Gloucestershire Integrated Care Board Extraordinary Meeting

To be held at 2.00pm to 2.45pm on Wednesday 28th June 2023

**Boardroom & MS Teams, Sanger House, 5220 Valiant Court, Gloucester Business Park,
Brockworth, Gloucester GL3 4FE**

Chair: Dame Gill Morgan

No.	Time	Item	Action	Presenter
1.	2.00 – 2.02pm	**Welcome and Apologies**	Information	**Chair**
2.	2.02 – 2.02pm	**Declarations of Interests** The Register of ICB Board members is publicly available on the ICB website: Register of interests : NHS Gloucestershire ICB (nhsglos.nhs.uk) Register of interests : NHS Gloucestershire ICB (nhsglos.nhs.uk)	Information	**Chair**
		Items for decision		
3.	2.02 – 2.20pm	**Final Accounts 2022-23** • Report on the Audited Accounts 2022-23 (M1 to M3) • Statutory Annual Accounts 2022-23 (M1-M3) • Letter of Representation • Report on the Audited Accounts 2022-23 (M4 to M12) • Statutory Annual Accounts 2022-23 (M4-M12) • Letter of Representation	Approval	**Cath Leech**
4.	2.20– 2.40 pm	**NHS Gloucestershire ICB Annual Report** Gloucestershire CCG Annual Report (M1-3) Gloucestershire ICB Annual Report (M4-12)	Approval	**Ellen Rule**
5.	2.35pm – 2.50pm	**Joint Forward Plan**	Approval	**Ellen Rule**
		Time and date of the next meeting		
		ICB Board meeting to be held on 26th July 2023 2.00 to 4.30pm		

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NHS Gloucestershire

Agenda Item 3.1

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ICB Board

28th June 2022

Report Title	**Report on the Audited Accounts - M1-3 2022/23**						
Purpose (X)	**For Information**		**For Discussion**		**For Decision**		
					X		
Route to this meeting	M1-3 accounts presented to previous Audit Committees						
	ICB Internal	**Date**	**System Partner**	**Date**			
	CCG Audit Committee ICB Audit Committee ICB Audit Committee ICB Audit Committee	Jun 22 Jul 22 Sept 22 27 Jun 23	n/a				
Executive Summary	The audit of the M1-3 2022-23 accounts for the CCG is substantially complete. Nothing material has been found and the auditors have stated that that they expect to issue an unqualified opinion. The CCG accounts for the period show a breakeven financial position. 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 2022/23 was received by the ICB and the financial performance for 2022/23 will be assessed by NHS England (NHSE) by looking at the full year period. The key change in terms of accounting policies relates to the adoption of IFRS16. The new standard introduces a single on statement of financial position lease accounting model for lessees and removes the distinction between operating and finance leases. The Audit Committee are reviewing these accounts on the 27th June 2023.						
Key Issues to note	The closing balances for the CCG form the opening balances for the ICB.						
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	There was a risk to the accuracy of the accounts due to the tight timescales and additional work for the finance team that this entailed. Systems were in place to mitigate this, even so, the impact on staff workload has been significant. (3x3) 9 (3x2) 6						

Management of Conflicts of Interest	• Who has been conflicted in the process / project ? n/a • How was this managed? n/a • Has it been logged on the declaration of interest register? n/a				
Resource Impact (X)	**Financial**	X	**Information Management & Technology**		
	Human Resource		**Buildings**		
Financial Impact	There is a need to ensure that accounts are prepared accurately and in a timely manner to ensure that the financial position for the organisation is understood and that an unqualified audit opinion is received from external audit.				
Regulatory and Legal Issues (including NHS Constitution)	There is a duty to prepare annual accounts for the final period of the CCG's existence				
Impact on Health Inequalities	No impact on health inequalities as a result of this paper				
Impact on Equality and Diversity	No impact on equality & diversity as a result of this paper				
Impact on Sustainable Development	No impact on sustainability as a result of this paper				
Patient and Public Involvement	No impact on patients or the public as a result of this paper				
Recommendation	The Board is asked to approve the accounts				
Author	Shofiqur Rahman		**Role Title**	Deputy CFO (interim)	
Sponsoring Director (if not author)	Cath Leech, CFO				

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

Agenda Item 3.1

Review of Audited M1-3 2022/23 Accounts

Summary

Financial Summary	Programme Costs including primary care £m	Running Costs £m	Total £m
Revenue resource limit	274,485	3,257	277,742
Total net operating cost for the financial year	274,485	3,257	277,742
In year financial position	0	0	0

Performance against key targets

Duty	Ref in Accounts	Target/Range	Actual	Within Target
Net Costs	SOCNE	£277,742k	£277,742k	Yes
Running Costs	SOCNE	£3,257k	£3,257k	Yes
Cash Balance at 30/6/22	Note 10	None specified	£21k	Yes
Capital Resource Limit	Note 2	£0k	£0k	Yes
BPPC : Payments	Note 6.1	95% number & value	95% number & value exceeded	Yes

- Cash holdings at the end of the period were £21k and total cash drawings were within the Maximum Cash Drawdown limit set by NHS England; this is within the allowable limit
- The accounting period is three months, comparisons to the prior accounting period are therefore more difficult, in addition, the NHS financial framework has changed in this period which has also resulted in changes to the nature of expenditure.
- The NHS adopted IFRS16 “leases” on the 1st April 2022, this has changed the accounting treatment for leases which are now, with the exception of very small leases, brought onto the balance sheet.
- Wherever possible rounding errors have been eliminated within the Annual Accounts.
- The Accounts presented have been prepared in accordance with the CCG Annual Reporting Guidance and were submitted in accordance with the NHSE national timetable.

- The Annual Accounts show a position that is consistent with in-year performance reports presented to the Governing Body.

- The external audit of the accounts is now substantially complete and, following comments received, changes have been made in the areas highlighted below. No changes resulting from the audit has affected any of the headline financial performance metrics of the CCG.
    - Several disclosures have been amended as per the Audit Findings Report
    - A small number of non material accruals were identified by the auditors, these have not been adjusted. These remedied themselves over the course of the 12 month period.

Recommendation
The Board is asked to approve the Accounts

Data entered below will be used throughout the workbook:

Entity name:	NHS Gloucestershire CCG
This year	2022/23 (3 Months)
Last year	2021/22 (12 Months)
This year ended	30-June-2022
Last year ended	31-March-2022
This year commencing:	01-April-2022
Last year commencing:	01-April-2021

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

Please review and adjust to local reporting requirements

NHS Gloucestershire CCG - Annual Accounts 2022/23 (3 Months)

Page Number

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Statement of Comprehensive Net Expenditure for the three month period ended 30 June 2022

	Note	2022/23 (3 Months) £'000	2021/22 (12 Months) £'000
Income from sale of goods and services	3	(7,495)	(26,284)
Other operating income	3	(26)	(184)
Total operating income		**(7,521)**	**(26,468)**
Staff costs	4	5,586	20,615
Purchase of goods and services	5	279,099	1,145,313
Depreciation and impairment charges	5	143	0
Provision expense	5	165	2,281
Other operating expenditure [1]	5	268	8,844
Total operating expenditure		**285,262**	**1,177,053**
Net Operating Expenditure		**277,740**	**1,150,585**
Finance Expense		2	0
Comprehensive Expenditure for the period		**277,742**	**1,150,585**

[1] This is due to the write off of existing Headquarters Dilapidations provision for the creation of the CCG Headquarters Right of use asset under IFRS 16

NHS Gloucestershire CCG - Accounts 2022/23 (3 Months)

Statement of Financial Position

	Note	30/06/2022 £'000	31/03/2022 £'000
Non-current assets:			
Right-of-use assets	7	713	0
Current assets:			
Trade and other receivables	8	6,142	5,275
Cash and cash equivalents	9	21	46
Total current assets		**6,163**	5,321
Total assets		**6,876**	**5,321**
Current liabilities			
Trade and other payables	10	(52,316)	(65,747)
Liabilities		(570)	-
Provisions	11	(5,552)	(5,648)
Total current liabilities		**(58,438)**	**(71,395)**
Non-Current Assets plus/less Net Current Assets/Liabilities		**(51,562)**	(66,074)
Non-current liabilities			
Lease Liabilities		(143)	
Assets less Liabilities		**(51,706)**	**(66,074)**
Financed by Taxpayers' Equity			
General fund		(51,706)	(66,074)
Total taxpayers' equity:		**(51,706)**	(66,074)

The notes on pages 7 to 23 form part of this statement

The financial statements on pages 3 to 6 were approved by the Board on 28th June 2023 and signed on its behalf by:

Acting Chief Executive Officer
Ellen Rule

NHS Gloucestershire CCG - Accounts 2022/23 (3 Months)

Statement of Changes In Taxpayers Equity for the three month period ended 30 June 2022

	2022/23 (3 Months) General fund £'000	2021/22 (12 Months) General fund £'000
Changes in taxpayers' equity for 2022/23 (3 Months)		
Balance at 01 April	(66,074)	(58,610)
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2022/23 (3 Months)		
Net operating expenditure for the financial year	(277,742)	(1,150,585)
Net funding	292,110	1,143,121
Balance at 30 June	**(51,706)**	**(66,074)**

The notes on pages 7 to 23 form part of this statement

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

NHS Gloucestershire CCG - Accounts 2022/23 (3 Months)

Statement of Cash Flows for the three month period ended 30 June 2022

	Note	**2022/23 (3 Months) £'000**	2021/22 (12 Months) £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial period		(277,742)	(1,150,585)
Depreciation and amortisation	5	143	0
Interest paid/received		2	0
(Increase)/decrease in trade & other receivables	8	(867)	2,742
Increase/(decrease) in trade & other payables	10	(13,431)	3,120
Provisions utilised	11	(261)	(713)
Increase/(decrease) in provisions	11	165	2,281
Net Cash Inflow (Outflow) from Operating Activities		**(291,991)**	(1,143,155)
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment		0	0
Net Cash Inflow (Outflow) from Investing Activities		**0**	0
Net Cash Inflow (Outflow) before Financing		**(291,991)**	(1,143,155)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		292,110	1,143,121
Repayment of lease liabilities		(144)	
Net Cash Inflow (Outflow) from Financing Activities		**291,966**	1,143,121
Net Increase (Decrease) in Cash & Cash Equivalents	9	**(25)**	(34)
Cash & Cash Equivalents at the Beginning of the Financial Period		**46**	80
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		0	0
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Period		**21**	46

The notes on pages 7 to 23 form part of this statement

Notes to the financial statements

1 **Accounting Policies**

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2022-23 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Clinical Commissioning Group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the Clinical Commissioning Group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 **Going Concern**

These accounts have been prepared on a going concern basis.
The Health and Social Care Bill received Royal Assent in April 2022. The Bill allows the establishment of Integrated Care Boards (ICBs) across England and the abolition of Clinical Commissioning Groups (CCGs). Integrated Care Boards will take on the commissioning functions of CCGs. All of the CCG functions, assets and liabilities have transferred to an ICB, in the case of Gloucestershire CCG, the relevant ICB is Gloucestershire ICB.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.
Where a clinical commissioning group ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis. The statement of financial position has therefore been drawn up at 30 June 2022 on a going concern basis.

1.2 **Accounting Convention**

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

1.3 **Transfer of functions within the Department of Health and Social Care Group**

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

1.4 **Pooled Budgets**

The Clinical Commissioning Group has entered into a pooled budget arrangement with Gloucestershire County Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for integrated community equipment services and Note 14 provides details of the income and expenditure.
The pool is hosted by Gloucestershire County Council. The Clinical Commissioning Group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement. This arrangement has not changed in 2022/23.

1.5 **Operating Segments**

Income and expenditure are analysed in the Operating Segments note 13 and are reported in line with management information used within the Clinical Commissioning Group.

Notes to the financial statements

1.6 **Revenue**

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

• As per paragraph 121 of the Standard the Clinical Commissioning Group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
• the Clinical Commissioning Group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the Clinical Commissioning Group to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the Clinical Commissioning Group is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.
Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

Total net revenue expenditure for the period of £277,742k is funded by in year revenue resource allocations from NHS England. The revenue resource allocation is accounted for by crediting the general fund, but this funding is only drawn down from NHS England and accounted for, to meet payments as they fall due. The total funding credited to the general fund during the year was equal to the revenue resource allocation (see Statement of Changes to Taxpayers Equity on page 5).

The CCG's financial position is controlled by a limit on net expenditure rather than funding from DHSC. As such, the CCG's income from other activities is limited. The most significant element of income is where the CCG commissions service level agreements (for Mental Health and Community Services) through liaison with the local authority. Where the CCG is the Lead Commissioner for service level agreements that include a contribution from the local authority, the CCG is acting as the principal in the relationship. The CCG provides all the administration to the contract, monitors performance, arranges the price and holds the provider to account. In such cases, all income is recorded in the CCG accounts as gross and shown within Other Operating Revenue within note 3. The CCG does not enter into long term revenue contracts and, so, the assessment indicates that there is no impact of income recognition from adopting IFRS 15.

The value of the benefit received when the Clinical Commissioning Group accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.7 **Employee Benefits**

1.7.1 **Short-term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.7.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as if they were a defined contribution scheme; the cost recognised in these accounts represents the contributions payable for the year. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Clinical Commissioning Group commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

Notes to the financial statements

1.7.3 **National Employment Savings Trust ("NEST") Pension Scheme**

The CCG has a small number of employees who are not enrolled into the NHS Pensions Scheme, with cover from the defined contributions scheme which is managed by the National Employment Savings Trust (NEST). The cost to the CCG is taken as equal to the contributions payable to the scheme for the accounting period.

1.8 **Other Expenses**

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.9 **Grants Payable**

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the Clinical Commissioning Group recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.10 **Leases**

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration.
the Clinical Commissioning Group assesses whether a contract is or contains a lease, at inception of the contract.

1.10.1 **The Clinical Commissioning Group as Lessee**

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.
The HM Treasury incremental borrowing rate of 0.95% is applied for leases commencing, transitioning or being remeasured in the 2022 calendar year under IFRS 16.
Lease payments included in the measurement of the lease liability comprise
-Fixed payments;
-Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
-The amount expected to be payable under residual value guarantees;
-The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
-Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.
Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.
The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.
The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.
The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.
Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.
Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.
Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.
For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.
Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.11 **Cash & Cash Equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.
In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Clinical Commissioning Group's cash management.

Notes to the financial statements

1.12 **Provisions**

Provisions are recognised when the Clinical Commissioning Group has a present legal or constructive obligation as a result of a past event, it is probable that the Clinical Commissioning Group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

A restructuring provision is recognised when the Clinical Commissioning Group has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.13 **Non-clinical Risk Pooling**

the Clinical Commissioning Group participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Clinical Commissioning Group pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.14 **Financial Assets**

Financial assets are recognised when the Clinical Commissioning Group becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.
Financial assets are classified as Financial assets at amortised costs.
The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.14.1 **Financial Assets at Amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.15 **Financial Liabilities**

Financial liabilities are recognised on the statement of financial position when the Clinical Commissioning Group becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.16 **Value Added Tax**

Most of the activities of the Clinical Commissioning Group are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.17 **Losses & Special Payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.
Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Clinical Commissioning Group not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.18 **Critical accounting judgements and key sources of estimation uncertainty**

In the application of the Clinical Commissioning Group's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Notes to the financial statements

1.18.1 **Critical accounting judgements in applying accounting policies**

There are no critical accounting judgements in the application of accounting policies including relating to IFRS 16

1.18.2 **Sources of estimation uncertainty**

There are no sources of estimation uncertainty in the application of accounting policies

1.19 **Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.20 **Adoption of new standards**

On 1 April 2022, the Clinical Commissioning Group adopted IFRS 16 'Leases'. The new standard introduces a single, on statement of financial position lease accounting model for lessees and removes the distinction between operating and finance leases.
Under IFRS 16 the group will recognise a right-of-use asset representing the group's right to use the underlying asset and a lease liability representing its obligation to make lease payments for any operating leases assessed to fall under IFRS 16. There are recognition exemptions for short term leases and leases of low value items.

