiences, focused on the needs of their local communities.
2.4.3	The Active Partnerships mission is to 'increase levels of engagement in sport and physical activity, reducing levels of inactivity, tackling stubborn inequalities and using the power of sport and physical activity to transform lives.'
2.5	**ICB role in WCM**
2.5.1	NHS Gloucestershire ICB is one of the founding partners of WCM and continues to play an active role in the partnership in shaping, supporting and promoting the movement. The ICB provides funding to, and holds a contract with, Active Gloucestershire for delivery of WCM. However, this is not a traditional model of service delivery in which Active

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	Gloucestershire are the provider of a service directly commissioned by the ICB. The structure represents a move to a more relational commissioning model whereby the contract funding represents a contribution, as an equal partner, towards the whole movement rather than a traditional commissioner/provider relationship. Strong relationships between partners are key in this approach as we walk alongside each other learning and evolving the movement as we go. The figure below (taken for a Human Learning Systems guide) goes some way to explaining this way of partnering, with Active Gloucestershire, the ICB and other partners all playing a role as system stewards
2.5.2	 Figure 3. HLS Learning Cycle
3.0	**Working in partnership to tackle health inequalities for homeless people in Gloucestershire**
3.1	This report looks at how the Gloucestershire ICS partnership has worked collaboratively to tackle health inequalities for homeless people. This project received the Health Service Journal Award in October this year.
3.2.1	**Taking a holistic approach to treating homeless people attending emergency departments is helping to break the cycle of homelessness**
3.2.2	Between 400 to 600 homeless people attend Emergency Departments (ED) at Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) every year. The statistics are startling and show that there are avoidable and unfair differences in the way homeless people experience care. Around a third of homeless deaths are the results of treatable medical conditions and homeless people are likely to attend ED six times more frequently than the housed population and stay in hospital for three times as long.
3.2.3	Homelessness is a very complex problem which can be caused by a number of different factors which can be very challenging to treat. Trauma has often played a key part in influencing someone's journey to homelessness. Until we look at the person as a whole and work out what the multiple and complex factors are that played a major part in getting them into the situation they are in, we can't begin to help that person. Once we complete the puzzle of their lives, we can start to think about why they are using ED so frequently and what kind of help and interventions will get them back on track after discharge. We are stronger and more efficient when we look at this as a partnership.
3.2.4	A homeless patient project in ED at GHNHSFT was the catalyst for change. This led to an approach being made to the Gloucestershire Strategic Housing Partnership (SHP) – a

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	partnership made up of the six district councils, the county council and the Integrated Care Board (ICB). By working as a wider partnership with the local authority and voluntary and community sector organisations (VCS), health and care professionals joined forces to make sure homeless patients received the right support following discharge from ED.
3.2.5	The quality improvement (QI) project focused on developing a pathway for supporting homeless ED attenders. Professionals are now able to help homeless patients access accommodation directly from ED. Along with two new dedicated support roles within the community support service, this streamlined process has improved the standard of care experienced by vulnerable homeless patients. Shona Duffy became the Homeless Specialist Nurse at Gloucester Hospital, and her idea sparked the project. Her expertise working within a safeguarding team had already given her an insight into why homeless people use healthcare services more frequently.
3.2.6	However, it was a winter stint volunteering at a local night shelter that provided her with deeper knowledge of how this group experiences inequalities and barriers to care. She was able to identify those who attend ED on a frequent basis and sought to find ways to provide better care and reduce A&E attendances while aligning process with The Homeless Reduction Act 2017 (HRA) were the central planks of the project.
3.3	**Trying a different approach was key**
3.3.1	Data was used to identify a trend in homeless people using A&E. The idea was to identify a homeless person at the 'front door' of ED and provide care for them over a few days, as this could reduce the time they spent in hospital in the longer term.
3.3.2	**A cultural shift in attitudes towards people who are homeless has driven success**
3.3.3	Staff working in ED have experienced a cultural shift after being taught about the tri-morbidity of homelessness (which means a homeless person is more likely to suffer from mental ill health, physical ill health, and substance misuse and at the same time is likely to access services). Education about homelessness empowered professionals to swiftly identify the risks to patients who experience tri-morbidity so that support can be put in place sooner.
3.3.4	GHT's Safeguarding Team worked closely with the P3 charity which provides housing support services and homelessness prevention among other support. The data shows how effective the project has been. Looking at a sample of 10 patients, analysis covered 11 months before and after the implementation of a personalised support plan (PSP) by the Homeless Specialist Nurse and the P3 in-reach hospital navigator and/or ELIM Time to Heal housing officer. These 10 homeless patients collectively attended ED 221 times during the 11 months before their plans began and 52 times during the 11 months after their plans started. As expected, the decrease in ED attendances caused the total hours spent in ED by these 10 patients across 11 months to decrease from 900 hours to 226 hours. Since plans for these 10 patients took root, comparing 11 months pre-plan to 11 months post-plan, there has been a total reduction of 161 ED attendances. This equates to 674 hours spent in the Emergency Department.
3.3.5	Also for those who attend ED on a frequent basis the top 10 in the Trust used to include some rough sleepers (as is the case regionally and nationally). Currently there is not a homeless person in top 30 of those who attend the ED the most and none of the top 10 are homeless. This is a striking comparison with 2020 when seven out of the top 10 of those who attended ED were homeless. GHNHSFT is the only acute trust in the South West which currently has no homeless people who attend the trust on a frequent basis.

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Tab 7 Chief Executive Officer Report

3.4	**Partnership Working the Strength of this project**
3.4.1	Working as a partnership between clinicians, commissioners and local services has meant a huge reduction in 'bed days' (the number of days during which a hospital bed is occupied). Close working between health, housing and support providers has also significantly reduced police and ambulance time as the person becomes more settled generally and begins to reduce reliance on emergency service contact.
4.	**New Medical Centre in Stroud**
4.1	The redevelopment of Number 1 King Street in Stroud is nearing the completion of its extensive programme of construction works, dramatically changing the landscape of this area of the town. Central to the work is the brand new £6.5m medical centre which will become the new home of two of the town's established GP practices, Locking Hill Surgery and Stroud Valleys Family Practice which have now merged to become Five Valleys Medical Practice.
4.2	The fully refurbished building will house the medical practice, a new first floor physiotherapy and podiatry suite operated by Gloucestershire Health and Care NHS Foundation Trust as well as well as a new library, a coffee shop and office facilities. The development is a key part of Dransfield Properties' work in the centre of Stroud and the redevelopment of the Five Valleys Shopping Centre, which to date has seen in excess of £25m of investment.
4.3	The new medical centre will provide new and improved GP services for more than 15,000 patients and will link with our shopping centre, Five Valleys, as well as having excellent local transport links. The two GP practices have outgrown their current buildings and the new, modern facility will give them room to grow as well as allow them to extend the range of services they provide, expand training opportunities and support patients with complex needs who require more specialist treatment.
4.4	The relocated physiotherapy and podiatry services will also be merged into one comprehensive clinic, as part of work to ensure best use of their estate and provide high quality premises. The new facilities will offer much improved accessibility for patients, being in a central part of the town within a short two-minute walk of the train and bus stations, a taxi rank and other amenities, including pharmacies.
4.5	Work on Stroud's new medical centre is scheduled to complete at the end of November, with the opening of the library to follow in the New Year.
5.	**Workforce**
5.1	**Health and Social Care Recruitment Day**
5.1.2	A major recruitment event was organised on 28th September to give people interested in a caring role in Gloucestershire the chance to embark on a new career. The Integrated Care System (ICS) partners joined together to organise and run a recruitment day on 28th September specifically targeted at recruiting into Health and Social Care jobs. The event, followed a dynamic new format, which gave people the chance to walk in and get screened, registered and interviewed on the day. Candidates were told immediately if they were successful.
5.2.2	Partners from health including Gloucestershire Hospitals NHS Foundation Trust, (GHFT), Gloucestershire Health and Care NHS Foundation Trust (GHC), Gloucestershire County Council (GCC) and the independent sector joined forces to host this one stop shop to

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	fast-track candidates into job opportunities within health and social care in Gloucestershire
5.2.3	The event was widely publicised across local and social media with 270 job offers on the day. As at the 16th November 16 candidates have either started or are ready to start and going through induction process, 52 candidates have withdrawn or been rejected due to visa issues, 13 transferred to organisation's staff banks and the remaining 189 are going through the pre-employment check process.
5.2.4	The event had a real 'buzz' around it with staff from across health and social care in Gloucestershire enjoying the experience of recruiting together, while candidates found the information session and set up of the day well organised and smooth, allowing for offers to be made immediately. A short film was made of the event and can be viewed here Health and Social Care Worker Recruitment Event - YouTube
5.3	**Equality Delivery System 2022**
5.3.1	The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.
5.3.2	Technical guidance on the third version of the Equality Delivery System (EDS) was published in August 2022. It aims to provide assurance or actions for equality improvement relating to services, workforce and leadership. The new guidance describes EDS 2022 as a generic system that has been designed for both NHS commissioners and NHS providers, but best applied in partnership across ICS.
5.3.3	Implementation by NHS provider organisations is mandatory, through the NHS Standard Contract. NHS Commissioning systems are required to demonstrate 'robust implementation' of the EDS as set out in the Oversight Framework. EDS reviews should be carried out annually, with results feeding into the setting of strategic, corporate and equality objectives, annual reporting of progress on the Public Sector Equality Duty (PSED) and Quality Accounts.
5.3.4	The EDS comprises eleven outcomes spread across three Domains: - Domain 1 Commissioned or provided services (4 outcomes); - Domain 2 Workforce health and well-being (4 outcomes); and - Domain 3 Inclusive leadership (3 outcomes). The outcomes are evaluated, scored, and rated using available evidence and insight. The process needs to take account of the nine 'protected characteristics' and those who suffer health inequalities, e.g. deprivation, veterans, carers, etc. Each of the three domains is assessed using a range of data and 'community' insight. The assessment and gradings should be tested with independent parties, which could include a local Healthwatch, grassroots or umbrella VCSE organisation
5.3.5	System ED&I leads in health have agreed to work together on Domain 1 and have collectively agreed the following approach **Domain 1: Commissioned or provided services** - This year we will review two service areas: Cancer Services and Translation & Interpretation Services (including implementation of Accessible Information Standard). - Feedback gathered through engagement, quality improvement programmes and external reports has informed this selection and will be used for the assessment.

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	• Assessment will be tested by ICB Working with People & Communities Advisory Board* **Domain 2: Workforce health and well-being** • Each organisation will review relevant data sources including Workforce Race Equality Standards and Workforce Disability Standards. • Assessment will be actively tested through structured engagement with staff, staff networks and trade unions. **Domain 3: Inclusive leadership** • Each organisation will review relevant data sources including board papers, training, Executive/Chair reports, Stakeholder Briefings to assess how Board members and other senior leaders have demonstrated where they actively promoted equality as part of their role. • Assessment will be tested by ICB Working with People & Communities Advisory Board.
5.3.6	The ICB Working with People & Communities Advisory Board is being established to assure the ICB that the voice of people and communities is represented and heard, and that their insight inform decisions of the planning, development, design, redesign, implementation, and evaluation of commissioned services. Membership includes lay representation from: Healthwatch Gloucestershire; Inclusion Gloucestershire; Black Business Network; Partnership Boards; VCSE Alliance; Experts by Experience; and other VCS partners. The People & Communities Advisory Board will provide an independent assessment of assessment of services undertaken by system partners for Domain 1 and will undertake an assessment of Domain 3 on inclusive leadership.
5.3.7	The findings with recommendation for delivering the requirements of EDS 22 will be presented to system partners' Boards, a report will come to the ICB Board for its meeting on 25th January. EDS 22 reports will subsequently be made available on each organisation's website by February 2023.
6.	**Recommendation**
6.1	The Board is asked to note the report.

Tab 8 Maternity & Neonatal Services

Agenda Item 8.

Integrated Care Board

30 November 2022

Report Title	Findings and our response to the Independent Investigation into East Kent Maternity and Neonatal Services		
Purpose (X)	**For Information**	**For Discussion**	**For Decision**
		X	
Route to this meeting	November 2022 - Strategic Executive Committee meeting		
Executive Summary	**Summary** GHFT has extensive improvement plans within our maternity and neonatal services and we will use this this report as an opportunity to check in that we have put the right improvements in place. As an organisation, we will continue to improve our maternity and neonatal services by listening, understanding and responding to the experience of women, babies and families who use our services. We will continue to examine the culture within our maternity and neonatal services and improve how we listen and respond to staff. We will take steps to assure ourselves, and the communities we serve, that the leadership and culture across our maternity and neonatal service positively supports the care and experience we provide. We will work very closely on our improvement programme with our colleagues in the Gloucestershire Integrated Care Board (ICB) and within the Local Maternity and Neonatal System (LMNS).		
Key Issues to note	On the 20 October 2022 NHS England sent a letter to all Trusts and ICBs after the publication of the Independent Investigation into East Kent Maternity and Neonatal Services Report - "Reading the Signals" (appendix 1). The report sets out the devastating consequences of failings and the unimaginable loss and harm suffered by families receiving care at East Kent Hospitals University NHS Foundation Trust. The expectation is that every Trust and ICB review the findings of this report at its next public board meeting, and for boards to be clear about the action they will take, and how effective assurance mechanisms are at 'reading the signals'. The purpose of this presentation is to provide assurance that we have mechanisms in place to review the report in detail, to respond to the findings and to make a plan for improvements.		

Tab 8 Maternity & Neonatal Services

	Background
	Following concerns raised about the quality and outcomes of maternity and neonatal care, at East Kent NHSE commissioned Dr Bill Kirkup to undertake an independent review into maternity and neonatal services. Since the report of the Morecambe Bay Investigation in 2015, maternity services have been the subject of more significant policy initiatives than any other service. Yet, since then, there have been major service failures in Shrewsbury and Telford, in East Kent, and (it seems) in Nottingham. If we do not begin to tackle this differently, there will be more.
	Assessment
	The attached presentation shows where we are as an organisation and our initial plans for improvement against the 4 areas for action.
	The 4 areas for improvement are: -
	1. Monitoring safe performance – finding signals amongst the noise
	2. Standards of clinical behaviour - technical care is not enough
	3. Flawed team working - pulling in different directions
	4. Organisational behaviour – looking good while doing badly
Management of Conflicts of Interest	There are no conflicts of interests related to this paper

Resource Impact (X)	**Financial**		**Information Management & Technology**	
	Human Resource	X	**Buildings**	

Financial Impact	N/A
Regulatory and Legal Issues (including NHS Constitution)	NHS Constitution ICB Constitution with regard to quality of services Care Quality Commission
Impact on Health Inequalities	N/A to this paper but the wider work undertaken with the LMNS
Impact on Equality and Diversity	N/A to this paper but the wider work undertaken with the LMNS
Impact on Sustainable Development	There is no impact on sustainable development related to this paper
Patient and Public Involvement	The LMNS has been involved in this work. The LMNS is a partnership of maternity and neonatal service providers, commissioners, local authorities and maternity voices partnerships, who are working together to transform maternity services
Recommendation	The Board is asked to note: • the next steps for our maternity services as we work with the ICB/LMNS to respond fully to this report • that NHS England will be working with the Department of Health and Social Care and partner organisations to review the recommendations and the implications. • that in 2023, NHSE will publish a single delivery plan for maternity and neonatal care which will bring together the action required following the East Kent Report, The Shrewsbury and Telford Report (Ockendon 1 and 2).

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Tab 8 Maternity & Neonatal Services

Author	Suzie Cro, Deputy Director of Quality Lisa Stephens, Head of Midwifery Simon Pirie, Chief of Service – Matt Holdaway, Director of Quality and Chief Nurse	**Role Title**	
Sponsoring Director (if not author)	Marion Andrews-Evans, Chief Nursing Officer		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise

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Tab 8 Maternity & Neonatal Services

Classification: Official

Publication reference: PR2099

NHS England

To:
- Trust Chief Executives
- Trust Chairs
- ICB Chief Executives
- LMNS Chairs

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

20 October 2022

cc.
- Regional Directors
- Regional Chief Nurses
- Regional Medical Directors
- Regional Chief Midwives
- Regional Obstetricians

Dear colleagues

Report following the Independent Investigation into East Kent Maternity and Neonatal Services

Yesterday saw the publication Reading the Signals; Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation.

The report sets out the devastating consequences of failings and the unimaginable loss and harm suffered by families for which we are deeply sorry.

This report reconfirms the requirement for your board to remain focused on delivering personalised and safe maternity and neonatal care. You must ensure that the experience of women, babies and families who use your services are listened to, understood and responded to with respect, compassion and kindness.

The experiences bravely shared by families with the investigation team must be a catalyst for change. Every board member must examine the culture within their organisation and how they listen and respond to staff. You must take steps to assure yourselves, and the communities you serve, that the leadership and culture across your organisation(s) positively supports the care and experience you provide.

We expect every Trust and ICB to review the findings of this report at its next public board meeting, and for boards to be clear about the action they will take, and how effective assurance mechanisms are at 'reading the signals'.

The report outlines four areas for action:
- To get better at identifying poorly performing units

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Tab 8 Maternity & Neonatal Services

- Giving care with compassion and kindness
- Teamworking with a common purpose
- Responding to challenge with honesty.

NHS England will be working with the Department of Health and Social Care and partner organisations to review the recommendations and implications for maternity and neonatal services and the wider NHS.

In 2023 we will publish a single delivery plan for maternity and neonatal care which will bring together action required following this report, the report into maternity services at Shrewsbury and Telford NHS Foundation Trust, and NHS Long-Term Plan and Maternity Transformation Programme deliverables.

The publication of the delivery plan should not delay your acting in response to this report and the actions you are taking in response to the report of the independent investigation at Shrewsbury and Telford NHS Foundation Trust. Immediate and sustainable action will save lives and improve the care and experience for women, babies and their families.

Yours sincerely,

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Sir David Sloman
Chief Operating Officer
NHS England

Dame Ruth May
Chief Nursing Officer
NHS England

Professor Stephen Powis
National Medical Director
NHS England

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Tab 8 Maternity & Neonatal Services

Gloucestershire Hospitals
NHS Foundation Trust

Independent Investigation into East Kent Maternity and Neonatal Services

"Reading the Signals"

1 November 2022

Chief Nurse & Director of Quality - Matt Holdaway
Deputy Director of Quality – Suzie Cro
Lisa Stephens – Head of Midwifery
Simon Pirie – Chief of Service

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Tab 8 Maternity & Neonatal Services

Situation

- The report sets out the devastating consequences of failings and the unimaginable loss and harm suffered by families.

- Outlines problems at every level - failures to listen and in teamworking, professionalism, compassion, following safety incidents and in the Trust's response including Trust Board and at regulatory level

- This report reconfirms the requirement for Board to remain focused on delivering personalised and safe maternity and neonatal care.

- Service users must be listened to, understood and responded to with respect, compassion and kindness.

BEST CARE FOR EVERYONE

Tab 8 Maternity & Neonatal Services

Background

"Reading the Signals"

- Morecambe Bay

- Ockendon 1 and final report (Shrewsbury and Telford)

- Nottingham currently now being reviewed

Tab 8 Maternity & Neonatal Services

Our initial assessment

Area for action	Where we are now	Next steps
1. Monitoring safe performance – finding signals amongst the noise	- Concerns about performance of maternity service triggered a series of internal actions (independent review, secondment of individual, executive led Maternity Delivery Group set up (2021 - Safe and well led rated by CQC as inadequate (July 2022) - S29A warning notice - Sharing improvement action plan with LMNS, ICB and CQC (Oct 2022) - Review of maternity metrics on Board QPR (current) - Perinatal Quality Surveillance (PQS) Report presented to Board (Oct 2022) - Board level Safety Champions programme of work - Regional NHSE/LMNS/MVP Insights visit July for the embedding of Ockendon – 7IEA's - NHSE National Team Maternity Safety Improvement Programme diagnostic review underway - Speciality Tri oversight and monitoring of maternity scorecard and assurance dashboard - External expert opinion pathway in place for external review of all SI's - MOU with Buddy LMNS BSW – Joint Safety Forum established to share learning and benchmark outcomes	- The Badgernet digital system will enable data for audit - Continue to provide PQS Report quarterly and develop with feedback from Board/LMNS - Await report from the NHSE Maternity Safety Improvement programme (diagnostic visit) - Await formal feedback and recommendations from Insights visit - Working on action tracker against 15IEA's ahead of publication of single delivery plan for maternity and neonatal services - Review NHSR Scorecard data- triangulation – incidents, complaints and claims

BEST CARE FOR EVERYONE

Our initial assessment

Tab 8 Maternity & Neonatal Services

Area for action	Where we are now	Next steps
2. Standards of clinical behaviour - technical care is not enough	- CQC Caring domain remains rated as good - Positive patient experience results when benchmarked with other Trusts - Complaints data presented in PQS Report - Culture picked up on as an area for improvement by CQC and so cultural improvement plan being developed - Review of data and plan - Engagement with the 'RCOG Roles and Responsibilities of the Consultant' document	- Just and restorative culture improvement work - Respectful resolution tools to be embedded with Maternity Leadership and OD Specialist - Repeat of SCORE survey planned by national team - Specialty Tri analysis of patient feedback

BEST CARE FOR EVERYONE

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Tab 8 Maternity & Neonatal Services

Our initial assessment

NHS Gloucestershire Hospitals NHS Foundation Trust

Area for action	Where we are now	Next steps
3. Flawed team working - pulling in different directions	- Developing common purpose with Maternity Service strategy - engagement with teams - Staffing updates for midwifery and obstetrics at every MDG meeting - Workforce Report to Board 6 monthly - Revitalising the Professional Midwifery Advocacy (PMA) Service - Training needs analysis in development for all staff - Engagement with national Staff Survey - Multiprofessional training for PROMPT	- Review Staff Survey results for maternity in Jan 2023 - Development of Workforce Strategy Explore and deliver team working development opportunities with Leadership and OD Specialist - National Leadership Development Programme – Quadumvirate leadership programme

BEST CARE FOR EVERYONE

Tab 8 Maternity & Neonatal Services

Our initial assessment

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Area for action	Where we are now	Next steps
4. Organisational behaviour – looking good while doing badly	- Trust risk register entry for midwifery staffing (scoring at 20 for safety) - CQC S29a warning notice improvement plan – check and challenge process with LMNS/ICB/CQC - CQC Must do and Should do action plan - Single site Local Maternity and Neonatal System - Engagement with the NHSE National Maternity Safety Improvement Programme (MSIP) diagnostic phase report due now	- Engaged with other organisations in neighbouring LMNS for learning and sharing - NHSE Regional Maternity Insights Report due end of November/early Dec - NHSE National MSIP report 4-6 weeks

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BEST CARE FOR EVERYONE

Tab 8 Maternity & Neonatal Services

Recommended actions

- NHS England will be working with the Department of Health and Social Care and partner organisations to review the recommendations and the implications.

- In 2023, NHSE will publish a single delivery plan for maternity and neonatal care which will bring together the action required following the East Kent Report, The Shrewsbury and Telford Report (Ockendon 1 and 2).

- The Board is asked to note the next steps for maternity services as we work with the LMNS to respond to this report.

Integrated Care Board

Report Title	Integrated Performance Report		
Purpose	**For Information**	**For Discussion**	**For Decision**
		X	

Route to this meeting				
	ICB Internal	**Date**	**System Partner**	**Date**

Executive Summary	**Integrated Performance Report** This is the Integrated Performance Report (IPR) for NHS Gloucestershire ICB for November 2022. The report brings information together from three areas: - **Performance** - **Workforce** - **Finance** - **Quality** The report includes assurance pages from each of the relevant ICB Committees relating to their part of the IPR, a headline summary from each of the four areas and a more detailed breakdown of progress within the remainder of the document. A supporting dashboard for metrics within the IPR can be found here. **Health Inequalities** For this month, the report includes specific work that has been undertaken on health inequalities. This includes an analysis of the full waiting list of Gloucestershire patients at Gloucestershire Hospitals NHS Foundation Trust as well as analysis of cancer wait times split across more deprived areas within the county. **Integrated Performance Report Development** Work continues to develop and evolve the Integrated Performance Report based on feedback. For the December report, the following work is underway: - Ensure that we have comprehensive coverage of metrics in the supporting metrics report, including Quality. - Ensure that those metrics report performance against the trajectories set as part of the planning round for 22/23. - Incorporate benchmarking information from the newly published NHS Oversight Framework dashboard.

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Joined up care and communities

Page **1** of **3**

Key Issues to note	Areas of key exceptions have been included at the front of the Integrated Performance Report.
Key Risks:	The Integrated Performance Report (IPR) provides an overall summary of the current position of health and social care in Gloucestershire. Issues in delivery will have an impact on our ability to deliver against the priorities for the health and care system that we have committed to in 2022/23. It will also have an impact on our ability to deliver against the NHS Oversight Framework and influence segmentation decisions made by NHS England. Work is underway on the development of the Board Assurance Framework. There will be a close link between the risks within the BAF and delivery of our objectives through the Integrated Performance Report.
Management of Conflicts of Interest	None

Resource Impact (X)	**Financial**		**Information Management & Technology**	
	Human Resource		**Buildings**	

Financial Impact	See financial section of the report.
Regulatory and Legal Issues (including NHS Constitution)	The ICB has a statutory duty not to exceed the revenue resource limit set by NHS England. The Integrated Performance Report will be used to inform regional discussions as part of the NHS Oversight Framework.
Impact on Health Inequalities	As highlighted above, the report includes specific work that has been undertaken on health inequalities. This includes: • An analysis of the full waiting list of Gloucestershire patients at Gloucestershire Hospitals NHS Foundation Trust • Analysis of cancer wait times split across more deprived areas within the county.
Impact on Equality and Diversity	See above section on health inequalities.
Impact on Sustainable Development	None
Patient and Public Involvement	The Integrated Performance Report (Quality section) currently provides information on patient and public feedback.
Recommendation	The Integrated Care Board are asked to:

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Joined up care and communities

Page **2** of **3**

	• **Discuss the key highlights from the Integrated Performance Report** identifying any further actions that may be required		
Author	Kat Doherty (Performance) Clare Hines (Workforce) Stephen Edmonds (Finance) Rob Mauler (Quality) Mark Golledge (PMO)	**Role Title**	Senior Performance Management Lead Workforce and OD Project Lead Finance Programme Manager Senior Manager, Quality & Commissioning Associate Director – ICS Development
Sponsoring Director (if not author)	• Mark Walkingshaw, Director of Operational Planning & Performance – NHS Gloucestershire ICB • Tracey Cox, Interim Director – People, Culture & Engagement – NHS Gloucestershire ICB • Cath Leech – Chief Finance Officer – NHS Gloucestershire ICB • Marion Andrews-Evans – Chief Nursing Officer – NHS Gloucestershire ICB		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
GHFT	Gloucestershire Hospital NHS Foundation Trust
GHC	Gloucestershire Health and Care Foundation Trust
GCC	Gloucestershire County Council
ICB	Integrated Care Board
CQC	Care Quality Commission
IPR	Integrated Performance Report
IDP	Integrated Delivery Plan

Joined up care and communities

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Integrated Performance Report

November 2022

Please note – this report will be a public report

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System Resources Committee

Accountable Non-Executive Director	Jo Coast
Meeting Date	1st November 2022

Issues identified at the Committee

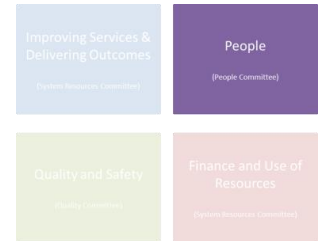| Key Area	Assurance	Committee Update	Next Action(s)	Timescales
Financial Framework: Overhead arrangements between providers	Significant	• DoFs provided an update on the agreed approach to overheads	• To implement the agreed approach and bring back to this forum in 6-9 months for review.	July 2023
NHS Oversight Framework – Quarter 2	Limited	• Discussion was held on the NHS England approach to System Oversight for 2022/23. GHC, GHFT and NHS Gloucestershire ICB are currently in segment 2 (at Quarter 1). We await confirmation of segmentation decisions for Quarter 2.	• Local oversight arrangements in place (including through the Integrated Performance Report) for local assurance. • Awaiting Quarter 2 segmentation decisions.	November 2022
System Performance – Urgent and Emergency Care	Limited	• Discussion at the Committee on overall system performance through the Integrated Performance Report. Continued focus on urgent and emergency care performance with Newton diagnostic nearing completion	• Newton diagnostic to report on findings for Urgent and Emergency Care • Next steps will be to focus development of delivery plan for UEC	November / December 2022
System Financial Position 22/23	Limited	• The system is currently forecasting a break even position for the end of year. There is currently a system financial deficit at Month 6 of £7.8m.	• Discussions were held about mitigations that are underway and plans to bring the system back into financial balance by the end of the financial year.	November 2022 to March 2023
5 Year Planning – including prioritisation framework	Limited	• 5 Year planning work commencing that will include development of Joint Forward Plan • Discussion held regarding prioritisation framework (including capital prioritisation framework)	• Further work to be undertaken to operationalise the capital prioritisation framework. • Continued work on delivery planning through to March 2023 including addressing of any underlying financial deficits.	November 2022 to March 2023

Assurance Level Key

Assurance Level	Colour to use in risks/actions below
Not assured	We are not assured as to the adequacy of current action plans. If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"
Limited	We are assured appropriate action plans are in place to address any gaps
Significant	We have a high level of confidence in delivery of existing mechanisms / objectives
Full	Delivered and fully embedded

Issues referred to another committee

Topic	Committee
None	

People Committee

Accountable Non-Executive Director	Tracey Cox
Meeting Date	6th October 2022

Issues identified at the Committee

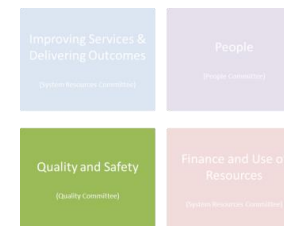| Key Area	Assurance	Committee Update	Next Action(s)	Timescales
Cost of living crisis and its potential impact on staff	Limited	People Board review of collated support offers to staff across system partners. A dedicated cost of living sub-group has been established reporting into the OD Steering Group to scope additional ways of supporting our workforce.	Sub-group identifying some priority areas for consideration by Directors of Finance Group on 18th November 2022	End Nov 2022
Threat of industrial action	Limited	Risk of industrial action by nursing staff following recent national ballot and multiple ballots being held across clinical and non-clinical groups. (BMA junior doctors , GMB, Unite, Unison, Royal College of Midwives and Chartered Society of Physiotherapists also moving to statutory ballots). Bronze cell mobilised and preparations underway.	i) Working with EPRR teams to ensure local BCM plans are in place/ updated. ii) Refresh of the current partnership framework and mutual aid agreements. iii) Completion of NHSE self assessment and checklist.	The timescale for strike and industrial actions short of a strike is from December 2022 to May 2023 (or June 2023 for BMA)
Recruitment of health and social care staff across a variety of roles and settings	Limited	Continued focus on current recruitment initiatives to support current position inc development of system wide campaign highlighting the benefits of working and living in Gloucestershire		December 2022
Retention of staff across all settings	Limited		Retention lead role advertised	December 2022

Assurance Level Key

Assurance Level	Colour to use in risks/actions below
Not assured	We are not assured as to the adequacy of current action plans. If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"
Limited	We are assured appropriate action plans are in place to address any gaps
Significant	We have a high level of confidence in delivery of existing mechanisms / objectives
Full	Delivered and fully embedded

Issues referred to another committee

Topic	Committee
Cost of living crisis and its potential impact on staff - scoping and plans and report requested	OD Steering Group

Quality Committee

Accountable Non-Executive Director	Jane Cummings
Meeting Date	20th October 2022

Improving Services & Delivering Outcomes	People
Quality and Safety	Finance and Use of Resources

Issues identified at the Committee

Key Area	Assurance	Committee Update	Next Action(s)	Timescales
Updated on Children in Care Team staffing	Significant	Nurses will be starting in the next few months. Interview for permanent members of staff are taking place on 15th November	Multiple applicants have been shortlisted for the GP roles. The ICB is actively looking to bring forward interview dates.	By April 23, the team's staffing position will be much stronger.
Maternity Assurance Framework	Significant	GHFT now have a good Maternity Assurance Framework in place with the Local Midwifery & Neonatal System (LMNS) holding oversight responsibility. Papers going to GHFT Board will be shared with the ICB Quality Committee.	Maternity to be a standing item on future Quality Committee meetings	Ongoing
Emergency Preparedness, Resilience and Response (EPRR)	Significant	The EPRR plan and EPRR policy were reviewed, discussed and approved.	The CNO will present a full report to the Board.	November
Risk	Limited	The committee discussed risk and in particular system risk. There was a strong discussion around the difference between risk and issues, with systems partners discussing visceral risk as well as strategic risk.	The conversation was noted to aid discussion in Board development sessions.	26 October

Assurance Level Key

Assurance Level	Colour to use in risks/actions below
Not assured	We are not assured as to the adequacy of current action plans. If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"
Limited	We are assured appropriate action plans are in place to address any gaps
Significant	We have a high level of confidence in delivery of existing mechanisms / objectives
Full	Delivered and fully embedded

Issues referred to another committee

Topic	Committee
CNO to present a full EPRR report to the Board	ICB
Risk discussion	Board Development Session

Improving Services & Delivering Outcomes

Our Performance

Key Achievements

- Diagnostic capacity will have a significant boost from the community diagnostic hub – funding is confirmed and will roll out in 2023 offering additional capacity across a number of modalities.

- A series of case reviews across the Urgent and Emergency Care (UEC) system has been carried out working with Newton Europe.

- The recent 'ReSET' week saw some improvements in UEC performance, particularly ambulance response times and handover delays, and rapid analysis is being undertaken to embed learning into business as usual to ensure that as much improvement as possible is sustainable.

- Primary care appointment availability and patient satisfaction continues to benchmark highly against other systems, despite challenging demand and continued workforce pressure.

Areas of Focus

- Newton Europe supported U&EC diagnostic completed, key workstreams identified and sponsors and SROs in process of being finalised as focus now moves to implementation phase.

- Weekly review of 6 key winter metrics (NHS111 call abandonment; Ambulance call answering time, handover delays and Category 2 response times; Bed occupancy; and Patients with No Criteria to Reside) by system and supporting assurance to NHSE and Department of Health and Social Care.

- Recovering elective performance against 104% weighted cost activity target (against 19/20 cost level), while maintaining the reduction in long waits for elective treatment.

- Recovery of cancer wait times standards with particular emphasis on the reduction of a backlog of patients waiting for treatment beyond 62 days.

- Workforce issues (both recruitment and retention) continue to impact performance in Gloucestershire as nationally, a successful system recruitment event has taken place and will continue to be built upon over the coming months.

Please note the full set of measures and progress against the agreed trajectories is available here.

Our People (Workforce)

Our People

Key Achievements

- System wide review of priorities and work plan for remainder of 2022/23 with agreement on 3 priority areas: Health and Wellbeing, International Recruitment and Agency spend.

- Continued on-boarding of Health & Care Support Workers from 28th September system recruitment event

- Nursing legacy mentoring funding (£160K) secured and Task and Finish Group being mobilised to progress system approach.

- GHFT and GHC: successful bids for expansion of international recruitment pipelines.

Areas of Focus

- Preparations for industrial action following confirmation of strike action by nurses and potential for other staff groups

- Health and wellbeing - System wide mapping of services and offers available to staff across Gloucestershire

- Recruitment to People Function delivery structure and securing interim support from SCWCSU to support priority areas

- Cost of Living and impact on staff identifying potential areas of support.

Quality – Safety, Experience and Effectiveness

Please note: The Quality report is updated bimonthly.

Quality

Key Achievements

- One GP practice remains rated 'Requires Improvement' by the CQC. Primary Care colleagues continue to support the practice and have undertaken a Quality Review.

- A recent improvement in ambulance handovers has been observed since the 'Boarding and Pre-empting' initiatives were introduced on 6th Oct. This process shares clinical risk more effectively between SWAST and GHNHSFT.

- The effect of this work has meant fewer ambulances queuing and has improved SWAST's ability to respond to patients at higher risk.

- ED Friends and Family scores have improved.

- The first System Effectiveness Group met on 7th November.

- No new Never Events have been reported.

Areas of Focus

- GHNHSFT's 'Well Led' inspection has been published. The report found that the Trust needed to improve organisational culture. The recommendation was accepted and is being used to inspire leaders to improve. Similar themes were reported through GHNHSFT's staff survey results.

- Three important surveys have recently been published:
  - CQC Patient Survey,
  - National Inpatient, and
  - Community Mental Health.

- These are being reviewed across the ICB and a summary will be reported in the next ICB Quality Report.

- There is a direct link between good staff and patient experience and the Quality of care being received by patients.

- This will be a focus for the ICB quality committee and system group.

Finance and Use of Resources

Finance

Headline Summary

- All organisations are forecasting delivery of a break-even financial position at year-end in line with the plan, however, there are now significant risks to the delivery of a system breakeven financial position. A number of pressures have arisen in the ICS; primarily in GHFT; these mean that there is a very high risk of non achievement of the system forecast of breakeven for 2022/23.

- Within the ICS year-to-date (YTD) deficit position of £7.7m, GHFT has an adverse variance to plan of £8.8m which is due to a number of factors including a high number of staffing vacancies leading to a greater requirement of agency and locum staff, urgent care escalations, loss of out-of-county income and slippage in its sustainability programme.

- Within GHFT, a Financial Recovery Programme has been put into place, led by the Director of Finance.

- The ICS Financial Improvement Plan has been updated for additional in-year mitigating actions by the System including the further actions agreed by Board in September to help mitigate the financial pressures within the system.

- Key risks in the ICS's financial position are:
  - Under-delivery of savings and efficiency plans
  - Workforce pressures leading to increased expenditure on agency and locum staff
  - Elective activity and recovery performance including loss of income
  - Inflation – pay and price
  - Demand and growth pressures

- Within the ICS's capital envelope, capital expenditure is due to break-even against the budget for the year, with the exception of three items for GHFT which will increase the overall capital allocation for the ICS: £362k of new, additional funding for Paediatric Mental Health UEC; £165k for MRI Accreditation Software Upgrade; £3.241m for a Public Sector Decarbonisation Scheme grant. Aside from this main allocation, a number of leases, treated as capital under IFRS16, may not be taken out by GHC within this financial year, leading to an overall lower capital spend, although current guidance suggests that this will not lead to a variance as the CDEL will only be allocated nationally as leases are committed.

Our Themes

Improving Services & Delivering Outcomes (Our Performance)

(System Resources Committee)

Our People

(People Committee)

Quality and Safety

(Quality Committee)

Finance and Use of Resources

(System Resources Committee)

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Urgent & Emergency Care

Improving Services & Delivering Outcomes

- ED type 1 performance in October 2022 was 60.5% against the 4 hour target. This has improved slightly compared to the national average for Type 1 ED performance (latest benchmark October 2022 at 54.8%). Whole system performance including Type 3 (MIIU) attendances was 74.2% (against a national benchmark of 69.3% for October).

- The system remains under significant pressure with continued focus on reducing the number of patients not meeting the 'criteria to reside' in a hospital bed, to reduce ambulance handovers delays, improve ambulance category 2 performance, reduce ED congestion, and reduce numbers of patients with a long length of stay (LLOS), all of which feature in the Winter Plan which has been submitted to NHSE for assurance.

- The reported number of patients who do not meet the 'criteria to reside' in a hospital bed is still high despite some improvement seen (c.217 during the first week of November, compared with an average of 230 in September for GHFT) with a targeted system wide plan in place to gradually reduce this.

- System ReSET week has taken place with strong engagement from the whole system. The ReSET week aimed to address back door flow and discharge, as well as promoting ED redirection and attendance/admission avoidance.

- Ambulance handover delays have improved in October, with a daily average of 77.4 hours lost (trajectory was 82). Latest performance shows this position is being maintained into November, with daily average for November to date at 55 hours lost/ day (November trajectory is 82 hours/ day).

- Continued scrutiny of programme delivery and performance is taking place through the UEC Clinical Programme Group as well as the Winter Assurance Framework. 6 key metrics have been identified to assess system performance over winter (see UEC winter monitoring summary in the link to the specific measures here).

- Newton Europe have conducted a series of system workshops and case reviews which will help to identify root causes for systemic issues and prioritise our local response.

Improving Services & Delivering Outcomes

Planned Care

- The waiting list for elective care in Gloucestershire is currently running at 65,537 with the majority (56,019) waiting at GHFT. Despite the majority of the county's elective activity occurring at GHFT, the patients waiting the longest for treatment are mostly waiting at out of county providers – there were 7 +104 week waits (0 GHFT), 106 +78 week waits (39 at GHFT) and 1446 +52 week waits (852 at GHFT) in September 2022. 72.6% of the RTT waiting list had been waiting less than 18 weeks in (against a target of 92%).

- Recovery of weighted cost activity for the Elective Recovery Fund target of 104% is currently slightly under-performing (97.1% - September 2022 position). YTD performance has seen good recovery in outpatient activity (particularly at GHFT) but below target activity in elective inpatient procedures, particularly day cases which have been impacted by capacity reductions while essential building work takes place. OOC NHS providers currently are showing the lowest activity recovery across the board. Independent sector provider contribution to system elective recovery plan and ESRF achievement is well above plan.

- To support elective recovery, £3m of ESRF investment has been made in a range of elective specialties to boost capacity – in particular additional weekend and evening lists have been carried out in September and October.

- KPI Health has commenced providing three additional clinics a week to help clear long wait backlogs in Haematology, with a reduction in the number of patients waiting over 78 weeks at GHFT in this specialty in September.

- GHFT is concentrating on increasing bookings and utilisation of community theatres. Eight additional theatre lists per week are now established at community hospital sites and additional equipment from TIF funds is now in place at Tewkesbury Hospital which enables ENT day surgery to be undertaken there.

- New patient choice guidance to manage patients choosing to delay treatment has been issued by NHSE outlining how Providers may prioritise patients who are available to receive their care with some patients actively monitored rather than remaining on the RTT waiting list.

Improving Services & Delivering Outcomes

Cancer

- Access targets to cancer treatment have been under pressure throughout 22/23 to date with performance missed against both the 2 week wait (for first appointment or test) and 62 day treatment (treatment to commence within 62 days of referral) in September 2022 (2ww – 88.1% against 93% target; 62 day – 64.5% against 85% target). There were 68 breaches of the 62 day treatment target in September. Lower GI and Urology accounted for 50% of these, with the remainder spread across a number of specialties.

- Long waits (over 104 day waits for treatment) have been higher than previous years so far in 2022/23, with August seeing 26 patients treated after 104 days and September seeing 20. 7 of these were in Urology, as the backlog of patients in this specialty continue to be treated. There are very few patients across any specialty waiting over 62 days with a decision to treat – reflecting the complex diagnostic pathways that often contribute to longer waits for cancer treatment – less than 1% of the cancer PTL consists of patients who have a treatment confirmed and have waited more than 62 days.

- An updated trajectory for the treatment of the cancer 62 day patient backlog has been submitted to NHSE following the increase in patients waiting more than 62 days for treatment in Gloucestershire. This performance deterioration is in common with the majority of the South West, however. The trajectory aims to meet the planned position as submitted for the 2022/23 plan of 154 patients waiting more than 62 days by March 2023. Latest performance is 252 patients as off 30th October 2022 (with a proposed target of 250 in November 2022).

- Work exploring early diagnosis and opportunities to narrow gaps associated with deprivation (in particular the Core20 population) is underway with work initially focussing on access to cancer services. Findings and future developments will be actioned through the CPG with reporting made available to the SRG and ICB board as appropriate.

Improving Services & Delivering Outcomes

Primary Care

- Latest primary care activity data shows Gloucestershire meeting its planned commitments for primary care appointments (August activity at 339,378 appointments vs a planned level of 295,181). YTD activity is running at 4.3% above plan.

- Primary care metrics assessed in the System Oversight Framework are all performing well with rates of appointments, rates of GPs workforce, rates of direct patient care staff, and experience of making a GP appointment all benchmarking in the top quartile compared to other ICBs across England. Gloucestershire ICB is ranked 1/42 systems for both rate of GP appointments carried out (in July 2022) and for experience of making a GP appointment.

- The Autumn Booster for COVID vaccination commenced from September, with inclusion of flu vaccination from October, enabling may people to opt to have a flu and COVID booster vaccination at the same time. All PCNs have agreed to provide the vaccinations through the local vaccination centres and pop-up clinics in some surgeries. Community Outreach clinics will also be provided to ensure maximum possible coverage. For the winter period 2021/22 Gloucestershire achieved the highest vaccination rate across the country for flu vaccination coverage, and the system is planning for similar performance for 2022/23.

Community Care & Ageing Well

- Dementia diagnosis rates have dipped slightly in September 2022 to 62.1% (from 62.3% in August, against a target of 66.7% of the estimated dementia population receiving a formal diagnosis). This is the first time performance has moved against the national trend – with national performance improving to 62.2% in September.

- 2 hour urgent responses are now being reported through the community services data set, latest figures (October 2022) show that contacts rose to 273, with an 80% compliance to target (against a 75% threshold).

Diagnostics

Improving Services & Delivering Outcomes

- Funding for Community Diagnostic Hubs has now been confirmed – with the new hub in Gloucester city due to be fully operational by October 2023. Additional capacity across Non-obstetric ultrasound, CT, plain film x-ray and MRI is already operational, with additional Echocardiography due to come on line throughout 2023.

- Diagnostic test activity has risen in August 2022 – with 17,765 tests carried out across the 15 key modalities. This is equivalent to 111.8% of the August activity in 2019. The waiting list has increased in comparison to the 2021/22 average (12,554 compared to 10514 in August 2021 - possibly as a result of increased activity across the system).

- Waiting times for patients continue to improve, with August 2022 seeing a slight improvement in overall performance (20.7% of the waiting list waiting more than 6 weeks). At GHFT all test waiting lists except for endoscopy, echocardiography, and sleep studies tests had les than 1% waiting over 6 weeks, with MRI, CT, Barium Enema, Dexa scans, Electrophysiology, Urodynamics, and Peripheral Neurophys tests having no patients breaching the waiting time target in August 2022.

- Additional echo insourcing capacity has been established with an independent provider (Agile) to provide an additional 400 echos a month. This is now operational with 1412 echos carried out in August 2022. This is equivalent to 124.4% of August 2019 activity.

Note: Validated September data was not available at time of writing – a verbal update will be provided in the meeting on latest performance.

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Adult and Children's Mental Health

Improving Services & Delivering Outcomes

- **Out of Area Placements** remain above planned levels with 586 days declared in 22/23 YTD (April-September). The total for the full 2022/23 year plan is 800 over the course of the year, meaning the target at the end of September is 400. While the national ambition for this target is 0, this is extremely challenging to balance the needs of a patient for urgent treatment, with system flow and bed availability. Work in ongoing to minimise discharge delays which affect the ability of mental health services to place patients locally – with improvements seen in September (28 days declared).

- **Improving Access to Psychological Therapies (IAPT)** access has been below the planned levels throughout 2022/23 – referral volume has been below the level needed to meet this target. During August, a targeted marketing campaign has been carried out including magazine and football ticket advertising, and an attendance at a Mindfulness event at Gloucestershire Cathedral. August access rates had risen, but September has seen a drop off in referrals and an increase in people dropping out of the service (22% against a planned 15% level).

- **Perinatal mental health service** access has improved, with 45 referrals seen across the urgent and routine pathways in September. This is just above the volume required to meet the 12 month rolling target of 532 service users accessing the service (Q2 target 2022/23), however only 53% of referrals were seen within 2 weeks (target waiting time). All referrals were seen by 5 weeks, however workforce issues have limited the ability of the service to deliver the waiting time target (50% seen within 2 weeks) with a number of vacancies across the service. 11 posts have been successfully recruited to and are due to commence in the coming months.

- **Eating disorders – CYP and Adult**. Demand for the service has been increasing through the pandemic and into 2022/23, particularly for Children and young people and in common with other CYP services, which are seeing much higher demand as a result of the detrimental effect of lockdowns and school closures. All waiting times targets for routine and urgent CYP and Adult referral to treatment were missed in August. Additional investment in to the eating disorders service has been made as well as a review of the team skill mix to increase success in filling posts. The service is working with BEAT and TiC+ to provide waiting list support, and is prioritising urgent adolescent assessments. BEAT is working with GHC to establish the 'developing dolphins' program – offering interim treatment following a first contact/ treatment, to avoid prolonged 'hidden' waits between first and second treatments.

Maternity and Neonatal

- Following the section 29A notice served to GHFT maternity services an action plan addressing all concerns from the CQC report has been developed. An insight visit from the local team focussing on safety and quality has been carried out.

- Maternal and neonatal outcomes for the service remain above target, with low rates of stillbirth, brain injury, and maternal injury across 2021/22 and into 2022/23.

- The Continuity of Carer model is currently delivered to 9.1% of women in Gloucestershire receiving maternity. For women from the most deprived decile, performance is 40% in the first quarter of 2022/23 showing the impact of the targeting of the team roll out to areas with higher rates of deprivation. Staffing challenges are impacting upon the ability to be able to deliver continuity of carer commitments fully in Gloucestershire according to the operational plan. Nationally, the full implementation of the Continuity of Carer target has been paused due to recognition that staffing levels across the majority of trusts do not support safe provision of this model. Gloucestershire is currently reviewing its commitments and will revise the roll out accordingly – with focus continuing to be on more deprived communities in the county.
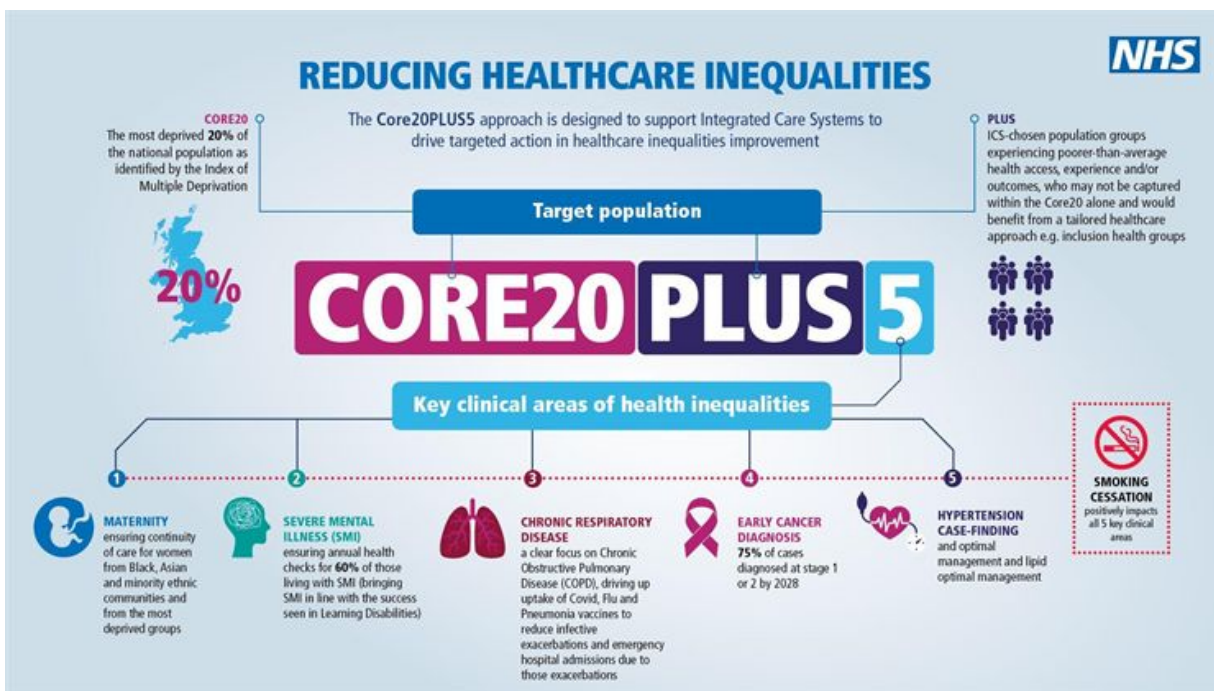
Health Inequalities

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Improving Services & Delivering Outcomes

Health Inequalities: Background and Focus

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. While there are many kinds of health inequalities, and the term is used to cover a wide range of issues, the NHS has identified an approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.

Our approach locally:

- Gradually include health inequalities analysis across all work programmes.

- Initially look at elective services in response to national priorities.

- Focus on deprivation (to reflect the Core20 population) – this will help to understand where patients have different experiences either accessing or waiting for services and what may be driving these differences in order to lead to actionable insights that can reduce inequality in our system.

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Improving Services & Delivering Outcomes

Health Inequalities: Analysis in Gloucestershire

Full waiting list analysis of Gloucestershire patients at GHFT carried out earlier this year for Planned Care Delivery Board. Key findings:

- *Patients from some ethnic groups are 2.5 times as likely to miss outpatient appointments compared to those from White British backgrounds.*

- *Patients from the 10% most deprived areas of Gloucestershire are more than twice as likely to miss outpatient appointments compared to those from the least deprived 10%.*

- *No obvious inequality can be observed in RTT waiting times against deprivation status of patients in GHFT.*

- *No obvious inequality can be observed in diagnostic waiting times against deprivation status of patients in GHFT.*

- *No obvious inequality can be observed in RTT waiting times against learning disability status of patients in GHFT.*

- *The breakdown of prioritisation categories is largely equal regardless of deprivation decile in Gloucestershire.*

A repeat of this analysis, covering the full ICB (all providers not just GHFT) to assess full county picture for the Gloucestershire population is underway – this will be summarised for the January board meeting.

Currently ethnicity analysis in particular is challenging due to the incompleteness of data ("unknown" or "not recorded" are more common than the majority of non-white ethnicities recorded in hospital data). Linking across all health data sets, including primary and community care is underway to improve the data completeness. The same is also true for inclusion groups – where a different approach may need to be used to understand the health inequalities facing these populations in Gloucestershire.

Health Inequalities: Investigating Cancer Access

Improving Services & Delivering Outcomes

One of the key clinical areas where inequalities exist have been highlighted by NHSE is cancer.

A national ambition is to support the overall aim for early cancer diagnosis: with 75% of cases diagnosed at stage 1 or 2 by 2028.

Percentage of cancers diagnosed at all cancer sites by stage group and deprivation in 2019
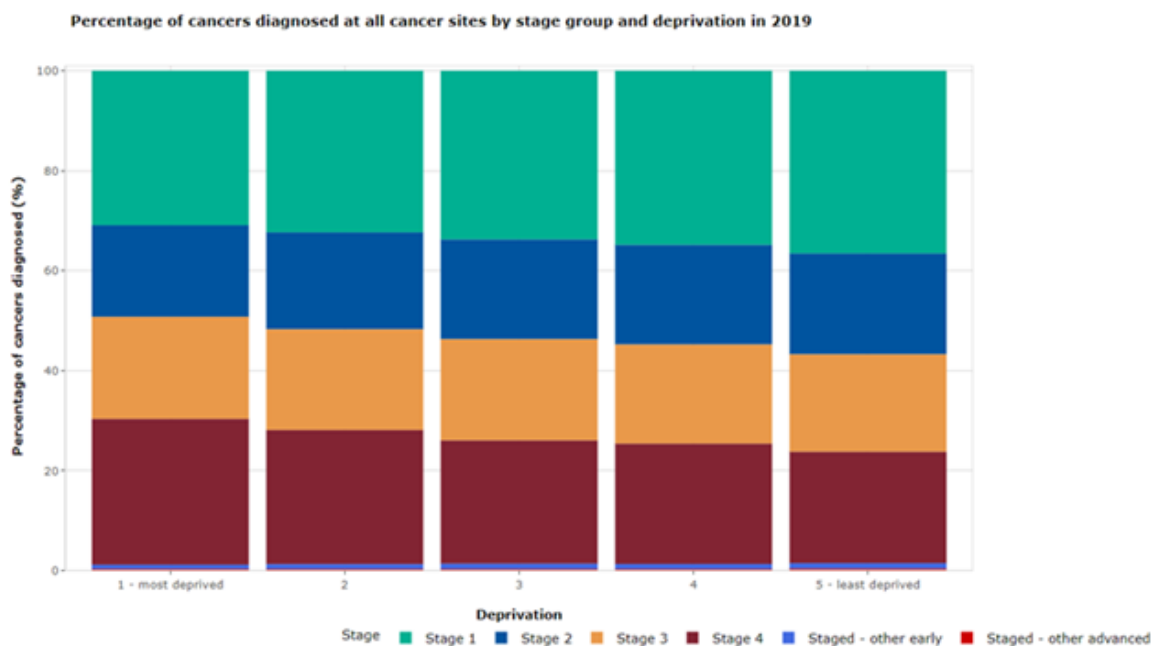
National Data – 21 cancer sites combined

Early diagnosis variation has been shown to be associated with deprivation – with the most deprived populations more likely to be diagnosed at a later stage and thus have a greater chance of a poor outcome.

To improve early diagnosis, quick investigations once cancer is suspected, alongside easy access to primary care and secondary care specialists is important. All cancer referrals are subject to timed pathways nationally, meaning we can use the national dataset as a basis to identify cancer patients in our system, and analyse variation across areas in terms of access and the wait times patients have when referred with suspected cancer.

Improving Services & Delivering Outcomes

Health Inequalities: Cancer Wait Times

While still a work in progress, some initial findings from the analysis of all cancer patients in Gloucestershire recorded on the Cancer Wait Times system are beginning to emerge:

All CWT referrals

IMD 1	8.22%
IMD 2	9.42%
IMD 3	10.23%
IMD 4	10.77%
IMD 5	10.44%
IMD 6	10.21%
IMD 7	9.48%
IMD 8	10.05%
IMD 9	11.00%
IMD 10	10.17%
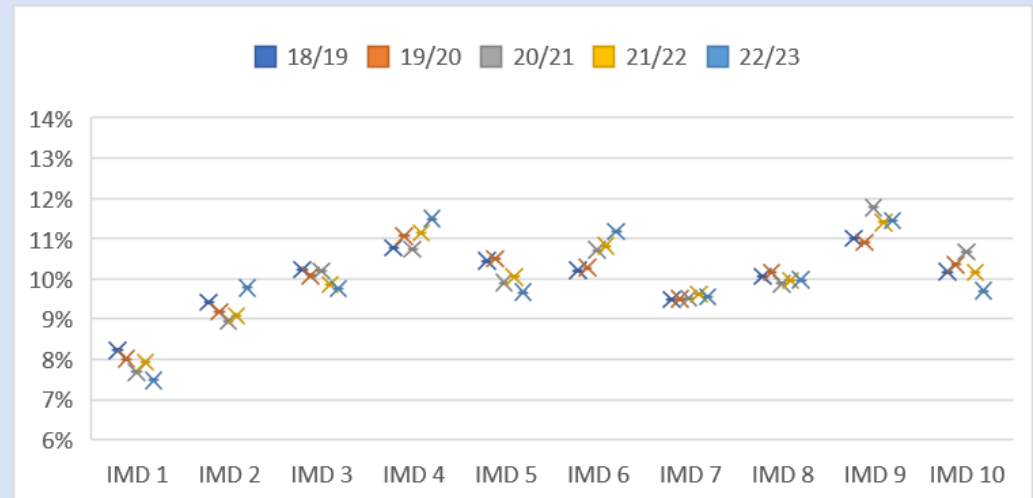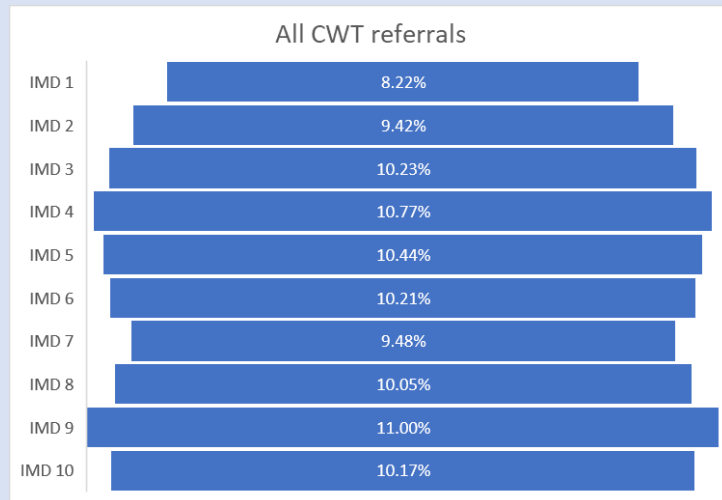
Looking since 2018/19, all cancer referrals in Gloucestershire are not split over the deprivation deciles equally. People in the most deprived decile make up fewer of the referrals for suspected cancer than all other deciles – a number of factors may be contributing to this (e.g. age profile of population, access to primary care etc).

This pattern has been relatively stable over the last 4 years, with 22/23 to date showing the lowest proportion of referrals from the IMD decile 1 population.