In addition, the group will no longer charge provisions for operating leases that it assesses to be onerous to the statement of comprehensive net expenditure. Instead, the group will include the payments due under the lease with any appropriate assessment for impairments in the right-of-use asset.

Impact assessment

The Clinical Commissioning Group has applied the modified retrospective approach and will recognise the cumulative effect of adopting the standard at the date of initial application as an adjustment to the opening retained earnings with no restatement of comparative balances. IFRS 16 does not require entities to reassess whether a contract is, or contains, a lease at the date of initial application. HM Treasury has interpreted this to mandate this practical expedient and therefore the group has applied IFRS 16 to contracts identified as a lease under IAS 17 or IFRIC 4 at 1 April 2022.

The group has utilised three further practical expedients under the transition approach adopted:
a) The election to not make an adjustment for leases for which the underlying asset is of low value.
b) The election to not make an adjustment to leases where the lease terms ends within 12 months of the date of application.
c) The election to use hindsight in determining the lease term if the contract contains options to extend or terminate the lease.

The most significant impact of the adoption of IFRS 16 has been the need to recognise right-of-use assets and lease liabilities for any buildings previously treated as operating leases that meet the recognition criteria in IFRS 16. Expenditure on operating leases has been replaced by interest on lease liabilities and depreciation on right-of-use assets in the statement of comprehensive net expenditure.
As of 1 April 2022, the group recognised £1.794 or right-of-use assets and lease liabilities of £0.854m. The weighted average incremental borrowing rate applied at 1 April 2022 is 0.95% and on adoption of IFRS 16 there was an £0.94m impact to tax payers' equity, which is funded from existing provisions.
The group has assessed that there is no significant impact on its current finance leases due to the immaterial value on the statement of financial position and no significant impact on the limited transactions it undertakes as a lessor because IFRS 16 has not substantially changed the accounting arrangements for lessors.

The following table reconciles the group's operating lease obligations at 31 March 2022, disclosed in the group's 21/22 financial statements, to the lease liabilities recognised on initial application of IFRS 16 at 1 April 2022.

	Total £000
Operating lease commitments at 31 March 2022	0
Impact of discounting at 1 April 2022 using the weighted average incremental borrowing rate of 0.95%	0
Operating lease commitments discounted used weighted average IBR	0
Add: Finance lease liabilities at 31 March 2022	0
Add: Peppercorn leases revalued to existing value in use	0
Add: Residual value guarantees	0
Add: Rentals associated with extension options reasonably certain to be exercised	0
Less: Short term leases (including those with <12 months at application date)	0
Less: Low value leases	0
Less: Variable payments not included in the valuation of the lease liabilities	(856)
Lease liability at 1 April 2022	**(856)**

1.21 **New and revised IFRS Standards in issue but not yet effective**

● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2023: early adoption is not therefore permitted.

2 Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).
NHS Clinical Commissioning Group performance against those duties was as follows:

	2022/23 (3 Months) Target £'000	2022/23 (3 Months) Performance £'000	Met (Y/N)	2021/22 (12 Months) Target £'000	2021/22 (12 Months) Performance £'000	Met (Y/N)
Expenditure not to exceed income	285,263	285,263	Yes	1,179,267	1,177,053	Yes
Capital resource use does not exceed the amount specified in Directions			Yes			Yes
Revenue resource use does not exceed the amount specified in Directions	277,742	277,742	Yes	1,152,799	1,150,585	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in Directions			Yes			Yes
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions			Yes			Yes
Revenue administration resource use does not exceed the amount specified in Directions	3,257	3,257	Yes	12,870	12,869	Yes

2.1 Performance against Resource limit

	2022/23 (3 Months) Revenue £000	2022/23 (3 Months) Capital £000	2022/23 (3 Months) Total £000	2021-22 (12 Months) Revenue £000	2021-22 (12 Months) Capital £000	2021-22 (12 Months) Total £000
Notified Resource Limit	277,742		277,742	1,152,799		1,152,799
Total Other operating revenue	7,521		7,521	26,468		26,468
Total Income	**285,263**	**Nil**	**285,263**	**1,179,267**	**Nil**	**1,179,267**
Employee benefits	5,586		5,586	20,614		20,614
Operating costs	279,674		279,674	1,156,439		1,156,439
Finance expense	2		2	Nil		Nil
Total Expenditure	**285,263**	**Nil**	**285,263**	**1,177,053**	**Nil**	**1,177,053**
In year Surplus/(Deficit) spend	**0**	**Nil**	**0**	**2,214**	**Nil**	**2,214**
Cumulative surplus brought forward at 1 April	22,688		22,688	20,496		20,496
Adjustment for 2020/21 surplus (see note below)	Nil		Nil	(22)		(22)
Cumulative surplus drawn down during the financial year	Nil		Nil	Nil		Nil
Cumulative surplus carried forward at 30 June	**22,688**	**Nil**	**22,688**	**22,688**	**Nil**	**22,688**

For the 3 month period to June 22, the overall notified resource limit above includes specific funding for Primary Care Delegated Co-Commissioning of £25.707m (2021/22 - £98.639m).

3 Other Operating Revenue

	2022/23 (3 Months) Total	2021/22 (12 Months) Total
	£'000	£'000
Income from sale of goods and services (contracts)		
Education, training and research	**106**	1,141
Non-patient care services to other bodies	**6,923**	24,536
Other Contract income	**466**	607
Total Income from sale of goods and services	**7,495**	**26,284**
Other operating income		
Charitable and other contributions to revenue expenditure: non-NHS	**-**	41
Non cash apprenticeship training grants revenue	**13**	48
Other non contract revenue	**13**	95
Total Other operating income	**26**	**184**
Total Operating Income	**7,521**	**26,468**

Non-patient care services to other bodies relates primarily to charges to Gloucestershire County Council.

3.1 Disaggregation of Income - Income from sale of good and services (contracts)

The majority of income from sales of goods and services (Contracts) relate to contracts with Gloucestershire County Council; the timing of the income for these contracts being over a period of time.

4. Employee benefits and staff numbers

4.1 Employee benefits

	2022-23 (3 Months)			2021-22 (12 Months)		
	Permanent Employees £'000	**Other £'000**	**Total £'000**	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits						
Salaries and wages	**3,986**	**330**	**4,316**	15,158	922	16,080
Social security costs	**477**	**0**	**477**	1,600	-	1,600
Employer Contributions to NHS Pension scheme	**773**	**0**	**773**	2,824	-	2,824
Other pension costs	**2**	**0**	**2**	6	-	6
Apprenticeship Levy	**18**	**0**	**18**	66	-	66
Termination benefits	**0**	**0**	**0**	39	-	39
Gross employee benefits expenditure	**5,256**	**330**	**5,586**	**19,693**	**922**	**20,615**
Less recoveries in respect of employee benefits (note 4.1.2)	**0**	**0**	**0**	-	-	-
Total - Net admin employee benefits including capitalised costs	**5,256**	**330**	**5,586**	**19,693**	**922**	**20,615**
Less: Employee costs capitalised	**0**	**0**	**0**	-	-	-
Net employee benefits excluding capitalised costs	**5,256**	**330**	**5,586**	**19,693**	**922**	**20,615**

Due to the continued impact of work to progress recovery of services following the pandemic, the CCG provided for 10 days of staff untaken annual leave at 30th June 2022. This equated to £735k (21/21: £704k) and is included in staff costs

4.2 Average number of people employed

	2022/23 (3 Months)			2021/22 (12 Months)		
	Permanently employed Number	**Other Number**	**Total Number**	Permanently employed Number	Other Number	Total Number
Total	**313**	**56**	**369**	302	35	337

4.3 Exit packages agreed in the financial period

There were No Exit Packages in the financial period (3 in 21/22)

4.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period. In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

NHS Gloucestershire CCG - Accounts 2022/23 (3 Months)

5. Operating expenses

	2022/23 (3 Months) Total £'000	2021/22 (12 Months) Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	417	2,311
Services from foundation trusts	182,173	726,200
Services from other NHS trusts	3,745	12,659
Services from Other WGA bodies	-	2
Purchase of healthcare from non-NHS bodies	36,937	163,517
Purchase of social care	2,310	8,314
Prescribing costs	24,403	97,665
GPMS/APMS and PCTMS	27,594	114,081
Supplies and services – clinical	67	1,895
Supplies and services – general	90	4,312
Consultancy services	35	448
Establishment	630	8,394
Transport	12	62
Premises	232	1,547
Audit fees [1]	67	84
Other non statutory audit expenditure		
· Other services [2]	-	18
Other professional fees	183	1,194
Legal fees	42	321
Education, training and conferences	149	2,241
Non cash apprenticeship training grants	13	48
Total Purchase of goods and services	**279,099**	**1,145,313**
Depreciation and impairment charges		
Depreciation	143	0
Total Depreciation and impairment charges	**143**	**0**
Provision expense		
Provisions	165	2,281
Total Provision expense	**165**	**2,281**
Other Operating Expenditure		
Chair and Non Executive Members	156	728
Grants to Other bodies	102	8,107
Research and development (excluding staff costs)	0	-
Other Expenditure	10	9
Total Other Operating Expenditure	**268**	**8,844**
Total operating expenditure	**279,674**	**1,156,438**

2022/23 financial framework

The NHS in 2022/23 is working with a financial framework which is similar to that pre pandemic but including some transitional measures, key elements of the framework include:

- contractual agreements between NHS providers and commissioners being agreed for 2022/23.
- the inclusion of a covid allocation, reduced from the 2021/22 allocation, to CCGs to fund any additional costs within the system relating to the implementation of Covid-19 actions.
- the provision of additional funding for a number of programmes remained outside main funding, most notably the Covid-19 vaccination programme. However, some elements of funding, such as the Hospital Discharge Programme have ceased.

Costs incurred in the course of the response to the Covid-19 pandemic are included in the CCGs 2021/22 expenditure.

Key items are detailed below:

Due to the shortened accounting 3 month accounting period a number of new schemes are still going through the final approval and or implementation stages and therefore spend will not have been incurred as at the 30 June 2022. This can be seen in a number of areas where spend can appear to be lower than it would be in a full 12 month period.

[1] In Accordance with SI 2008 no 489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, there is no limitation of auditor liability in respect of death or personal injury, fraud or fraudulent misrepresentation by it or its employees. In all other instances a total aggregate limit of £2m applies. The external audit fee for the three month period is expected to be £66,907; representing a net spend of £55,756 together with irrecoverable VAT of £11,151.

[2] Other audit related services in 2021/22 relate to the Mental Health Investment Standard audit covering 2021/22. The fees for 2022/23 will be included in the nine month accounts for Gloucestershire ICB

6 Better Payment Practice Code

Measure of compliance	2022/23 (3 Months) Number	2022/23 (3 Months) £'000	2021/22 (12 Months) Number	2021/22 (12 Months) £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Period	3,514	33,087	12,971	122,033
Total Non-NHS Trade Invoices paid within target	3,422	31,640	12,564	118,688
Percentage of Non-NHS Trade invoices paid within target	**97.38%**	**95.63%**	**96.86%**	**97.26%**
NHS Payables				
Total NHS Trade Invoices Paid in the Period	82	182,832	493	738,723
Total NHS Trade Invoices Paid within target	79	182,810	483	738,680
Percentage of NHS Trade Invoices paid within target	**96.34%**	**99.99%**	**97.97%**	**99.99%**

7. Leases

7.1 Right of Use Assets

With the adoption of IFRS 16 on 1st April 2022, the CCG has identified and created right of use assets relating to the CCG Headquarters. Further disclosures can be found in note 1.20.

2022/23 (3 Months)	Buildings excluding dwellings
	£'000
Cost or valuation at 01 April 2022	-
IFRS 16 Transition Adjustment	856
Cost/Valuation at 30 June 2022	**856**
Depreciation 01 April 2022	-
Charged during the year	143
Depreciation at 30 June 2022	**143**
Net Book Value at 30 June 2022	**713**

7.2 Lease Liabilities

2022/23 (3 Months)	2022/23 (3 Months) £'000	2021/22 (12 Months) £'000
Lease liabilities at 01 April 2022	-	-
IFRS 16 Transition Adjustment	(856)	-
Lease liabilities at 30 June 2022	**(856)**	-

7.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	2022/23 (3 Months) £'000	2021/22 (12 Months) £'000
Within one year		-
Between one and five years	(574)	-
After five years	(144)	-
Balance at 30 June 2022	**(718)**	**-**
Effect of discounting	4	-
Included in:		
Current lease liabilities	(570)	-
Non-current lease liabilities	(144)	-
Balance at 30 June 2022	**(713)**	**-**

7 Leases cont'd

7.4 Amounts recognised in Statement of Comprehensive Net Expenditure

	2022/23 (3 Months) £'000	2021/22 (12 Months) £'000
Depreciation expense on right-of-use assets	143	-
Interest expense on lease liabilities	2	-

7.5 Amounts recognised in Statement of Cash Flows

	2022/23 (3 Months) £'000	2021/22 (12 Months) £'000
Total cash outflow on leases under IFRS 16	144	-

8 Trade and other receivables

	Current 2022/23 (3 Months) £'000	Current 2021/22 (12 Months) £'000
NHS receivables: Revenue	574	2,162
NHS prepayments	-	-
NHS accrued income	696	507
Non-NHS and Other WGA receivables: Revenue	706	77
Non-NHS and Other WGA prepayments	1,732	799
Non-NHS and Other WGA accrued income	2,346	1,139
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	-	-
Expected credit loss allowance-receivables	(57)	(57)
VAT	182	645
Other receivables and accruals	(37)	3
Total Trade & other receivables	**6,142**	**5,275**
Total current and non current	**6,142**	**5,275**

8.1 Receivables past their due date but not impaired

	2022/23 (3 Months)		**2021-22 (12 Months)**	
	DHSC Group Bodies £'000	**Non DHSC Group Bodies £'000**	**DHSC Group Bodies £'000**	**Non DHSC Group Bodies £'000**
By up to three months	225	210	23	5
By three to six months	-	4	12	2
By more than six months	-	43	12	1
Total	**225**	**257**	**47**	**8**

9 Cash and cash equivalents

	2022/23 (3 Months) £'000	2021/22 (12 Months) £'000
Balance at 01 April 2022	46	80
Net change in year	(25)	(34)
Balance at 30 June 2022	**21**	**46**
Made up of:		
Cash with the Government Banking Service	21	46
Cash and cash equivalents as in statement of financial position	**21**	**46**
Balance at 30 June 2022	**21**	**46**