Note: age standardisation has not been applied and is in development

Health Inequalities: Cancer Wait Times

Improving Services & Delivering Outcomes

Breast

Lung

Lower GI

Urology
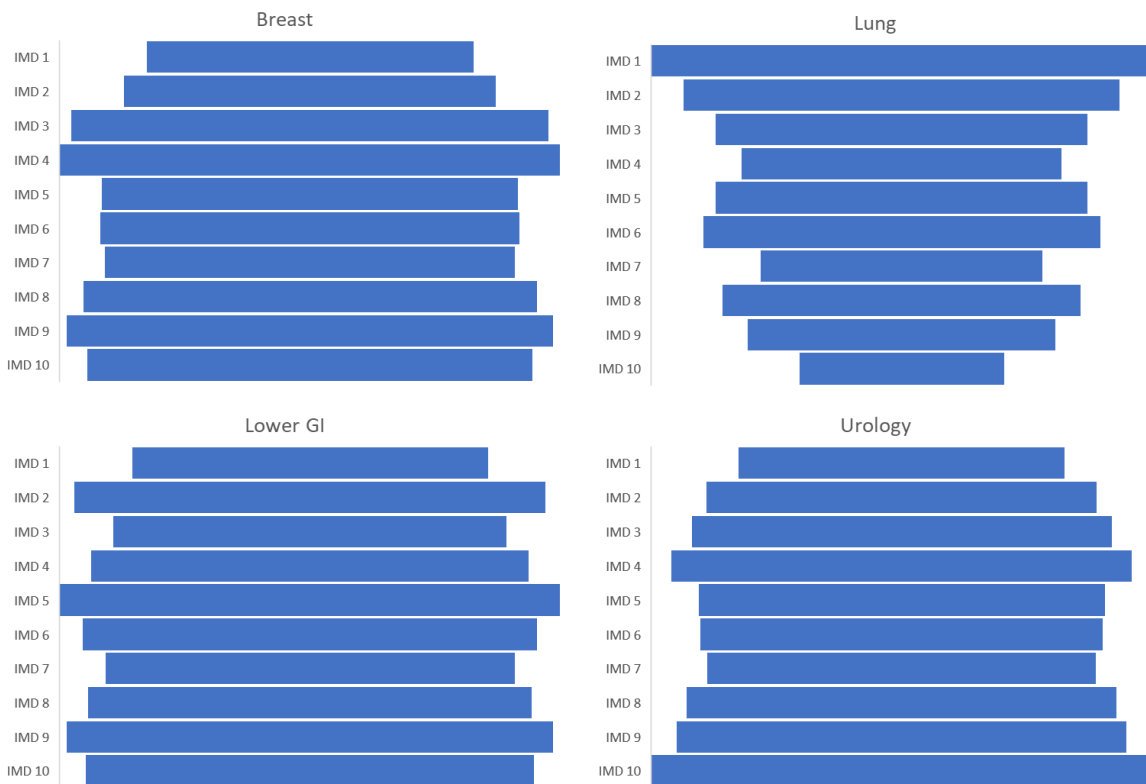
- The overall referral pattern seen across the deciles is not consistent by tumour type.

- Different specialties have different proportional make ups – with lung referrals being made up from a larger proportion of the most deprived populations. This is in line with expected patterns due to increased smoking rates in lower deprivation deciles.

- The reverse is true for Urology/ Breast referrals, while Lower GI see a more even spread across the different deprivation deciles.

- *Further analysis is underway to identify variation and possible referral gaps according to deprivation.*

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Improving Services & Delivering Outcomes

Health Inequalities: Cancer Wait Times Referrals
Waiting time performance (2 week wait)

2ww timed access (1st appointment/test within 2 weeks)

— Performance Core20   — Performance Rest of population

Core20 and Rest of population appear highly correlated.

$R^2 = 0.5663$
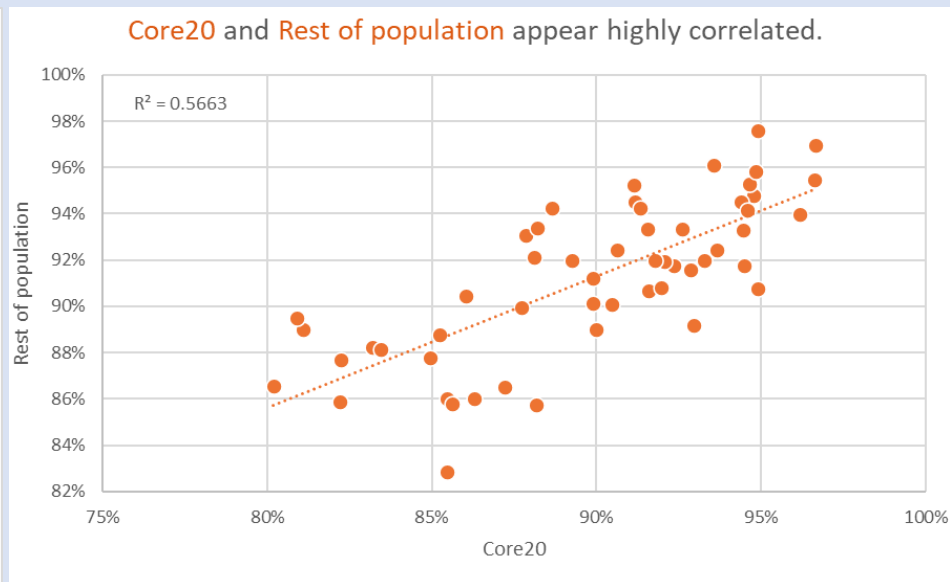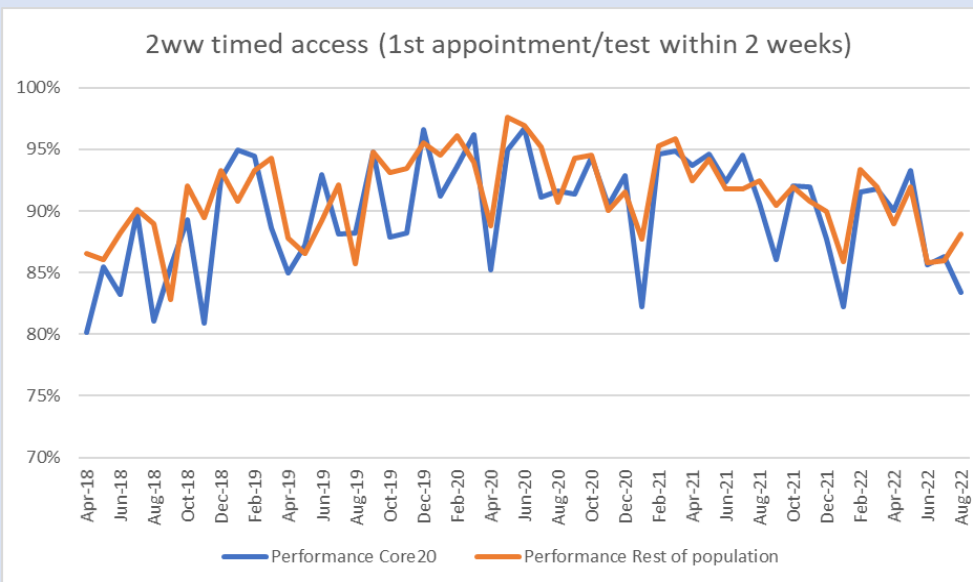
Looking specifically at the Core20 population compared with all others in Gloucestershire, there doesn't initially appear to be a discrepancy between the proportion of patients who following a suspected cancer referral go on to have a first appointment or test within 2 weeks. Performance is highly correlated between the different deciles. However, over the last 4 years, there has been an overall average of 1.3% difference between overall compliance to target between the 2 groups. A paired T Test suggests that this is highly significant, suggesting a small but noteworthy difference in overall experience of the cancer services pathway. This may be related to the findings already noted by GHFT in their analysis of missed appointments - *Patients from the 10% most deprived areas of Gloucestershire are more than twice as likely to miss outpatient appointments compared to those from the least deprived 10%.*

Health Inequalities: Conclusions and next steps

Improving Services & Delivering Outcomes

Key Findings

- Patient waiting lists across elective care show limited variation with deprivation, however further statistical analysis is required to confirm this.

- Patients from the most deprived groups appear to be under represented in the crude Cancer Waits data.

- Patients in the Core20 (most deprived 20% of people nationally) appear to be more likely to wait longer than 2 weeks to be seen than the rest of the population when referred with suspected cancer.

- Patients in the most deprived decile in Gloucestershire are more likely than the rest of the population to miss elective care appointments.

- Data completeness limits the ability to investigate healthcare data by a number of characteristics (e.g. some inclusion groups, ethnicity).

Next steps

- Improve the specificity of the analysis – link further datasets to improve data quality; standardise for age.

- Work with providers to improve data coverage for critical data items for inequality analysis.

- Identify actions to improve access (e.g. identify gaps in patient symptoms awareness or flexibility of outpatient appointments).

- Continue moving through the Core20+5 priorities and incorporate findings and actionable insights into the IPR.

Our Themes

Improving Services & Delivering Outcomes (Our Priorities)

(System Resources Committee)

Our People

(People Committee)

Quality and Safety

(Quality Committee)

Finance and Use of Resources

(System Resources Committee)

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Our People (Workforce)

Our People

Our local work plan continues to be based around the key pillars within the national People Plan

Growing for the Future

- International recruitment - Scoping potential to deliver at least one international recruitment initiative which is shared across multiple system partners.

- GHFT: Introduction of the Collaborative Learning in Practice coaching model for student placements, replacing the traditional 1:1 approach

- Proposal for System wide Communication Recruitment Campaign agreed at WSG 09/11/22

Looking After Our People

- Health & Wellbeing – Review of existing arrangements and offers of health & wellbeing support across the ICS with plan to develop a future blueprint and vision as part of an overall health and wellbeing strategy.

- Cohort 10 of the system wide leadership programme underway. Evaluation for the program remains high. Capacity and resource for future cohorts will need to be identified.

Please note the full set of measures and progress against the agreed trajectories is available here.

Our People (Workforce)

Our People

Our local work plan continues to be based around the key pillars within the national People Plan

Belonging in the NHS

- System wide Reciprocal mentoring programme launched at the end of October - (GHC reciprocal mentoring scheme has been in place since 2019,now expanded and launched as an ICS wide scheme)

- Completion of system wide development programme for Staff Network Chairs with group identifying a set of recommendations for all partners to adopt as part of a consistent and supportive approach

- GHFT Implementation of the National Preceptorship Framework offering tools for benchmarking and aiming for Gold accreditation. GHC has a university accredited and well planned preceptorship programme, with delivery fully mapped to the National Framework which is key to our People Strategy. Gold is our next aim.

- System Collaborative approach to Racism and the Pandemic learning in partnership with RCN

New Ways of Working

- Small cohort of reservists identified and currently no additional support required from reservists within the vaccination teams. On-boarding of reservists experiencing slight delay due to capacity to process candidates in addition to HCSW candidates.

- Apprenticeship schemes for AHP - currently underway GHFT Radiographers and both GHFT & GHC for Physiotherapists

Please note the full set of measures and progress against the agreed trajectories is available here.

Our Themes

Improving Services & Delivering Outcomes (Our Priorities)

(System Resources Committee)

Our People

(People Committee)

Quality (Safety, Experience and Effectiveness)

(Quality Committee)

Finance and Use of Resources

(System Resources Committee)

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Quality – Safety, Experience and Effectiveness

Quality - Assurance

Please note: The Quality report is updated bimonthly.

GHNHSFT

- The Trusts' CQC Well Led report has been published. At the time of inspection it was noted the executive team were new. There were issues with Culture throughout the inspection and a disconnect from 'Ward to Board'. It was noted that leaders did not always apply the Trust values.

- Poor staff survey results and concerns for those from a BAME regarding bullying and not having the same access to opportunities for career advancements. Staff who did not feel proud to work for the organisation had deteriorated. Not all levels of governance and management functioned effectively and interacted with each other.

- GHT are formulating an action plan that is due to go to the CQC on 11th November

- The trust continues to make good progress regarding the Surgical section 29A action plan.

GHCNHSFT

- The Trust continues to make good progress with the actions arising from a number of recent CQC inspections. All "Must Do" actions are on target for completion by 30th November. The 11 "Must Do" actions identified relate to activity at Wotton Lawn Hospital, Charlton Lane Hospital and MIIU.

- Positive progress has been made with the reduction in Healthcare Support Worker (HCSW) vacancies. Currently <100 HCSW vacancies exist within the Trust with the hope that this will further reduce following the successful ICB HCSW recruitment event held last month.

- Challenges continue to exist in a number of service areas including the Eating Disorders Service and CAMHS. The Trust has seen Improvements in the reduction of lower grade pressure ulcers following recent focussed work and good performance within wheelchair services.

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Quality – Safety, Experience and Effectiveness

Quality - Assurance

Urgent & Emergency Care
- Clinical Lead representatives from the UEC CPG attended the CPN Directors meeting in September to give an introduction in to the CPG and invite questions and discussion to be guided by the GP's. The response was welcoming, and the team were able to glean some useful feedback, the themes for concern and development. ED performance reached 58.08% for September, which was an improvement on previous months with the safety checklist slowly improving too, alongside plans for winter preparedness.

- A recent improvement in ambulance handovers has been observed since the 'Boarding and Pre-empting' initiatives were introduced on the 6th Oct, spreading the clinical risk between ED and the wards in order to support patient safety and discharge behaviour.

Primary Care
- On 29th September over 70 nurses attended a Gloucestershire GPN Conference. Paul Vaughan, Deputy Director Primary Care Nursing & NextGen Nurse NHSEI, opened the conference as the keynote speaker with other speakers on Population Health Management, Wellbeing, Learning Disabilities, and clinical workshops. The day provided valuable learning for GPN's, Trainee Nursing Associates, Health Care Assistants and Students.

- One GP practice remains rated as 'Requires Improvement' by the CQC. Primary Care colleagues continue to support the practice and have undertaken a Quality Review.

Maternity
- The ICB is meeting regularly with GHT and CQC to monitor all actions relating to the section 29A notice; good progress is being made. Three NHSE national team Maternity Improvement Advisors visited to commence the diagnostic part of the Maternity Safety Support programme on September 27/ 28th, the report is due in 2-3 weeks.

- Due to staffing issues Aveta Birth Unit remains closed to intrapartum care; clinics and DAU work continues to operate from the freestanding birth unit during the day. This action will be reviewed in the New Year. Stroud Maternity Unit postnatal beds have been closed since 30th September and will be reviewed weekly.

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Quality – Safety, Experience and Effectiveness

Quality - Safety

Please note: The Quality report is updated bimonthly.

Serious Incidents in September and October 2022

Acute, 7
Mental Health, 3
Ambu., 2
Comm., 1
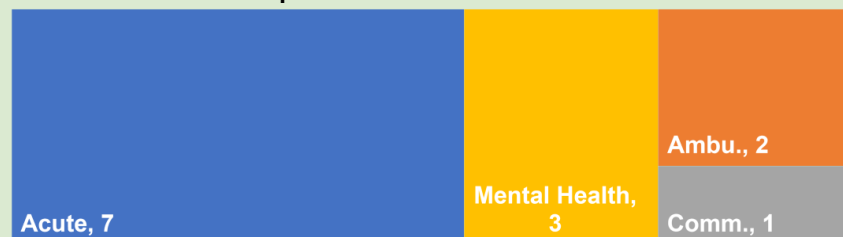
Serious Incidents include acts or omissions in care that result in: unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm , including those where the injury required treatment.

Core Reason for Reporting

Unexpected / potentially avoidable death
Unexpected / potentially avoidable injury causing serious harm
Incident demonstrating existing risk
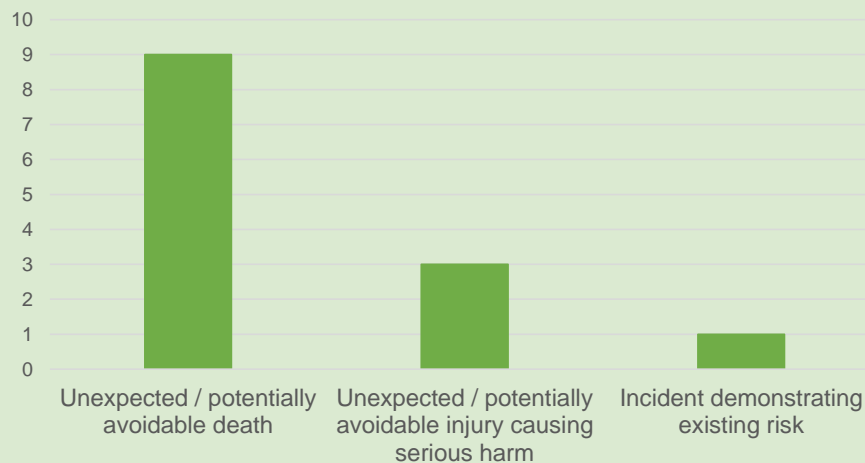
Incidents declared under the current framework

- **Serious Incidents** were reported in Acute, Community, Mental Health and Ambulance settings during September and October. In comparison to the same period last year, there were six fewer Serious Incidents.
- One incident declared by GHC NHS FT involved four patients in community hospitals who became Covid19 positive during their stay. Sadly three of the four later passed away.
- Three incidents related to maternity/obstetric settings. A maternal death in the community, a birth in an ambulance and a still birth.
- Maternity Incidents automatically go to HSIB for consideration of investigation under their investigation processes.
- No new **Never Events** were reporting in September or October. The last recorded Never Event was on 13th June 2022.

Patient Safety Incident Response Framework (PSIRF)

- Quality Committee has now received a presentation on PSIRF and the future landscape of 'safety'.
- PSIRF needs to be implemented across the ICB by October 2023
- Learn from Patient Safety Events (LFPSE) deadline has been given and 'optional' extension to September 2023.

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Quality – Experience: Friends and Family Test results April – August 2022

Quality – Safety, Experience and Effectiveness

		Apr-22 Provider	May-22 Provider	Jun-22 Provider	Jul-22 Provider	Aug-22 Provider	
GHT Inpatients	% Positive	88%	87%	87%	89%		
	% Negative	7%	8%	7%	6%		
GHT A&E	% Positive	63%	67%	70%	68%	71%	
	% Negative	27%	23%	20%	23%	18%	
GHC Mental Health	% Positive	81%	81%	83%	84%	79%	
	% Negative	8%	10%	10%	8%	11%	
GHC Community	% Positive	95%	95%	95%	96%	96%	
	% Negative	3%	2%	3%	2%	2%	

The Friends and Family Test (FFT) is a feedback tool that supports the fundamental principle that people who use NHS funded services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how.

The FFT asks a simple question: how likely, on a scale ranging from extremely unlikely to extremely likely, are you to recommend the service to friends and family if they needed similar care or treatment. The last five month's published results can be found opposite. Following a suspension during the pandemic FFT results for Primary Care (GP practices) have been published since July 2022. In July 33/70 Gloucestershire GP practices submitted FFT data nationally, in August 29/70 submitted data.

National Care Quality Commission (CQC) Patient Surveys
The CQC uses surveys to find out what people think of the NHS healthcare services that they use. The results help assess NHS performance. The CQC also use them for regulatory activities such as registration, monitoring ongoing compliance and reviews.

Community mental health survey 2022 (published October 2022)
This survey looks at the experiences of people who use community mental health services. Those aged 18 and over were eligible to take part if they were receiving specialist care or treatment for a mental health condition between 1 September 2021 and 30 November 2021.

The results of these national surveys are currently being discussed at respective Trust Quality Committees; the output of these discussions will be shared in a future ICB Integrated Performance Report.

National Adult inpatient survey 2021 (published Sept 2022)
This survey looks at the experiences of people who stayed at least one night in hospital as an inpatient. People were eligible to take part in the survey if they stayed in hospital for at least one night during November 2021 and were aged 16 years or over at the time of their stay.

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6

Quality – Safety, Experience and Effectiveness

Please note: The Quality report is updated bimonthly.

Quality - Effectiveness

The System Effectiveness Group (SEG) was held on 7th November 2022. This was the 1st meeting of the System Effectiveness group. There was good representation from GHT, who presented a report on their internal clinical effectiveness, which was well received. We are confirming attendance from GHC and also recognise the need to have Primary care attendance in order to look at effectiveness across the system.

We have a meeting planned with Clinical programmes in order to look at how we work together going forward to improve the outcomes for the people of Gloucestershire.

Over the next year this group will focus on:

- Understanding the standards we measure ourselves against
- Measure current provision against standards
- Describing variance
- Discussing and reporting why there are variants
- Working towards closing variance
- Challenging system partners to measure the benefit of our work to demonstrate the value
- Achieving the best patient outcomes

In our Quality Strategy we set out our vision for **Effectiveness**:

We believe the effectiveness of how individual services run, the way they work together and their impact on quality, should be the main objective of local systems.

- One Gloucestershire aims to do the right thing, at the right time, for the right patient
- We will continue to develop a culture where clinical effectiveness underpins the decisions we make
- Patients know the pathway they're on is the most effective it can be to achieve the best outcome
- We will utilise evidence, guidelines and standards to identify and implement best practice, working with CPGs on pathway development
- Ensuring our population can access care which is personalised so that 'what matters to me' drives decision making

Our Themes

Improving Services & Delivering Outcomes (Our Priorities)

(System Resources Committee)

Our People

(People Committee)

Quality and Safety

(Quality Committee)

Finance and Use of Resources

(System Resources Committee)

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Financial Overview and Key Risks

Finance and Use of Resources

- All organisations are forecasting to deliver to a break-even financial position at year-end in line with the plan, however, there are now significant risks to the delivery of a system breakeven financial position. A number of pressures have arisen in the ICS; primarily in GHFT; these combined mean that there is a very high risk to the system forecast of breakeven for 2022/23.

- Within the ICS year-to-date (YTD) deficit position of £7.7m, GHFT has an adverse variance to plan of £8.8m due to a number of factors including a high number of staffing vacancies leading to a greater requirement of agency and locum staff, urgent care escalations, loss of out-of-county income and slippage in its sustainability programme. Within GHFT, a Financial Recovery Programme has been put into place, led by the Director of Finance. GHC is showing a YTD favourable variance to plan of £1.1m, predominantly due to additional development income from the ICB that has seen delays in related expenditure

- ICS Directors of Finance have revised the System Financial Improvement Plan with additional actions to help mitigate the overall ICS financial position approved by individual Boards. Performance of this ICS Financial Improvement Plan will be reported to Strategic Executive and Boards on an ongoing basis, including the implications of options, with scenario planning and sensitivity analysis used to support decision-making

- NHS pay award – The government has agreed pay awards which will be backdated to 1 April for relevant staff groups. The impact of the pay award is an unfunded pressure of £1.6m in this financial year, which is within the forecast, with the underlying budget impact being a full-year pressure of £3.8m. Additional pressures may also arise from agency rates increasing due to this national pay award.

- There is an ongoing review of actions that can be taken by each organisation to reduce expenditure across the system without impacting on performance. Once complete this review will inform an updated forecast outturn position

- Within the ICS's capital envelope, capital expenditure is due to break-even against the budget for the year, with the exception of three items for GHFT which will increase the overall capital allocation for the ICS: £362k of new, additional funding for Paediatric Mental Health UEC; £165k for MRI Accreditation Software Upgrade; £3.241m for a Public Sector Decarbonisation Scheme grant. Aside from this main allocation, a number of leases, treated as capital under IFRS16, may not be taken out by GHC within this financial year, leading to an overall lower capital spend, although current guidance suggests that this will not lead to a variance as the CDEL will only be allocated nationally as leases are committed.

International Financial Reporting Standard 16 sets out the principles for the recognition, measurement, presentation and disclosure of leases, in order to report information that faithfully represents lease transactions, and provides a basis for users of financial statements to assess the amount, timing and uncertainty of cash flows arising from leases.

Financial Overview and Key Risks

Finance and Use of Resources

Key Financial Issues and Risks

- Under-delivery of savings and efficiency plans are currently projected for GHFT of £4.8m and £0.5m for the ICB, with an additional risk for the ICB of £0.2m of its savings programmes still to be identified and delivered at this stage of the financial year

  - Plans are in place to monitor / mitigate under-delivery with over-delivery of other schemes and / or identification of new schemes
  - Financial recovery of existing schemes not forecast to deliver in full is being managed via a programme approach
  - Within the ICB's Medicines Optimisation programme, the project relating specifically to Direct Oral Anticoagulation (DOACs) medications is under-delivering. The project team are currently forecasting a £0.815m shortfall against a £2.365m target, and they are liaising with GP Practices to investigate those that appear to have a lower switching rate, but it is prudent to now report a pressure of £0.5m. There is, so far, strong indication from project predictive savings modelling that the range of the identified projects are capable of delivering significant benefits, but this would not be delivered within 2022/23, and would only be achieved part-way through 2023/24.

- Workforce remains a key driver of overspends in the financial position across the system with vacancies within GHFT, GHC and the wider care sector. Vacancies are leading to increased use of bank and agency staffing, particularly within GHFT, and increased associated costs for agency premiums as well as costs associated with ongoing recruitment and resultant pressures on existing staff when temporary staff cover shifts. Increased use in GHFT is also due to demand pressures in urgent and emergency care especially for registered mental healthcare nurses and system wide action is being undertaken to understand the driver of this need and then look at options to manage this particular pressure.

- NHS England has written to all ICSs to inform them of the implementation of agency expenditure limits from September 1st onwards for 2022/23, reporting of which has been incorporated into this report. Gloucestershire ICS's agency expenditure limit was calculated as 70% of 2021/22 expenditure, resulting in a cap of £20.2m. Currently the ICS's providers are forecasting to spend £31.2m in 2022/23, which, although an 8% reduction on last year's agency expenditure, would breach this year's agency expenditure limit as it stands. HR and Finance staff are working with Operational and Clinical colleagues across the ICS, as well as at a regional level, to explore how agency expenditure can be reduced during this financial year.

Financial Overview and Key Risks

Finance and Use of Resources

- The annual plan for ESRF is based on the ICS achieving the 104% delivery target, although with a lower trajectory in Q1. After four months, actual delivery is around 104.6% against a YTD weighted-target of around 104.2% of 2019/20's activity. Elective Activity with Independent Sector providers is currently being delivered above planned levels, which is contributing to the delivery of Elective Recovery for the ICS, and these additional costs of delivery are currently being funded by underspends in other areas of the ICB. While not currently a financial pressure to the ICB and ICS as a whole, any failure to deliver on ESRF overall in the ICS could make these additional IS costs an unfunded pressure.

- Although not affecting the ICS's ESRF position, the under delivery of elective activity for out of county commissioners has led to a reduction in income for GHFT.

- Ambulance handover delays – the system has seen significant handover delays and developed a trajectory based on agreed system actions to reduce the number of handover delays across the course of the financial year. Based on the most recent data, implementation of system actions across the ICS has seen a significant reduction in handover delays, and the ICS is currently meeting the trajectory. There remains a financial risk to the system if handover delays do not maintain at the level of the trajectory, and this financial risk is being monitored at a SW regional level by Directors of Finance across SWASFT's geographic footprint.

- Growth and demand pressures in Discharge to Assess bed (D2A) and complex children's placements are exceeding budget levels leading to an overspend, and the ICB is reviewing other budgets to identify any underspending areas to offset these increases, and undertaking a review of the feasibility of accelerating any efficiency programmes for D2A, CHC and other placements.

- Inflation is exceeding planning assumptions leading to the increased potential for providers (in particular for the cost of care packages both domiciliary and residential) to negotiate increases in contract amounts to cover costs.

- The ICS has requested a reprofiling of the capital allocation for Gloucestershire's new Community Diagnostics Centre (CDC) from NHS England to reflect the revised trajectory of the planned expenditure, and we are awaiting confirmation that this will be allowed. The current position does not take account of this CDC capital allocation and expenditure.

Finance and Use of Resources - Dashboard

Finance and Use of Resources

Month 7 2022/23 - October Statement of Comprehensive Income	Year to Date Plan Surplus/ (Deficit) £'000	Year to Date Actual Position Surplus / (Deficit) £'000		Year to Date Variance to Plan Favourable / (Adverse) £'000	Full-Year Plan Surplus / (Deficit) £'000	Forecast Outturn Actual Position Surplus / (Deficit) £'000		Forecast Outturn Variance to Plan Favourable / (Adverse) £'000
Gloucestershire Hospitals NHS Foundation Trust	(1,563)	(10,336)	↓	(8,774)	(0)	0	⇒	0
Gloucestershire Health and Care NHS Foundation Trust	(4)	1,103	↑	1,107	(0)	(0)	⇒	0
Gloucestershire CCG / Integrated Care Board	0	0	⇒	0	0	(0)	⇒	(0)
System Surplus/(Deficit)	**(1,567)**	**(9,233)**	↓	**(7,666)**	**(0)**	**0**	⇒	**(0)**

Month 7 2022/23 - October Efficiency Programme	Year to Date Efficiency Plan £'000	Year to Date Efficiency Achieved £'000		Year to Date Variance to Plan Favourable / (Adverse) £'000	Full-Year Efficiency Plan £'000	Forecast Outturn Efficiency £'000		Forecast Outturn Variance to Plan Favourable / (Adverse) £'000	Forecast Outturn as % of Target £'000	High-Level In-Year Risk Rating
Gloucestershire Hospitals NHS Foundation Trust	9,709	9,045	↓	(664)	19,038	14,283	↓	(4,755)	75%	**RED - High Risk**
Gloucestershire Health and Care NHS Foundation Trust	3,981	5,872	↑	1,891	6,822	6,822	⇒	0	100%	**GREEN - Low Risk**
Gloucestershire CCG / Integrated Care Board	5,781	5,862	↑	81	11,097	10,597	↓	(500)	95%	**AMBER - Medium Risk**
Total	**19,471**	**20,780**	↑	**1,309**	**36,957**	**31,702**	↓	**(5,255)**	**86%**	**AMBER - Medium Risk** ↓ **RED - High Risk**

Month 7 2022/23 - October Other Metrics	GHFT	GHC	GICB	ICS
Better Payment Pratice Code (total paid within 30 days or due date by value)	93%	95%	100%	98%
Capital Forecast Variance to Plan (Under) / Over Delivery - £000	3,768	0	0	3,768
Cash status	Green	Green	Green	Green

Key:
Green arrow up = favourable variance to plan
Red arrrow down = adverse variance to plan
Yellow horizontal arrow = breakeven

Finance and Use of Resources

Elective Services Recovery Fund

ICS-Commissioned Activity	M5 Year to Date - FREEZE			M6 Year to Date - FLEX			Forecast Outturn		
	Baseline Plan	Actual	Variance	Baseline Plan	Actual	Variance	Baseline Plan	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cost-Weighted Activity	75,920	76,183	⬆ 263	92,368	90,309	⬇ (2,058)	190,049	190,049	➡ 0
Elective Recovery Funding							19,257	19,257	➡ 0
Cost Weighted Activity % of Baseline by PoD									
Elective Ordinary (EL)	110.9%	87.3%	⬇ -23.7%	114.6%	87.4%	⬇ -27.2%	104.1%	104.1%	➡ 0.0%
Day Case (DC)	123.0%	105.6%	⬇ -17.3%	121.7%	101.3%	⬇ -20.4%	109.2%	109.2%	➡ 0.0%
Outpatient Procedure (OPPROC)	100.4%	103.3%	⬆ 2.9%	102.9%	103.9%	➡ 1.1%	97.9%	97.9%	➡ 0.0%
First Outpatient Appointment (OPFA)	104.2%	96.3%	⬇ -7.9%	104.3%	95.8%	⬇ -8.5%	104.0%	104.0%	➡ 0.0%
Outpatient Follow-Up Appointment (OPFUP)	88.3%	118.7%	⬆ 30.3%	88.5%	118.5%	⬆ 30.0%	91.7%	91.7%	➡ 0.0%
Elective Pathway Activity	**99.8%**	**101.0%**	➡ **1.2%**	**101.2%**	**99.8%**	⬇ **-1.4%**	**101.6%**	**101.6%**	➡ **0.0%**
Advice and Guidance (A&G)	506.1%	365.1%	⬇ -141.0%	500.8%	354.7%	⬇ -146.0%	470.5%	470.5%	➡ 0.0%
Total ICS-Commissioned Activity	**104.2%**	**104.6%**	➡ **0.4%**	**104.5%**	**102.2%**	⬇ **-2.3%**	**104.8%**	**104.8%**	➡ **0.0%**
Cost Weighted Activity % of Baseline by PoD									
Gloucestershire Hospitals NHSFT	100.1%	98.3%	⬇ -1.8%	101.7%	97.0%	⬇ -4.7%	101.9%	101.9%	➡ 0.0%
NHS Out-of-County Providers	92.1%	78.9%	⬇ -13.2%	93.1%	76.1%	⬇ -17.0%	94.9%	94.9%	➡ 0.0%
Independent Sector Providers	107.7%	141.5%	⬆ 33.8%	107.7%	143.0%	⬆ 35.2%	107.7%	107.7%	➡ 0.0%
Elective Pathway Activity	**99.8%**	**101.0%**	➡ **1.2%**	**101.2%**	**99.8%**	⬇ **-1.4%**	**101.6%**	**101.6%**	➡ **0.0%**
Advice and Guidance (A&G)	506.1%	365.1%	⬇ -141.0%	500.8%	354.7%	⬇ -146.0%	470.5%	470.5%	➡ 0.0%
Total ICS-Commissioned Activity	**104.2%**	**104.6%**	➡ **0.4%**	**104.5%**	**102.2%**	⬇ **-2.3%**	**104.8%**	**104.8%**	➡ **0.0%**

The annual plan for ESRF is based on the ICS achieving the 104% delivery target, although with a lower recovery rate in Q1. After five months, actual delivery is around 104.6% against a YTD weighted-target of around 104.2% of 2019/20's activity.