10 Trade and other payables	**Current 2022/23 (3 Months) £'000**	Current 2021/22 (12 Months) £'000
NHS payables: Revenue	275	2,531
NHS accruals	6,255	144
Non-NHS and Other WGA payables: Revenue	3,629	13,794
Non-NHS and Other WGA accruals	38,317	45,001
Non-NHS and Other WGA deferred income	1,314	1,115
Social security costs	287	264
Tax	232	224
Other payables and accruals	2,006	2,674
Total Trade & Other Payables	**52,316**	**65,747**
Total current and non-current	**52,316**	**65,747**

Other payables include £1,202k outstanding pension contributions at 30th June 2022 (2021/22: £1,158k)

11 Provisions

Current	Current 2022-23 3 Months £'000	2021-22 (12 Months) £'000
Continuing care	873	901
Other	3,388	3,398
Restructuring	-	-
Legal Claims	1,291	1,349
Total	**5,552**	**5,648**
Non Current	**-**	**-**
Total current and non-current	**5,552**	**5,648**

	2022/23 (3 Months)				2021-22 (12 Months)				
	Continuing Care £'000	Other £'000	Legal Claims £'000	Total £'000	Continuing Care £'000	Other £'000	Restructuring £'000	Legal Claims £'000	Total £'000
Balance at 01 April	**901**	**3,398**	**1,349**	**5,648**	**592**	**3,155**	**333**	**-**	**4,080**
	-	-	-						
Arising during the year	-	-	165	**165**	750	1,114		1,349	**3,213**
Utilised during the year	(28)	(10)	(223)	**(261)**	(441)	(272)	-	-	**(713)**
Reversed unused	-	-	-	**-**	-	(599)	(333)	-	**(932)**
Unwinding of discount	-	-	-	**-**	-	-	-	-	**-**
Change in discount rate	-	-	-	**-**	-	-	-	-	**-**
Balance at 30 June	**873**	**3,388**	**1,291**	**5,552**	**901**	**3,398**	**-**	**1,349**	**5,648**
Expected timing of cash flows:									
Within one year	873	3,388	1,291	**5,552**	901	3,398	-	1,349	**5,648**
Between one and five years	-	-	-	**-**	-	-	-	-	**-**
After five years	-	-	-	**-**	-	-	-	-	**-**
Balance at 30 June	**873**	**3,388**	**1,291**	**5,552**	**901**	**3,398**	**-**	**1,349**	**5,648**

The continuing care provision of £873k (2021-22: £901k) is for costs expected to be incurred in relation to backdated claims received by the CCG since 1st April 2013 for continuing healthcare and which have yet to be settled. Claims are assessed for eligibility using the national guidance and toolkit.

The claims outstanding at 30 June 2022 are expected to be paid within the 2022/23 financial year.

Provisions made under the 'Other' and 'Legal claims' categories relate to potential primary care costs relating to practice development and other legal and contractual issues.

12 Financial instruments

12.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS clinical commissioning group is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. the Clinical Commissioning Group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Clinical Commissioning Group in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS clinical commissioning group standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS clinical commissioning group and internal auditors.

12.1.1 Currency risk

The NHS clinical commissioning group is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS clinical commissioning group has no overseas operations. The NHS clinical commissioning group and therefore has low exposure to currency rate fluctuations.

12.1.2 Interest rate risk

the Clinical Commissioning Group borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. the Clinical Commissioning Group therefore has low exposure to interest rate fluctuations.

12.1.3 Credit risk

Because the majority of the NHS clinical commissioning group and revenue comes parliamentary funding, NHS clinical commissioning group has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

12.1.4 Liquidity risk

NHS clinical commissioning group is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS clinical commissioning group draws down cash to cover expenditure, as the need arises. The NHS clinical commissioning group is not, therefore, exposed to significant liquidity risks.

12.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

12.2 Financial assets

	Financial Assets measured at amortised cost 2022/23 (3 Months) £'000	Financial Assets measured at amortised cost 2021/22 (12 Months) £'000
Trade and other receivables with NHSE bodies	1,067	2,653
Trade and other receivables with other DHSC group bodies	2,633	1,057
Trade and other receivables with external bodies	585	178
Other financial assets	-	-
Cash and cash equivalents	21	46
Total at 30 June 2022	**4,306**	**3,934**

12.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2022/23 (3 Months) £'000	Financial Liabilities measured at amortised cost 2021/22 (12 Months) £'000
Trade and other payables with NHSE bodies	287	172
Trade and other payables with other DHSC group bodies	6,284	2,562
Trade and other payables with external bodies	44,625	60,706
Total at 30 June 2022	**51,196**	**63,440**

13 Operating Segments
The CCG and consolidated group consider that they have only one segment: commissioning of healthcare services

NHS Gloucestershire CCG presents its regular reports to the Governing Body (designated as the organisations Chief Operating Decision Maker) in this format

14 Pooled budgets
The pooled budget relates to integrated community equipment services with Gloucestershire County Council

This service has been running for a number of years and buys, delivers, collects, maintains and decontaminates equipment for patients in their own homes. This service is jointly commissioned by the CCG, with Gloucestershire County Council, who are the lead commissioner for the service.

The NHS Clinical Commissioning Group share of the income and expenditure handled by the pooled budget in the financial year are:

	2022/23 (3 Months)	**2021/22 (12 Months)**
	£000	£000
Income	(901)	(3,756)
Expenditure	901	3,756

15 Losses and special payments

15.1 Losses

There were no losses incurred by NHS Gloucestershire in 2022-23 (2021-22: nil)

15.2 Special payments

There were 2 special payments in 2022/23 relating to one Continuing Healthcare case (2021-22: 2 relating to one case)

16 Events after the end of the reporting period

The Health and Care Act received Royal Assent on 28 April 2022. Following the issue of an establishment order by NHS England the CCG was dissolved on 30 June 2022. On 1 July the assets, liabilities and operations transferred to NHS Gloucestershire ICB

17 Related party transactions

The Department of Health is regarded as a related party. During the period the Clinical Commissioning Group has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. For example NHS England, Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Health and Care NHS Foundation Trust, South West Ambulance Service NHS Trust, NHS Litigation Authority and NHS Business Services Authority.

In addition, the Clinical Commissioning Group has had a number of material transactions with other government departments, universities and other central and local government bodies. Most of these transactions have been with Gloucestershire County Council in respect of joint commissioning of services.

In formulating this note the Clinical Commissioning Group has considered all declarations of interest for Governing Body members.
Under IAS 24, related party transactions have only been disclosed where they meet the following criteria:
a(i) have control or joint control of the entity
a(ii) having significant influence over the reporting entity or
a(iii) are a member of the key management personnel.

An entity is related to a reporting entity if any of the following conditions applies:
b(i) the entity and the reporting entity are members of the same group (which means that each parent, subsidiary and fellow subsidiary is related to the others)
b(ii) one entity is an associate or joint venture of the other entity (or an associate or joint venture of a member of a group of which the other entity is a member)
b(iii) both entities are joint ventures of the same third party
b(iv) one entity is a joint venture of a third entity and the other entity is an associate of the third entity
b(v) the entity is a post-employment benefit plan for the benefit of employees of either the reporting entity or an entity related to the reporting entity. If the reporting entity is itself such a plan, the sponsoring employers are also related to the reporting entity
b(vi) the entity is controlled or jointly controlled by a person identified above
b(vii) a person identified in a (i) has significant influence over the entity or is a member of the key management personnel of the entity (or of a parent of the entity)
b(viii) the entity, or any member of a group of which it is a part, provides key management personnel services to the reporting entity or to the parent of the reporting entity

The Declaration of Interest register can be found on our website

18 Leases

18 Right-of-use assets

2022-23	Land £'000	Buildings excluding dwellings £'000	Dwellings £'000	Assets under construction and payments on account £'000	Plant & machinery £'000	Transport equipment £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2022	-	-	-	-	-	-	-	-	-
IFRS 16 Transition Adjustment	-	856	-	-	-	-	-	-	856
Addition of assets under construction and payments on account				-					-
Additions	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Upward revaluation gains	-	-	-	-	-	-	-	-	-
Lease remeasurement	-	-	-	-	-	-	-	-	-
Modifications	-	-	-	-	-	-	-	-	-
Disposals on expiry of lease term	-	-	-	-	-	-	-	-	-
Derecognition for early terminations	-	-	-	-	-	-	-	-	-
Transfer (to) from other public sector body	-	-	-	-	-	-	-	-	-
Cost/Valuation at 30 June 2022	**-**	**856**	**-**	**-**	**-**	**-**	**-**	**-**	**856**
Depreciation 01 April 2022	-	-	-	-	-	-	-	-	-
Charged during the year	-	143	-	-	-	-	-	-	143
Reclassifications	-	-	-	-	-	-	-	-	-
Upward revaluation gains	-	-	-	-	-	-	-	-	-
Impairments charged	-	-	-	-	-	-	-	-	-
Reversal of impairments	-	-	-	-	-	-	-	-	-
Disposals on expiry of lease term	-	-	-	-	-	-	-	-	-
Derecognition for early terminations	-	-	-	-	-	-	-	-	-
Transfer (to) from other public sector body									
Depreciation at 30 June 2022	**-**	**143**	**-**	**-**	**-**	**-**	**-**	**-**	**143**
Net Book Value at 30 June 2022	**-**	**713**	**-**	**-**	**-**	**-**	**-**	**-**	**713**

Revaluation Reserve Balance for right-of-use assets

	Land £'000	Buildings £'000	Dwellings £'000	Assets under construction & payments on account £'000	Plant & machinery £'000	Transport equipment £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Balance at 01 April 2022	-	-	-	-	-	-	-	-	-
Revaluation gains	-	-	-	-	-	-	-	-	-
Impairments	-	-	-	-	-	-	-	-	-
Release to general fund	-	-	-	-	-	-	-	-	-
Other movements	-	-	-	-	-	-	-	-	-
Balance at 30 June 2022	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

NHS Gloucestershire
Sanger House
5220 Valiant Court
Gloucester Business Park
Gloucester
GL3 4FE

28th June 2023

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Grant Thornton UK LLP
2 Glass Wharf
Temple Quary
BRISTOL
BS2 0EL

Dear Grant Thornton UK LLP

NHS Gloucestershire CCG
Financial Statements for the period ended 30 June 2022

This representation letter is provided in connection with the audit of the financial statements of NHS Gloucestershire CCG ('the CCG') for the period ended 30 June 2022 for the purpose of expressing an opinion as to whether the CCG financial statements give a true and fair view in accordance with International Financial Reporting Standards and the Department of Health and Social Care Group Accounting Manual 2022/23 and applicable law.

We confirm that to the best of our knowledge and belief having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

Financial Statements

i. We have fulfilled our responsibilities for the preparation of the CCG's financial statements in accordance with International Financial Reporting Standards and the Department of Health and Social Care Group Accounting Manual 2022/23 ('the GAM'); in particular the financial statements are fairly presented in accordance therewith.

ii. We have fulfilled our responsibilities for ensuring that expenditure and income are applied for the purposes intended by Parliament and that the financial transactions in the financial statements conform to the authorities which govern them.

iii. We have complied with the requirements of all statutory directions affecting the CCG and these matters have been appropriately reflected and disclosed in the financial statements.

iv. The CCG has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance. There has been no non-compliance with requirements of any regulatory authorities that could have a material effect on the financial statements in the event of non-compliance.

v. We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud.

vi. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable. Such accounting estimates include period end expenditure accruals. We are satisfied that the material judgements used in the preparation of the financial statements are soundly based, in accordance with the GAM and adequately disclosed in the financial statements. We understand our responsibilities includes identifying and considering alternative, methods, assumptions or source data that would be equally valid under the financial reporting framework, and why these alternatives were rejected in favour of the estimate used. We are satisfied that the methods, the data and the significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in accordance with the GAM and adequately disclosed in the financial statements.

vii. We acknowledge our responsibility to participate in the Department of Health and Social Care's agreement of balances exercise and have followed the requisite guidance and directions to do so. We are satisfied that the balances calculated for the CCG ensure the financial statements and consolidation schedules are free from material misstatement, including the impact of any disagreements.

viii. Except as disclosed in the financial statements:

a. there are no unrecorded liabilities, actual or contingent

b. none of the assets of the CCG has been assigned, pledged or mortgaged

c. there are no material prior period charges or credits, nor exceptional or non-recurring items requiring separate disclosure.

ix. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards and the GAM.

x. All events subsequent to the date of the financial statements and for which International Financial Reporting Standards and the GAM require adjustment or disclosure have been adjusted or disclosed.

xi. We have only accrued for items received before the period-end.

xii. We have considered the adjusted misstatements, and misclassification and disclosures changes schedules included in your Audit Findings Report. The CCG financial statements have been amended for these misstatements, misclassifications and disclosure changes and are free of material misstatements, including omissions.

xiii. We have considered the unadjusted misstatements schedule included in your Audit Findings Report and attached. We have not adjusted the financial statements for these misstatements brought to our attention as they are immaterial to the results of the CCG and its financial position at the period-end. The financial statements are free of material misstatements, including omissions.

xiv. Actual or possible litigation and claims have been accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards.

xv. We have no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.

xvi. We have updated our going concern assessment. We continue to believe that the CCG's financial statements should be prepared on a going concern basis and have not identified any material uncertainties related to going concern on the grounds that:

a. the nature of the CCG means that, notwithstanding any intention to liquidate the CCG or cease its operations in their current form, it will continue to be appropriate to adopt the going concern basis of accounting because, in such an event, services it performs can be expected to continue to be delivered by related public authorities and preparing the financial statements on a going concern basis will still provide a faithful representation of the items in the financial statements

b. the financial reporting framework permits the entry to prepare its financial statements on the basis of the presumption set out under a) above; and

c. the CCG's system of internal control has not identified any events or conditions relevant to going concern.

We believe that no further disclosures relating to the CCG's ability to continue as a going concern need to be made in the financial statements.

Information Provided

xvii. We have provided you with:

a. access to all information of which we are aware that is relevant to the preparation of the CCG's financial statements such as records, documentation and other matters;

b. additional information that you have requested from us for the purpose of your audit; and

c. access to persons within the CCG via remote arrangements, where/if necessary, from whom you determined it necessary to obtain audit evidence.

xviii. We have communicated to you all deficiencies in internal control of which management is aware.

xix. All transactions have been recorded in the accounting records and are reflected in the financial statements.

xx. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

xxi. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the CCG and involves:

a. management;

b. employees who have significant roles in internal control; or

c. others where the fraud could have a material effect on the financial statements.

xxii. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, analysts, regulators or others.

xxiii. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

xxiv. We have disclosed to you the identity of the CCG's related parties and all the related party relationships and transactions of which we are aware.

xxv. We have disclosed to you all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

Governance Statement

xxvi. We are satisfied that the Governance Statement fairly reflects the CCG's risk assurance and governance framework, and we confirm that we are not aware of any significant risks that are not disclosed within the Governance Statement.

Annual Report

xxvii. The disclosures within the Annual Report fairly reflect our understanding of the CCG's financial and operating performance over the period covered by the CCG's financial statements.

Approval

The approval of this letter of representation was minuted by the CCG's Board at its meeting on 28 June 2023.

Yours faithfully

Name……

Position…….

Date…….

Name……

Position…….

Date…….

Signed on behalf of the ICB

Agenda Item 3.2

ICB Board

28th June 2023

Report Title	**Report on the Audited Accounts – M4-12 2022/23**						
Purpose (X)	**For Information**		**For Discussion**		**For Decision**		
					X		
Route to this meeting							
	ICB Internal	**Date**			**System Partner**	**Date**	
					n/a		
Executive Summary	This report provides an overview of the 9 month accounts covering the period 1st July 2022 – 31st March 2023. The audit is substantially complete and the auditors are expected to issue an unqualified opinion. The unaudited accounts position as at 31st March 2023 was a small surplus of £19k; the final accounts for the period show a surplus of £6.866m. During the audit the accounting treatment of a number of s256 agreements was challenged by the external auditors and as a result these were adjusted in 2022/23 and will fall as expenditure in 2023/24; these totalled £8.1m. Three accruals were identified at the same time and also then included in the accounts, these totalled c£1.2m. The net change is therefore £6.8m The 2022/23 annual resource limit was allocated by NHS England and a proportion received by the ICB to cover months 1-3 of 2022/23 equivalent to expenditure, the remainder of the resource limit for 2022/23 was received by the ICB and the financial performance for 2022/23 will be assessed by NHS England (NHSE) by looking at the full year period. The key change in terms of accounting policies relates to the adoption of IFRS16. The new standard introduces a single on statement of financial position lease accounting model for lessees and removes the distinction between operating and finance leases. The Audit Committee will review the accounts on the 27th June 2023.						
Key Issues to note	The closing balances for the ICB formed the opening balances for the ICB.						
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	There was a risk to the accuracy of the accounts due to the tight timescales and additional work for the finance team that this entailed. Systems were in place to mitigate this, even so, the impact on staff workload has been significant. (3x3) 9 (3x2) 6						

Management of Conflicts of Interest	• Who has been conflicted in the process / project ? n/a • How was this managed? n/a • Has it been logged on the declaration of interest register?n/a			
Resource Impact (X)	**Financial**	X	**Information Management & Technology**	
	Human Resource		**Buildings**	
Financial Impact	The ICB needs to ensure that accounts are prepared accurately and in a timely manner to ensure that the financial position for the organisation is understood and that an unqualified audit opinion is received from external audit.			
Regulatory and Legal Issues (including NHS Constitution)	There is a duty to prepare annual accounts for the initial period of the ICB's existence			
Impact on Health Inequalities	No impact on health inequalities as a result of this paper			
Impact on Equality and Diversity	No impact on equality & diversity as a result of this paper			
Impact on Sustainable Development	No impact on sustainability as a result of this paper			
Patient and Public Involvement	No impact on patients or the public as a result of this paper			
Recommendation	The Board is asked to approve the accounts			
Author	Shofiqur Rahman	**Role Title**	Deputy CFO (interim)	
Sponsoring Director (if not author)	Cath Leech, CFO			

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

One Gloucestershire
Transforming Care, Transforming Communities

NHS Gloucestershire

Agenda Item 3.2

Review of M4-12 2022/23 Accounts

Summary

Financial Summary	Programme Costs including primary care £m	Running Costs £m	Total £m
Revenue resource limit	926.701	10.684	937.385
Total net operating cost for the financial year	920.32	10.199	930.519
Total Surplus	**6.381**	**0.485**	**6.866**
Brought forward surplus			13.938
In year financial position			6.866
Cumulative surplus			**20.804**

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Performance against key targets

Duty	Ref in Accounts	Target/Range	Actual	Within Target
Net Costs	SOCNE	£978,980k	£958,176	Yes
Surplus	Note 2	£6.866k	£6.866k	Yes
Running Costs	SOCNE	£10,684k	£10,199k	Yes
Cash Balance at 31/3/23	Note 10	None specified	£7k	Yes
Capital Resource Limit	Note 2	£33k	£0k	Yes
BPPC : Payments	Note 7.1	95% number & value	95% number & value exceeded	Yes

- Cash holdings at the end of the period were £7k and total cash drawings were within the Maximum Cash Drawdown limit set by NHS England; this is within the allowable limit
- The accounting period is nine months, this is the first accounting period for the ICB, there are therefore no comparisons to the prior accounting period.
- The NHS adopted IFRS16 “leases” on the 1st April 2022, this has changed the accounting treatment for leases which are now, with the exception of very small leases, brought onto the balance sheet.
- Wherever possible rounding errors have been eliminated within the Annual Accounts.

- The Accounts presented have been prepared in accordance with the ICB Annual Reporting Guidance and were submitted in accordance with the NHSE national timetable.

- The Annual Accounts show a position that is consistent with in-year performance reports presented to the Board.

- The external audit of the accounts is now substantially complete and, following comments received, changes have been made in the areas highlighted below.
    - During the audit the accounting treatment of a number of s256 agreements was challenged by the external auditors and as a result these were adjusted in 2022/23 and will fall as expenditure in 2023/24; these totalled £8.1m.
      Three accruals were identified by the ICB at the same time and also then included in the accounts, these totalled c£1.2m.
      The impact of the two changes above have increased the surplus shown to £6.866m
    - Several disclosures have been amended as per the Audit Findings Report

1 Key Deadlines Annual Accounts and Report submission

Key dates are shown below with deadlines from the Department of Health are shown below in bold.

		Complete
27 April 2023 (9am)	Submission of the unaudited accounts to the Department of Health and External Auditors.	Y
30 June 2023 (9am)	ICBs to submit: • Full audited and signed reports, as approved in accordance with the scheme of delegation and signed and dated by the Accountable Officer and appointed auditors, as one composite document. • A full copy of the final Head of Internal Audit Opinion statement as issued by the local auditors. Note this should be submitted as a separate document. A summary version should be included in the ICB Annual Report. • Completed NAO disclosure checklist 2022/23 for final submission (to support regional certification process).	
28th July 2023	Publication of the Annual Report and Accounts in full on ICB public website.	
By 30 September 2023	ICB should hold a public meeting at which their Annual Report and Accounts (for the ICB and ICB) should be presented.	

2.0 Recommendation

The Board is asked to approve the accounts.

Data entered below will be used throughout the workbook:

Entity name:	NHS Gloucestershire ICB
	2022/23 (9 Months)
Last year	21/22 (12 Months)
This year ended	31-March-2023
Last year ended	01-July-2022
This year commencing:	01-July-2022
Last year commencing:	01-April-2022

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

Please review and adjust to local reporting requirements

NHS Gloucestershire ICB - Accounts 2022/23 (9 Months)

Page Number

CONTENTS 2

The Primary Statements:

Notes to the Accounts

Statement of Comprehensive Net Expenditure for the 9 months ended 31 March 2023

	Note	2022/23 (9 Months) £'000
Income from sale of goods and services	3	(25,368)
Other operating income	3	(2,288)
Total operating income		**(27,656)**
Staff costs	4	18,803
Purchase of goods and services	5	937,411
Depreciation and impairment charges	5	427
Provision expense	5	1,071
Other Operating Expenditure	5	459
Total operating expenditure		**958,171**
Finance Expense		4
Net Operating Expenditure		**930,519**
Other Comprehensive Expenditure		-
Comprehensive Expenditure for the year		**930,519**

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NHS Gloucestershire ICB - Accounts 2022/23 (9 Months)

Statement of Financial Position

	Note	Closing Balances **31/03/2023** **£'000**	Opening Balances 01/07/2022 £'000
Non-current assets:			
Right-of-use assets	8	285	713
Current assets:			
Trade and other receivables	9	6,984	6,563
Cash and cash equivalents	10	7	21
Total current assets		**6,991**	6,584
Total assets		**7,276**	**7,297**
Current liabilities			
Trade and other payables	11	(76,235)	(52,738)
Lease Liablities	8	(286)	(570)
Provisions	12	(4,840)	(5,552)
Total current liabilities		**(81,362)**	**(58,860)**
Non-Current Assets plus/less Net Current Assets/Liabilities		**(74,086)**	(51,563)
Non-current liabilities			
Lease Liabilities		-	(143)
Assets less Liabilities		**(74,086)**	**(51,706)**
Financed by Taxpayers' Equity			
General fund		(74,086)	(51,706)
Total taxpayers' equity:		**(74,086)**	(51,706)

The notes on pages 7 to 22 form part of this statement

The financial statements on pages 3 to 6 were approved by the Board on 28th June and signed on its behalf by:

Acting Chief Executive Officer
Ellen Rule

NHS Gloucestershire ICB - Accounts 2022/23 (9 Months)

Statement of Changes In Taxpayers Equity for the 9 months ended 31 March 2023

	2022/23 (9 Months) General fund £'000
Changes in taxpayers' equity for 2022/23 (9 Months)	
Balance at 01 July	(51,706)
Balances were transferred from CCGs to ICBs under Modified Absorption accounting.	
Changes in NHS Integrated Commissioning Board taxpayers' equity for 2022/23 (9 Months)	
Net operating expenditure for the financial year	(930,519)
Net funding	908,140
Balance at 31 March	**(74,086)**

The notes on pages 7 to 22 form part of this statement

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

NHS Gloucestershire ICB - Accounts 2022/23 (9 Months)

Statement of Cash Flows for the 9 months ended 31 March 2023

	Note	2022/23 (9 Months) £'000
Cash Flows from Operating Activities		
Net operating expenditure for the financial year		(930,519)
Depreciation and amortisation	5	427
Interest Received/(Paid)		4
(Increase)/decrease in trade & other receivables	9	(421)
Increase/(decrease) in trade & other payables	11	23,498
Provisions utilised	12	(1,783)
Increase/(decrease) in provisions	12	1,071
Net Cash Inflow (Outflow) from Operating Activities		**(907,722)**
Cash Flows from Investing Activities		
(Payments) for property, plant and equipment		0
Net Cash Inflow (Outflow) from Investing Activities		**0**
Net Cash Inflow (Outflow) before Financing		**(907,722)**
Cash Flows from Financing Activities		
Grant in Aid Funding Received		908,140
Repayment of lease liabilities		(431)
Net Cash Inflow (Outflow) from Financing Activities		**907,709**
Net Increase (Decrease) in Cash & Cash Equivalents	10	**(14)**
Cash & Cash Equivalents at the Beginning of the Financial Year		**21**
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		0
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**7**

The notes on pages 7 to 22 form part of this statement

Notes to the financial statements

Accounting Policies

NHS England has directed that the financial statements of Integrated Care Boards (ICBs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2022-23 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Integrated Care Boards, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 **Going Concern**

These accounts have been prepared on a going concern basis.

The Health and Social Care Act was introduced into the House of Commons on 6 July 2021. The Bill allowed for the establishment of Integrated Care Boards (ICB) across England and abolished Clinical Commisioning Groups (CCG). ICBs took on the commissioning functions of CCGs. The CCG functions, assets and liabilities were transferred to an ICB on 1 July 2022.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

When CCG's ceased to exist on 1 July 2022, the services continued to be provided by ICBs (using the same assets, by another public sector entity). The financial statements for ICBs are prepared on a Going Concern basis as they will continue to provide the services in the future.

1.2 **Accounting Convention**

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

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

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs. For transfers of assets and liabilities from those bodies that closed on 30 June 2022 a modified absorption approach was applied. For these transactions only gains and losses were recognised in reserves rather than the Statement of Comprehensive Net Expenditure.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 - Accounting for Government Grants and Disclosure of Government Assistance and similarly give rise to income and expenditure entries.

1.4 **Pooled Budgets**

The ICB has entered into a pooled budget arrangement with Gloucestershire County Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for integrated community equipment services and note 14 provides details of the income and expenditure.

The pool is hosted by Gloucestershire County Council. The ICB accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement. This arrangement has not changed from arrangements in place with the predecessor CCG.

1.5 **Operating Segments**

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

Notes to the financial statements

1.6 **Revenue**

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

The main source of funding for the ICB is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.
Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.
Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.
Total net revenue expenditure for the 9 months of £930,519k is funded by in year revenue resource allocations from NHS England. The revenue resource allocation is accounted for by crediting the general fund, but this funding is only drawn down from NHS England and accounted for, to meet payments as they fall due. The total funding credited to the general fund during the year was equal to the revenue resource allocation (see Statement of Changes to Taxpayers Equity on page 5).

The ICB's financial position is controlled by a limit on net expenditure rather than funding from DHSC. As such, the ICB's income from other activities is limited. The most significant element of income is where the ICB commissions service level agreements (for Mental Health and Community Services) through liaison with the local authority. Where the ICB is the Lead Commissioner for service level agreements that include a contribution from the local authority, the ICB is acting as the principal in the relationship. The ICB provides all the administration to the contract, monitors performance, arranges the price and holds the provider to account. In such cases, all income is recorded in the ICB accounts as gross and shown within Other Operating Revenue within note 3.

The value of the benefit received when the ICB accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.7 **Employee Benefits**

1.7.1 **Short-term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.
The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.7.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.7.3 **National Employment Savings Trust ("NEST") Pension Scheme**
The ICB has a small number of employees who are not enrolled into the NHS Pensions Scheme, with cover from the defined contributions scheme which is managed by the National Employment Savings Trust (NEST). The cost to the ICB is taken as equal to the contributions payable to the scheme for the accounting period.

Notes to the financial statements

1.8 **Other Expenses**

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.9 **Grants Payable**

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the ICB recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.10 **Leases**

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration.
The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.10.1 **The ICB as Lessee**

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.
The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.
The HM Treasury incremental borrowing rate of 3.51% is applied for leases commencing, transitioning or being remeasured in the 2023 calendar year under IFRS 16 - Leases.
Lease payments included in the measurement of the lease liability comprise
-Fixed payments;
-Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
-The amount expected to be payable under residual value guarantees;
-The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
-Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.
The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.
The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.
The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 - Leases if they meet the definition of a lease in all aspects apart from containing
For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.11 **Cash & Cash Equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.
In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the ICB's cash management.

1.12 **Provisions**

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

A restructuring provision is recognised when the ICB has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

Notes to the financial statements

1.13 **Non-clinical Risk Pooling**

The ICB participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the ICB pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.14 **Financial Assets**

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.
Financial assets are classified as Financial assets at amortised costs.
The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9 - Financial Instruments, and is determined at the time of initial recognition.

1.14.1 **Financial Assets at Amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.15 **Financial Liabilities**

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.16 **Value Added Tax**

Most of the activities of the ICB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.17 **Losses & Special Payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.
Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.18 **Critical accounting judgements and key sources of estimation uncertainty**

In the application of the ICB's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods

1.18.1 **Critical accounting judgements in applying accounting policies**

There are no critical accounting judgements in the application of accounting policies

1.18.2 **Sources of estimation uncertainty**

There are no sources of estimation uncertainty in the application of accounting policies

1.19 **Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.20 **New and revised IFRS Standards in issue but not yet effective**

● IFRS 14 Regulatory Deferral Accounts – Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.

● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2023: early adoption is not therefore permitted.

2 Financial performance targets

NHS Integrated Care Board performance against those duties was as follows:

	2022/23 (9 Months) Target £'000	Performance £'000	Met (Y/N)
Expenditure not to exceed income	978,980	958,176	Yes
Capital resource use does not exceed the amount specified in Directions	33	0	Yes
Revenue resource use does not exceed the amount specified in Directions	937,386	930,519	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	Yes
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	Yes
Revenue administration resource use does not exceed the amount specified in Directions	10,684	10,199	Yes

2.1 Performance against Resource limit

	2022/23 (9 Months) Revenue £000	Capital £000	Total £000
Notified Resource Limit	937,386	0	937,386
Total Other operating revenue	27,656		27,656
Total Income	**965,042**	0	**965,042**
Employee benefits	18,803		18,803
Operating costs	939,372	0	939,372
Total Expenditure	**958,176**	0	**958,176**
In Period Surplus	**6,866**	0	**6,866**
Cumulative surplus brought forward at 1 July	13,938		13,938
In period surplus	6,866		6,866
Cumulative surplus carried forward at 31 March	**20,804**	0	**20,804**

The overall notified resource limit above includes specific funding for Primary Care Delegated Co-Commissioning of £83.779m

Gloucestershire CCG ceased to exist on 30th June 2022, Gloucestershire ICB came into existence on 1st July 2022 and is the successor organisation. NHS England will assess the overal financial performance by taking into account the full financial year.