Financial clawback arrangements for under-delivery have been suspended for M1-6, and we are awaiting national guidance about how the scheme will operate in the second half of this financial year.

Flex: initial submission of data before reconciliation undertaken and amendments made
Freeze: final submitted version of data following reconciliation and any necessary amendments

It is important to note that the M6 data is 'flex', so is likely to improve as uncoded activity is accurately reconciled.
Additionally, Advice and Guidance data contains some estimation, so has potential to change in either direction.

Savings and Efficiencies

Month 7 2022/23 - October Efficiency Programme	Year to Date Efficiency Plan £'000	Year to Date Efficiency Achieved £'000	Year to Date Variance to Plan Favourable / (Adverse) £'000		Full-Year Efficiency Plan £'000	Forecast Outturn Efficiency £'000	Forecast Outturn Variance to Plan Favourable / (Adverse) £'000		Forecast Outturn as % of Target £'000	High-Level In-Year Risk Rating
Gloucestershire Hospitals NHS Foundation Trust	9,709	9,045	↓	(664)	19,038	14,283	↓	(4,755)	75%	**RED - High Risk**
Gloucestershire Health and Care NHS Foundation Trust	3,981	5,872	↑	1,891	6,822	6,822	⇨	0	100%	**GREEN - Low Risk**
Gloucestershire CCG / Integrated Care Board	5,781	5,862	↑	81	11,097	10,597	↓	(500)	95%	**AMBER - Medium Risk**
Total	**19,471**	**20,780**	↑	**1,309**	**36,957**	**31,702**	↓	**(5,255)**	**86%**	**AMBER - Medium Risk** ↓ **RED - High Risk**

- GHFT have undertaken a robust review of scheme delivery which has identified an expected in-year under-delivery of £4.76m. Work continues with operational and clinical colleagues to recover this position and/or seek further opportunities to bridge this gap, which are included in the financial recovery position

- GHC has identified more recurrent savings in efficiency schemes, and delivered all non-recurrent savings required

- Based on Operational Lead updates and latest available data, the ICB's £11.1m savings programme is anticipated to deliver £0.5m less than planned. This position has deteriorated since the break-even position reported in Month 6, with the shortfall relating to the Medicines Optimisation savings programme

Capital: Organisational Positions, Challenges and Opportunities

Finance and Use of Resources

Month 7 2022/23 - October	Year to Date Plan	Year to Date Actual Position	Year to Date Variance to Plan (Under) / Over Delivery	Full-Year Plan	Forecast Outturn Actual Position	Forecast Outturn Variance to Plan (Under) / Over Delivery
Capital Expenditure	£'000	£'000	£'000	£'000	£'000	£'000
Gloucestershire Hospitals NHS Foundation Trust	28,420	20,517 ↓	(7,903)	51,742	55,509 ↑	3,768
Gloucestershire Health and Care NHS Foundation Trust	3,859	6,743 ↑	2,884	17,665	17,665 →	0
Gloucestershire CCG / Integrated Care Board	0	0 →	0	1,472	1,472 →	0
Total System CDEL (NHS)	**32,279**	**27,260 ↓**	**(5,019)**	**70,879**	**74,646 ↑**	**3,768**
IFRS16 Lease Capital						
Gloucestershire Hospitals NHS Foundation Trust	**0**	**0 →**	**0**	**15,355**	**15,355 →**	**(0)**
Gloucestershire Health and Care NHS Foundation Trust	**1,290**	**0 ↓**	**(1,290)**	**9,721**	**6,551 ↓**	**(3,170)**
Total System Capital including IFRS16 Leases (NHS)	**33,569**	**27,260 ↓**	**(6,309)**	**95,954**	**96,552 ↑**	**598**
Capital Expenditure Category	£'000	£'000	£'000	£'000	£'000	£'000
Equipment	1,931	1,414 ↓	(517)	18,457	17,202 ↓	(1,255)
IT	4,543	3,580 ↓	(963)	10,509	10,598 ↑	88
Plant & Machinery	0	90 ↑	90	0	2,002 ↑	2,002
New Build	20,624	14,626 ↓	(5,998)	42,718	41,742 ↓	(976)
Backlog Maintenance	1,171	573 ↓	(598)	4,350	5,311 ↑	961
Routine Maintenance	777	1,757 ↑	980	2,917	2,325 ↓	(592)
Net Zero Carbon	50	0 ↓	(50)	500	0 ↓	(500)
Fire Safety	230	5 ↓	(225)	730	505 ↓	(225)
Fleet, Vehicles & Transport	1,144	0 ↓	(1,144)	3,167	2,309 ↓	(858)
Forest of Dean	3,100	5,215 ↑	2,115	11,500	13,452 ↑	1,952
GP Surgery Developments	0	0 →	0	1,106	1,106 →	0
Brokerage	0	0 →	0	0	0 →	0
Other	0	0 →	0	0	0 →	0
Total	**33,569**	**27,260 ↓**	**(6,309)**	**95,954**	**96,552 ↑**	**598**
Funding Sources	£'000	£'000	£'000	£'000	£'000	£'000
System Capital	12,465	12,002 ↓	(463)	42,630	42,630 →	0
National Programme	19,007	14,782 ↓	(4,225)	24,678	25,205 ↑	527
Donations & Government Grants	331	0 ↓	(331)	1,281	4,522 ↑	3,241
Lease Liability - IFRS16	1,290	0 ↓	(1,290)	25,076	21,906 ↓	(3,170)
Residual Interest	0	0 →	0	0	0 →	0
IRFIC	477	476 →	(1)	817	817 →	0
CCG Capital Allocation	0	0 →	0	1,472	1,472 →	0
Total	**33,569**	**27,260 ↓**	**(6,309)**	**95,954**	**96,552 ↑**	**598**

Within the ICS's capital envelope, capital expenditure is due to break-even against the budget for the year, with the exception of three items for GHFT which will increase the overall capital allocation for the ICS:

- £362k of new, additional funding for Paediatric Mental Health UEC;
- £165k for MRI Accreditation Software Upgrade;
- £3.241m for a Public Sector Decarbonisation Scheme grant

Aside from this main allocation, a number of leases, treated as capital under IFRS16, may not be taken out by GHC within this financial year, leading to an overall lower capital spend, although current guidance suggests that this will not lead to a variance as the CDEL will only be allocated nationally as leases are committed.

GHC's YTD over-delivery relates to materials purchased early for Forest of Dean scheme.

GHFT's YTD under-delivery has been caused by capital slippage, but the position is expected to recover by year-end
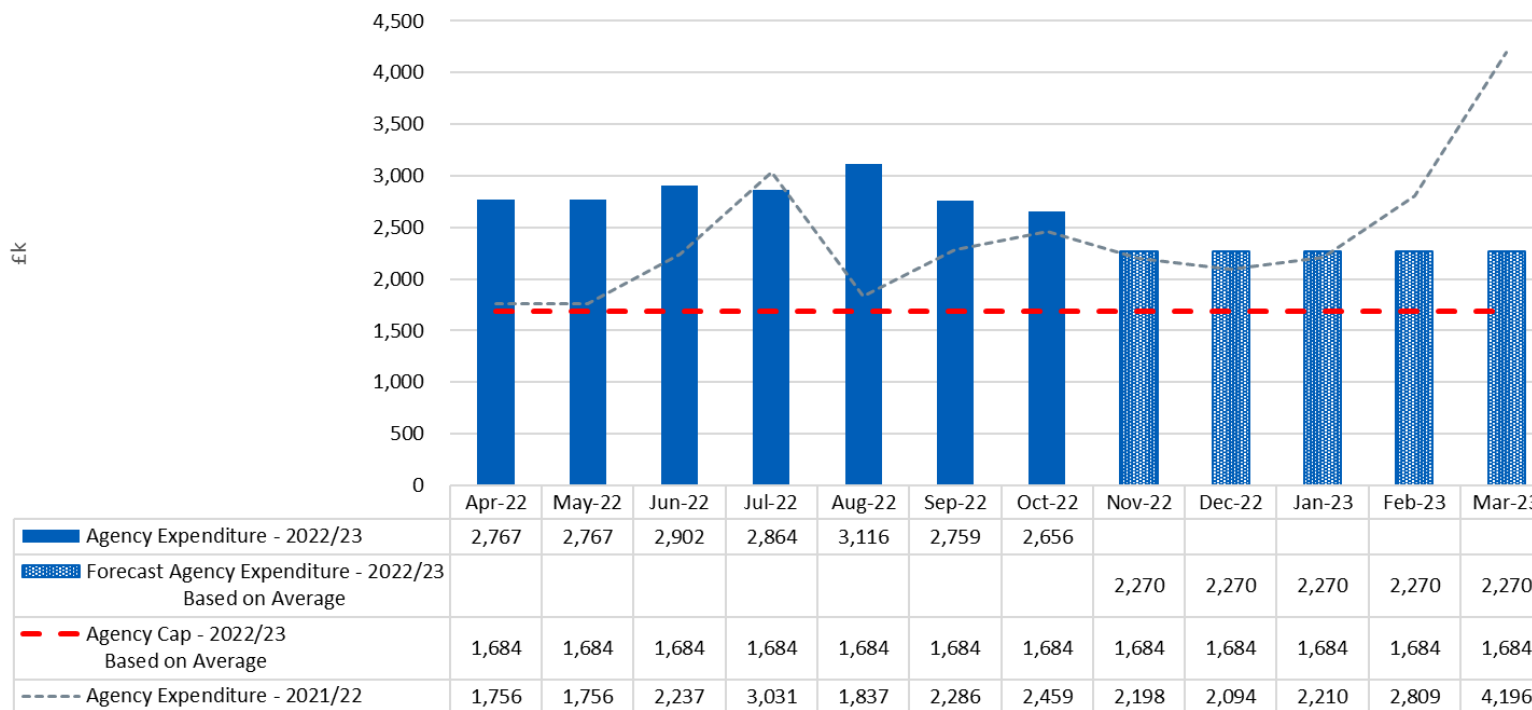
COVID Expenditure

Finance and Use of Resources

Month 7 2022/23 - October COVID Expenditure	Prior Year Expenditure £'000	Year to Date Actual Position £'000	Forecast Outturn Position £'000	Full-Year Plan £'000
Gloucestershire Hospitals NHS Foundation Trust	15,357	3,265	8,307	7,452
Gloucestershire Health and Care NHS Foundation Trust	2,350	780	1,124	851
Gloucestershire CCG / Integrated Care Board	7,588	0	0	0
Total System (NHS)	**25,295**	**4,045**	**9,431**	**8,303**

System Surplus/(Deficit) COVID Expenditure	Prior Year Expenditure £'000	Year to Date Actual Position £'000	Forecast Outturn Position £'000
Expand NHS Workforce	5,859	2,019	5,681
Existing workforce additional shifts to meet increased demand	3,721	523	1,396
Backfill for higher sickness absence	237	119	119
Remote management of patients	177	0	0
Segregation of patient pathways	2,708	42	530
Decontamination	78	11	11
Additional PTS costs	557	141	504
Long COVID	595	0	0
Remote working for non-patient activities	177	0	0
International quarantine costs	7	0	0
Deployment of final year student nurses	22	0	0
GP Services – Covid expansion fund	1,303	0	0
Hospital Discharge Programme	5,521	0	0
Testing programme	2,962	636	636
Vaccination programme	1,371	554	554
Total System (NHS)	**25,295**	**4,045**	**9,431**

Expenditure on COVID-related costs is forecast to be less than half of that in 2021/22, with a number of programme areas no longer expected to require expenditure in 2022/23, although both providers' forecast expenditure is higher than originally planned.

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Agency Expenditure

Finance and Use of Resources

Agency Expenditure by Month
ICS

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Agency Expenditure - 2022/23	2,767	2,767	2,902	2,864	3,116	2,759	2,656					
Forecast Agency Expenditure - 2022/23 Based on Average								2,270	2,270	2,270	2,270	2,270
Agency Cap - 2022/23 Based on Average	1,684	1,684	1,684	1,684	1,684	1,684	1,684	1,684	1,684	1,684	1,684	1,684
Agency Expenditure - 2021/22	1,756	1,756	2,237	3,031	1,837	2,286	2,459	2,198	2,094	2,210	2,809	4,196

- NHS England has written to all ICSs to inform them of the implementation of agency expenditure limits from September 1st onwards for 2022/23.

- Gloucestershire ICS's agency expenditure limit was calculated as 70% of 2021/22 expenditure, resulting in a cap of £20.2m. Currently the ICS's providers are forecasting to spend £31.2m in 2022/23, which, although an 8% reduction on last year's agency expenditure, would breach this year's agency expenditure limit as it stands.

ICB Finance Report

November 2022

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Finance and Use of Resources

Financial Overview and Key Risks

Overview

- NHS Gloucestershire ICB month 7 position is showing a full-year forecast outturn as breakeven which is as per plan. There remain key pressures and risks within the financial position that are currently being managed, but, should they increase, may challenge the delivery of a balanced financial position.

- Prescribing has shown a significant pressure again this month due to No Cheaper Stock Obtainable (NCSO) which is now showing a £1.6m pressure within the position with a further £0.55m identified as a risk.

- The position includes the assumption of outside envelope funding of £3.7m to reimburse the Primary Care Additional Roles and Responsibilities (ARRs) pressures.

- NHS pay award – The government has agreed pay awards which will be backdated to 1 April for relevant staff groups. Allocations have now been received and an in year pressure of £0.4m for the ICB and £1.6m for the ICS has been identified. A further reduction of the employer's National Insurance contribution has also been adjusted within ICB allocations – the impact of which is currently being worked through.

- Mental Health Investment Standard (MHIS) achievement is forecast to be 100%, with spending expected to reach the target level of £95.837m for this financial year.

Financial Overview and Key Risks

Finance and Use of Resources

Emergent pressures

- Inflation rising over and above funded levels on some smaller contracts, assessment of potential risk underway
- Based on Operational Lead updates and latest available data, the ICB's £11.1m savings programme is anticipated to deliver £0.5m less than planned. This position has deteriorated from the break-even position reported in Month 6, with the risk in the Medicines Optimisation savings programme now becoming a real pressure.
- Elective Activity with Independent Sector providers is currently being delivered above planned levels, which is contributing to the delivery of Elective Recovery for the ICS, and these additional costs of delivery are currently being funded by underspends in other areas. While not currently a financial pressure, any failure to deliver on ESRF overall in the ICS could make these additional IS costs an unfunded pressure
- Emergent pressures are currently covered by underspends within various areas.

Key Financial Risks

- Recent information highlights a substantial pressure within Prescribing due to No Cheaper Stock Obtainable (NCSO) currently reported as £1.6m within the position with a further risk of £0.55m which also includes the risk of Medicines Management savings not being realised.
- Growth and demand pressures in Continuing Healthcare (CHC) and other placements may exceed budget levels, leading to an overspend, but a review of other budget areas is underway to identify potential options to offset increases in CHC, at the same time as a review of the feasibility of accelerating efficiency programmes for CHC and other placements.
- Children's external joint funded (s256) Individual care packages / placements is forecasting a risk of £2.0m. The costs relate to nursing costs at the wellbeing suite in Trevone House. Work is ongoing to validate costs.
- Inflation exceeds planning assumptions leading to the increased potential for providers (in particular for the cost of care packages both domiciliary and residential) to negotiate increases in contract amounts to cover costs.
- The annual plan for ESRF is based on the ICS achieving the 104% delivery target, although with a lower trajectory in Q1. After five months, estimated provisional delivery is circa 104.6% against a YTD weighted-target of 104.2% of 2019/20's activity. Clawback arrangements for under-delivery have been suspended and at this point in time no additional income has been assumed either. National guidance is pending.
- The overall full year effect pay award pressure is £0.4m for the ICB and £3.8m for the ICS.

Finance and Use of Resources

ICB Allocation

- The ICB's confirmed allocation as at 31st October 2022 is £897m for M4-12 of the financial year.

- Due to the split between the CCG and ICB in 2022/23, a part of the allocation will show in the CCG and the remainder in the ICB.

- Final allocation for CCG was £277m, when adjusted for a M1-3 underspend that now forms part of the ICB's M4-12 allocation

Organisation	As reported M6 £000	CCG M1-3 Surplus Adjustment £000	M6 Additional Allocation £000	2022/23 Allocation £000
CCG Allocation M1-3	286,977	(10,017)		276,960
ICB Allocation M4-12	886,699	10,017	406	897,122
TOTAL ALLOCATION	**1,173,676**	**0**	**406**	**1,174,082**

£'000	Description
896,716	**ICB @ M6**
100	UCR Winter preparedness funding
2	Healthy Future Action Fund
60	STAR programme, Right care
25	Endoscopy Clinical Leadership
25	Physiological Sciences Clinical Leadership
143	Community Diagnostics Centre Revenue Programme
24	ICS Community Pharmacy Integration Leads 8Cs - Q1
6	Band 7 Pharmacy Integration Support - 0.2 wte per Trust Q1
(425)	Imaging & Pathology for CDC Clawback
(357)	Demand & Capacity funding correction agreed with NHSESW
91	Service Development Fund (SDF) Primary Care
33	Asylum Health - Contingency Hotels
8	CYP hospice match funding additional - surplus scheme
128	Service Development Funding (SDF) - Mental Health
69	M7 quarterly payment Tobacco
38	Continuity of Carer Q3
29	Perinatal Pelvic Health (wave 2) Q3
407	ICB Covid Therapeutics Allocation - Tranche 1
897,122	**ICB Total M4-12 Funding as at 31st October 22**

ICB Statement of Comprehensive Income

Month 7 2022/23 - October Statement of Comprehensive Income	Year to Date Plan £'000	Year to Date Actual Position £'000	Year to Date Variance to Plan Favourable / (Adverse) £'000		Full-Year Plan £'000	Forecast Outturn Actual Position £'000	Forecast Outturn Variance to Plan Favourable / (Adverse) £'000	
Acute Services	332,036	333,513	⬇	(1,476)	566,227	567,008	⬇	(781)
Mental Health Services	67,952	66,462	⬆	1,490	115,372	114,333	⬆	1,039
Community Health Services	65,908	63,266	⬆	2,642	113,398	113,301	⬆	97
Continuing Care Services	43,147	42,568	⬆	579	74,449	73,992	⬆	456
Primary Care Services	77,873	76,674	⬆	1,199	134,047	135,531	⬇	(1,484)
Delegated Primary Care Commissioning	61,393	61,016	⬆	377	109,262	109,287	⬇	(24)
Other Commissioned Services	10,692	10,950	⬇	(258)	16,760	17,064	⬇	(305)
Programme Reserve & Contingency	559	9,256	⬇	(8,697)	21,103	20,333	⬆	770
Other Programme Services	13,745	10,382	⬆	3,363	14,141	13,909	⬆	232
Total Commissioning Services	**673,306**	**674,087**	⬇	**(781)**	**1,164,758**	**1,164,758**		**(0)**
Running Costs	8,045	7,264	⬆	781	13,054	13,054	➡	0
TOTAL NET EXPENDITURE	**681,351**	**681,351**	➡	**0**	**1,177,812**	**1,177,812**		**(0)**
ALLOCATION	**681,351**	**681,351**	➡	**0**	**1,174,082**	**1,174,082**	➡	**0**
Outside of Envelope	**0**	**0**	➡	**0**	**3,730**	**3,730**	➡	**0**
Underspend / (Deficit)	**0**	**0**	➡	**0**	**0**	**(0)**		**(0)**

Finance and Use of Resources

ICB Statement of Financial Position

	Closing Position as at 31/10/2022 £'000	Opening Position as at 01/07/2022 £'000
Property, Plant and Equipment	1,347	1,495
Intangible Assets	0	0
Total Non-Current Assets	**1,347**	**1,495**
Trade and Other Receivables	12,112	6,142
Cash and Cash Equivalents	4,519	21
Total Current Assets	**16,631**	**6,163**
TOTAL ASSETS	**17,978**	**7,658**
Trade and Other Payables	(68,432)	(52,886)
Provisions	(4,902)	(5,552)
Total Current Liabilities	**(73,334)**	**(58,438)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**(55,356)**	**(50,781)**
Non-Current Liabilities	0	(143)
Total Non-Current Liabilities	**0**	**(143)**
TOTAL ASSETS LESS TOTAL LIABILITIES	**(55,356)**	**(50,924)**
General Fund	55,356	50,924
Reserves	0	0
TOTAL EQUITY	**55,356**	**50,924**

ICB Savings and Efficiencies

Finance and Use of Resources

	NHS GLOUCESTERSHIRE INTEGRATED CARE BOARD (ICB) 2022/23 EFFICIENCIES PROGRAMME - AS AT MONTH 7							
PROGRAMME	**PROJECTS**	**YEAR TO DATE EFFICIENCY PLAN £'000**	**YEAR TO DATE EFFICIENCY ACHIEVED £'000**	**YEAR TO DATE VARIANCE TO PLAN FAVOURABLE / (ADVERSE) £'000**	**FORECAST OUTTURN EFFICIENCY PLAN £'000**	**FORECAST OUTTURN EFFICIENCY (YTD ACTUALS + FORECAST REMAINING MONTHS) £'000**	**FORECAST OUTTURN VARIANCE TO PLAN FAVOURABLE / (ADVERSE) £'000**	**FORECAST OUTTURN AS % OF TARGET**	**HIGH LEVEL IN-YEAR RISK RATING**
PRIMARY CARE MEDICATION OPTIMISATION	Direct Oral Anticoagulants (DOACs)	912	374	(538)	2,365	1,550	(815)	65.55%	**RED - High Risk**
	Primary Care Medicines Savings; Medicines Optimisation (MO) Value Savings; and Medicines Optimisation (MO) Variation Projects	428	966	538	1,450	1,606	156	110.76%	**AMBER - Medium Risk**
	Unidentified Medicines Optimisation Scheme	-	-	-	-	159	159		**RED - High Risk**
	PRIMARY CARE MEDICATION OPTIMISATION - TOTALS	**1,340**	**1,340**	**-**	**3,815**	**3,315**	**(500)**	**86.90%**	
CONTINUING HEALTHCARE	Electronic Call Monitoring (ECM)	469	598	129	806	928	122	115.07%	**GREEN - Low Risk**
	End of Life Care (EoL) - >12 Weeks	518	573	55	518	573	55	110.55%	**GREEN - Low Risk**
	Placement Review (Top 20 Most Expensive @ 2%)	114	11	(103)	200	24	(176)	11.99%	**AMBER - Medium Risk**
	CONTINUING HEALTHCARE - TOTALS	**1,101**	**1,182**	**81**	**1,525**	**1,525**	**-**	**100.00%**	
OTHER	1.1% Contract Efficiency, Running Cost Savings and Additional Efficiencies	3,340	3,340	-	5,757	5,757	-	100.00%	**GREEN - Low Risk**
	OTHER - TOTALS	**3,340**	**3,340**	**-**	**5,757**	**5,757**	**-**	**100.00%**	
	2022/23 ICB SAVINGS PROGRAMME - TOTALS	**5,781**	**5,862**	**81**	**11,097**	**10,597**	**(500)**	**95.50%**	**AMBER - Medium Risk**

RAG Key:

We have applied the following criteria in order to determine the 'In-Year Finance' RAG status of each scheme:

🟥	<75% Delivery
🟧	75% to 95% Delivery
🟩	95% to 100% Delivery

ICB Savings and Efficiencies

Finance and Use of Resources

Overall Position
Based on Operational Lead updates and latest available data, the ICB's £11.1m savings programme is anticipated to deliver £0.5m less than planned. This position has deteriorated since the break-even position reported in Month 6.

Medicines Optimisation
Within the Medicines Optimisation programme, the project relating specifically to Direct Oral Anticoagulation (DOACs) medications is under-delivering. The project team are currently forecasting a £0.815m shortfall against a £2.365m target, and they are liaising with GP Practices to investigate those that appear to have a lower switching rate, but it is prudent to now report a pressure of £0.5m. There is, so far, strong indication from project predictive savings modelling that the range of the identified projects are capable of delivering significant benefits, but this would not be delivered within 2022/23, and would only be achieved part-way through 2023/24.

The wider process of review and scheme development has identified £1.606m towards the plan of £1.450m for other Primary Care Medicines savings. This delivery includes £0.382m in respect of prescribing rebates received. A combined shortfall of £0.659m (previously £1.082m in Month 6) is still to be identified to deliver the total savings required from this area.

Continuing Healthcare (CHC)
Overall delivery of the CHC efficiencies programme is on track to achieve planned savings of £1.525m. However, within the individual schemes contributing to the savings delivery, there are some inherent risks. The programme leads are closely monitoring the monthly levels of benefits in relation to Electronic Call Monitoring (ECM) to ensure that trends seen to date continue for the remainder of the financial year.

The CHC Fast Track End of Life (EoL) Care Packages project is now complete. All clients have been successfully reviewed and their funding status updated in accordance to the outcome. The project delivered an additional £0.055m saving above the planned saving of £0.518m.

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Agenda Item 10

Integrated Care Board

30 November 2022

Report Title	Board Assurance Statement and Risk Appetite statement					
Purpose (X)	**For Information**		**For Discussion**		**For Decision**	
					X	
Route to this meeting						
	ICB Internal and External					
	Audit Committee Meeting Operational Executives meeting, Strategic Executive ICB Board ICB committees (emails) Audit Committee		08/09/2022 13/10/2022 20/10/2022 26/10/2022 28/10/2022 17/11/2022			
Executive Summary	This paper provides an overview of how system wide strategic risks have been developed for inclusion in the Board Assurance Framework and include the Risk Appetite statement that has been developed with the input and feedback from the Audit Committee including the ICB's Internal Auditors (BDO).					
Key Issues to note	There has been significant engagement with system partners and internal executives and NEDs in the development of the system strategic risks with several iterations produced. The system wide risks now incorporate the feedback received from partners via the ICB Board and its sub-committees. Work has progressed with developing the ICB's approach to developing its Risk Appetite Statement following engagement with the ICB Board and more in-depth work at a risk management workshop held with the Audit Committee on 17 November.					
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	Without a risk management agreed approach and the identification of risk the ICB would not know about emerging and potentially damaging risks to the ICB. 5x4 if there was no risk management process within the ICB 5x1 residual risk after risk mitigation					
Management of Conflicts of Interest	Not applicable					
Resource Impact (X)	**Financial**	x	**Information Management & Technology**		x	
	Human Resource	x	**Buildings**			
Financial Impact	Financial risks are included in the strategic system wide risks					

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Regulatory and Legal Issues (including NHS Constitution)	The GGI Risk Appetite Framework and HMFA work has been used in creating the BAF and Risk Appetite Framework.
Impact on Health Inequalities	See strategic risks that are aligned to the following strategic objectives. 1. Across all priorities tackle health inequalities across our populations drawing on data and population health approaches. 2. Improve population health through locality based working, placing a greater focus on personal responsibility, wellbeing and prevention.
Impact on Equality and Diversity	As above
Impact on Sustainable Development	The risk related to sustainability has been amended to reflect feedback from Board and committee members.
Patient and Public Involvement	There is no patient and public involvement in developing this paper
Recommendation	The Board is asked to: • Review and scrutinise the Board Assurance Framework • Review and approve the ICB's Risk Appetite Statement
Author	Christina Gradowski	**Role Title**	Associate Director of Corporate Affairs
Sponsoring Director (if not author)	Tracey Cox, Interim Director of People, Culture and Engagement		

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Tab 10 Board Assurance Framework

**Board Assurance Framework
and
Risk Appetite Statement**

1. Introduction

This paper sets out the ICB Board Assurance Framework inclusive of system wide strategic risks aligned to the system priorities for 2022-23 and the ICB's Risk Appetite statement, which has been developed following on from the Board development session held on 26 October and the Audit Committee meeting held on 17 November.

There has been extensive engagement with internal directors and Non-Executive directors and external partners on developing the system's strategic risks. This work has been collaborative in nature working with the Audit Committee members, the Operational Executive and the Strategic Executive to identify system wide strategic risks and to begin thinking about our approach to our risk appetite. The feedback gained from this engagement was incorporated into a presentation made to the ICB Board at its Development Session on 26 October. Board members discussed the risks identified and the overall approach to risk appetite. The Board asked for further engagement both with the members and participants of ICB committees and the Board with shaping the strategic risks. There was consensus amongst board members that the ICB BAF should be aligned with our key partners' BAFs and that the same risk scoring be used to grade risks incorporated into the BAF (i.e. 15 plus).

The strategic risks originally identified were shared with all of the ICB committee members and participants. Board and committee members and participants were asked to provide feedback. Following on from this exercise the ICB / ICS strategic risks have been updated to reflect the feedback received.

During the Development Session the Board discussed using the Good Governance Institute (GGI) framework for risk appetite which is widely used by NHS organisations including Gloucestershire Health and Care Foundation NHS Trust (GHC), and customise the framework to meet the ICB needs. It was agreed that the Audit Committee was best placed to advise and recommend both the strategic risks to be incorporated into the Board Assurance Framework (BAF) and the Risk Appetite Statement.

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System wide strategic risks presented to the Audit Committee 17 November

The Audit Committee met on 17 November and considered all the feedback received on the system's strategic risks including the comments made with regard to the strategic priorities 2022-23. The amended strategic risks presented to the committee were reviewed and further amendments were made based on the members and Internal Auditors feedback (see table 1)

The Committee noted that in developing our overall approach to risk management we have sought to follow both GGI and HMFA guidance (2018). In particular we have worked to involve our partners in the development of our strategic risks and risk appetite and have take on board the following principles:

1. Build collaborative relationships and trust
2. Agree risk management principles
3. Have a clear shared vision, focused on the patient
4. Ensure transparency
5. Have a clear understanding of the risks and where they lie
6. Agree a risk appetite, considering both system risks and opportunities

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7. Enable effective engagement
8. Develop a clear assurance mechanism

The Committee took account of the considerable feedback received from board and committee members and participants a summary of which is given below:
- A number of general comments were received covering the following themes:
  - **risks were too broad and all-encompassing** - the risks encompassed a variety of different risk areas which complicates the risk description and, hence scoring. It was acknowledged this is due to aligning strategic risks to the very broad and all-encompassing strategic objectives;
  - **risks needed to contain the cause and effect element** - in the description, to understand the underlying reasons for this risk and what impact this will have on patients, public, reputation and or finances for example;
  - **risks contained too much jargon** - plain English should be used to describe the strategic risks rather than management terms such as 'place based', 'recovery' which are meaningless to members of the public. Again, this is acknowledged as an effect of aligning the strategic risks with the strategic objectives, which may have too much management terminology.

There was also a host of specific comments related to each of the risks that the Committee considered. It was noted that Risk No. 2 related to workforce generated a plethora of comments on the topic of people and culture with partners identifying compassionate culture, wellbeing, retention and training as important aspects to include in the risk description. This by far was the most commented on strategic risk with partners keen to highlight that people and culture is a key priority of the system and the risks needed to be fully understood and addressed though the targeting of system wide action and resources. Additionally there were a host of specific comments that related to how the risks were worded and changes have been made to strategic risks on quality, finance, recovery of services and sustainability.

2.2 BAF system strategic risk

Reflecting this feedback and the review by the Audit Committee the strategic risks have been re-drafted and are incorporated in the BAF. It should be noted that due to the quick turnaround between the Audit Committee and Board meeting the BAF has been drafted within a short time scale, and will be developed further for the Board's next meeting in January.

Strategic risks
1. Insufficient capacity and capability to deliver transformational change across a wide variety of strategic priorities*:*   • Urgent and Emergency Care   • Mental health services   • New models of care and digital transformation
2. People & Culture: Failure to provide a compassionate working culture, with the right levels of capacity, capability, training and development and wellbeing provision that enables us to recruit and retain staff to fully deliver our strategic plans.
*3. Financial Sustainabilit*y: Insufficient resources to meet the delivery our strategic priorities which ensure financial sustainability and deliver improvements in value for money and productivity.

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|---|
| *4. System Recovery*: Failure to deliver the recovery of services due to the impact both short term and long term of the Covid pandemic such that waiting times for cancer, diagnostics, mental health, outpatient appointments and elective treatment result in poorer access and outcomes for our patients. |
| *5. Quality Improvement*: - Failure to deliver safe, effective, responsive, caring and well-led services and reduce harm. |
| **6. Health Inequalities & Outcomes** Failure to address health inequalities and improve health outcomes for the population of Gloucestershire. |
| *7. Sustainability*: Failure to take effective measures to reduce our carbon footprint by tackling the key drivers such as energy consumption, waste management, travel and logistics as well as creating new sustainable ways of working (i.e. digital technologies). |
| *8. System Development*: Failure to develop robust governance structures and accountabilities based on strong collaborative partnerships working across the system, impacting on the effectiveness of the ICB. |

2. **Identifying the ICB's approach to Risk Appetite**

At the Board development session on 26 October, the GGI Risk Appetite framework was shared with Board members. There was agreement to use the GGI framework to develop the Board's approach and customise to reflect alignment with partners (Appendix 1)

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3.1 Risk Appetite Statement

Risk appetite is the amount and type of risk that an organisation is prepared to pursue, retain or take in pursuit of its strategic objectives. It represents risk optimisation - a balance between the potential benefits of innovation and the threats that change inevitably brings.

This should not be confused with risk tolerance, which reflects the boundaries within which the executive management are willing to allow the true day-to-day risk profile of the organisation to fluctuate, while they are executing strategic objectives in accordance with the board's strategy and risk appetite. It is the level of the current (residual) risk within which the board expects sub-committees to operate and management to manage and escalate.

Put simply, risk appetite is how much risk you want, risk tolerance is how much risk you can live with. The Board should therefore not see each level of risk appetite as being better or worse than any other.
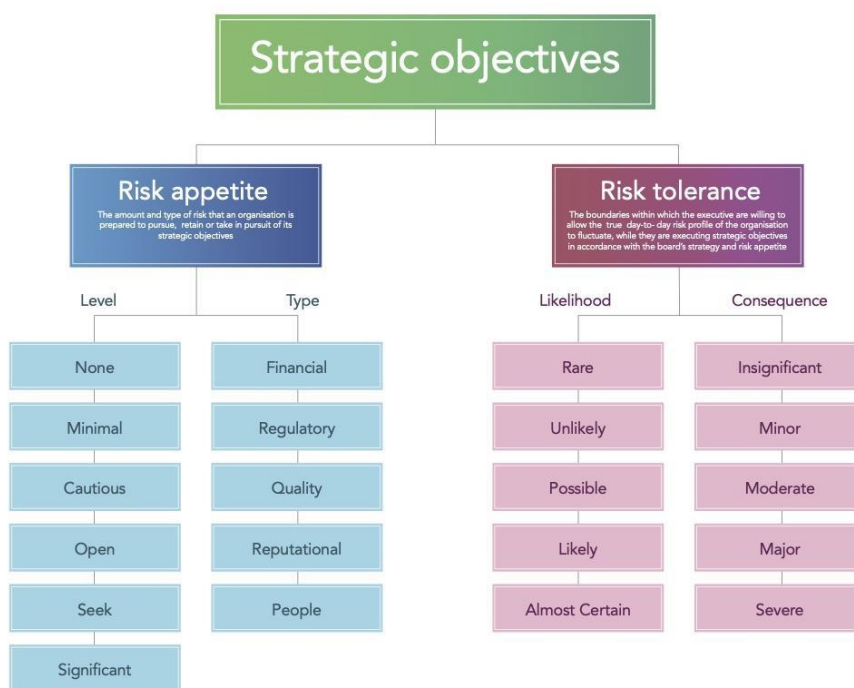
The ICB therefore understands its Risk Appetite as:
'the amount and type of risk that an organisation is prepared to pursue, retain or take in pursuit of its strategic objectives, which is key to achieving effective risk management. It represents a balance between the potential benefits of innovation and the threats that change inevitably brings, and therefore should be at the heart of an organisation's risk management strategy – and indeed its overarching strategy".

It is acknowledged that there is inherent complexity in assessing risk when making significant strategic decisions. There is no set formula for establishing that an activity / action is or is not an acceptable risk and will be decision-specific within the current circumstances. As such each case will require a level of judgement to be made within the agreed boundaries of the Board's Risk Appetite and the ICB's overall approach to risk management.

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The Board therefore accepts that there is an element of risk in every activity the ICB undertakes and the ICB's appetite for particular risks will be dependent on a variety of factors including the likelihood of that risk occurring its impact (before and after controls) and the effect the risk will have on the achievement of the ICB's strategic objectives if the risk comes to fruition. The Risk Appetite Statement does not negate the opportunity to potentially make decisions that result in risk taking that is outside of our agreed approach to risk appetite. However any such decisions must be referred by the Board for scrutiny and decision.

Methods of controlling risks must be balanced. The ICB may accept some high risks either because of the cost of controlling them, or to deliver innovation or use resources creatively when this may achieve substantial and sustained benefit.

The ICB considers it important to have a more **OPEN** and **SEEK** approach to risk in relation to innovation including workforce and digital transformation and working in partnerships and collaboration to enable the exploration of new models of care, ways of working and delivery of services.

As a general principle the ICB has a **ZERO to MINIMAL** i.e. very low tolerance for risks which have the potential to:
- Adversely impact the quality and safety of services
- Cause significant and sustained disruption to services and staff
- Have severe and enduring financial consequences for the system as a whole
- Cause non-compliance with law and regulation
- Adversely impacts the reputation of the ICB and ICS.

The ICB is unlikely to take a **BOLD** approach to managing strategic risks and would only do so with the agreement of the ICB Board in exceptional circumstances.

The ICB's risk appetite is not a single, fixed concept – and a single high level risk appetite statement would not be sufficient to articulate the ICB's approach to risk at this point in time while in development mode. However, the Board did agree that the GGI risk appetite levels as aligned to system partners would be used when identifying the risk appetite related to each of the strategic risks.

The five levels of risk appetite with appropriate descriptors are as follows that can be applied to the system wide strategic risks and input into the 4Risk system. To note suggested risk appetite scores included.:

1. ZERO - Minimal	• Avoidance of risk is a key organisational objective • Our tolerance for uncertainty is very low • We will always select the lowest risk option • We would not seek to trade off against achievement of other objectives
2. Cautious	• We have limited tolerance of risk with a focus on safe delivery • Our tolerance for uncertainty is limited • We will accept limited risk if it is heavily outweighed by benefits • We would prefer to avoid trade off against achievement of other objectives
3. Open	• We are willing to take reasonable risks, balanced against reward potential • We are tolerant of some uncertainty • We may choose some risk, but will manage the impact • We are prepared to take limited risks where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.

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4. Seek	• We will invest time and resources for the best possible return and accept the possibility of increased risk • In the right circumstances, we will trade off against achievement of other objectives • We will pursue innovation wherever appropriate. We are willing to take decisions on quality / workforce and reputation where there may be higher inherent risks but the potential for significant longer-term gains • We outwardly promote new ideas and innovations where potential benefits outweigh the risks
5. Bold	• We will take justified risks. • We expect uncertainty • We will choose the option with highest return and accept the possibility of failure • We are willing to trade off against achievement of other objectives

The Board recognises that the Risk Appetite Statement should be reviewed on an annual basis, in light of the annual appraisal and agreement of strategic objectives, to ensure its approach is relevant and reflective of current events and circumstance.

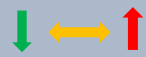### 3. Recommendation and for discussion

The Board is asked to:
- Review and scrutinise the Board Assurance Framework
- Review and approve the ICB's Risk Appetite Statement

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Appendix 1 Good Governance Institute Risk Appetite Framework (2020)

Risk Appetite level Risk Types	0 AVOID (NONE) Avoidance of risk is a key organisational objective.	1 MINIMAL Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential.	2 CAUTIOUS Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential.	3 OPEN Willing to consider all potential delivery options and choose while also providing an acceptable level of reward	4 SEEK Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)	5 MATURE – (SIGNIFICANT) Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust
FINANCIAL How Gloucestershire ICS will use our resources?	We have no appetite for decisions or actions that may result in financial loss.	We are only willing to accept the possibility of very limited financial risk.	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor.	We will invest for the best possible return and accept the possibility of increased financial risk.	We will consistently invest for the best possible return for stakeholders, recognising that the potential for substantial gain outweighs inherent risks
REGULATORY How will Glos ICB be perceived by our regulator – NHSE/I CQC etc..?	We have no appetite for decisions that may compromise compliance with statutory, regulatory of policy requirements	We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential.	We are prepared to accept the possibility of limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully.	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders
QUALITY How will we deliver safe services?	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless absolutely essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	Our preference is for risk avoidance. However, if necessary, we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes,	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.

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			and appropriate controls are in place.			
REPUTATIONAL How will Glos ICS be perceived by the public and our partners?	We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation.	Our appetite for risk taking is limited to those events where there is no chance of significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	We are comfortable to take decisions that may expose the organisation to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for our stakeholders.
PEOPLE How will Glos ICS be perceived by the public and our partners?	We have no appetite for decisions that could have a negative impact on our workforce development, recruitment and retention. Sustainability is our primary interest.	We will avoid all risks relating to our workforce unless absolutely essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere.	We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff.	We will pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognize that innovation is likely to be disruptive in the short term but with the possibility of long-term gains	We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive chan.

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Board Assurance Framework November 2022

Strategic Objective					
Support improvements in urgent and emergency care–ensuring a range of options are available to those who need it					
Risk Ref: 1 **Strategic Risk**	Insufficient capacity and capability to deliver transformational change across a wide variety of strategic priorities: • Urgent and Emergency Care • Mental health services • New models of care and digital transformation etc. **Due to**: Prioritisation of all available resource on operational flow pressures **Impact**: Reflective of overall system risks regarding operational pressures and recognised challenges in system patient flow	**Original Score (I x L)**	**Current Score (I x L)**	**Target score (I x L)**	**Movement in score** ↓ ↔ ↑
Risk Appetite (include colour)	Seek	**5x4=20**	**5x4=20**	**5x2=10**	↔
Strategic Risk Owner (Director)	Ellen Rule, Deputy CEO/Director of Strategy and Transformation				
Aligned to other system partners risks (include ref no.)	GHC GHFT GCC *Risk IDs to be cross referenced next month*				
Aligned to current ICB Risks	UC 1 - Risk of failure to meet National Ambulance Response times [UEC Ambulance] UC 2 - Risk of non-delivery of reduction in hospital length of stay (LOS) [UEC Back Door Flow] UC 3 - Risk of insufficient access to alternative pathways to ED [UEC Front Door] UC 4 - Risk of failure to meet National targets for UEC waits: Emergency Department (ED) and Ambulance Handovers [UEC ED Flow] ID 20 - Lack of Psychology resource in Community Services which deliver rehabilitation ID 25 - Increasing demand upon the GHC CYP and Adults ED disorders service, due to an increase in referrals				
Committee	Strategic Executive	**Review Date:**	18/11/2022		
Current Controls (*what do we have in place to mitigate the risk?*)	**Gaps in Controls**	**Current Assurances (*how do we know the controls are working?*)**		**Gaps in Assurance**	
SWAST Contract Meetings SWAST Quality Risk Assurance Group		Reporting into the ICB Quality Committee			

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Adherence to current NHSEI reporting and escalation processes		Reporting to the Board of the ICB	
Fortnightly System Flow & Delivery Cell			
Implementation, monitoring and evaluation of collaborative Service Delivery Plan			
Escalation from System Flow & Delivery Cell to Tactical Silver and Gold who undertake system oversight			
Escalation to Monthly Urgent and Emergency Care & System Flow Clinical Programme Group (which includes NHSE)			
Daily (24/7) review of SHREWD / OPEL data informing system Daily Position / Escalation			

Actions to mitigate risk & implementation dates	Director's update on actions to date (quarterly update)
- Newton diagnostic to inform design and opportunities of long-term strategic transformation programme. - Winter Investment Schemes (x6) and Assurance Framework Actions (x39) - UEC Delivery Plan Programmes (NHS111, Attendance Avoidance, Enabling Discharges)	

	Relevant Key Performance Indicators: (taken from the Integrated Performance report)
	- Weekly reporting on **Secretary of State 6 'top six' metrics** – currently weekly reporting to meet the national team ask; monthly version in progress to inform BAF: **Overall performance is improving across the board** - Bed capacity (actual and equivalent) delivery against trajectory through **6x winter investment schemes** – **on target** (36) - Status of **Winter Assurance Framework 39x** actions as stipulated by NHS England: - Red (will not be implemented): **0** - Amber (partially implemented): **30** (but on target) - Green (Fully implementation): **8** (complete) - Not applicable for Gloucestershire: **1** (specific item around UTCs)

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Strategic Objectives					
Support **improvements in urgent and emergency care**–ensuring a range of options are available to those who need it Expand and improve **mental health support for people of all ages** as well as for **people with learning disabilities and autism** so they have the support needed Bring together specialist resource across the county to deliver new models of care through **Fit for the Future**					

Risk Ref: 1 **Strategic Risk**	Insufficient capacity and capability to deliver transformational change across a wide variety of strategic priorities: • **Mental health services** Due to: Number of vacancies across CAMHS and difficulties in recruiting to vacant posts. Impact: Waiting list for treatment has stabilised but remains long with average waits for routine referrals of approx.one year.	**Original Score** **(I x L)**	**Current Score** **(I x L)**	**Target score** **(I x L)** ⬇️ ↔️ ⬆️	**Movement in score**
Risk Appetite (include colour)	Cautious	12	12	6	↔️
Strategic Risk Owner (Director)	Kim Forey, Director of Integration				
Aligned to other system partners risks (include ref no.)	GHC 8. Resources targeted at acutes: There is a risk that the ICS prioritises acute care demand over the demands of Mental Health, Community, Primary Care and Learning Disabilities.				
Aligned to current ICB Risks	TBC				

Committee	Quality Committee	**Review Date:**	
Current Controls (*what do we have in place to mitigate the risk?*)	**Gaps in Controls**	**Current Assurances** *(how do we know the controls are working?)*	**Gaps in Assurance**
Eating Disorder Action Plan			

Actions to mitigate risk & implementation dates	**Director's update on actions to date (quarterly update)**
Relevant Key Performance Indicators: (taken from the Integrated Performance report) Improving Access to Psychological Therapies	

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	Easting Disorder Access Perinatal mental health -% seen within 2 weeks

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Strategic Objective						
Deliver our workforce programme to attract new people into Gloucestershire to work across health and social care Bring together specialist resource across the county to deliver new models of care through **Fit for the Future**						
Risk Ref: 2 **Strategic Risk**	**People & Culture**: Failure to provide a compassionate working culture, with the right levels of capacity, capability, training and development and well-being provision that enables us to recruit and retain staff to fully deliver our strategic plans. Due to: Impact:	**Original Score** **(I x L)**	**Current Score** **(I x L)**	**Target score** **(I x L)**	**Movement in score** ↓ ↔ ↑	
Risk Appetite (include colour)	Cautious	16	16	6	↔	
Strategic Risk Owner (Director)	Tracey Cox, Director of People, Culture and Engagement					
Aligned to other system partners risks (include ref no.)	GHC – BAF Risks 5, 6 and 7 (Recruitment & Retention, Workforce Wellbeing and Culture) GHFT – BAF Risk SR2: Failure to attract, recruit and retain candidates from diverse communities resulting in the Trust and workforce not being representative if the communities we serve.					
Aligned to current ICB Risks	PC&E 1 - Lack of workforce in key services across the ICS PC&E 2 - Cost of living crisis and its potential impact on staff PC&E 3 - Impact of pay and pension changes on staff PC&E 4 - Potential future risk of industrial action					
Committee	People Committee		**Review Date:**			

Current Controls (*what do we have in place to mitigate the risk?*)	Gaps in Controls	Current Assurances *(how do we know the controls are working?)*	Gaps in Assurance
• Utilisation of HEE monies on Continuing Professional Development to support staff training & development • Leadership learning and development programmes in place	Lack of an adequately defined and resourced system wide and medium-term plan for staff and leadership development	• Reporting in to the People Board, People Committee and the Board of the ICB Monitoring progress on key workforce metrics (see below)	National issues include uncertainty on continued funding for CPD and initiatives such as the Wellbeing line

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• Creation of additional bank and substantives roles to manage gaps • Staff working flexibly to support delivery (e.g. community-based staff providing additional support in ED). • System-wide People Framework • Targeted recruitment initiatives including international recruitment Communication of resources and support available to staff including The Wellbeing Line			

Actions to mitigate risk & implementation dates	Director's update on actions to date (quarterly update)
The system continues to develop and embed targeted initiatives: • New roles and new ways of working e.g. upskilling of Optometrists, mentoring support • Targeted recruitment initiatives • Retention programme pilot (NHSE Funded) • Implementation of five high-impact actions for recruitment • Encouraging and enabling system and trust support for secondments • ICS People Framework to enable cross-organisational working. Further exploration of initiatives to support staff over the coming period, through the Cost of Living Group. Subject to confirmation of industrial action taken place, to undertake risk assessments against key service areas and implement business continuity plans	Successful nurse legacy mentoring bid, support likely to be mobilised Jan 2023 Retention lead role to be recruited in December 2022 Short list of cost of living measures to support staff under development (November/ December 2022)

	Relevant Key Performance Indicators: (taken from the Integrated Performance report) • Staff Engagement Score (Annual) • Sickness Absence rates • Staff Turnover % • Vacancy Rates • Bank and Agency Usage • Apprenticeship levy spend and placement numbers

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Strategic Objective					
Work together to **address the financial challenge** we have across the system to narrow the financial gap and deliver efficiencies					

Risk Ref: 3 Strategic Risk	**Financial Sustainability** Insufficient resources to meet the delivery our strategic priorities which ensure financial sustainability and deliver improvements in value for money and productivity.
	   – Due to: increasing demand for services, increased inflation, ongoing impact of the covid pandemic on a wide range of services and staff and new service requirements
	      Lack of delivery of recurrent savings and productivity schemes
	      Recruitment & retention challenges leading to high-cost temporary staffing
	      Inefficient systems and processes within the system leading to inherent inefficiencies in the way we do things leading to increased cost
	   – Impact: underlying deficit position within the system as a whole revenue and the system is unable to achieve breakeven recurrent position
	      Increased requirement to make savings leading to inability to make progress against ICS strategic objectives
	      Capital costs growth meaning that the system is unable to remain within its capital resource limit
		Original Score (I x L)	**Current Score (I x L)**	**Target score (I x L)**	**Movement in score** ↓ ⟷ ↑

Risk Appetite (include colour)	**Open**				⟷
Strategic Risk Owner (Director)	Cath Leech, Chief Finance Officer	**16**	**16**	**8**	
Aligned to other system partners risks (include ref no.)	GHC: 8 There is a risk that the ICS prioritises acute care demand over the demands of Mental Health, Community, Primary Care and Learning Disabilities resulting in under resourcing of non-acute care GHC 9 Funding - National Economic Issues There is a risk that national economic issues impact on the funding settlement				

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	available for healthcare, meaning care is not adequately funded to improve and develop to meet needs GHFT: SR7 - Failure to deliver financial balance.		🟥	🟥	🟧

Aligned to current ICB Risks	F&BI 18 - The ICB does not meet its breakeven control total in 2022-23 F&BI 21 - The ICS does not meet its breakeven financial duty in 2022/23 F&BI 22 - ICB Headquarter Lease Capital Funding Access F&BI 23 - The ICS does not achieve a breakeven position against its Capital Resource Limit

Committee	Resources Committee Audit Committee	**Review Date:**	

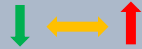| **Current Controls (*what do we have in place to mitigate the risk?*)**	**Gaps in Controls**	**Current Assurances *(how do we know the controls are working?)***	**Gaps in Assurance**
Governance in place in each organisation and System wide Financial Framework in place Monthly review of whole-system financial position by Directors of Finance, Strategic Executives with reporting into relevant Committee for ICB, GHFT, GHC Financial plan aligned to commissioning strategy ICS single savings plan in place managed by PMOs & BI teams across the system forming part of the monthly finance review process Contract monitoring in place Robust cash monitoring with early warnings System Financial Improvement Plan in place and further development in progress Regular attendance at Monthly Capital Meeting with NHS England Issue has been raised with	Financial strategy for the ICS in development Methodology on realisation of productivity not in place Capacity of teams through the system to deliver programmes of work required to transform system is limited	Reporting into Board of the ICB and relevant Committee for each organisation Monthly monitoring of organisational financial positions in place within organisations and monthly monitoring by Resources Steering Group of overall position. Capital monitoring is produced monthly and reported to organisational Committees and Boards including the ICB. Reporting is reviewed jointly by Directors of Finance with a view to managing and maximising the value of the capital resource limit across the system. Annual internal audit reviews on key financial controls	

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the Regional Director of Finance and impact assessment being completed.			
Actions to mitigate risk & implementation dates		**Director's update on actions to date (quarterly update)**	
GHFT internal financial improvement plan being updated further and implemented in order to mitigate financial pressure. reporting through to the GHFT Finance Committee. System Financial Improvement Plan in place, ongoing updating for additional actions to improve the system financial position.			
	Relevant Key Performance Indicators: (taken from the Integrated Performance report) Delivery of Full year efficiency target Achievement of Elective Services Recovery Fund Target		

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Strategic Objective					
Improve access to care, recovering from the last two years. This includes work to recover elective care, reducing long waits whilst ensuring that those waiting are given advice and support to manage their conditions.					
Risk Ref: 4 **Strategic Risk**	**System Recovery:** Failure to deliver the recovery of services due to the impact both short term and long term of the Covid pandemic such that waiting times for cancer, diagnostics, mental health, outpatient appointments and elective treatment result in poorer access and outcomes for our patients. Due to: Waiting list backlogs generated through Covid as elective services were stood down for long periods of time. On-going impact of staff sickness/absence and general workforce shortages in both medical and nursing posts affecting smaller specialties such as haematology, rheumatology and Cardiology. UEC pressures on elective bed availability continue to be an issue although some elective ring fencing has been possible with new ward reconfigurations. There has also been a growth in 2ww referrals across a number of big cancer specialties such as Lower GI which has diverted all elective capacity towards seeing and treating them at the expense of routine patients. Impact: Most elective specialties have a level of long waiters >52 weeks and the total waiting list size is growing at nearly 1000 a month. Clearance of non-admitted patients generates additional admitted patients, and the shape of the waiting list curve is such that waves of long waits come through at different times making PTL management difficult. The increase in cancer work for specialties such as Lower GI and Urology has made it difficult to maintain routine elective activity and so these patients continue to wait longer than we would want. Prioritisation of waiting lists for cancer and	**Original Score** **(I x L)**	**Current Score** **(I x L)**	**Target score** **(I x L)**	**Movement in score** ↓ ↔ ↑

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	urgent P1-2 categories often pushes the P4 routine waits further and further back.					
Risk Appetite (include colour)	Zero		12	12	6	↔
Strategic Risk Owner (Director)	Mark Walkingshaw, Director of Operational Planning and Performance					
Aligned to other system partners risks (include ref no.)	GHC 3 There is a risk of demand for services beyond planned and commissioned capacity					
Aligned to current ICB Risks	OP&P 5: Risk of failure to comply fully with NHS Constitution standards for planned care waiting times OP&P 7: Risk of services not delivering to commissioned standards or provider failure					
Committee			**Review Date:**			

Current Controls (*what do we have in place to mitigate the risk?*)	**Gaps in Controls**	**Current Assurances** *(how do we know the controls are working?)*	**Gaps in Assurance**
Clinical validation and prioritisation of system waiting lists plus regular contact with patients to notify them of delays and what to do if clinical condition changes. Elective waiting list prioritised with P codes. Customer care hub undertaking patient level contact, validation and link to social prescribers. Elective recovery oversight provided by the Planned Care Delivery Board (PCDB) (previously ERC) and escalation via Programme Delivery Group and ICS Execs as required. Regular contract and performance management governance in place to review performance and associated recovery plans. Reporting to NHSE/I on waiting times. Any elective cancellations reported to NHSE/I.		Performance Reporting to the Board of the ICB	

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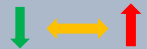|			
System waiting times monitored through the WLMDS tableau report. Regular Elective Recovery COO and Performance Directors meetings with NHSE for the region. Schemes to maximise use of available service capacity and source additional capacity from range of providers. Increasing capacity framework contracts being utilised to increase elective capacity in IS providers supported by IPTs from GHFT of long waiting patients. Additional funding via the ERF. Work with primary care to manage referral demand to secondary care. Increase in A&G services and access to Cinapsis as well as progress with "Advice First" project and RAS role out. Expand GP education and G-Care pathway development.			
Actions to mitigate risk & implementation dates		**Director's update on actions to date (quarterly update)**	
Contracting processes, management & standards are being implemented in line with current NHSEI guidance; and reviewed for 2022-23 Review during 23/24 planning round and alignment with transformational programmes delivery			
	Relevant Key Performance Indicators: (taken from the Integrated Performance report) % of diagnostic tests completed within 6 weeks Early diagnosis rates for cancer Waiting Time Performance in 2 weeks % of patients with cancer receiving first definitive treatment within 31 and 62 days		

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Strategic Objective					
Continue changes in **services that enable care to be delivered closer to home**. Our Clinical Programme Approach and the work within Primary Care Networks are key to making this happen. **Improve integrated care across the life course**–increasing our focus on the needs of Children and Families and supporting people to age well Improve access to care, recovering from the last two years. This includes **work to recover elective care**, reducing long waits whilst ensuring that those waiting are given advice and support to manage their conditions					
Risk Ref: 5 **Strategic Risk**	**Quality:** - Failure to deliver safe, effective, responsive, caring and well-led services and reduce harm. **Due to:** Lack of robust oversight arrangements to ensure high quality care is delivered by organisations with NHS contracts. **Impact:** Patients and citizens will be put at risk and have a poor experience if those with NHS contracts are unable to deliver high quality care.	**Original Score** **(I x L)**	**Current Score** **(I x L)**	**Target score** **(I x L)**	**Movement in score** ⬇ ⬅➡ ⬆
Risk Appetite (include colour)	**Zero**	**5x2 = 10**	**5x2=10**	**5x1=5**	⬅➡
Strategic Risk Owner (Director)	Dr Marion Andrews-Evans, Chief Nursing Officer Dr Andy Seymour, Chief Medical Officer				
Aligned to other system partners risks (include ref no.)	GHFT: SR1 Breach of CQC regulations or other quality related regulatory standards. SR3 Failure to deliver the Trust's enabling Quality Strategy and implement the Quality Framework GHC: There is a risk that failure to: (i) monitor & meet consistent quality standards for care and support…				
Aligned to current ICB Risks	C 2 - There are some clinical areas where aspects of NICE guidance have not been fully implemented. Therefore there is a potential risk to patient care and outcomes. ID 10 - CHC unable to meet the NHSE target for the assessment of people with a learning disability ID 11 - Waiting List for Wheelchair Service provision in the recovery phase. ID 25 - Increasing demand upon the GHC CYP and Adults ED disorders service, due to an increase in referrals ID 27 - Child/young adults not receiving the specialised care they would receive in a Tier 4 Eating Disorder Bed ID 44 - Medically complex and vulnerable children in non-health care settings (eg school nursery) are not supported with their medical needs				

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Committee	System Quality Committee		Review Date:	
Current Controls (*what do we have in place to mitigate the risk?*)		**Gaps in Controls**	**Current Assurances** *(how do we know the controls are working?)*	**Gaps in Assurance**
ID 27: Clinical Leads and Team Manager are completing regular caseload reviews to ensure throughput. Reporting from and attendance at Provider Quality Committee. Learning from Case Reviews System Quality Group System Effectiveness Group System IPC Group		None	Reporting to Quality Committee Quality Assurance discussions Contract Management Boards Regulatory reviews	None

Actions to mitigate risk & implementation dates	Director's update on actions to date (quarterly update)
ID 27: Work with National and Local VCS providers to develop range of community options to be used to facilitate discharge. ID 44: Expansion of a nurse training service to meet the growing needs of training within non-heath care settings (eg schools)	

Relevant Key Performance Indicators: (taken from the Integrated Performance report)

Ref No	Metric
S034a	Summary Hospital-Level Mortality Indicator (SHMI)
S035a	Overall CQC rating (provision of high-quality care)
S036a	NHS staff survey safety culture theme score
S037a	Percentage of patients describing their overall experience of making a GP appointment as good
S038a	National Patient Safety Alerts not declared complete by deadline
S039a	Consistency of reporting patient safety incidents

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S040a	Methicillin-resistant Staphylococcus aureus (MRSA infections)	
S041a	Clostridium difficile infections	
S042a	E. coli blood stream infections	
S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	
S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	
S046a	Population vaccination coverage – MMR for two doses (5 years old to reach the optimal 95%)	
S047a	Proportion of people aged 65 and over who received a flu vaccination	
S059a	CQC well-led rating	

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Strategic Objective					
Across all priorities tackle health inequalities across our populations drawing on data and population health based approaches.					
Risk Ref: 6 Strategic Risk	**Health Inequalities & Outcomes:** Failure to address health inequalities and improve health outcomes for the population of Gloucestershire. With a particular focus upon delivery against the agreed Core20Plus5 priorities. Due to: long-term, entrenched and multi-faceted social, economic and racial inequalities in Gloucestershire, which have been further exacerbated by the adverse effects of Covid-19 and the economy moving into recession. This has profoundly impacted racially minoritized and socially marginalised communities and will continue to do so. Multiple disadvantage manifests in our system as health inequalities. Health inequalities are avoidable. They arise when people experience barriers to access and uptake of services, and difficulties achieving best practice management of their conditions (e.g. due to cultural barriers or delayed diagnosis). Impact: This can result in earlier health deterioration, higher incidence of frailty, greater burden of mental and physical health conditions, and ultimately higher mortality. All of this is associated with greater cost – to the individual, to society and to the health and social care system.	**Original Score (I x L)**	**Current Score (I x L)**	**Target score (I x L)**	**Movement in score**
Risk Appetite (include colour)	**Seek**				
Strategic Risk Owner (Director)	Ellen Rule, Deputy CEO / Director of Strategy and Transformation				
Aligned to other system partners risks (include ref no.)	GH&C, GHFT, GCC (including Public Health Team).				