3 Other Operating Revenue

	2022/23 (9 Months) Total £'000
Income from sale of goods and services (contracts)	
Education, training and research	**1,472**
Non-patient care services to other bodies	**23,161**
Other Contract income	**735**
Total Income from sale of goods and services	**25,368**
Other operating income	
Charitable and other contributions to revenue expenditure: non-NHS	**-**
Non cash apprenticeship training grants revenue	**49**
Other non contract revenue	**2,239**
Total Other operating income	**2,288**
Total Operating Income	**27,656**

Non-patient care services to other bodies relates primarily to charges to Gloucestershire County Council.

3.1 Disaggregation of Income - Income from sale of good and services (contracts)

The majority of income from sales of goods and services (Contracts) relate to contracts with Gloucestershire County Council; the timing of the income for these contracts being over a period of time.

4. Employee benefits and staff numbers

	2022-23 (9 Months)		
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	**14,011**	**741**	**14,752**
Social security costs	**1,513**	**-**	**1,513**
Employer Contributions to NHS Pension scheme	**2,479**	**-**	**2,479**
Other pension costs	**6**	**-**	**6**
Apprenticeship Levy	**52**	**-**	**52**
Termination benefits	**-**	**-**	**-**
Gross employee benefits expenditure	**18,062**	**741**	**18,803**
Less recoveries in respect of employee benefits (note 4.1.2)	**-**	**-**	**-**
Total - Net admin employee benefits including capitalised costs	**18,062**	**741**	**18,803**
Less: Employee costs capitalised	**-**	**-**	**-**
Net employee benefits excluding capitalised costs	**18,062**	**741**	**18,803**

The ICB provided for 5 days of staff untaken annual leave at 31st March 2023. This equated to £407k and is included in staff costs

4.2 Average number of people employed

	2022/23 (9 Months)		
	Permanently employed Number	Other Number	Total Number
Total	**327**	**52**	**379**

4.3 Exit packages agreed in the financial year

There were no exit Packages in the 9 months between 1st July 2022 and 31st March 2023

4.4 Pension costs

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

NHS Gloucestershire ICB - Accounts 2022/23 (9 Months)

5. Operating expenses

	2022/23 (9 Months) Total £'000
Purchase of goods and services	
Services from other ICBs and NHS England	1,766
Services from foundation trusts	589,417
Services from other NHS trusts	11,821
Services from Other WGA bodies	3
Purchase of healthcare from non-NHS bodies	130,355
Purchase of social care	9,006
Prescribing costs	81,501
GPMS/APMS and PCTMS	91,342
Supplies and services – clinical	1,162
Supplies and services – general	8,451
Consultancy services	552
Establishment	6,067
Transport	40
Premises	1,253
Audit fees [1]	210
Audit Other professional services [2]	18
Other professional fees	1,355
Legal fees	188
Education, training and conferences	2,855
Non cash apprenticeship training grants	49
Total Purchase of goods and services	**937,411**
Depreciation and impairment charges	
Depreciation - Right of Use Asset	427
Total Depreciation and impairment charges	**427**
Provision expense	
Provisions	1,071
Total Provision expense	**1,071**
Other Operating Expenditure	
Chair and Non Executive Members	161
Grants to Other bodies	270
Research and development (excluding staff costs)	0
Other expenditure	28
Total Other Operating Expenditure	**459**
Total operating expenditure	**939,368**

2022/23 Financial Framework

The Financial Framework for 22/23 set by NHS England reflects the transition away from the previous interim Financial frameworks implemented through the Covid pandemic. The 22/23 Framework reverts back to contractual arrangements between providers and commissioners but moves away from payment by results to reflect better system wide working approach. Lower level of Covid costs are being incurred and these are shown in accounts of relevant organisation.

[1] In Accordance with SI 2008 no 489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, there is no limitation of auditor liability in respect of death or personal injury, fraud or fraudulent misrepresentation by it or its employees. In all other instances a total aggregate limit of £2m applies. The external audit fee is £210,000; representing a net spend of £175,000 together with irrecoverable VAT of £35,000.

[2] Mental Health Investment Standard (MHIS) work was completed in 2022/23 in relation to the predecessor CCG 2021/22 MHIS. The value of this work is £15,000 (£18,000 inclusive of VAT)

6. Transfer by absorption

Transfers as part of a reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

	2022-23				2021-22
	Total	NHS England Parent Entities	NHS England Group Entities (non parent)	Non NHSE Group	
	£'000	**£'000**	**£'000**	**£'000**	**£'000**
Transfer of property plant and equipment	-	-	-	-	-
Transfer of Right of Use assets	713	-	713	-	-
Transfer of intangibles	-	-	-	-	-
Transfer of inventories	-	-	-	-	-
Transfer of cash and cash equivalents	21	-	21	-	-
Transfer of receivables	6,563	-	6,563	-	-
Transfer of payables	(52,738)	-	(52,738)	-	-
Transfer of provisions	(5,552)	-	(5,552)	-	-
Transfer of Right Of Use liabilities	(713)	-	(713)	-	-
Transfer of borrowings	-	-	-	-	-
Transfer of PUPOC provision	-	-	-	-	-
Transfer of PUPOC liability	-	-	-	-	-
Net loss on transfers by absorption	**(51,706)**	**-**	**(51,706)**	**-**	**-**

7.1 Better Payment Practice Code

	2022/23 (9 Months) Number	2022/23 (9 Months) £'000
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the Year	8,535	79,078
Total Non-NHS Trade Invoices paid within target	8,190	77,309
Percentage of Non-NHS Trade invoices paid within target	**95.96%**	**97.76%**
NHS Payables		
Total NHS Trade Invoices Paid in the Year	689	593,273
Total NHS Trade Invoices Paid within target	683	593,284
Percentage of NHS Trade Invoices paid within target	**99.13%**	**100.00%**

8. Leases

8.1 Right of Use Assets

The ICB has a right of use asset relating to the ICB Headquarters

2022/23 (9 Months)	Buildings excluding dwellings
	£'000
Cost or valuation at 01 July 2022	856
Cost/Valuation at 31 March 2023	**856**
Depreciation 01 July 2022	143
Charged during the year	428
Depreciation at 31 March 2023	**571**
Net Book Value at 31 March 2023	**285**

8.2 Lease Liabilities

2022/23 (9 Months)	2022/23 (9 Months) £'000
Lease liabilities at 01 July 2022	(714)
Interest expense	(4)
Repayment of lease liabilities (capital and interest)	431
Lease liabilities at 31 March 2023	**(286)**

8.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	2022/23 (9 Months) £'000
Within one year	
Between one and five years	(287)
After five years	-
Balance at 31 March 2023	**(287)**
Effect of discounting	1
Included in:	
Current lease liabilities	(286)
Non-current lease liabilities	-
Balance at 31 March 2023	**(286)**

7 Leases cont'd

8.4 Amounts recognised in Statement of Comprehensive Net Expenditure

	2022/23 (9 Months) £'000
Depreciation expense on right-of-use assets	427
Interest expense on lease liabilities	4

8.5 Amounts recognised in Statement of Cash Flows

	2022/23 (9 Months) £'000
Total cash outflow on leases under IFRS 16	431

9 Trade and other receivables

	Closing Balance 31/03/2023 £'000	Opening Balance 01/07/2022 £'000
NHS receivables: Revenue	2,528	574
NHS prepayments	-	-
NHS accrued income	350	696
Non-NHS and Other WGA receivables: Revenue	689	706
Non-NHS and Other WGA prepayments	1,598	1,732
Non-NHS and Other WGA accrued income	1,475	2,730
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	-	-
Expected credit loss allowance-receivables	(57)	(57)
VAT	399	182
Other receivables and accruals	2	0
Total Trade & other receivables	**6,984**	**6,563**
Total current and non current	**6,984**	**6,563**

9.1 Receivables past their due date but not impaired

	31-Mar-23 DHSC Group Bodies £'000	31-Mar-23 Non DHSC Group Bodies £'000
By up to three months	984	276
By three to six months	-	7
By more than six months	-	24
Total	**984**	**307**

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10 Cash and cash equivalents

	2022/23 (9 Months) £'000
Balance at 01 July 2022	21
Net change in year	(14)
Balance at 31 March 2023	**7**
Made up of:	
Cash with the Government Banking Service	7
Cash and cash equivalents as in statement of financial position	**7**
Balance at 31 March 2023	**7**

11 Trade and other payables	**Closing Balance 31/03/2023 £'000**	Opening Balance 01/07/2022 £'000
NHS payables: Revenue	883	275
NHS accruals	13,344	6,255
Non-NHS and Other WGA payables: Revenue	12,681	3,667
Non-NHS and Other WGA accruals	43,255	38,701
Non-NHS and Other WGA deferred income	1,703	1,314
Social security costs	277	287
Tax	272	232
Other payables and accruals	3,820	2,007
Total Trade & Other Payables	**76,235**	**52,738**
Total current and non-current	**76,235**	**52,738**

Other payables include £1,289k outstanding pension contributions at 31st March 2023

NHS Gloucestershire ICB - Accounts 2022/23 (9 Months)

12 Provisions

	Closing Balance 2022-23 9 Months	Opening Balance 2022-23 9 Months
Current	**£'000**	**£'000**
Continuing care	975	873
Other	3,830	3,388
Restructuring	-	-
Legal Claims	35	1,291
Total	**4,840**	**5,552**
Non Current	**-**	**-**
Total current and non-current	**4,840**	**5,552**

2022/23 (9 Months)

	Continuing Care	Other	Legal Claims	Total
	£'000	**£'000**	**£'000**	**£'000**
Balance transferred at 01 July	**873**	**3,388**	**1,291**	**5,552**
Arising during the year	262	1,551	35	**1,848**
Utilised during the year	(160)	(709)	(914)	**(1,783)**
Reversed unused	-	(400)	(377)	**(777)**
Unwinding of discount	-	-	-	**-**
Change in discount rate	-	-	-	**-**
Balance at 31 March	**975**	**3,830**	**35**	**4,840**
Expected timing of cash flows:				
Within one year	975	3,830	35	**4,840**
Between one and five years	-	-		**-**
After five years	-	-		**-**
Balance at 31 March	**975**	**3,830**	**35**	**4,840**

The continuing healthcare provision of £975k is for costs expected to be incurred in relation to backdated claims received since 1st April 2013 for continuing healthcare and which have yet to be settled. Claims are assessed for eligibility using the national guidance and toolkit.

NHS England hold a provision for all backdated claims received prior to 1 April 2013. For NHS Gloucestershire, this has now been cleared and any appeal costs are within the ICB continuing care provision.

The claims outstanding at 31 March 2023 are expected to be paid within the 2023/24 financial year.

Provisions made under the 'Other' and 'Legal claims' categories relate to potential primary care costs relating to practice development and other legal and contractual issues. During the period there were movements in the following categories

- an increase in the provision relating to practices following a review of risks in this area.
- a reversal of provisions relating to a potential legal challenge
- a provision for costs relating to a cessation of a contract brought forward from the CCG has now been settled.

13 Financial instruments

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS clinical commissioning group is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The clinical commissioning group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the clinical commissioning group in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS clinical commissioning group standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS clinical commissioning group and internal auditors.

13.1.1 Currency risk

The NHS clinical commissioning group is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS clinical commissioning group has no overseas operations. The NHS clinical commissioning group and therefore has low exposure to currency rate fluctuations.

13.1.2 Interest rate risk

The clinical commissioning group borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The clinical commissioning group therefore has low exposure to interest rate fluctuations.

13.1.3 Credit risk

Because the majority of the NHS clinical commissioning group and revenue comes parliamentary funding, NHS clinical commissioning group has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

13.1.4 Liquidity risk

NHS clinical commissioning group is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS clinical commissioning group draws down cash to cover expenditure, as the need arises. The NHS clinical commissioning group is not, therefore, exposed to significant liquidity risks.

13.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

13.2 Financial assets

	Financial Assets measured at amortised cost 2022/23 (9 Months) £'000
Trade and other receivables with NHSE bodies	2,717
Trade and other receivables with other DHSC group bodies	1,497
Trade and other receivables with external bodies	830
Other financial assets	-
Cash and cash equivalents	7
Total at 31 March 2023	**5,051**

13.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2022/23 (9 Months) £'000
Trade and other payables with NHSE bodies	736
Trade and other payables with other DHSC group bodies	13,505
Trade and other payables with external bodies	59,591
Total at 31 March 2023	**73,832**

14 Operating Segments

The ICB and consolidated group consider that they have only one segment: commissioning of healthcare services for the Gloucestershire population

15 Pooled budgets

The pooled budget relates to integrated community equipment services with Gloucestershire County Council

This service has been running for a number of years and buys, delivers, collects, maintains and decontaminates equipment for patients in their own homes. This service is jointly commissioned by the ICB, with Gloucestershire County Council, who are the lead commissioner for the service.
The NHS ICB share of the income and expenditure handled by the pooled budget in the financial year are:

	2022/23 (9 Months) £000
Income	(2,703)
Expenditure	2,703

16 Losses and special payments

16.1 Losses

There was one loss incurred by NHS Gloucestershire in the 9 months for 2022-23. This relates to a staff overpayment of £1k

16.2 Fruitless payments

There was one fruitless payment in 2022/23 relating to a legal procurement challenge from a potential provider. The case was contested jointly with Bristol North Somerset and South Gloucestershire ICB and Banes, Swindon & Wiltshire ICB being brought forward from the predecesor CCGs. The case was settled through the courts at a value of £640k.

17 Events after the end of the reporting period

There are no events after the end of the reporting period

18 Related party transactions

The Department of Health is regarded as a related party. During the year the NHS Integrated Care Board has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. For example NHS England, Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Health and Care NHS Foundation Trust, South West Ambulance Service NHS Trust, NHS Litigation Authority and NHS Business Services Authority.

In addition, the NHS Integrated Care Board has had a number of material transactions with other government departments, universities and other central and local government bodies. Most of these transactions have been with Gloucestershire County Council in respect of joint commissioning of services.

In formulating this note the NHS Integrated Care Board has considered all declarations of interest for Board members.
Under IAS 24, related party transactions have only been disclosed where they meet the following criteria:
a(i) have control or joint control of the entity
a(ii) having significant influence over the reporting entity or
a(iii) are a member of the key management personnel.