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Aligned to current ICB Risks	ID 11 - Waiting List for Wheelchair Service provision in the recovery phase. F&BI 9 - Primary Care Data Quality			
Committee	People Committee		Review Date:	
Current Controls (*what do we have in place to mitigate the risk?*)	**Gaps in Controls**		**Current Assurances** *(how do we know the controls are working?)*	**Gaps in Assurance**
Dispersed capacity across transformation, people, BI and prevention teams with responsibility for embedding health inequalities actions in plans.	System delivery capacity and project management office support to ensure system-wide actions are co-ordinated and to manage project governance and oversee implementation of solutions. Social value policy to guide proportionate universalism in funding allocations.		Some health inequalities measures built into strategic outcomes framework with Board-level assurance.	Co-ordinated reporting on both longitudinal health inequalities and medium term control impact (e.g. Core20Plus5).
Actions to mitigate risk & implementation dates			**Director's update on actions to date (quarterly update)**	
	Relevant Key Performance Indicators: (taken from the Integrated Performance report)			

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Strategic Objective					
No exact correlation with the strategic objectives but is a key priority for the ICB					
Risk Ref: 7 Strategic Risk	**Sustainability**: Failure to take effective measures to reduce our carbon footprint by tackling the key drivers such as energy consumption, waste management, travel and logistics as well as creating new sustainable ways of working (i.e. digital technologies) Due to: Impact:	**Original Score (I x L)**	**Current Score (I x L)**	**Target score (I x L)**	**Movement in score** ⬇ ⟷ ⬆
Risk Appetite (include colour)	**Cautious**	**5x3=15**	**5x2=10**	**5x1= 5**	⬇
Strategic Risk Owner (Director)	Cath Leech				
Aligned to other system partners risks (include ref no.)	GHC 10 Sustainability Environment: There is a risk that responding to the climate emergency is not prioritised resulting in the failure to transform and embed green practice. GHFT: SR8 Failure to develop our estate which will affect access to services and our environmental impact..				
Aligned to current ICB Risks	There are no current operational risks around sustainability included in the risk system				
Committee	TBC		**Review Date:**		
Current Controls (*what do we have in place to mitigate the risk?*)		**Gaps in Controls**	**Current Assurances** *(how do we know the controls are working?)*		**Gaps in Assurance**
• Board level lead in place • Green Plan in place • ICB Sustainability Group in place, including • ICS Wide Green Plan Steering Group established • Full active member of Climate Leadership Gloucestershire with other public sector partners		• Available, timely and accurate data • Financial resource • Lack of staff resource • Tracking delivery of detailed plans and projects	• Plan document • Minutes of meetings • Project plans		

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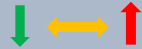
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Actions to mitigate risk & implementation dates	Director's update on actions to date (quarterly update)
• Agree shared priorities • Developing and sharing resources, including programme and project management • Improving data and ongoing tracking • Shared commissioning of specialist resource	
Relevant Key Performance Indicators: (taken from the Integrated Performance report)	

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Successfully **transition to an Integrated Care System,** develop our five year strategy and embed new ways of working across the Gloucestershire (ICS) enabling further collaborative working across all partners and with local people and communities					
Risk Ref: 8 Strategic Risk	**System Development**: Failure to develop robust governance structures and accountabilities based on strong system wide collaborative partnerships, which impact on the effectiveness of the ICB	**Original Score (I x L)**	**Current Score (I x L)**	**Target score (I x L)**	**Movement in score** ↓ ↔ ↑
Risk Appetite (include colour)	**Open**	**9**	**9**	**4**	↔
Strategic Risk Owner (Director)	Tracey Cox, Interim Director of People, Culture and Engagement				
Aligned to other system partners risks (include ref no.)	GHC; BAF Risk Nos & 12: Partnership Culture & NHS re-organisation GHFT; BAF risk SR5 Poor engagement and involvement with/from patients, colleagues, stakeholders and the public				
Aligned to current ICB Risks	GHFT: SR4 Risk that individual organisational priorities and decisions are not aligned. SR5 Poor engagement and involvement with/from patients, colleagues, stakeholders and the public				
Committee	ICB Board People Committee	**Review Date:**	People Committee 12th January 2023		

Current Controls (*what do we have in place to mitigate the risk?*)	**Gaps in Controls**	**Current Assurances (*how do we know the controls are working?*)**	**Gaps in Assurance**
• ICB Constitution • ICB Governance Handbook • Scheme of Reservation and Delegation • ICB BAF, Corporate Risk Register and new Risk Management Framework • Audit Committee has a role in scrutinising the ICB's risk management, & conflicts of interests' arrangements; as well ensuring financial governance is effective and robust within the ICB.	Finalisation of arrangements for a commissioning hub for pharmacy, optometry and dentistry	10 Steps to Working with people & communities training	Training of all relevant staff to be completed The ICB is year one of its establishment and there are as yet no Internal Audit reviews of the organisation's governance system and processes.

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• Integrated Care Strategy development • ICB Working with People & Communities Strategy & Advisory Group • ICB Board development programme • VSCE Memorandum of Understanding • Delegated commissioning arrangements with NHS England			

Actions to mitigate risk & implementation dates	Director's update on actions to date (quarterly update)
Mobilisation of Working with People & Communities Advisory Group	As part of the Internal Audit programme of audits there is a ICB Committee Effectiveness audit which will be undertaken in March 2023; the outcome of that audit will be reflected in the assurances.

	Relevant Key Performance Indicators: (taken from the Integrated Performance report) TBC – Annual 360 survey as part of review of effectiveness of ICB

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Tab 10 Board Assurance Framework

Strategic Objective					
There is no exact correlation with the strategic objectives 2022-23 but this is a key priority for the ICB					
Emergency Preparedness, Resilience and Response (EPRR)	**EPRR:** - Failure to meet the minimum occupational standards for EPRR and Business Continuity. **Due to:** Lack of effective EPRR systems and On-Call EPRR training **Impact:** Unable to fulfil our responsibilities as a Category One responder.	**Original Score (I x L)**	**Current Score (I x L)**	**Target score (I x L)**	**Movement in score** ↓ ↔ ↑
Risk Appetite (include colour)	Zero	4x3 = 12	4x3 = 12	4x1 = 1	↔
Strategic Risk Owner (Director)	Dr Marion Andrews-Evans, Chief Nursing Officer				
Aligned to other system partners risks (include ref no.)	System EPPR				
Aligned to current ICB Risks					
Committee	System Quality Committee		**Review Date:**		

Current Controls (*what do we have in place to mitigate the risk?***)**	**Gaps in Controls**	**Current Assurances** *(how do we know the controls are working?)*	**Gaps in Assurance**
EPRR On-call manager training EPRR exercises Oversight of EPRR through the Local Health Resilience Partnership. EPRR ICS Business Group work programme.		Reporting to Quality Committee NHS England system assurance review and provider assurance process against national standards.	
Actions to mitigate risk & implementation dates		**Director's update on actions to date (quarterly update)**	

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Relevant Key Performance Indicators: (taken from the Integrated Performance report) N/A	

5x5 Risk Matrix
Green: Low;   Yellow: Moderate;   Amber: Significant;   Red: High

	Consequence				
	1	**2**	**3**	**4**	**5**
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

(Likelihood on vertical axis)

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ICB Risk Appetite levels

1. ZERO - Minimal	• Avoidance of risk is a key organisational objective • Our tolerance for uncertainty is very low • We will always select the lowest risk option • We would not seek to trade off against achievement of other objectives
2. Cautious	• We have limited tolerance of risk with a focus on safe delivery • Our tolerance for uncertainty is limited • We will accept limited risk if it is heavily outweighed by benefits • We would prefer to avoid trade off against achievement of other objectives
3. Open	• We are willing to take reasonable risks, balanced against reward potential • We are tolerant of some uncertainty • We may choose some risk, but will manage the impact • We are prepared to take limited risks where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.
4. Seek	• We will invest time and resources for the best possible return and accept the possibility of increased risk • In the right circumstances, we will trade off against achievement of other objectives • We will pursue innovation wherever appropriate. We are willing to take decisions on quality / workforce and reputation where there may be higher inherent risks but the potential for significant longer-term gains • We outwardly promote new ideas and innovations where potential benefits outweigh the risks
5. Bold	• We will take justified risks. • We expect uncertainty • We will choose the option with highest return and accept the possibility of failure • We are willing to trade off against achievement of other objectives

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Tab 11 Fit for the Future

Agenda Item 11

Integrated Care Board
30 November 2022

Report Title	Fit for the Future (FFTF) - Update and next steps				
Purpose (X)	**For Information**		**For Discussion**		**For Decision**
			X		X
Route to this meeting	FFTF Output of Engagement Report reviewed by ICB and GHFT. Agreed to await feedback from HOSC before next steps decision.				
	ICB Internal	**Date**	**System Partner**		**Date**
	ICB Board	28/10/2022	GHFT Board		10/11/2022
Executive Summary	The purpose of this paper is to: • Provide an update on recent progress, including feedback from the October Gloucestershire Health Overview and Scrutiny Committee's (HOSC) review of the phase 2 Output of Engagement Report, post-HOSC discussions with NHS England and Gloucestershire Hospitals NHS FT Trust Board; • Seek Board approval for the recommended next steps for Fit for the Future Phase 2.				
Key Issues to note	**HOSC** - At the October meeting it was evident from the discussion that the HOSC did not raise any concerns with the level of public involvement activities completed to date, in phase 1 and phase 2, and there were no further requests for public involvement on the proposed changes in scope of phase 2. **NHSE** – have confirmed that, should a decision be taken by the NHS Gloucestershire ICB that they are content that the public involvement undertaken has met their duties to involve the public, there would no longer be a requirement to extend the Stage 2 process to include formal public consultation. **GHFT** - Board approved the recommendation that no further FFTF phase 2 public involvement/ public consultation activities are required and to proceed to Decision-making Business Case.				
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	A detailed risk log is maintained as part of the programme management approach used to manage the FFTF programme. The specific risk in relation to this decision is the risk of formal / legal challenge to the process. The original risk is recorded as 5 x 3 = 15; the mitigated/residual risk 5 x 2 = 10				
Management of Conflicts of Interest	The programme has been conducted in line with the relevant conflicts of interest policies.				
Resource Impact (X)	**Financial**	X	**Information Management & Technology**		
	Human Resource			**Buildings**	
Financial Impact	Cost risks identified (High Care, DCC, Inter-site transfers) and shared with RSG. Formal process for mitigations work in progress. The financial and economic case will be detailed in the business case.				

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Joined up care and communities

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Regulatory and Legal Issues (including NHS Constitution)	By their nature, these proposals and recommendations are of interest to a range of stakeholders, some of whom may seek to challenge decisions taken on future service configurations through legal channels (see risk above).
Impact on Health Inequalities	The FFTF2 Integrated Impact Assessment (IIA) has considered the impact of the service change proposals on people with protected characteristics who live in our health and care community. A summary of the findings were included in OoE Report and full details will be set out in the business case, with the full IIA provided in the Appendices.
Impact on Equality and Diversity	As above, the full IIA will be summarised and provided as appendices to business case.
Impact on Sustainable Development	There is no direct impact or detriment on sustainable development identified for the FFTF programme
Patient and Public Involvement	Details of the recent FFTF2 public, patient and staff engagement were presented in the Output of Engagement Report and discussed at ICB in September.
Recommendation	The Committee/Board is requested to approve the following recommendations: • That, for the reasons stated in the paper, no further FFTF phase 2 public involvement/ public consultation activities are required; • That a FFTF phase 2 Decision-Making Business Case (DMBC) should be developed based on the 5 services in scope moving to permanent implementation, with the DMBC presented to GHFT and ICB Boards in March 2023 for approval.
Author	Micky Griffith **Role Title** FFTF Programme Director
Sponsoring Director (if not author)	Ellen Rule, FFTF Programme Executive Lead and Deputy CEO/Director of Strategy & Transformation, NHS Gloucestershire

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
IIA	Integrated Impact Assessment
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise
FFTF	Fit for the Future
OoE Report	Output of Engagement Report
HOSC	Gloucestershire Health Overview and Scrutiny Committee
NHSE	NHS England

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Joined up care and communities

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Tab 11 Fit for the Future

Fit for the Future Phase 2
Update to NHS Gloucestershire
Integrated Care Board

Document Control

Responsible Director:	Ellen Rule, Director of Transformation and Service Redesign
Status:	V 1.3

Version	Date	Author/ Reviewer	Comments
1.0	01/11/22	Micky Griffith	V 1.0 draft developed for review
1.1	02/11/22	Simon Lanceley	V 1.1 minor changes for GHFT Board
1.2	04/11/22	Micky Griffith	Updated for ICB
1.3	18/11/22	Micky Griffith	Updated following GHFT Board

Document Distribution:

Forum/Audience	Date	Doc	Comments
GHFT Board	11/11/22	1.1	
ICB Board	30/11/22	1.3	

Contents

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Tab 11 Fit for the Future

1   Purpose of the Document

Following the discussion at September Integrated Board on the Fit for the Future (FFTF) Phase 2 Output of Engagement report, the purpose of this paper is to:

- Provide an update on recent progress, including feedback from the October Gloucestershire Health Overview and Scrutiny Committee's (HOSC) review of the phase 2 Output of Engagement Report, post-HOSC discussions with NHS England and Gloucestershire Hospitals NHS FT Trust Board;

- Seek Board approval for the recommended next steps for Fit for the Future (FFTF) Phase 2.

At September Board it was agreed that a decision regarding any further public involvement would await HOSC feedback.

2   Fit for the Future - 2

Fit for the Future is part of the One Gloucestershire vision focusing on the medium to long term future of some of our health services. It's about working together to agree how best to organise these services and helping our dedicated health professionals, working with people and community partners across Gloucestershire; a summary of the FFTF phase 2 in scope services is presented below.
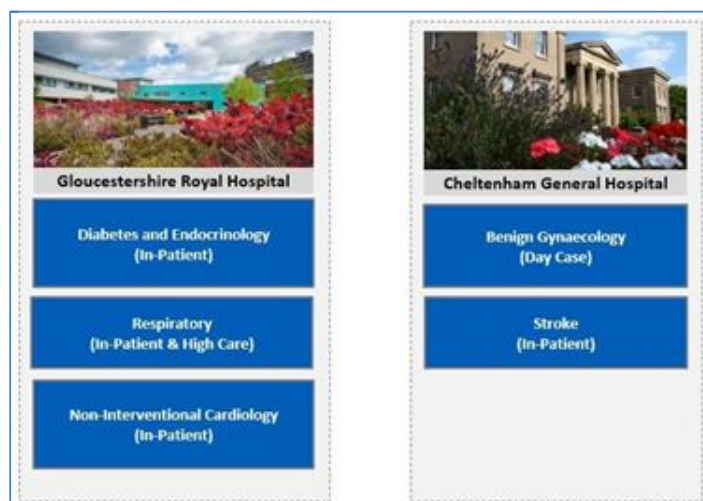
3   Gloucestershire Health Overview and Scrutiny Committee (HOSC)

A FFTF Phase 2 briefing paper and the full Output of Engagement Report was circulated to HOSC members on 27/09/22, to provide members with the opportunity to ask questions in advance, so that responses could be prepared and presented at the October HOSC meeting (18/10/22). Prior to the meeting there were no requests from HOSC members for clarification or further information.

At the October HOSC meeting there were a number of questions and comments raised by HOSC members which were answered by the FFTF team, and the high quality of the output report was noted by the Committee.

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Tab 11 Fit for the Future

Whilst the HOSC minutes have yet to be published, it was evident from the discussion that the HOSC did not raise any concerns with the level of public involvement activities completed to date, in phase 1 and phase 2, and there were no further requests for public involvement on the proposed changes in scope of phase 2.

4   NHSE South West Regional Team

The FFTF programme has worked closely with the NHS England South West Regional Team throughout phase 1 and phase 2. FFTF phase 1 was subject to an NHSE Stage 2 regulatory review process prior to launching public consultation.

To date, FFTF phase 2 has been following the same regulatory process, including the clinical assurance through the South West Clinical Senate Review Panel held in August 2022, public, colleague and stakeholder engagement and production of the Output of Engagement Report. NHSE have been kept fully informed of progress and were provided with copies of the HOSC materials.

A call has taken place at which the outcome of the HOSC discussion was communicated to NHS England, and it was confirmed that, should a decision be taken by the NHS Gloucestershire Integrated Care Board that they are content that the public involvement undertaken has met their duties to involve the public, there would no longer be a requirement to extend the Stage 2 process to include formal public consultation.

5   Gloucestershire Hospitals NHS FT Trust Board

A version of this paper was discussed at GHFT NHSFT Board on 10th November 2022. Trust Board approved the recommendation that no further FFTF phase 2 public involvement/ public consultation activities are required and to proceed to Decision-making Business Case.

6   Issues to Consider

In line with the Stage 2 process, decisions regarding whether the service changes in scope of Fit for the Future phase 2 engagement are deemed to be a substantial development of the health service in Gloucestershire, or a substantial variation in the provision of those services, need to be taken by NHS Gloucestershire Integrated Care Board (ICB) in partnership with Gloucestershire Hospitals NHS FT Trust Board and Gloucestershire Health Overview and Scrutiny Committee. This decision needs to consider the Output of Engagement Report, the NHS England Clinical Senate Clinical Review Panel Report and other information deemed necessary to reach such a decision.

The Output of Engagement Report (presented to Trust Board, ICB and HOSC), demonstrated a high degree of consensus in support of the proposals. The Fit for the Future phase 2 programme is grounded in the same centres of excellence strategy that we have had confirmed through previous consultations and has built on the extensive engagement and consultation activities for FFTF phase 1. These consultations identified there is high recognition of the benefits of our centres of excellence approach amongst those responding to our surveys. In addition, many respondents to our FFTF phase 1 Consultation felt that a greater separation of emergency and planned care would optimise care quality, increase staff retention and learning which would result in reduced waiting times and cancellations.

Furthermore, as part of developing our local plans for Gloucestershire over the last few years, we have been asking staff, patients, carers, public and community partners, what matters to them about local health and care services. A significant proportion of

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Tab 11 Fit for the Future

respondents agreed we should bring some specialist hospital services together in one place and that getting to the right specialist team first time was more important than distance to travel.

It is our contention that FFTF2 has engaged inclusively, innovatively and constructively with our internal and external stakeholders, most importantly with the residents of Gloucestershire and users of our services. In doing so we believe we have met the requirements of NHSE Guidance:

- Robust public involvement;
- To be proactive to local populations;
- To be accessible and convenient;
- To consider different information and communication needs, and;
- To involve clinicians.

In addition to the points above, the FFTF Programme has instructed ICB legal advisors to review the information (including this document and the Output of Engagement report), and their response will be presented verbally at the meeting.

7   Recommendation

When we consider what is required, including whether further public involvement / consultation should be undertaken, the assessment should include:

- What additional information is likely to be forthcoming;
- What additional benefits might be identified;
- If any alternatives will be identified, and;
- A value assessment on the resources applied to further public involvement, set against the other priorities that, we as a system, are working on to improve the health and care of our population.

These questions were asked of the HOSC in October 2022 and from the discussion it was clear that the HOSC did not raise any concerns with the level of public involvement activities completed to date and there were no further requests for public involvement on the proposed changes in scope of phase 2.

The FFTF Programme Team and Programme Executive SROs for GHFT and ICB have reviewed all the information and feedback available and propose the following recommendation that the ICB is asked to approve:

- That, for the reasons stated in the paper, no further FFTF phase 2 public involvement/ public consultation activities are required;
- That a FFTF phase 2 Decision-Making Business Case (DMBC) should be developed based on the 5 services in scope moving to permanent implementation, with the DMBC presented to GHFT and ICB Boards in March 2023 for approval.

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Tab 12.1 Minutes of the PC&DC meeting held on 4th August 2022

Primary Care & Direct Commissioning Committee PT1

Thursday 4th August 2022
2:00pm to 4:00pm, Sanger House/MS Teams

Minutes

Members present	Initials	Non-Executive Directors – Committee Chairs
Colin Greaves	CG	Chair, Non-Executive Director
Jane Cummings	JC	Vice Chair, Non-Executive Director
Mary Hutton	MH	Chief Executive Officer
Cath Leech	CL	Chief Finance Officer
Andrew Seymour	AS	Chief Medical Officer
Julie Zatman-Symonds	JZS	ICB Deputy Chief Nurse, deputising for Marion Andrews-Evans

Name	Initials	Participants
Helen Goodey	HG	Director of Primary Care & Place
Jo White	JW	Deputy Director of Primary Care and Place
Jeanette Giles	JG	Head of Primary Care Contracting

In attendance	Initials	
Julie Soutter	JS	Non-Executive Director
Becky Parish	BP	Associate Director of Engagement and Experience
Bronwyn Barnes	BB	Head of Locality Development
Christina Gradowski	CGi	Associate Director of Corporate Affairs
Rachel Carter	RC	Governance Coordinator, Minute-taker

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Tab 12.1 Minutes of the PC&DC meeting held on 4th August 2022

1.	**Introduction & Welcome**
1.1	CG welcomed members and attendees to the inaugural PC & DC meeting and acknowledged the work of the CCG's Primary Care Commissioning Committee.
2.	**Apologies for Absence**
2.1	Apologies were received from Marion Andrews-Evans.
2.2	It was confirmed that the meeting was quorate.
3.	**Declarations of Interest**
3.1	HG declared an interest as Board member and Joint Director of Locality Development & Primary Care with Gloucestershire Health and Care NHS Foundation Trust.
4.	**Minutes of the last meeting**
4.1	The minutes of the previous meeting were agreed upon as an accurate record, subject to the correction of a missing word in paragraph 6.6.
5.	**Matters Arising**
5.1	30/06/2022: Andrew Hughes (AH) to produce Primary Care Infrastructure Report for PC&DC. This matter was raised during the Clinical Commissioning Group Primary Care Commissioning Committee and remains open. CG requested that this be included at the PC&DC meeting in October. **Item to remain open.**
5.2	CG observed that the minutes of the Clinical Commissioning Group Primary Care Commissioning Committee in June included several references to low GP morale in the county. CG stated that he would be looking to identify actions that could be taken forward to address this.
6.	**Terms of Reference (ToR)**
6.1	Primary Care & Direct Commissioning (PC&DC) ToR
6.1.1	CG stated that the PC&DC terms of reference were formally approved by the Board of the ICB on the 1st July 2022, however there was a need for some minor amendments.

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6.1.2	CGi commented that the Primary Care Operational Group (PCOG) was referenced in paragraph 10.3, however, PC&DC's authority to approve PCOG's ToR needed to be written more transparently. **Action: CGi to revise the PC&DC ToR to clarify the jurisdiction to approve the PCOG ToR.**
6.1.3	AS raised a query on section 9.5.1 which read 'PCNs shall be accountable to the PC&DC Committee,' noting that the Primary Care Networks (PCNs) enhanced service contract was aligned with NHS England. CG explained that the ICB had delegated authority for the provision of Primary Care services therefore there needed to be governance oversight by the Committee. HG added that the ICB was responsible for delivering the contract and the PCN as an enhanced contract. MH explained that the wording needed to be clarified within the ToR in terms of where the PCNs report. **Action: CGi to revise the wording of section 9.5.1 of the PC&DC ToR and clarify the delegated authority.**
6.1.4	AS further asked why there is a distinction made of PCNs accountability rather than of practices being accountable to PC&DC for all enhanced services. HG responded that this was included because the ICB was responsible for delivering the performance of Primary Care Enhanced Services from a contractual perspective.
6.1.5	CGi commented that further clarification on whether Integrated Locality Partnerships (ILPs) should report to the PC&DC committee may be required. HG answered that as wider non-contractual and non-statutory partnerships, ILPs would not be included within PC&DC jurisdiction. HG explained that there was, however, a relationship between PCNs and ILPs. MH added that the ICB would have a representative on the Integrated Care Partnership. Further work was to be undertaken around governance and approval routes for the ILPs.
6.1.6	MH raised a query on section 4.2 regarding committee membership, stating there were discussions that a lay member should be present alongside the non-executive directors. CG corroborated this and suggested this be updated subject to approval from the Board of the ICB. CG commented on an oversight in section 4.5.1, where the citizen member within the list of participants should have been changed to a Healthwatch participant. **Action: Subject to agreement from the Board of the ICB, CGi to update the membership and attendees of the committee to reflect a broader base. This includes adding a lay-member, and the Primary Care ICB Participant.**
6.1.7	**Recommendation: The committee noted the Terms of Reference for the PC&DC committee and agreed on the proposed changes to the ToR. The committee agreed that the revised ToR be taken to the ICB Board confidential meeting on 31st August for approval.**

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6.2	Primary Care Operational Group (PCOG) Terms of Reference (ToR)
6.2.1	AS said that in the long-term it may not be practical to have a Chief Medical Officer as Chair of PCOG, as there was no requirement for the Chief Medical Officer to have Primary Care experience. CG agreed that going forward this may be reviewed.
6.2.2	CG explained that the constitution did not specify that PC&DC could approve the PCOG ToR. CGi clarified that the model constitution did not name all subcommittees. In section 10.4 in the PC&DC Terms of Reference it was specified that PCOG will act as a subcommittee and shall report to the committee; it was incumbent on this committee to provide the terms of reference. It was agreed that the PC&DC had the authority to approve the PCOG ToR.
6.2.3	**Recommendation: The committee approved the Terms of Reference for the Primary Care Operational Group.**
7.	**Partners in Health Contract Novation**
7.1	CG introduced the Partners in Health Contract Novation item by noting that this had been discussed in detail at previous Primary Care Commissioning Committee (PCCC) meetings.
7.2	JW explained that Partners in Health was an inner-city practice in Gloucester of around 12,500 patients and had been unable to recruit additional partners to help manage the significant workload. The Partners entered discussion with their chosen partner, GDoc Ltd, to provide the same services to their patients and take on the GMS contract. PCCC had agreed the novation of the Partners in Health contract to GDoc Ltd at a meeting on 2nd December 2021. The novation of the Partners in Health contract was effective from 1st August 2022, and a Contract Award Notice (CAN) had been issued.
7.3	**Recommendation: The committee noted the Partners In Health Contract Novation.**
8.	**Enhanced Access Update and Next Steps**
8.1	JW presented the 'Enhanced Access Plans Update' presentation which explained the background and need for enhanced access within Primary Care and the governance process for the PCN enhanced Access Plans. JW explained that the ICB Primary Care Team was working together with PCNs and NHS England to produce plans ready for October 2022 to make appointments more accessible. The principle of these plans had been to the Primary Care Operational Group (PCOG). JW informed the Committee that the PCN plans had to be signed off by the end of August.

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8.2	MH applauded the use of the survey for patient views on the Enhanced Access Service and expressed the importance of meeting patient needs. MH then expressed the need to assure patients that we are reflecting on feedback as communicating this clearly can be challenging.
8.3	HG emphasised that there had been positive engagement from Gloucestershire PCNs on this service.
8.4	JC commended the Enhanced Access Service but questioned whether there is the wider workforce available to deliver the amount of additional hours. JW replied that though resource has been recently challenging that this is an expected extension of an existing service.
8.5	JC queried whether there is assurance that the Gloucestershire population will make use of the service as during previous attempts patients preferred their own GP and did not want to use other Practices. HG replied that each PCN is designing what will work best for them using feedback from their local population. HG added that in rural areas there is a model where appointments rotate between practices which has been successful.
8.6	JC asked whether this is likely to free up space during the week for urgent on the day appointments and have a knock on effect on helping urgent emergency care demand and capacity long-term. JW responded that some practices are using these additional hours as urgent clinics, increasing overall capacity.
8.7	JS mentioned that the nursing workforce were generally supportive of the model but advised that if patients were regularly using different practices, then clinical governance was prioritised so nurses can ensure consistency in managing ongoing issues and follow-up appointments.
8.8	BP supported the model having been developed locally at a PCN level but mentioned that this means all communications will need to be at the same level, otherwise there would be confusion among local populations. BP added that this may prove to be challenging for our communications team.
8.9	CG observed that there may be a negative financial impact due to running two separate services, which could leave GDoc adversely affected. CG questioned whether GDoc have raised this impact. JW answered that GDoc will be funded for running the weekend and Bank Holiday sessions.
8.10	**Recommendation: The Committee noted the status of the Enhances Access Plans, its governance process, and approved its principles. It was agreed that delegated authority be given to the ICB Operational Executive to sign off the final plans by 31.8.22.**

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9.	**Primary Care & PCN Performance Report**
9.1	JW began with an explanation on the types of information the Primary Care and PCN Performance Report contained and the different elements of each section of the report.
9.2	JW stated that the goal for the PCN Dashboard was to begin a gradual increase toward achieving the target. JW added that results were being compared and fed back to PCNs and CDs to detect anomalies.
9.3	JW summarised the work which was ongoing with practices in regard to Learning Disability (LD) Health Checks including the support given by a LD liaison nurse. JW highlighted that in 2021-22 there was a target of 75% for LD Annual Health Checks and, in Gloucestershire, we achieved over 79%.
9.4	JC noted the 10% increase in Enhanced Health in Care Homes data within section 3.2. JC questioned if there is a benchmark for this data and if it would be possible to assess the impact of this plan to see if further improvement would make a significantly positive impact over the winter period. HG explained that during the pandemic the running of several enhanced services were temporarily suspended whilst the focus remained on managing the pandemic and reinstated intermittently. HG agreed that an impact evaluation would be constructive. CG added that, prior to the pandemic, there was evidence that the Enhanced Service had a positive impact and reduced hospital admissions.
9.6	**Recommendation: The committee noted the Primary Care & PCN Performance Report**
10.	**Primary Care Delegated Commissioning – Pharmacy, Optometry, Dentistry Highlight Report**
10.1	CG introduced the item by explaining that ICB's would be taking on delegated responsibility of Pharmacy, Optometry and Dentistry from the 1st of April 2023.
10.2	JW outlined key information from the highlight report and expressed that further detail will be given at the next PC&DC committee meeting.
10.3	CL mentioned that fortnightly financial meetings had been set up to research and update budgets and allocations, and advised that all due diligence and understanding of the contracts is undertaken due to the differing nature of each.
10.4	JC asked the Chair what the collective process would be if the ICB requires additional resources from NHS England to achieve this at a local level. CG replied that an assurance document will be given to NHS England at the end of October.

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10.5	CG acknowledged that the contracts were high priority especially due to the tight timescale given. HG informed the meeting that communication was already underway with the local pharmacy, optometry and dental committees.
10.6	**Action: CG requested a detailed report on Pharmacy, Optometry and Dentistry return to PC&DC Committee for further discussion.**
10.7	**Recommendation: The committee noted the Pharmacy, Optometry and Dentistry Highlight Report and the above action.**
11.	**Quality Report**
11.1	JS presented the 'Primary Care Quality Report,' which provided an update on assurance as well as safety, experience and effectiveness data. JS highlighted that the report format was new and could be developed further following feedback from committee members. In terms of refugees, JS explained that there were currently 362 residents across three hotels, the asylum hotels in Gloucestershire, and 110 Ukrainian guests in the county. JS added that the latest guidance was for every refugee to be offered a chest x-ray to detect Tuberculosis.
11.2	JS mentioned the National GP Patient Survey and highlighted the current challenge facing primary care. There was obviously a lesson to be learnt from ensuring that patients were fully informed of the new access system.
11.3	JS supplied an update on Migrant Health numbers and the potential strain it could have on our primary care colleagues. JS explained that work is ongoing with GHFT and Primary Care on TB screening.
11.4	HG requested that the Primary Care Operational Group received a detailed Primary Care Quality Report. CG supported this suggestion.
11.5	JS queried about how Primary Care quality would feed into the System Quality Committee. CG advised the assurance for quality would sit within the System Quality Committee. HG emphasised the importance of ensuring the work was joined up.
11.6	BP explained that Gloucestershire performed well on the National GP Patient Survey. BP explained that the Health Service Journal (HSJ) had written a report on the results. BP added that Ipsos would be undertaking further analysis and will ensure a balanced analysis of the results.
11.7	BP added that the Friends and Family Test had been reinstated and reporting will commence from August 2022.

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11.8	CG asked when the contract for the Out of Service was due to end. **Action: HG to confirm when the Out of Hours Service was due to end.**
11.9	**Recommendation: The committee noted the Quality Report**
12.	**Financial Report**
12.1	CL explained that in the year 2022-23, months one to three were reported for the CCG and months four to twelve would be reported for the ICB. There were rules that needed to be followed in terms of the close down of the CCG and start-up of the ICB; these rules have affected the reporting of the budgets and phasing.
12.2	CL explained that there was a year-to-date underspend of about £750k. This was in part due to the phasing of budgets for minor improvement grants that will be utilised as we go throughout the year. The other reason for the underspend was due to a prior year benefit. CL explained that it was anticipated that, given the pressures in primary care, the underspend would be fully utilised by the year-end. CL said the forecast for the full financial year is a break-even position and it was expected that there would be some in-year non-recurrent spend.
12.3	**Recommendation: The committee noted the Financial Report**
13.	**Primary Care Strategy Overview**
13.1	HG shared the Primary Care Strategy Overview presentation which detailed the National Primary Care challenges and the Gloucestershire Primary care Strategy. The strategy was first published in 2016 and was refreshed in 2019. HG summarised the six Primary Care strategic goals. HG said the proposal was to refresh the Primary Care Strategy for 2023-24.
13.2	HG summarised some of the key work which had taken place in Primary Care over the last six years, such as Quality Improvement Projects, Direct Enhanced Services, transformational projects and supporting practices to merge. HG summarised the projects that had taken place in the Integrated Locality Partnerships.
13.3	HG explained some of the projects that had taken place with Primary Care Estates and emphasised that a strategic approach was taken to developing Primary Care Infrastructure.
13.4	HG highlighted the work underway and future plans to support Primary Care workforce, an area which is seeing significant challenge.

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13.5	CG acknowledged that there were challenges and these challenges would increase over time in certain areas such as primary care premises. JC commended the work undertaken within Gloucestershire Primary Care.
13.6	**Recommendation: The committee noted the Primary Care Strategy Overview**
14.	**Next Steps for Integrating Primary Care: Fuller Stocktake Report**
14.1	JW shared a 'Next Steps for Integrating Primary Care: Fuller Stocktake' presentation which detailed the components of the Fuller Stocktake Report. JW said the report was to provide specific and practical advice to all ICSs on how they can accelerate the implementation of the primary care ambitions. JW explained that the Fuller Stocktake was setting out a new vision for integrated primary care.
14.2	JW explained that the Fuller Stocktake was looking particularly at how ICS's can drive more integrated primary and community and social care services at a local level.
14.3	JW highlighted that content of the Fuller Stocktake report reflected the aims of the local Primary Care Strategy. JW summarised the three functions of preventative care and chronic disease management and complex care.
14.4	HG summarised the next steps for the local approach. HG said Gloucestershire Primary Care was testing new ways of working, particularly around the management of on the day demand; there were currently two pilots running in Gloucestershire.
14.5	HG explained that Gloucestershire ICB Primary Care Team were working with GHC colleagues to see how we can build a neighbourhood that has mental health, community, adult social care, as well as a GP practice hub, and ensure pathways were clear.
14.6	HG said there was an important piece of work to support primary care workforce, focusing on the 'Core 20', which was one of the recommendations from the Claire Fuller Stocktake Report.
14.7	CG advised that applying the principles of a successful small-scale project at a countywide scale needed to be handled carefully as there would be new challenges.
14.8	CG asked for further detail on the resources to deliver the Primary Care Strategy. HG responded that there may be challenges in resources. HG highlighted that she had a dedicated and motivated primary care team within the Gloucestershire ICB and care would be given to prioritise key tasks and focus on the Core 20. CG asked if sufficient resource was available for financial and business informatics support. HG responded

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	that the finance and business informatics team were very supportive however it was important to prioritise the work.
14.9	CG asked if a benchmarking exercise would be undertaken. HG responded that it would be.
14.10	**Recommendation: The committee noted the Next Steps for Integrating Primary Care: Fuller Stock Take Report**
15.	**ILP Highlight Report**
15.1	HG explained that the Integrated Locality Partnership (ILP) highlight report provided a high-level overview of the six ILPs and the initiatives running within them.
15.2	HG explained that the highlight report contained the ILP key achievements, key milestones and key risks.
15.3	CG highlighted that ILP's, working in the neighbourhoods, will influence preventative care and primary care. CG stated that it was important for PC&DC to receive ILP data.
15.4	**Recommendation: The committee noted the ILP Highlight Report**
16.	**Any Other Business (AOB)**
16.1	There was no other business discussed.
17.	**Questions From the Public**
17.1	There were no questions from the public.

The next PC&DC Committee meeting takes

place on the 6ᵗʰ October 2022.

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System Quality Committee Meeting

Thursday 18th August 2022
2:00pm to 4:40pm, Sanger House/MS Teams

N.	Item
	Attendance
	Members
	Jane Cummings	JC	Chair, Non-Executive Director, GICB
	Julie Soutter	JS	Non-Executive Director, Audit Chair, GICB
	Marion Andrews-Evans	MAE	Executive Chief Nurse, GICB
	Andrew Seymour	AS	Chief Medical Officer, GICB
	Matt Holdaway	MH	Director of Quality and Chief Nurse, GHFT
	John Trevains	JT	Director of Nursing, Therapies and Quality, GHC
	Sarah Scott	SS	Executive Director, Adult Social Care, GCC
	Siobhan Farmer	SF	Director of Public Health, GCC
	Attendees
	Christina Gradowski	CG	Associate Director of Corporate Affairs, GICB
	Rachel Carter	RC	Governance Coordinator, GICB (Minutes)
	Sian Cole	SC	Health & Social Care Clinical Commissioning Manager, Ageing Well Team, GICB
	Jane Haros	JH	Associate Director of Nursing Clinical Commissioning, Frailty, End of Life, and Dementia Lead, GICB
	Robert Mauler	RM	Senior Manager, Quality and Commissioning, GICB
	Melanie Munday	MM	Associate Director of Integrated Safeguarding, GICB
	Jan Marriott	JM	Non-Executive Director and Chair of Quality Committee, GHC
	Trudi Pigott	TP	Deputy Clinical Quality Director, GICB

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System Quality Committee Meeting - 18/08/22

	Julie Symonds	JSs	Deputy Chief Nurse, GICB
	Hannah Williams	HW	Deputy Director of Nursing Quality and IPC, GHC
	Annalie Hamlen	AH	Senior Nurse, Quality & Integrated Commissioning Team, GICB
	Pauline Edwards	PE	Designated Nurse for Children in Care in Gloucestershire, GICB
	Dr Imelda Bennett	IB	Designated Doctor for Children in Care and Adoption, GICB
	Sarah Morton	SM	Chief AHP Professional Lead for Gloucestershire ICS
1.	**Welcome and Apologies for Absence**		
1.1	JC started the meeting by acknowledging the work of the previous Quality and Governance Committee. Introductions were then made.		
1.2	Apologies were received from Alison Moon.		
2.	**Minutes of the last meeting (Q&GC June 2022)**		
2.1	The minutes of the previous meeting were agreed as an accurate record.		
2.4	It was confirmed that there were no outstanding matters arising and that actions had been completed. JC asked for this to be confirmed with an audit trail going forward.		
3.	**System Quality Terms of Reference (ToR)**		
3.1	JC introduced the item by stating that the System Quality Terms of Reference had been approved by the ICB Board at its first meeting held on 1 July 2022, and that they were expected to be reviewed annually.		
3.2	JC observed that the ToR did not refer to Social Care and explained that they should be included in the ToR.		
3.3	JC stated that thought should also be given to how the Quality Committee interlinks with reporting quality in Primary Care. AS agreed and added that further work was needed to avoid duplication between PC&DC and the Quality Committee, and the possibility of areas not being adequately covered in either committee. JC requested that the Chair of Primary Care and Direct Commissioning Committee be involved in the decision as to how this should work, along with MAE and AS. MAE added that Julie Symonds was working with key people in Primary Care on reporting. AS suggested that the committee involve Helen Goodey and Jo White in further conversations around Primary Care reporting at a future meeting and prior to changes being made to the ToRs.		
3.4	AS added that quoracy for this meeting relied on MAE, AS or a deputy to be present. AS raised that there could be risk around this if deputies were not available.		

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System Quality Committee Meeting - 18/08/22

3.5	CGi mentioned that the ToR were not included within the ICB Constitution, enabling them to be updated and submitted to the ICB Board for approval.
3.6	JM stated that the purpose in the ToR should include 'Quality of Care and Outcomes'.
3.7	JC spoke about having strategic oversight and assurances in place in different parts of the system. It was suggested that if necessary, deep dives were carried out to examine underperforming areas.
3.8	**Action: CGi to place the updated Terms of Reference on the Agenda for the next SQC meeting for comment before being presented to the ICB Board.**
3.9	**Recommendation: The Committee noted the Terms of Reference and agreed that they should be updated based on feedback.**
4.0	**Care Quality Commission Reports**
4.1	RM provided an overview of the CQC ratings for different organisations. There were some areas of difficulty, but overall, GHFT was rated as 'Good' and Primary Care was rated as 'Good' or 'Outstanding'.
4.2	JC commented that the role of this committee was to gain assurances that issues were being dealt with and to determine what support the committee could offer. JC added that identifying positives could be celebrated and communicated, as well as having an open and honest discussion about areas of more concern.
4.3	JT responded that the CQC score for Charlton Lane had unfortunately reduced from 'Good', to 'Requires Improvement'. There was an action plan in place, and the CQC may return in the Autumn to carry out a re-assessment and review. JT added that there was a requirement to evidence and drive embedded learning, and secondly, to address the staffing challenges impacting on care delivery.
4.4	JM considered that the CQC had praised the move towards having the right service model of moving people through the system and integrating them back into the community.
4.5	JT explained that the Crisis Team (who have an 'Outstanding' rating) was last inspected in 2016. The majority of other mainstream mental health services were inspected in 2018, but the demand on the service had increased considerably since then. JT was currently examining this area of significant importance.
4.6	AS spoke about the GP practice which was rated as 'requires improvement'. From an assurance point of view, the Primary Care Team, AS and MAE will be going into the practice to offer help and support. This practice had recently been taken over by an out of county provider, and the committee when briefed about the outcome of the forthcoming visit could examine the systemic issues being raised.
4.7	JC stated that there was a long-term action plan. However, the committee needed assurance about whether actions put in place were making a difference.

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System Quality Committee Meeting - 18/08/22

4.8	MAE informed the committee that the CQC was currently considering moving the inspection of community services into the Primary Care inspection team.
4.9	An extensive action plan was being worked on by the Children's Services. MAE was a member of the Children's Services Improvement Board, and she would be able to provide feedback on their work to this committee. Staffing levels remained an issue, but the team continued to make good progress through their Social Work Academy.
4.10	Joint Targeted Area Inspections will potentially involve all organisations next year and will conduct a deep dive investigation and evaluation of Children and Young People's experiences of particular services. Child Sexual Exploitation was currently the deep dive focus, as was safeguarding within county a significant priority.
4.11	MH spoke about the CQC activity within GHFT. MH stated that there was a Maternity inspection, followed by a Surgery inspection. The report had been received for the Maternity inspection. Both these resulted in Section 29A Enforcement Notices. The Action Plans associated with the Section 29As were back with colleagues in the CQC with a deadline for a full Action Plan for Maternity to go back by 29th August 2022. MH explained that a Quality and Governance Review would examine and address capability and capacity areas.
4.12	**Recommendation: The Committee noted the contents of the Care Quality Commission Reports**
5.	**System Assurance**
5.1	JC explained that the discussion on System Assurance would focus on the role and processes of the committee. JC stated that this included respecting the differing roles of the members and organisations involved, ensuring improvement and reducing inequalities both in access and in health outcomes. JC explained that the committee had a collective responsibility to ensure that providers have the right processes and assurances in place and were working collaboratively to improve outcomes for patients and create better results.
5.2	JC added that the role of the committee should not duplicate the work of provider organisations. JC suggested that to ensure this did not happen, the Quality Committee would link into other committees where performance and quality were also key components. JC added that this included the People Committee, as high staff vacancy rates had a significant impact on quality and patient experience. JC informed the committee that it was important that key quality risks were flagged up early, so that the correct support could be identified.
5.3	JC also mentioned that mental health demand pressures have had a significant impact on patient flow and suggested that the committee explored safe discharges from GHFT into the district nursing teams.
5.4	SM commented that clinical programme approaches provide an opportunity to look at pathway work. From an Advanced Healthcare Professional (AHP) point of view, there was strong collaborative working across the faculty and the council, looking at the workforce and how the APH community supported the system.

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5.5	**Recommendation: The Committee noted the System Assurance discussion and update**
6.	**Frailty Strategy**
6.1	SC explained that the purpose of presenting the Frailty Strategy to the Quality Committee was to provide the committee with a background to the development of the Strategy, it's key priorities and principles, and overview of the next steps. SC informed that the Frailty Strategy was shared with the committee for information, comment, and final agreement of the strategy.
6.2	SC informed the committee that the strategy had been signed off by the Frailty and Dementia Clinical Programme Group (CPG) and had been presented to the ICS Strategic Executive Group on 21st July 2022 and the Board of the ICB on the 27th of July.
6.3	SC presented the strategy to the Committee members and described the three stages of the development of the Frailty Strategy. These were: understanding the landscape, analysis of information to inform strategic development, and implementation. SC described the four priorities which had emerged from the work undertaken. These priorities were Prevention, Identification and Management of Frailty and Workforce.
6.4	SC stated that the Frailty and Dementia CPG will be overseeing the work detailed within the Frailty Strategy and will be monitoring and developing the workstreams in the coming months.
6.5	JH mentioned that there were 20 beds committed by December for the Frailty Virtual Ward and that, through partnership working, research was ongoing on what has been successful in the county. JH added that a project will be set up to ensure the staff were sufficiently trained in caring for patients on the Virtual Ward.
6.6	JC asked what could be prioritised before the winter season, that would reduce the risk of illnesses that may lead to further intervention. JH replied that the Virtual Ward would provide support to reduce this risk, as well as the use of a risk matrix to identify vulnerable cohorts over 65 to be contacted by primary care. JH added that research was ongoing to explore better uses of technology for remote monitoring.
6.7	JH mentioned that work on Discharge to Assess beds (the over 70-day stays) had just started, and in time will lead to decisions on what work needed to be prioritised.
6.8	SS stated that unfortunately the Population Health Management (PHM) approach had veered away from the original model and work continues to invigorate this.
6.9	JM asked if there was any support for patients struggling with cost-of-living on Virtual Wards, particularly those that may not be able to afford necessities such as heating and food, which may lead to serious illnesses. JH replied that this has been raised as a concern through the Virtual Wards Project Board and that the team were working with the lead for the Warm Homes initiative to identify what support can be offered.
6.10	JM suggested the ICB joined up with developers from GHC and GCC around telehealth to maximize the benefits of technology-enabled care.

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6.11	SM mentioned that some nursing colleagues were undertaking considerable PMH work and that it would be a good opportunity to link this to Virtual Wards.
6.12	AS commented that many practices were very enthusiastic about addressing inequalities and that the system would need to support practices in understanding and learning to work more with technology-enabled care.
6.13	**Recommendation**: **The Committee agreed the further implementation of the Frailty Strategy.**
7.	**Children in Care (CiC) Annual Report**
7.1	PE explained that this was a mixed report, starting with a positive OFSTED summary from the Inspection Report this year, but there were still challenges which need to be faced.
7.2	PE stated that Children in Care numbers continued to rise and have been since 2011. It was known that an increase in poverty leads to a rise in children in care and therefore the situation was not expected to improve. Access to dental care has been an issue during the pandemic, but of course not just for children in care.
7.3	PE explained that there was also a corresponding increase in complexity of need with some older children, who probably should have been admitted into care sooner, with difficulties more entrenched than they would have been. There were very dedicated teams in the provider trusts who were passionate about improving the health outcomes for children in care, and the ICB Team has great working relationships with them all, to constantly improve practice.
7.4	PE informed the meeting that a very experienced new Adoption Medical Advisor who was also the named Doctor for Children in Care for GHC, had been appointed. This was very welcomed however, there was still a gap in GHFT for a named doctor and nurse for Children in Care.
7.5	PE commented the impact of the Somerset Judgment on adoption medicals had a massive impact on the workload of the of the Permanence Medical Team and their resilience had been stretched to capacity, leading to concerns around staff wellbeing.
7.6	PE reported that further thinking was being undertaken to formulate planning for children, particularly those with very complex and multiple health needs, across the multidisciplinary team. Once the teams were all integrated and there was more capacity with additional staff then there will be paediatric input.
7.7	IB spoke about the ceasing of potential work in relation to adoption pending the Somerset Ruling. It was noted that Somerset ICB was being taken to court. The adoption medical advisor's reports were challenged by a barrister for the parents who were trying to stop a child being removed. IB explained that legal technicalities were identified and after looking at the various issues, it was then referred to the President of the Family Courts and it was found to be a systemic problem. Social workers had not obtained consent to access health records. The judges have now taken a stance that they will not grant any orders for adoption unless this information was contained within the report. Social workers have had to return to

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	biological parents to obtain their consent to health records and if these have not been forthcoming, they have had to seek Court Orders.
7.8	IB stated that staffing was a key concern. IB had appointed the South Gloucestershire Adoption Medical Advisor. Another doctor had been appointed and was due to start in September 2022. However, despite the additional appointment, the amount of doctor time available remained below the recommended hours. Additional funding was made available to recruit to additional sessions. There was one Whole Time Equivalent nurse who had been formally appointed who collates background information from notes.
7.9	IB asked that the ICB recognised the challenges being faced by the team.
7.10	MAE commented that this matter had been escalated to all three CEOs at all organisations. The ICB commission the service but the moment the Court Order was issued, the Order goes to the CEO at the GHFT as the provider. There had been many discussions around this recently. MAE thanked IB for her work on this service.
7.11	MAE informed the meeting that the ICB had made a commitment to provide resource and support to the service to ensure improvements could be made. Additional posts need to be recruited into GHC, along with moving the remaining services from GHFT into GHC so that there would be a unified service within the Children in Care Team. The challenges within the service had been ongoing for several years and recruitment of the additional doctors' posts needed to be carried out urgently. JC stated that she was sure that if this did not gain traction, there were several people involved in the committee, who could become involved to further escalate this, if so required.
7.12	JM asked if the Adverse Childhood Experiences (ACEs) Programme may prevent children needing to go into care. SS spoke about the ACEs Programme and how this was not designed to stop children going into care. IB was involved with ACEs and spoke about the need for properly qualified trauma staff and the link between trauma and deprivation.
7.13	JC commented that this work spanned the whole system. The resource was available for the Children in Care Team. Decisions needed to be made around recruitment and JC was sure that the two Chief Nurses would be happy to talk to IB about learning and development opportunities in ED and Paediatrics, where work could be aligned and may enable referral to other experts, who could spend more time talking to some of these children.
7.14	SF stated that there was a good deal of work underway around the prevention agenda. The King's Fund was conducting some work around multiple and severe disadvantage and how this affected homeless populations, which overlapped with domestic abuse and sex workers. The pandemic had slowed down this valuable work, but SF felt that momentum could be regained, especially with the new strategy that would be written in the next few months.
7.15	MAE expressed thanks to the Children in Care team at GHC for the tremendous job that they do, which also included offering consistency to these children throughout their adoption process. JC also thanked the people involved in writing the report, which proved that there was a significant amount of good work going on.
7.16	**Action: IB and PE to provide update on recruitment figures within the CiC Team at the October SQC meeting.**

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7.17	**Recommendation: The Committee noted the contents of the Children in Care Annual Report**
8.	**Gloucestershire LeDeR Annual Report and LeDeR Policy**
8.1	Gloucestershire LeDeR Annual Report
8.2	TP stated that this was the fourth LeDeR Annual Report for Gloucestershire and was the first of a three-year plan. Thanks, and acknowledgement of this work were extended to Cheryl Hampson and her team who had put this together and whose knowledge, commitment and dedication had enabled Gloucestershire to be in a very good place with this work.
8.3	TP reported that the team would continue to hear and build on the voices of the people who have a learning disability and/or autism.
8.4	TP explained that one of the areas which came to light was that most people with LD or autism died in hospital, and were more likely to do so, than the rest of the population so this could be the subject of a deep dive next year. From the 40 deaths reviewed over the last year, along with national figures, the causes were mainly respiratory, so linking in with the Respiratory CPG would be helpful to see what more can be done. There were less than five Covid deaths during the last 12 months.
8.5	TP commented that more people now have a ReSPECT form, enabling their wishes at the end of their life to be known. Accessible videos about the ReSPECT process were being made to inform people about this. The team was also linking in with the End of Life CPG and collaborating to improve outcomes for those with learning disabilities and autism. The ICB had reached a target of 79% around annual health checks and 90% of people have had their Covid vaccinations.
8.6	TP detailed that future plans would include: training programmes and a pilot around fundamentals of care; further resources going into RESTORE2 to recognise patients who may be deteriorating in the community; sessions with health professionals to bring in more clinicians; improving medication and care for those with dysphagia in hospitals and care homes; examining the quality of annual health checks to see if there was a health action plan resulting from these; quality assurance in the region and working with more families and carers from an ethnic and minority background.
8.7	JS asked when the Peer Review work would start, how long this would take and where the results would be reported. TP stated that it would be preferable to make this an ongoing process by reciprocal and collaborative working between regional teams which would be set up quickly. JS stated that the committee would appreciate the assurance that improvements would result from undertaking this work. JM responded it was important to utilise resources wisely to drive change and improvement.
8.8	JC asked for further discussion on co-diagnosis with autism. TP responded that it was proving more difficult to capture those deaths and the reasons for them. Assurance was given around the strict Learning into Action Group. The Experts by Experience hold the group to account if the actions have not been completed.

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8.9	AS commented on the high success rate of the health checks of people with LD. These checks were the responsibility of primary care and the then CCG had brought in additional workers to help struggling practices, thus enabling the checks to be completed. This was a good example of joint working.
8.10	JC commended the quality of the report and stated that it was important to see intentions coming to fruition. JC spoke about the case studies at the beginning of the report, mentioning that two of the three deaths involved bowel obstruction, which was a common reason for deterioration and death and may go unrecognised in care settings. Learning Into Action could look at this as JC could not see it in the descriptions given.
8.11	TP assured the committee that the team was working with the National and Regional Teams on some resources around constipation and the early awareness of bowel problems. The intention was to educate families, carers, and service users by using podcasts and other resources to enable education around this subject, and to bring about better outcomes for our population.
8.12	<u>LeDeR Policy</u>
8.13	JC explained that the contents of the policy needed to reflect and fit current governance structures since transitioning from a Clinical Commissioning Group to an Integrated Care Board.
8.14	CGi stated that the Governance Team was currently working through the formatting of 127 policies, updating them, and attaching new logos. The policies that had changes within them would be taken for ratification to the relevant committees. If the content of this policy was approved, then updates to the job titles, committee names and dates would be included along with the formatting of the document.
8.15	**Recommendation: The Committee approved the LeDeR Annual Report and the LeDeR policy subject to relevant alterations being made.**
9.	**Maternity Update - JSs and MH**
9.1	JSs explained that she was working with the Trust on an Improvement Plan around the Section 29A received in July 2022. The report stated a lack of assessment, and risk to women receiving maternity services in Gloucestershire. The report stated that there were insufficiently qualified staff to manage the maternity triage and the governance system and processes were not effective enough in terms of learning from incidents, and the wider safety of services.
9.2	JSs considered that were was a lot of work being undertaken to fill the workforce gaps, but the key findings were around the Maternity and Obstetrics Early Warning Score (MOEWS), emergency equipment and safety checks. Some points mentioned in the report were in place but were not evidenced for the CQC. There were some recommendations around additional Personal Protective Equipment (PPE) and emergency equipment being available. Work will be undertaken to examine what equipment needed to be made available in certain places.

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9.3	JSs commented that areas which can easily be rectified were: signage around PPE and Covid patient pathways. Audits now confirmed that signage was available, and pathways were identified and correctly displayed.
9.4	JSs stated that the maternity triage staffing level and the ability to conduct the triage within 15 minutes was being scrutinized, in great detail, with the maternity team having been involved in the Quality Summit.
9.5	JSs explained that the Competency Framework and Training Compliance for Midwives was being examined by the lead Midwives. It was expected to have the training and objectives completed by December, which would demonstrate that the work having been achieved in that team.
9.6	JSs commented that there was a significant piece of work being undertaken regarding one-to-one care in the Labour Department. It was felt that data quality input was affecting the results in terms of 100% compliance. It was hoped that the Trust would in future be able to demonstrate compliance, and that consistent interpretations and data input would support compliance.
9.7	JSs reported the review of the Serious Incidents which was being looked at not only by the ICB, but by the Trust and the Surgical Committee. The key area of focus was around the delays in closing down the Low Harm and No Harm incidents but also the scrutiny that High Harm incidents came under.
9.8	JSs confirmed that Cheltenham Birth Unit would remain closed until October with a plan for review in September. From a Local Maternity Network Service perspective, one of the Continuity of Care teams had been temporarily paused with a relaunch plan from October and there would be a further roll out of work, planned for April/May 2023.
9.9	MH stated that some of the language used in the report was not quite correct in that it stated that equipment was not there when it was. Unfortunately, the CQC team spoke to somebody who did not know where certain equipment was located, this was recognised as being as much of a problem as it not having been there.
9.10	MH spoke about the staffing challenges in maternity. There were approximately 13 Whole Time Equivalent (WTE) vacancies in Gloucestershire midwifery, which may not appear a huge amount, but when maternity leave, long term sickness was factored in, that equaled 20-25 WTE. That was the driver behind the triage times and the triage staffing and the reason behind the closure of the Birthing Unit. To improve the service, there was a need to attract and retain staff.
9.11	MH stated that there was a new senior leadership team in place and the work they have completed around the action plan was impressive. The committee will be kept informed of progress against the plan.
9.12	JSs commented that it was great to see the involvement of the Corporate Patient Experience Team in terms of receiving and responding to patient feedback.