An entity is related to a reporting entity if any of the following conditions applies:
b(i) the entity and the reporting entity are members of the same group (which means that each parent, subsidiary and fellow subsidiary is related to the others)
b(ii) one entity is an associate or joint venture of the other entity (or an associate or joint venture of a member of a group of which the other entity is a member)
b(iii) both entities are joint ventures of the same third party
b(iv) one entity is a joint venture of a third entity and the other entity is an associate of the third entity
b(v) the entity is a post-employment benefit plan for the benefit of employees of either the reporting entity or an entity related to the reporting entity. If the reporting entity is itself such a plan, the sponsoring employers are also related to the reporting entity
b(vi) the entity is controlled or jointly controlled by a person identified above
b(vii) a person identified in a (i) has significant influence over the entity or is a member of the key management personnel of the entity (or of a parent of the entity)
b(viii) the entity, or any member of a group of which it is a part, provides key management personnel services to the reporting entity or to the parent of the reporting entity

The Declaration of Interest register can be found on our website

One Gloucestershire
Transforming Care, Transforming Communities

NHS Gloucestershire

Grant Thornton UK LLP
2 Glass Wharf
Temple Quary
BRISTOL
BS2 0EL

28 June 2023

Dear Grant Thornton UK LLP

NHS Gloucestershire ICB
Financial Statements for the period ended 31 March 2023

This representation letter is provided in connection with the audit of the financial statements of NHS Gloucestershire ICB ('the ICB') for the period ended 31 March 2023 for the purpose of expressing an opinion as to whether the ICB's financial statements give a true and fair view in accordance with International Financial Reporting Standards and the Department of Health and Social Care Group Accounting Manual 2022/23 and applicable law.

We confirm that to the best of our knowledge and belief having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

Financial Statements

i. We have fulfilled our responsibilities for the preparation of the ICB's financial statements in accordance with International Financial Reporting Standards and the Department of Health and Social Care Group Accounting Manual 2022/23 ('the GAM'); in particular the financial statements are fairly presented in accordance therewith.

ii. We have fulfilled our responsibilities for ensuring that expenditure and income are applied for the purposes intended by Parliament and that the financial transactions in the financial statements conform to the authorities which govern them.

iii. We have complied with the requirements of all statutory directions affecting the ICB and these matters have been appropriately reflected and disclosed in the financial statements.

iv. The ICB has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance. There has been no non-compliance with requirements of any regulatory authorities that could have a material effect on the financial statements in the event of non-compliance.

v. We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud.

vi. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable. Such accounting estimates include period end expenditure accruals. We are satisfied that the material judgements used in the preparation of the financial statements are soundly based, in accordance with the GAM and adequately disclosed in the financial statements. We understand our responsibilities includes identifying and considering alternative, methods, assumptions or source data that would be equally valid under the financial reporting framework, and why these alternatives were rejected in favour of the estimate used. We are satisfied that the methods, the data and the significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in accordance with the GAM and adequately disclosed in the financial statements.

vii. We acknowledge our responsibility to participate in the Department of Health and Social Care's agreement of balances exercise and have followed the requisite guidance and directions to do so. We are satisfied that the balances calculated for the ICB ensure the financial statements and consolidation schedules are free from material misstatement, including the impact of any disagreements.

viii. Except as disclosed in the financial statements:

a. there are no unrecorded liabilities, actual or contingent

b. none of the assets of the ICB has been assigned, pledged or mortgaged

c. there are no material prior year charges or credits, nor exceptional or non-recurring items requiring separate disclosure.

ix. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards and the GAM.

x. All events subsequent to the date of the financial statements and for which International Financial Reporting Standards and the GAM require adjustment or disclosure have been adjusted or disclosed.

xi. We have only accrued for items received before the period-end.

xii. We have considered the adjusted misstatements, and misclassification and disclosures changes schedules included in your Audit Findings Report. The ICB's financial statements have been amended for these misstatements, misclassifications and disclosure changes and are free of material misstatements, including omissions.

xiii. We have considered the unadjusted misstatements schedule included in your Audit Findings Report and attached. We have not adjusted the financial statements for these misstatements brought to our attention as they are immaterial to the results of the CCG and its financial position at the period-end. The financial statements are free of material misstatements, including omissions.

xiv. Actual or possible litigation and claims have been accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards.

xv. We have no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.

xvi. We have updated our going concern assessment. We continue to believe that the ICB's financial statements should be prepared on a going concern basis and have not identified any material uncertainties related to going concern on the grounds that:

a. the nature of the ICB means that, notwithstanding any intention to liquidate the ICB or cease its operations in their current form, it will continue to be appropriate to adopt the going concern basis of accounting because, in such an event, services it performs can be expected to continue to be delivered by related public authorities and preparing the financial statements on a going concern basis will still provide a faithful representation of the items in the financial statements

b. the financial reporting framework permits the entry to prepare its financial statements on the basis of the presumption set out under a) above; and

c. the ICB's system of internal control has not identified any events or conditions relevant to going concern.

We believe that no further disclosures relating to the ICB's ability to continue as a going concern need to be made in the financial statements.

Information Provided

i. We have provided you with:

a. access to all information of which we are aware that is relevant to the preparation of the ICB's financial statements such as records, documentation and other matters;

b. additional information that you have requested from us for the purpose of your audit; and

c. access to persons within the ICB via remote arrangements, where/if necessary, from whom you determined it necessary to obtain audit evidence.

ii. We have communicated to you all deficiencies in internal control of which management is aware.

iii. All transactions have been recorded in the accounting records and are reflected in the financial statements.

iv. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

v. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the ICB and involves:

a. management;

b. employees who have significant roles in internal control; or

c. others where the fraud could have a material effect on the financial statements.

vi. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, analysts, regulators or others.

vii. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

viii. We have disclosed to you the identity of the ICB's related parties and all the related party relationships and transactions of which we are aware.

ix. We have disclosed to you all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

Governance Statement

x. We are satisfied that the Governance Statement fairly reflects the ICB's risk assurance and governance framework, and we confirm that we are not aware of any significant risks that are not disclosed within the Governance Statement.

Annual Report

xi. The disclosures within the Annual Report fairly reflect our understanding of the ICB's financial and operating performance over the period covered by the ICB's financial statements.

Approval

The approval of this letter of representation was minuted by the ICB's Board at its meeting on 28th June 2023.

Yours faithfully

Name……

Position……..

Date…….

Name……

Position……..

Date…….

Signed on behalf of the ICB

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Detail	Statement of Comprehensive Net Expenditure	Statement of Financial Position	Reason for not adjusting
In 2022/23 the value of the prescribing accrual for February and March 2023 was £18,636,336. Following the submission of the draft financial statements the actual February and March prescribing spend data was received by the ICB. The actual figures showed expenditure of £18,511,802m, which identified an over accrual of £0.124m.	Cr 'Purchase of goods and services' £0.124m	Dr 'Current trade and other payables' £0.124m	Immaterial difference and hence the estimate was materially accurate.

One Gloucestershire
Transforming Care, Transforming Communities

NHS Gloucestershire

Agenda Item 4.1.1

Extraordinary NHS Gloucestershire ICB Board meeting

Wednesday 28 June 2023

Report Title	**NHS Gloucestershire ICB Annual Report 2022/23 (1 July 2022-31 March 2023)** **NHS Gloucestershire CCG Annual Report (1 April 2022-30 June 2022)**					
Purpose (X)	**For Information**		**For Discussion**		**For Decision**	
					✓	
Route to this meeting						
	ICB Internal	**Date**	**System Partner**	**Date**		
	ICB Operational Executive Directors review	03/05/23	ICS Strategic Executive (approved, subject to final review of Health & Wellbeing Strategy section - see below)	18/05/23		
	Audit Committee	09/05/23				
	Audit Committee	27/06/23	Gloucestershire Health & Wellbeing Board member virtual review via Chair re. Health & Wellbeing Strategy.	05/06/23		

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Executive Summary	This paper presents the NHS Gloucestershire (ICB) Annual Report 2022/23 to the ICB Board for approval. The Report highlights many of the achievements delivered by the ICB and system partners during the year, set out under the 3 ICS strategic priority pillars: 1. **Making Gloucestershire a better place for the future** - improving the health, wellbeing and care of our citizens - focus on early prevention and the wider impacts on health 2. **Transforming what we do** - locality integrated working that supports the needs of the local population, achieving equity - reducing unfair and avoidable differences in health, developing our workforce, improving quality and outcomes across the whole person journey and making the most of digital technology to support care 3. **Improving health and care services today** - improving access to care, reducing waiting times, supporting improvements in primary care and urgent and emergency care and improving mental health support. It also reflects the challenges, opportunities and risks facing the ICB, the wider health and care community (ICS) and progress made to address these. The three month NHS Gloucestershire CCG Annual Report (an updated version of the full year CCG Annual Report for 2021/22) is also presented for approval.

Key Issues to note	The ICB's objective is to produce a best practice Report, including a public summary. The structure and much of the statutory report content for the full Report is determined by requirements set out in the Department of Health and Social Care Group Accounting Manual (GAM) 2022/23, the NHS England ICB Annual Report Template 2022/23 and the NHS England - ICB Annual Report - Working with People and Communities Guidance. As part of this, it is expected that the report should also describe how the ICB is delivering against eight specific duties as part of the annual ICB assurance process: 1. The duty to improve quality 2. The duty to reduce inequalities 3. The duty to take appropriate advice 4. The duty to have regard for the effect of decisions 5. The duty to use and promote research 6. The duty to involve patients and the public 7. The financial duties 8. The duty to support local strategies and priorities. There are also additional duties around patient choice, promoting education and training, integration, innovation and climate change and keeping the experience of Board members under review. Whilst it is important to address these areas of focus in full for audit and assurance purposes, an annual highlights summary (Top 20) and news digest has been included at the front of the Report. The draft Report was submitted to NHS England and the auditors on 27 April 2023. NHS England provided their governance certification assessment on the Report. Only three areas were highlighted as providing 'partial assurance' and requiring more information. The Report has been updated accordingly. Given the need to meet the requirements of a diverse audience, a short public facing version of the Report (Annual Review summary) has also been produced. This includes the front end sections of the Report, together with a working with people and communities summary and a summary on 'how the money has been spent.' The Annual Report (and Annual Review summary) will be available online and a communication with links to the two publications will be sent to community partners. The news highlights included in the Annual Review summary form an integral part of ICB and ICS promotional plans (Good News Summary Plan).

	This includes blog, feature and video content which is communicated through a variety of channels, including media, social media, websites and the bi-monthly One Gloucestershire community partner/public e-bulletin.		
Key Risks:	The Annual Reports include details of identified risks.		
Management of Conflicts of Interest	This process is described in the Annual Governance Statement within the Reports.		
Resource Impact (X)	Resource impacts are set out in the Reports.		
Financial Impact	There is a Financial Performance section within the Reports. The Annual Reports contain the summary Annual Accounts when published.		
Regulatory and Legal Issues (including NHS Constitution)	The ICB (and CCG) have produced Annual Reports in line with the annual Department of Health and Social Care Group Accounting Manuals (GAM) and The NHS England ICB Annual Report Templates. The ICB Annual Report (2022/23) has also been produced in line with NHS England - ICB Annual Report - Working with People and Communities Guidance.		
Impact on Health Inequalities	The Reports promote the partnership approach to tackling health inequalities with a dedicated section.		
Impact on Equality and Diversity	The Reports set out the ICB's (and CGG's) approach to promoting Equality and Diversity with links to additional/comprehensive online information.		
Impact on Sustainable Development	The Reports include an Environmental matters section within the Performance Analysis Report. Production of the Annual Report - there will be a very limited print run of the full Annual Reports with wider e-distribution of the ICB Annual Report.		
Patient and Public Involvement	The ICB Annual Report includes a detailed summary of the ICB's engagement, involvement and consultation activities (Working with People and Communities section). The Report (and Annual Review summary) has been produced in line with NHS England - ICB Annual Report - Working with People and Communities Guidance.		
Recommendation	The Board is requested to approve the NHS Gloucestershire ICB Annual Report 2022/23 (1 July 2022 to 31 March 2023) and the NHS Gloucestershire CCG Annual Report (1 April 2022 to 30 June 2022).		
Author	Anthony Dallimore	**Role Title**	Associate Director, Communications
Sponsoring Director (if not author)	Mary Hutton, 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
Add more as required	

April - June
2022

NHS
Gloucestershire
Clinical Commissioning Group

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Annual **Report**
April - June 2022

A MESSAGE FROM

Mary Hutton
Accountable Officer

Dr Andy Seymour
Clinical Chair

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

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

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

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

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

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

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

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

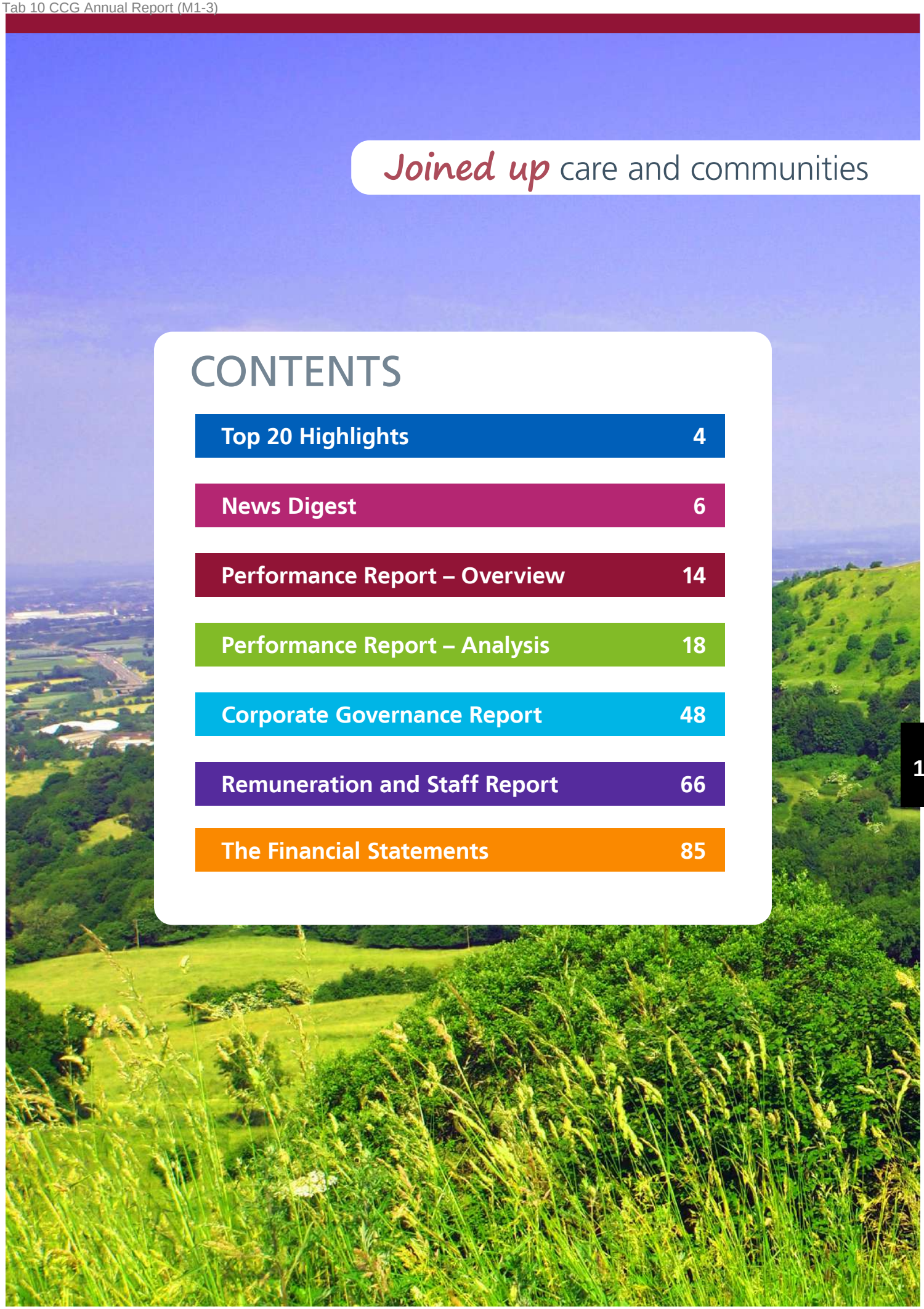
Looking forward, as part of the national changes, which which saw the creation of the NHS Gloucestershire Integrated Care Board (public name: NHS Gloucestershire) working hand in glove with an Integrated Care Partnership (public name: One Gloucestershire Health and Wellbeing Partnership), we will be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

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

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

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

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



Joined up care and communities

CONTENTS

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TOP 20 Highlights

*Some figures quoted also incorporate the proceeding financial year 2021/22

1

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

2

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

3

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

4

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

5

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

6

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

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

7

8

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

10

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

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

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

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

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

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

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

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

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

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

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

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

News Digest

Top stories from around the county

Gloucestershire at the forefront of the COVID-19 vaccination programme

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

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

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

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

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

Over 250 people have received treatment since December 2021.

Tackling barriers to COVID-19 vaccination uptake

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

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

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

Supporting families on the journey to parenthood

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

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

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

Supporting people with Type 2 diabetes to lose weight

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

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

Oliver McGowan training in Learning Disability and Autism

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

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

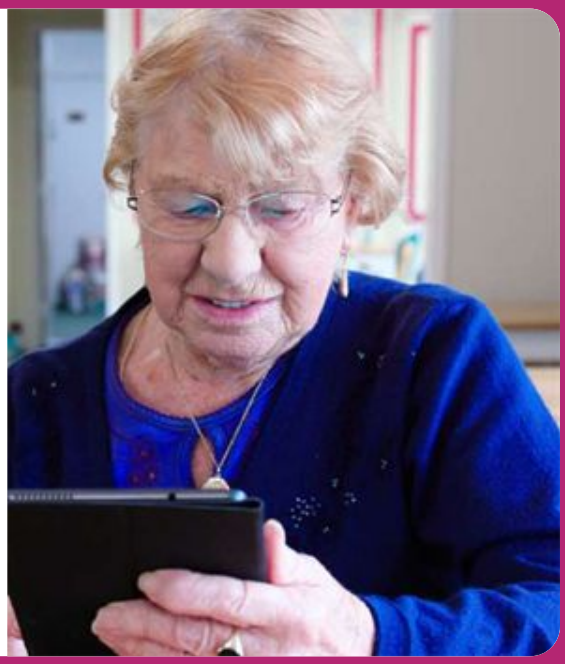
Supporting young people to access mental health services

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

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

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

Using technology to detect chronic kidney disease at home



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

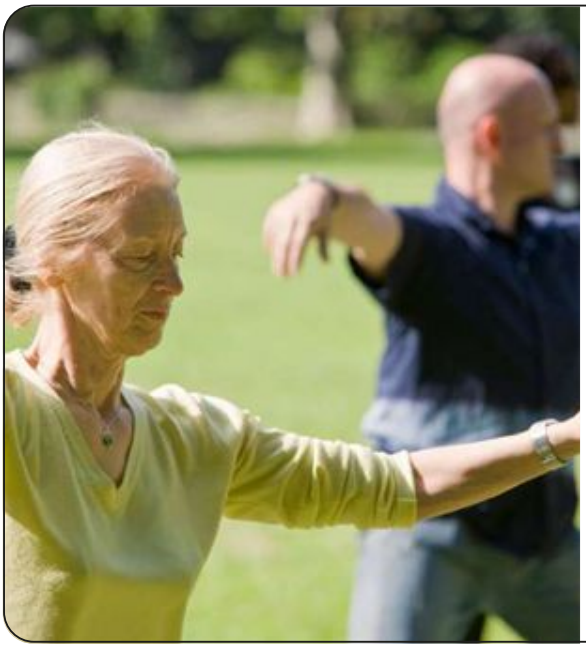
The Minuteful Kidney test – created by healthtech company Healthy.io – enables home-based urine testing, which is critical for picking up early signs of chronic kidney disease. Since being rolled out last year, almost 500 additional cases have been found that may otherwise have gone undetected.

Doing things differently to support Men's Health

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

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

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



It's Your Move helping people with persistent pain

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

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

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

Providing specialist respiratory support in the community

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

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

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

Improving diagnosis of asthma and COPD

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

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

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

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

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

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

Supporting people with cancer with their health and wellbeing

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

MACMILLAN NEXT STEPS CANCER REHABILITATION

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

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

Improving the health and wellbeing of people living with frailty

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

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

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

Access to cancer services in the pandemic

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

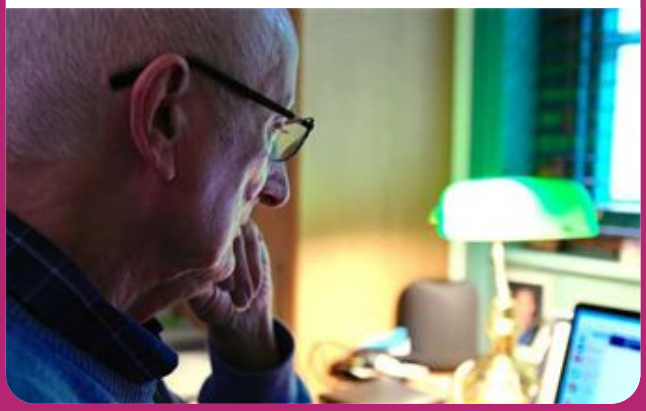
GPs continued to see patients with worrying symptoms, supporting 18% more people (around 26,000) to be referred to hospital services for diagnostic tests to confirm or rule out cancer.

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

Making it easier for patients to access services

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

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



Developing a sustainable workforce in GP Practices

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

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

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

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

Supporting people at the end of life

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

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

Investing in the surgeries of the future

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

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

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

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

Plans for a new £5.4m health centre development in Coleford are moving forward with planning permission received.

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

Performance report - overview

Performance Report – an overview

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

About Us

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

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

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

This includes:

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

How we work

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

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

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

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

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

Our constitution

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

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

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

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

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

The population we serve

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

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

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

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

Our providers

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

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

Our headquarters

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

Our Integrated Care System (ICS)

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

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

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

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

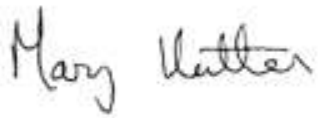
We will continue to develop and evolve our ICS to ensure we are a high performing system with a focus on:

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

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

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

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



Mary Hutton

Accountable Officer

October 2022

Performance report - analysis

Performance Report

Review of 2021/22 M1-3 2022/23: statement from the accountable officer on performance

The main positives that have arisen for the CCG in this period are:

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

Principle Risks and Uncertainties

During this period, we have continued to develop our approach to risk management within the organisation to ensure that there is a streamlined approach to assurance. This has enabled the Governing Body and delegated committees to focus only on the strategic risks of the organisation, and the residual risk which remains once all possible mitigations are in place. For assurance see the full annual governance statement from page 52. The Governing Body Assurance Framework is supported by the Corporate Risk Register. The Register and Governing Body Assurance Framework are regularly reported to the Governing Body, Audit Committee and the Directors' meeting.

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

Key operational risks identified are:

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

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

Our Financial Performance

The accounting period for this annual report is 1st April 2022 -30th June 2022, this represents the cessation of the CCG as at the end of 30th June 2022.

The CCG set a balanced budget for 2022/23 with an in year financial position of breakeven, this was within the context of an overall system financial plan of breakeven. The budget was set within the NHS England financial framework for 2022/23 which reflected the transition away from the Covid interim financial frameworks of the previous two years. Key elements of this included:

- A system allocation based on the 2021/22 financial envelope for the Gloucestershire System plus growth and an efficiency adjustment as part of ensuring value for money.
- A fixed COVID-19 cost envelope reduced by over 50% of that received in 2021/22.

- Reverting back to contractual arrangements between NHS providers and commissioners but with a move away from payment by results for contracts with main NHS providers.
- The provision of additional funding for a smaller number of programmes outside main funding, most notably the COVID-19 vaccination programme. However, other programmes such as the Hospital Discharge programme have now ceased and any ongoing costs must be funded from within the main system allocation.
- The budget for 2022/23 has been split between the first three months relating to the CCG and the last nine months (1st Jul 2022-31st Mar 2023) relating to the Integrated Care Board (ICB). Gloucestershire's financial performance in 2022/23 will be assessed by taking the full 12 month period as a whole.
- The CCG spent £277m in the 3 months from 1st April 2022-30th June 2022 and the financial position at 30th June 2022 is breakven. The CCG's cumulative surplus at the 1st April 2022 is £22.688m. The cumulative surplus above 1% of the CCG's allocation is available to the ICB in future years to use non-recurrently, as part of the development of the five-year long-term plan, these are subject to overall affordability for the NHS.

In addition, the CCG:

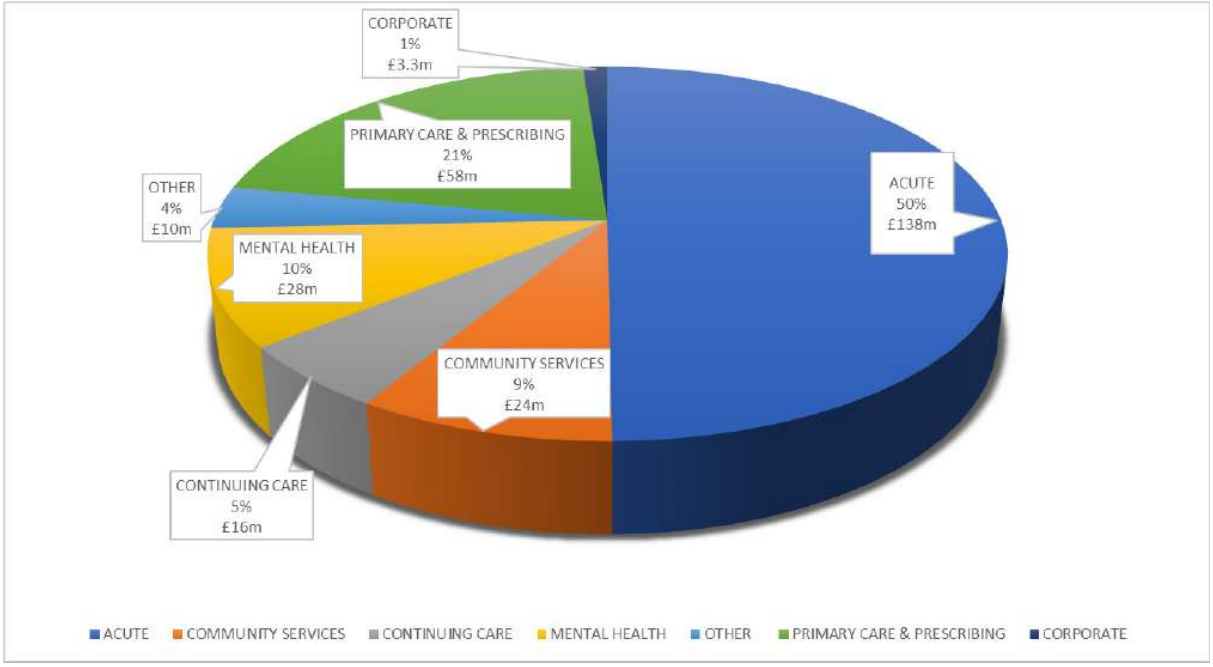
- Remained within its maximum cash drawdown as agreed with NHSE&I.
- Complied with the Better Payments Practice Code (details provided within note 6.1 of the annual accounts).

The CCG's financial performance is reflected in table 1.

Table 1

Financial Summary	Programme Costs including primary care £m	Running Costs £m	Total £m
Revenue resource limit	274,485	3,257	277,742
Total net operating cost for the financial year	274,485	3,257	277,742
Surplus in year	0	0	0
Brought forward surplus			22,688
Cumulative surplus			22,688

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



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

2022/23: Full Year

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

The system plans for 2022/23 build on work on the underlying recurrent costs for each organisation and the system in total to develop a longer term financial position for Gloucestershire; this work will feed into the medium term plan, including a financial plan, to be developed by the System over the coming months. The refresh of the longer term financial plan will build on the medium term financial plan developed in 2019/20 and the subsequent changes over the last two years where a number of elements have accelerated but, a number of other areas have now changed significantly as a result of the pandemic.

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

Service Design/Redesign, informed by intelligence on spend and outcomes to focus our improvement

activities to look at how we deliver value, this will include:

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

Transactional Savings:

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

An explanation of the going concern

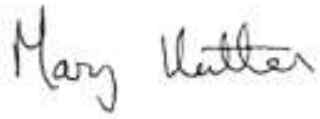
The CCG is required to explain its consideration of its status as a going concern. This is effectively in relation to its intention to continue its operations for the foreseeable future and the awareness of any circumstances affecting this in its preparation of these financial statements.

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

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

NHSE&I issued a Board paper at the end of November 2020 which outlined the transition from non-statutory Integrated Care Systems to a statutory Integrated Care System. Within the paper and subsequent Health and Care Bill, the functions of the CCG will continue and will transition to the NHS Gloucestershire Integrated Care Board (NHS Gloucestershire).

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



Mary Hutton

Accountable Officer

October 2022

Performance Report - Analysis

Performance M1-3 2022/23 and the recovery from the impact of COVID-19

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

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

During the first three months of 2022/23, NHS healthcare continued the recovery from the Covid pandemic and addressed recovery targets as set out by NHSE&I. The performance of the Gloucestershire system against each of the key NHS constitutional standards remains severely impacted by COVID-19 and thus this period has been about recovery of our position and delivery of healthcare to patients. This has manifested in numerous ways, from the expansion of virtual wards to the provision of non-face-to-face appointments. There has been a significant impact upon patient behaviour as a result of the pandemic and a focus has been on addressing health inequalities and access to services.

The increase in delayed discharges continues to cause delays in being able to admit patients through A&E, leading to long waits in A&E for some patients. Performance across the majority of the national performance indicators, in common with the NHS across the whole of England and the devolved nations of the UK has continued to be a challenge.

GCCG Performance comparison 2020/21 to 2021/22 and M1-3

Service area	2020/21 performance	2021/22 performance	M1-3 2022/23 performance
Emergency Department waiting times – Type 1	73.1%	60.6%	56.5%
Emergency Department waiting times – Type 3	99.8%	99.4%	99.5%
Ambulance Response Times (Category 1)	7.7 minutes	10.5 minutes	11.8 minutes
Referral to Treatment waiting times % within 18 weeks	70.0%	70.8%	72.8%
Diagnostic Test waiting times % over 6 weeks	25.6%	18.2%	19.48%
Cancer referral waiting times (2 week wait)	94.7%	92.6%	89.9%
Cancer Treatment waiting times (62 day)	83.6%	73.7%	61.9%

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

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

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

Service areas and specific performance targets:

Urgent Care

Emergency Department – waiting and treatment times

Emergency departments across the country have struggled to meet the 4-hour target throughout 2021/22 and the start of 2022/23. In Gloucestershire, A&E activity levels have not reverted back to those seen in 2019/20. This suggests that the work we have done as a system to ensure patients only attend A&E when absolutely necessary is having a positive impact. Unfortunately, the length of time taken for patients who come through A&E and subsequently need to be admitted to a hospital bed has significantly increased. This has mainly been caused by significant increases in long lengths of stay, due to delays in discharges from hospital, especially for COVID-19 positive patients requiring onward care, which has put pressure on the flow of patients through the whole health and social care system.