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9.13	AS asked for clarity on numbers of staff in Midwifery. MH confirmed that there were 13 WTE and therefore there was 5-6% vacancy rate, which did not appear significant, however the number of staff on maternity leave, and sickness leave resulted in staff shortages.
9.14	JSs reported that the reason for the Birth Unit remaining closed until October was that there was an intake of midwives planned in September, assuming that all offers of recruitment were accepted. This would allow an opportunity to split the team again, across both sites at GHFT.
9.15	JC asked how likely it would be that the University of Gloucestershire could offer midwifery. MH considered that currently Worcester and Bristol provide midwifery, and there were conversations around a Masters Level study, and other pathways that lead to midwifery in the same way that has been undertaken with nursing. It was hoped that the University would support local colleges to provide apprenticeships for midwifery.
9.16	**JS declared an indirect interest in that her husband was on the Board for the University of Gloucestershire.**
9.17	JS confirmed that there had been a significant amount of information made available to the committee and for future updates, a written paper would be provided, in advance of the committee meeting.
9.18	MM asked if the midwifery students were receiving properly supported training, noting that if the system was trying to attract staff and students, then it was essential they were properly supported. MH stated that there was assurance that students were getting a good experience and a lot of time had been spent with staff and students talking about their experiences within maternity. The Head of Midwifery was very focused on all students receiving a positive experience.
9.19	MH commented that there were specific issues in Gloucestershire, and many of the challenges being faced by our county were also national challenges. There was a national shortage of midwives, and maternity departments in other parts of the country were dealing with many similar ongoing challenges.
9.20	MH commented that the Trust had been involving Non-Executive Directors and the Governance Department with regard to the inadequate rating; challenge had been made about the oversight at Board level. The GHFT Board was well sighted on the challenges and as such, there were GHFT Board papers that could be made available for future ICB Quality Committees. JS suggested that an Executive Summary with a high-level action plan would be valuable for this committee to have sight of.
9.21	**Recommendation: The Board noted the verbal Maternity update but would appreciate a written paper to review before each subsequent System Quality Committee meeting on this topic.**
10.	**Forward Plan of Committee Items**
10.1	JC offered to the committee an opportunity to propose future agenda items for the committee. The following items were requested: • RM: Patient Safety Incident Response Framework

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	• MH: Eating disorders • MAE: Urgent and Emergency Care, SW Clinical Senate report in October 2022 • AS: Diabetes Types 1 and 2 • JS: Obesity • JM and MAE: End of Life pathway • JSs: Migrant Health Programme • RM: Integration and reporting around primary care and that highlight link with PCDC and PCOG
10.2	JS raised system risks and ICB level risks. JS suggested that this committee would examine risk pertaining to issues around quality, by examining the risk and assurance processes around quality and safety that are system wide. JS suggested examining similar formats from provider organisations to identify any missing information and where assurance would come from other organisations and cautioned about areas of duplication.
10.3	In terms of obesity, SF commented that this item would focus on the Integrated Care Strategy and what this will contain. The Health and Wellbeing Strategy runs for another 8 years yet, and obesity was a priority here. It was noted that care must be taken to ensure that this committee was not looking at themes which other boards were overseeing. JC agreed that this was fair, needing to identify where the risks were.
11.	**Risks and Issues Summary**
11.1	In terms of the Risks and Issues summary, RM stated that this was concerning governance arrangements for this committee flowing into the ICB. There was a discussion about how risks would be reported to the Board. JC considered that there needed to be discussions on system-wide quality risks and issues, which would be discussed as part of the agenda. Following that, there needed to be a clear understanding of how the discussions on these risks and issues were reported to the Board; recognising that there will be areas of concern. Anything that needed to be actioned could be flagged to the Board for decision. RM commented that the two key system quality risks were discussed at the committee today as being maternity and Children in Care.
12.	**Any Other Business (AOB)**
	No other business was discussed at the meeting.
	The meeting concluded at 4.40pm
	Date and Time of next meeting: 20th October 2022

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AUDIT COMMITTEE 17th NOVEMBER 2022

ASSURANCE REPORT

Part I

Area	Assurance	Actions	Notes
Internal Audit	G	G	Progress as planned with some overdue management actions to finalise. HFMA review – noted work involved by Finance to deliver self-assessment and evidence gathering. Self-assessment accurate and fair although harsh in places. No major findings – Green rating overall with some actions for next planning round.
External Audit	G	G	3mth audit to take place Jan-Mar. 9mth audit to normal timescales. VFM now required for both audits. MHIS progressing with no issues. Formal contract – position TBC shortly.
Risk Closures	G	G	Risks reviewed since closure of CCG. Legacy risks closed with evidence reviewed.
Information Governance/ Cyber Security	R	G	Cyber security rated red risk nationally due to heightened level of threat (Ukraine, recent cyber attacks - Glos health systems not directly affected). Patching/upgrades etc progressing but some areas still to complete.
Counter Fraud	G	A	Continued service and close working with ICB staff. Overall Green except for results arising from CSU report on ID checks during Covid and remaining actions. Work ongoing on recruitment processes with improvements in automation with some further work on specific checks to be reported back to committee.
Procurement	G	A	Identified improvements to processes and controls implemented in the main. Additional training noted. Changes to forward look of contracts and waivers requested – progress to be monitored by committee.
Primary Care Delegation of Services	R	G	Some detailed guidance starting to come through with pressures felt nationally. Dentistry is key issue. Focussed work being undertaken in advance of next financial year but significant risks remain. Some Internal Audit support being finalised.
Financial Management	G	G	Amendments to limits in Scheme of Delegation approved. No losses or special payments to report or debts written off. Processes improved following Internal Audit report 19/20. Aged debtors report satisfactory.

Gloucestershire Integrated Care Board

Audit Committee

Part I
Minutes of the Hybrid Meeting Held at 9:30am on 8th September 2022

Members Present:		
Julie Soutter	JS	NED, Chair
Colin Greaves	CG	NED, Deputy Chair
Marcia Gallagher	MG	NED, Member
In Attendance:		
Christina Gradowski (*Agenda Items 10*)	CGi	Associate Director of Corporate Affairs
Gerald Nyamhondoro	GN	Corporate Governance Officer (taking minutes)
Cath Leech (*Agenda Items 5, 7,16*)	CL	Chief Finance Officer
Paul Kerrod (*Agenda Item 8*)	PK	Deputy Head of Local Counter Fraud Service
Shofiqur Rahman (*Agenda Items 5,7,16*)	SR	Associate Director of Financial Management
Julie Masci (*Agenda Item 9*)	JM	Director, Grant Thornton
Adam Spires (*Agenda Item 6*)	AS	Partner, BDO
Justine Turner (*Agenda Item 6*)	JT	Audit Manager, BDO
Debra Tyler (*Agenda Item 11*)	DT	Senior Information Governance Officer, NHS South Central and West (SCW)
Fiona Robertson (*Agenda Item 17*)	FR	Associate Director, Digital Transformation
Mary Hutton	MH	Chief Executive Officer

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1.	**Apologies**
1.1	An apology was received from Claire Feehily.
1.2	The meeting was confirmed as quorate.
2.	**Declarations of Interests**
2.1	MG declared that she was the Audit Committee Chair of Gloucestershire Health & Care NHS Foundation Trust (GHC). The other members considered the declaration and concluded that the inclusion of MG in the proceedings was consistent with the terms of reference and her participation with full rights of members was not prejudicial to the proceedings, or to the Gloucestershire Integrated Care Board (thereafter "the ICB").
3.	**Minutes of the Last Audit Committee Meeting**
3.1	Minutes of the meeting held on Thursday 14th July 2022 were approved as an accurate record of the meeting.
4.	**Matters Arising**
4.1	**14.07.22, Item 5.2.2** Data Security and Protection Toolkit Follow-Up. JT stated that the Software Asset Register was being reviewed. Members agreed that an update on progress would be made in Q4 prior to submission of the next toolkit. **Item remains open.**
4.2	**14.07.22, Item 5.5.3** Data Security and Protection Toolkit Follow-Up. JS suggested that it would be helpful if the system's cyber report could be reformatted to show reporting against the ten Best Practice headings within the Internal Audit Advisory report so that the Audit Committee could see how the system was reporting against Best Practice. Members concurred. JS stated that she would discuss this with CF to see if she would also find this helpful. **Item remains open.**
5.	**Draft Statutory (M1-M3) 2022/23 Accounts**
5.1	CL presented and summarised as follows: • the CCG received a resource limit for the period which equalled the net expenditure for the three-month period; • the financial position at 30th June 2022 was breakeven; • the remainder of the resource limit for the year 2022/23 would be received by the ICB.
5.2	CL reiterated that the financial performance for year 2022/23 would be assessed by NHS England (NHSE) by looking at the full year. CL outlined key changes in terms of accounting policies relating to IFRS16. CL stated that the new standard eliminated the distinction between operating and finance leases. CL reiterated that closing balances for the CCG would form the opening balances for the ICB. CL added that the ICB was engaging Grant Thornton in discussions concerning the timescales for the audit.

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5.3	CL highlighted the pressures resulting from tight timescales. CL added that the draft Annual Report was still work in progress and had a tight timeframe. Members discussed the contents of the draft statutory (M1-M3) 2022/23 Accounts. Members commended the quality of the Accounts and expressed confidence in the Finance Team's ability to absorb pressure created by tight schedules. JS emphasised that it was important to achieve performance targets in key areas such as cash position. JS summed up and stated that all financial targets and deadlines had been met. Members concluded that the risk in this area rated GREEN.
5.4	**RESOLUTION: The Audit Committee noted contents of the Draft Statutory (M1-M3) 2022/23 Accounts.**
6.	**Internal Audit Reports**
6.1	Progress Report
6.1.1	AS presented the report and stated that Gloucestershire CCG's Annual Report and Head of Internal Audit Opinion covered a period of 15 months starting from 1st April 2021 and ending on 30th June 2022. AS reminded that 30th June 2022 marked the end of the life of the CCG.
6.1.2	AS presented the review of the Internal Audit Plan for year 2022/23. AS explained that planning, fieldwork, and the reporting of the CCG close down and that of the ICB readiness had been accomplished. AS added that the same also applied to the Data Security & Protection Toolkit.
6.2	HFMA Financial Sustainability Audit Terms of Reference
6.2.1	JT described the introduction of the Healthcare Financial Management Association (HFMA) Financial Sustainability checklist supporting the delivery of financially sustainable health service. JT outlined the audit Terms of Reference (ToR) which were informed by NHS England (NHSE)'s guidance on the internal audit requirements.
6.2.2	JT explained that a strong self-assessment toolkit backed by audit reviews was a critical component of systemwide health service delivery. JT included within the self-assessment included the following: • business and financial planning; • budget setting, reporting, and monitoring; • forecasting; • board reporting; • financial governance framework.
6.2.3	JT informed members that BDO would carry out benchmarking of results across its client base and feed back to the ICB and other clients on the findings following completion of the audits, this will be provided as part of the internal audit update.
6.3	BDO Global Risk Framework Report

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6.3.1	AS gave a sector update covering critical areas such as digital services, cyber security, and business continuity planning. AS added that where Information Technology (IT) services were outsourced, organisations were encouraged to review and assess their providers' contingency plans and service level agreements.
6.3.2	AS discussed global risks and emphasised that BDO was committed to testing supply chain risks and models that were applicable to the health sector and local conditions. Members discussed procurement risk mitigation.
6.4	Internal Audit Follow-Up Report
6.4.1	JT presented the report and stated that the follow-up on audit recommendations was progressing well. JT outlined areas of work-in-progress, including the exercise of identifying software not supported by the system's platforms.
6.4.2	JT highlighted that there was a need to establish Business Continuity Champions and she outlined, amongst other things, plans to engage the Emergency Preparedness, Resilience and Response (EPRR) Manager.
6.4.3	**RESOLUTION: The Audit Committee noted contents of the Internal Audit report.**
7.	**HFMA Financial Sustainability Checklist Self-Assessment**
7.1	CL and SR presented the checklist and reiterated that HFMA had produced guidance which required all NHS organisations to self-assess their financial sustainability. CL added that the checklist was subject to internal audit review and such review included the identification of key learning and areas requiring improvement in both the ICB and the overarching countywide system.
7.2	SR added that good financial controls were critical to delivering good governance, operational and financial performance. SR explained that apart from taking the checklist to the ICB Operational Executive, the Finance Team had put in place plans for meeting various budget holders as part of refining and redefining the self-assessment process. **Actions: Cath Leech and Shofiqur Rahman to update the Audit Committee on progress made by March 2023.**
7.3	Members noted that the internal audit Terms of Reference based on the HFMA guidance of financial suitability showed less significant risk and was rated Green. However, the Finance Team was still to meet with BDO and budget holders to review processes and actions. Members therefore concluded that in terms of mitigation and management action the pressure resulting from time timescale created an AMBER assurance rating.
7.4	**RESOLUTION: The Audit Committee noted contents of the HFMA Financial Sustainability and Self-Assessment report.**
9.	**External Audit Report**

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9.1	JM presented the External Audit report and explained that Grant Thornton had concluded the 2021/22 audit on Accounts and Value for Money. JM stated that the auditors were currently conducting audits of Accounts and Value for Money for the period beginning from 1st April 2022 and ending on 30th June 2022. JM added that the audit also extended to the National Standards for Mental Health Services relating to the legacy CCG.
9.2	JM stated that it appeared pressures emanating from transition from the CCG to the ICB necessitated additional resource capacity; otherwise, there was a risk of prejudicing the ICB 2022/23 9-month audit plan. JM emphasised a need for effective engagement and coordination between auditors and the ICB Finance Team. JS and other members stated that they found mitigation measures taken to be satisfactory and there was no evidence of any significant risk. Overall risk was rated GREEN.
9.3	<u>**RESOLUTION**</u>**: The Audit Committee noted contents of the External Audit report.**
	Agenda Items were agreed to be taken out of order.
11.	**Data Security Policies**
11.1	DT delivered the report and explained that the data security policies applicable to the ICB largely mirrored those of the European Union (EU). DT added that changes could possibly be made to data security policies in the future. Members discussed contents of the policies and the trajectory future policies and improvements could take.
11.2	DT presented before members the following policies for approval: 1. Freedom of Information 2. Individual Rights Policy and SOP 3. Data Security and Protection Policy 4. Confidentiality and Safe Haven Policy Members were satisfied with the level of mitigation relating to information governance and they found the level of risk to be low.
11.3	<u>**RESOLUTION**</u>**: The Audit Committee:** • **Approved Freedom of Information policy** • **Approved Individual Rights Policy and SOP** • **Approved Data Security and Protection policy** • **Approved Confidentiality and Safe Haven policy**
17.	**Cyber Security Update**
17.1	FR presented and stated that the report provided assurance on cyber security relating to both the ICB and the system at large. FR further stated that the report covered the:

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	• prevailing position; • cyber security monthly incident report; • cyber performance indicators and risk; • other cyber related projects and programmes.
17.2	FR stated that the ICB and the overall ICS relied on digital systems at every level of their work and failure to ensure cyber security processes were effective could put the ICB and its partners at risk. FR reassured members that the ICB and its partners were diligent in mitigating cyber risks. FR explained that the system strived to ensure that its computer platforms and hardware met required standards. FR reassured that the Digital Transformation Team planned to conduct a further review of cyber security systems.
17.3	MG raised a concern that there was increase in the incidents of phishing aimed at ICS platforms. MG added that it would be good to share experiences and solutions within the system. CL acknowledged the concern and explained that there was a Countywide Digital Team which acted as a vehicle for joined-up cyber security systems within the county health service partnership.
17.4	FR described the measures to be considered against spill over of risks emerging from compromised third party cyber security systems. FR reassured members that the ICB was diligent in seeking reassurance from third parties regarding the strength of third-party cyber security systems.
17.5	FR cautioned that the state of instability arising from the war between Russia and Ukraine had an incremental effect on risk and that nationally this was considered to be an area of high risk. FR added that the pressures resulting from high demand for expertise in cyber security was being minimised through increasing resources supporting inhouse training and staff retention. Members felt that the risk associated with cyber security was high and therefore rated the risk RED.
17.6	<u>**RESOLUTION**</u>**: The Audit Committee noted contents of the Cyber Security report.**
8.	**Counter Fraud Report**
8.1	PK presented and stated that the Local Counter Fraud Service (LCFS) was working in conjunction with the ICB Governance Team to develop an effective set of risk assessment metrics. PK explained that the benchmarking of Counter Fraud Functional Standard Returns showed a comparatively favourable ICB performance within the Southwest region.
8.2	PK also stated that LCFS was guided in its performance by the Cabinet Office National Fraud Initiative. PK explained that LCFS conducted a data matching exercise which involved comparing sets of data, such as payroll, against other records held by the same or another body to see how far they matched. PK added that LCFS had identified some potentially fraudulent activities and the police would be involved where relevant.

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8.3	PK presented the outcome of the evaluation of the CCG/ICB Covid-19 procurement spending. PK stated that the CCG, now ICB, demonstrated prudent actions, during the Covid-19 pandemic. Members expressed satisfaction with the actions taken against fraud and mitigation measures which were in place.
8.4	**RESOLUTION: The Audit Committee noted contents of the Counter Fraud report.**
12.	**Procurement Decisions**
12.1	DP presented the procurement decision made on 22nd June 2022 by the Core Leadership Team. The decision related to the award of a 3-year £60,000 contract to Gloucestershire Rural Community Council with effect from 1st August 2022. Members discussed the matter. Members observed that a forward look at contract renewals would be helpful to ensure more effective processes and controls over waivers/extensions but noted that this was currently a manual process which resulted in a moderate risk assessment rated as AMBER. Members expressed a need for commitment of extra resources and time to improving process and mitigation.
12.2	**RESOLUTION: The Audit Committee reviewed and noted contents of the Procurement Decision report.**
13.	**Waiver of Standing Orders**
13.1	DP presented 10 Waivers of Standing Orders. The Waivers covered different categories ranging from: • emergency pressures deriving from the Covid-19 pandemic; • unavoidable contracting of sole supplier in the market; • a need for service continuity.
13.2	JS stated that the procurement process showed areas that appeared to require some improvement. JS suggested that the Waiver system should be redesigned to separate short term Waivers from long term Waivers, in order to strengthen monitoring of assurance process. CL stated that her team was working with DP to streamline the process that would help reduce the incidence of resorting to Waivers.
13.3	**RESOLUTION: The Audit Committee noted contents of the Waiver of Standing Orders report.**
14.	**Losses and Special Payments Register**
14.1	No report was presented on this item.
15.	**Debts Proposed Write-offs**
15.1	No report was presented on this item.

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16.	**Aged Debtor Report**
16.1	CL presented the outstanding debt as at 31st August 2022. CL explained that the outstanding debt as per the Sales Ledger was £1,519,817 of which £712,878 was NHS debt and £806,938 was non-NHS debt. Members discussed the individual items constituting the outstanding debt and the actions being taken to recover such debt. Members expressed satisfaction with the level of mitigation which resulted in a low level of risk.
16.2	**RESOLUTION: The Audit Committee noted contents of the Aged Debt report.**
10.	**Risk Management**
10.1	CGi presented the current ICB Board Assurance Framework and Corporate Risk Register. These were interim reports which brought forward the CCG risks into the ICB and mapped them across the ICB's 11 strategic priorities 2022-23, which had been agreed by the ICS earlier in the year.
10.2	CGi considered that it was important for the ICB Board to identify strategic risks that could prevent the system from achieving its strategic priorities (objectives). The risks could then be worked out by involving the directorate risk leads and included in the 4Risk system. This would enable the Governance Team to produce a BAF that included strategic risks with associated mitigation plans that affected the system. MH agreed and stated that the BAF required system wide risks aligned to the ICB's strategic priorities.
10.3	JS acknowledged the current BAF and CRR and the work that had been carried out to bring forward those CCG risks which were still current. She noted the work undertaken to map the risks to the 11 strategic priorities but reiterated the need to take this work up a level and consider system wide strategic risks. As this work was due to take place and had not commenced, she considered that at this point in time the Audit Committee did not have full assurance, and rated this action as RED. Once progress had been made the risk would be reviewed. CG confirmed work had been undertaken on developing an ICB Risk Management Framework; and to commence work on identifying strategic risks and the ICB's approach to risk appetite. However, this work needed executive and board involvement.
10.4	CG added that members should primarily focus on strategic risks and not operational risks. She stated that operational risks should be a domain primarily covered by the Executive. Members expressed their commitment to further work on identifying the ICS strategic risks and approach to risk appetite. There was agreement that further follow up work around risk management would be undertaken and reported back at the next Audit Committee meeting. Members stated that considering that risk strategy and framework for the overarching system were still being developed and the alignment of strategic ICB risk with that of the overall system was still to be fully realised, confidence in both assurance and mitigation remained lower than expected thus resulting in the overall being rated RED, but that planned work before the next committee was expected to reduce this to at least Amber.
10.5	**RESOLUTION: The Audit Committee noted contents of the Risk Management report.**

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18.	Any Other Business
18.1	There was no other business to conduct.

The meeting ended at 12:00 noon.

Date and Time of Next Meeting: 17th November 2022 at 09:30am (Hybrid).

Minutes Approved by the Audit Committee:
Signed (Chair):_____ Date:_____

14.1

System Resources Committee
Minutes from the meeting held on
Thursday 8th September 2022; 14:00 – 17:00

Initials	Name	Job Title	Organisation
Present			
JC	Joanna Coast *Chair*	Non-Executive Director; System Resources	ICS
AP	Angela Potter	Director of Strategy and Partnerships	GHC
CaL	Cath Leech	Chief Financial Officer	ICB
CIL	Clive Lewis	Non-Executive Director; Renumeration	ICS
ER	Ellen Rule	Deputy Chief Executive & Director of Strategy and Transformation	ICB
MH	Mary Hutton	Chief Executive	ICB
MW	Mark Walkingshaw	Director of Operational Planning and Performance	ICB
SBr	Steve Brittan	Non-Executive Director	GHC
In attendance			
EB	Emily Beardshall	Deputy ICS Programme Manager	ICB
JS	Julie Soutter *observing*	Non-Executive Director; Audit	ICS
JY	Jess Yeates	ICS PMO Coordinator	ICB
KD	Kat Doherty *observing*	Performance Lead	ICB
MG	Mark Golledge	Associate Director, ICS Development	ICB
PR	Pippa Rawlinson *observing*	Project Manager; NHS Graduate Management Trainee	ICB
SE	Stephen Edmonds	Finance Programme Manager	ICB
SP	Steve Perkins	Director of Operational Finance	GHFT
SR	Shofiqur Rahman	Interim Deputy Chief Finance Officer	ICB
Apologies			
KJ	Karen Johnson	Director of Finance	GHFT
RG	Rob Graves	Non-Executive Director	GHFT
SB	Sandra Betney	Deputy Chief Executive & Director of Finance	GHC
SL	Simon Lanceley	Director of Strategy and Transformation	GHFT
Abbreviations used within this document:			

- CQC – Care Quality Commission
- GCC – Gloucestershire County Council
- GHC – Gloucestershire Health and Care NHS Foundation Trust
- GHFT – Gloucestershire Hospitals NHS Foundation Trust
- ICB – NHS Gloucestershire Integrated Care Board
- ICP – Integrated Care Partnership
- ICS – Integrated Care System
- NHSE – NHS England

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Item	Details	Owner
	Welcome and Opening	
1.	**Introductions and apologies**	
	JC welcomed the group, acknowledging this is the first meeting of a newly formed committee. Apologies, as listed above were acknowledged.	
2.	**Declarations of Interest**	
	No declarations stated, the group were advised to contact JY with any standing declarations to be noted.	
	JC confirmed the attendance meets quoracy requirements.	
3.	**Matters Arising**	
	No matters arising as this is the first meeting for the committee.	
4.	**Introduction to the System Resources Committee**	
	ER referenced the slides shared with the group ahead of the meeting.	
	The purpose of the group was outlined, highlighting the change in ways of working now the ICS is formed. The importance of utilising available resources across the system was noted along with the need for a greater understanding of the resources available.	
	The structure and roles of the newly set up ICS committees was outlined, noting the full list was provided within the meeting papers.	
	It was noted the committee has been set up with the broad brief around finance and performance agendas. It will facilitate a system-wide discussions around a value-based healthcare approach, the financial position, 'value for money' and how to apply these practically to prioritisation and business cases.	
	ER noted the Integrated Performance Reporting which will be discussed fully under item 9.	
	The group were asked to consider their thoughts on the initial membership of the group, the aim of the group and how to approach the remit within this committee.	
	JC thanked ER for the overview and reiterated the points above for member feedback.	

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	SB observed the membership does not reflect a standard board membership with the number of Executive and Non-Executive Directors (NEDs) being uneven. MH noted this is a new committee, of which needs to develop to meet the needs of the system. It requires a reasonable number of Executives to enable the agenda to be effective. **Decision: It was agreed to keep the committee membership under review and to have a formal review in 12 months.** AP queried how does the committee allocate their time, noting the individual organisations within the ICS will have similar discussions at their board meetings. It was noted this committee is not a statutory requirement, unlike the Audit and Renumeration Committees, however, it is good practice for organisations to have a Committee with the responsibility for finance and performance and there is 'good practice' guidance on what the agenda should cover and the Terms of Reference (ToR). CaL acknowledged it would be useful to understand what the individual organisations are covering within their meetings to eliminate replication of discussion when not required. CaL confirmed the ICB has the statutory responsibility to oversee the system finances, which has delegated within the ToR to this committee to provide the assurance. JC acknowledged the term 'value-based healthcare' should be clarified as it is currently down to interpretation.	
5.	**Timetable Overview for the year ahead** ER referenced the draft forward plan included within the meeting papers shared ahead of the meeting, which has been developed utilising the system timetable. The commitment to the ICP, both medium and short term planning was acknowledged. MG noted the national and local needs have been considered when producing this plan. Therefore, as national requirements and deadlines move, this may affect the forward plan for this group. AP noted the 'Estates Plan' is currently scheduled for November 2022; however, this is still in development as an ICS plan and may need to be postponed.	

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	MH noted planning is required to be in place, but the systems performance will be judged on delivery. The group agreed the proposed forward plan, it was widely agreed to hold 'workshop' style discussions at a future session. **Decision: It was agreed to hold a 'workshop' for the committee members focusing on:** • **Approach to prioritisation and de-prioritisation/dis-investment** • **Approach to values-based healthcare and how to apply that in practice within Gloucestershire** • **Approach to outcomes and performance** • **How we do / should utilise benchmarking information to drive productivity and efficiency (with a focus on a particular service or pathway area)** **Action: It was agreed to undertake a review of other Committee (GHC, GCC, GHFT) agendas (to ensure no overlap)**	**MG & JY**
	Context Setting	
6.	**ICS Priorities, Transformation Programmes and Strategic Planning** EB presented the slides previously shared with the group. It was noted the local response to the Long-Term Plan was scheduled to be released in March 2020 but was delayed due to the COVID-19 pandemic response being put in place. Key points, and the reasons for these, were outlined by EB. MG highlighted the 3 priorities the integrated delivery plan has been formed around: • Improving health and care for our service users and patients today, • Making Gloucestershire a better place for residents tomorrow • Transforming what we do now to delivery this long-term change. It was acknowledged the integrated delivery plan has been produced utilising the work from each of the programme areas. The priority programmes were outlined to the group.	

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		The project prioritisation process is currently being reviewed, along with the 'de-prioritisation' process, once more work has been done on this an update will be brought to this group. Directors of Finance (DoFs) are currently looking into options for prioritisation of the system capital programme. An update will be brought to this group when available. **Decision: Proposals on options to prioritise capital programme to be brought back for discussion at the next meeting.**	
7.		**NHS Oversight Framework**	
		MW referenced the resources circulated ahead of the meeting. MW noted the updates on the NHSE Oversight Framework were previously shared. There is a Memorandum of Understanding (MoU) to be put in place between the ICB and NHSE, with this being a key part of the relationship the system has with its regulator. This is designed to maintain an oversight of the systems performance. The paper referenced today outlines the local plans, segmentation recommendations, performance metrics (with CQC inspections being utilised as a proxy for Quality assessments) and governance to be in place. It was noted this is a new way of working and therefore 'Region' are going to review Quarter 2 reporting and reflect upon this. This report highlights the need for recognising system wide issues along with factors that may affect both at organisation and at system level. The performance and finance elements of this report may change over the next few months which may impact future ratings. MW highlighted the purpose of this report is for the system to recommend to NHSE where it believes it stands, NHSE will also carry out the scoring independently.	
8.		**Financial Framework**	
		SE referenced the slides shared ahead of the meeting within the papers, providing an overview of what is detailed within the pack.	

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	SE noted the Financial Framework has been developed between the system DoFs. It was noted that the principles and approaches will be tested, reviewed and implemented with pragmatism against real examples as the financial year progresses. The financial principles, approaches and processes were outlined. In relation to the Costing and Overheads section still in development, a number of committee members expressed the need for the principles, approaches and processes to be confirmed as a matter of urgency, as it is felt that the lack of agreement across the ICS was hampering service delivery and improvement. **Action: DoFs were tasked with agreeing a ICS position on Costing and Overheads before the next System Resources Committee.**	**CaL, KJ & SBe**
	Meeting Break	
	Standing Items	
9.	**Performance Report**	
	It was noted the Integrated Performance Report (IPR) was presented to the ICB last month and will continue to be submitted monthly. The current document was shared with the group and any feedback was welcomed as this is a new, evolving report. The current performance position is currently being impacted, partly due to the pressures on Urgent & Emergency Care (UEC) continuing across both Health and Social care. This includes ambulance handovers, Emergency Department performance and community bed availability. ER noted a focused work programme is being put in place to address these issues. This commissioned piece of work is being carried out with Newton Europe, with a review and recommendations expected late October. The ICB and this group will be kept informed of the conversations and feedback. Planned care is also impacting the position, this is due to the work still to be done to meet the agreed system plan, increased pressure within the cancer services is also impacting the overall scoring. Further pressures identified within the mental and physical health sectors along with workforce continuing to be raised as a concern. Recruitment and retention of staff is being worked on however, the cost-of-living crisis is anticipated to cause a further impact on this.	

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	The group thanks MW and the contributors to the IPR for the work carried out so far.	
	MH noted the system remains in 'Post COVID recovery mode' at present.	
10.	**M4 Financial Position including Financial Risks**	
	CaL referenced the slides shared with the group ahead of the meeting and highlighted the key risks and issues for the system.	
	ICB	
	Within the revenue position, key risks identified include Medicines Management (Primary Care Prescribing), mainly due to a national price change for Direct-Acting Oral Anticoagulants (DOACs), alternatives are currently being investigated by the Medicines Management team.	
	Another areas of concern is placements available for Continuing Health Care (CHC) and the outsourced Elective Recovery service.	
	ICS	
	The national pay awards and the workforce issues have negatively affected the overall financial position. Ambulance handover delays are also a key financial risk due to the commitment made to SWAST, on a risk share basis.	
	SP outlined the financial position for GHFT, the year to date overspend and the steps being taken to recover this. The risks associated with the position were outlined and noted.	
11.	**Financial Improvement Programme** *including Savings Overview*	
	The group queried how the committee can assist the finance teams across the system. It was noted benefits realisation should be monitored, organisations should progress working as a system and a clear path of escalation and assurance models should be implemented.	
	Action: PMO and Finance teams to continue to develop the reporting against the savings schedule.	**MG & CaL**
	An issue that has been identified is the quality and reliability of the information being provided to work from. It has been challenging pulling information together from the system that is quantifiable and reliable.	
	MG noted the links to the 'Deep Dives' being scheduled, with the priority programmes being highlighted.	

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Close		
12.	**Any Other Business**	
	No further items were raised by the members.	

Future Meeting Dates
Please contact glicb.icbcorpgov@nhs.net if you have not received the diary invites for these.

All Strategic Executive meetings will have the option of meeting face to face, in the Board & Biffen rooms at Sanger House or joining virtually, via Microsoft Teams.
Tuesday 1st November 2022; 14:00 – 17:00 Thursday 12th January 2023; 14:00 – 17:00 Thursday 2nd March 2023; 14:00 – 17:00

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