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

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

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

Ambulance Response times

Across all incidents, ambulance response times have been affected by the pressure on hospital services, with handover delays at hospitals rising across the country, and this has also been seen within Gloucestershire. Ambulance Response Programme targets (7-minute average call response time for life threatening incidents, 18-minute average response time for a potentially serious condition that may require rapid assessment) have not been met in M1-3 of 2022/23.

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

As a system, Gloucestershire has been working to reduce the demand on South Western Ambulance Service NHS Foundation Trust (SWASFT), by ensuring there are alternative pathways to conveyance to a hospital available to paramedics where it is appropriate for the patient, and has invested in clinical triage of calls to SWAST from NHS111 to ensure that patients who can be treated appropriately elsewhere are signposted appropriately.

Planned Care

Diagnostic Services – Waiting times

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

Most test types managed to significantly recover their activity in 2021/22 and this has continued into 2022/23. There are backlogs of patients waiting for a test in some specialties; however, patient waiting lists are triaged to ensure that urgent cases are dealt with quickly, with cancer diagnostics remaining a top priority throughout the pandemic.

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

Overall performance is expected to remain well above the 1% target over the coming months, as recovery of elective healthcare continues locally and nationally.

Referral to Treatment (RTT) – Waiting times

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

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

The total waiting list size for elective treatment has remained relatively stable throughout the year, with good progress made in reducing the number of patients waiting more than 78/104 weeks for elective treatment, in line with national ambitions. Locally, Gloucestershire Hospitals NHS Foundation Trust had no patients waiting more than 104 weeks at the end of June 2022.

Cancer – Waiting times

Cancer services continue to be prioritised locally throughout the pandemic into 2022/23 to make sure that patients referred with suspicious symptoms are seen within 2 weeks of referral. Despite this, cancer performance has been challenging, with target treatment times following diagnosis generally being met, but targets missed for initial referral times and overall treatment times.

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

The CCG continues to work closely with Gloucestershire Hospitals NHS Foundation Trust to develop the cancer pathways and services, and the focus for 2021/22 and 2022/23 has been to reach patients who may not have come forward with worrying symptoms during the COVID-19 pandemic, and to develop pathways for patients with vague symptoms.

Across the nine standards for cancer referrals and treatments, Gloucestershire Hospitals NHS Foundation Trust has met two in full for M1-M3 2022/23:

	2021/22 performance	2022/23 M1-3 performance
Cancer Referral - All cancer 2 week waits – At least 93% of patients seen for the first time within 2 weeks of referral	92.6%	89.9%
Cancer Referral - Two week wait for breast symptoms – At least 93% of patients seen for the first time within 2 weeks of referral	90.3%	93.2%
Cancer Treatment – at least 96% patients to receive first definitive treatment within 31 days of a cancer diagnosis	96.7%	94.1%
Cancer Treatment - at least 98% of patients to receive subsequent treatment for cancer within 31 days of diagnosis - Drug Regime	87.2%	87.7%
Cancer Treatment - at least 94% of patients to receive subsequent treatment for cancer within 31 days of diagnosis - Radiotherapy	99.8%	100%
Cancer Treatment – at least 94% of patients to receive subsequent treatment for cancer within 31 days of diagnosis – surgery	98.9%	89.5%
Cancer - 62 day cancer treatment target (percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer to be greater than 85%)	73.7%	61.9%
Cancer Treatment - 62 day wait for first treatment following referral from an NHS cancer screening service	86.9%	85.5%
Cancer - 62 day cancer treatment target (percentage of patients receiving first definitive treatment for cancer within 62 days of consultant referral for suspected cancer to be greater than 90%)	83.0%	77.6%

Mental health targets

Dementia Diagnosis Rate

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

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

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

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

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

Latest performance (June 2022) against the national recovery target (of more than 50% of those patients completing therapy moving to recovery) was 51% of patients moving to recovery – above the national average of 49.6% for the same period.

Sustainable development

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

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

We therefore cannot accurately report our carbon footprint until the Greener NHS Team begin the new reporting process.

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

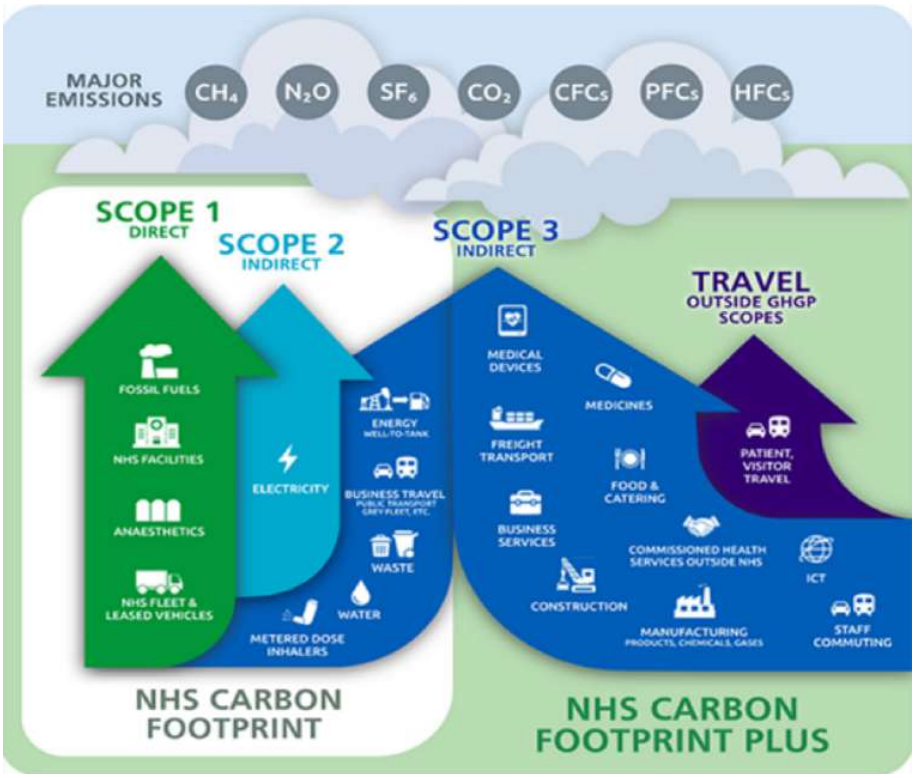
Action on sustainability has been initiated through the CCG's Joint Staff Consultative Committee, which regularly included sustainability as an agenda item and promoted sustainability through staff briefings. Staff continued to work primarily from home thus continuing some of the reductions in commuting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

Despite these challenges in reporting emissions, we are progressing with the development of a system wide Green Plan for Sustainability and acting against Climate Change. This Green Plan will place emphasis on reaching net zero carbon footprint by 2040 and will encompass more holistic approaches to sustainable healthcare including Sustainable Care Models, Healthcare prevention, procurement, and social value. The One Gloucestershire ICS Green Plan will be approved by the ICS Board and launched during 2022.

The targets for reaching net zero are set out below:

NHS Scope of Emissions

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



NHS Net Zero Targets

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

Quality Improvement

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

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

As with the previous 12 months, this has been another challenging period for the NHS. As services start to return to usual delivery, new challenges have emerged to improve the quality of services, especially around increased demands on urgent and emergency care, the elective recovery programme and outbreak management.

During the last year we led and supported providers with a system-wide review of nosocomial infections to promote system-wide learning and improvement to keep our patients safe. With both main providers having now published their reviews we can act as system lead to draw conclusions together and to focus the learning and duty of candour for ongoing infections as IPC guidance and restrictions are revised.

We continue to work with providers to support the review of Serious Incidents and Never Events. While we remain concerned at the high number of Never Events reported during the last year, in particular the wrong site and wrong implant incidents, the openness with which system partners have reported shows the transparent and open culture we have always advocated. The joint working on audit, action planning and learning events has proved very successful and the value recognised by staff working at the clinical forefront. We look forward to the move to the 'Patient Safety Incident Response Framework' over the next year where we can continue the promotion of such openness and work jointly to improve the impact of our reviews.

NHS Gloucestershire (the ICB) will continue to work closely with the Trusts to support embedding the actions and to meet the recommendations of the final Ockenden report. Joint work is also planned in the form of insight visits and listening events to support the recent CQC report and delivery of the 'must do' actions identified within the latest report. The implementation of Continuity of Carer continues in the county, we have maintained three teams working with some of most deprived areas and with women from diverse communities and feedback from women has been extremely positive.

Workforce pressure within the maternity services has resulted in slower progress than hoped for expanding the programme but work to support the midwifery recruitment plan remains under review with additional support and input from South West Regional Colleagues.

The CCG recognises that it has responsibility for assuring quality in a wide range of health and care providers. So far this year the CQC have undertaken a series of inspections at both Gloucestershire Hospital NHS Foundation Trust and Gloucestershire Health and Care NHS Foundation Trust as well as other smaller providers. Whilst we recognise the achievements of our providers, we will continue to work with them to address areas that require improvement.

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

The ongoing use of pulse-oximetry COVID virtual wards in patient's homes continues to support over 100 new referrals each week and with the new Neutralising Monoclonal Antibodies treatment being undertaken we have been able to support the system developments to reduce unnecessary COVID-19 related admissions.

We have also continued to support the ongoing COVID-19 vaccination programmes and will be instrumental in supporting the Gloucestershire GP-led Primary Care Network (PCN) vaccination hubs and Hospital Hubs to successfully deliver this year's autumn booster programme and the coadministration of flu vaccines for cohorts in need. Gloucestershire remains one of the top performing areas in the country

for vaccine uptake. The CCG team continue to provide quality assurance standards and monitoring visits to ensure safe delivery of the large number of vaccinations being given at the PCN vaccination sites, including training updates and workforce planning.

Our Practice Nurse Education programme has successfully led change by delivering better health outcomes in primary care, and by making primary care 'the place to be' for ambitious nurses who deliver quality care and empower our population to live well. The CCG (now NHS Gloucestershire) has worked with its partners to ensure all nurses and allied health professionals (AHP's) have access to and utilise their Continued Professional Development funding. Health Education England agreed that from 2020-2023 all nurses and AHP's are entitled to a continuing professional development (CPD) allowance of £1,000 each over a three-year period. Gloucestershire Primary Care Training Hub has managed the processing of these funds for primary care.

High quality training for nurses new to practice is essential to support and retain the workforce. A preceptorship programme and a two-year fellowship programme is available to all newly qualified nurses or those transitioning to primary care. The programmes are facilitated by Gloucestershire Primary Care Training Hub with the Clinical Learning and Development Matron and nurse leads. The TNA role bridges the gap between healthcare assistant (HCAs) and registered general nurses. Gloucestershire Primary Care have 3 cohorts (10 students) with the first 4 nurses qualifying in February 2023. An additional 6 are looking at starting in September/October. The development of the HCA career pathway is essential to the recruitment and retention of the future nursing workforce. Two TNA education facilitators work with the Clinical Learning and Development Matron to continue to increase numbers.

Since December 2021, the CCG Quality Team have been heavily involved in supporting migrant health in Gloucestershire. There are many refugees and migrant schemes currently in operation, three of the key schemes which the CCG/ICB continue to be involved with are; Afghan Relocations and Assistance Policy (ARAP), Contingency Hotels and the Homes for Ukraine (HFU). At the end of December 2021 Gloucestershire received its first Asylum Seeker Contingency Hotel Accommodation site (referred to as Contingency Hotels). These are commissioned by the Home Office in existing hotels, there are currently over 370 residents across three hotels in the county for people seeking asylum, usually who have arrived through small boat crossings. All arrivals need registering with a GP and need health screening. Five GP practices cover the residents of the three hotels. Due to the numbers and fast arrivals at the hotels as well as the turnover of new hotel residents, Gloucestershire CCG/ICB supported the registration and initial health assessments in the hotels. Due to the large increase in numbers, and the range of ongoing complex issues that this cohort present with, the CCG commissioned two new ICB fixed term posts to lead on Migrant Health including working with the hotels and the GP practices.

Following the launch of the Homes for Ukraine scheme in March 2022, Gloucestershire CCG/ICB are the health representatives in the project group and lead the health subgroup which brings together partners from across the system. Work on migrant health has included developing a booklet with advice on how to access health care services in Gloucestershire which has been translated into 7 languages and became part of the Homes for Ukraine Welcome Pack, working with partner services and improving access to health services for the hotel residents, including areas such as maternity, mental health, health visiting and the ongoing vaccination and immunisation promotion and support. Recent guidance has been released nationally around TB screening for several migrant groups which are currently being worked through along with other long term health needs for this population.

The ICB remains committed to ensuring antimicrobials are used wisely in Gloucestershire and has set up an ICS wide Antimicrobial Stewardship (AMS) Steering Group to direct and monitor this important work. The group links with regional and national colleagues to ensure that the objectives in Gloucestershire align with more strategic objectives. It has identified 4 key areas of focus in 22/23 namely: 1. Urinary Tract Infections (UTIs), 2. Clostridium Difficile infections (C.Diff.), 3. Community acquired pneumonia (CAP) and 4. Supporting the IV therapy/OPAT project. The group has also recognised the joint work required with the Infection Prevention and Control (IPC) programme of work and will continue to work closely with them on projects.

Working Together to Safeguard Children in Gloucestershire

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

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

Working with people and communities

Overview

NHS Gloucestershire CCG is committed to taking into account the views and ideas of people and communities.

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

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

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

We describe our activities on our websites and other online platforms and report outputs at meetings in public, such as the CCG Governing Body and Gloucestershire County Council's Health Overview and Scrutiny Committee (HOSC). We routinely publicise 'you said, we did' data. At the end of Engagement and Consultation projects we produce and publish Output Reports. At the end of Engagement and Consultation projects we produce and publish Output Reports on our website.

Our Output Reports:

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

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

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

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

CCG Patient Support, Advice and Liaison Services (PALS)

PALS is a confidential service that provides information advice and support for patients, families and carers. PALS seek to promote the importance of listening to patient enquiries and concerns. To support this, the PALS team work closely with staff who have direct contact with patients, their families and carers, providing help and information regarding enquiries or concerns raised by those receiving care or treatment.

Engagement between 1 April 2022 – 30 June 2022

Get Involved in Gloucestershire

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

Today there are over 400 registered members of GIG. Registering on the site is really easy and only takes a few moments. The registration form asks people to express their preferences for how we communicate with them and identify any particular areas and topics of interest. Individuals don't have to register to participate in our work, but if they do it helps us to keep them informed about our latest projects. Since GIG launched in October 2020 there have been over 11,000 individual site visits.

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

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

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

Fit for the Future 2 Engagement

Fit for the Future 2 is part of the One Gloucestershire vision, focusing on the medium and long-term future of some of our health services. Building on our Fit for the Future consultation during 2020/2021, we want to involve people in exploring ideas for how several other services could develop in the future as part of FFTF2.

The Engagement started on 17 May 2022 and will run across the summer. Full details can be found here: **https://getinvolved.glos.nhs.uk/fit-for-the-future-2**

This time the conversation about some of these services is broader, covering both:

- the continued development of the 'Centres of Excellence' approach at CGH and GRH, including inpatient care (where you need to stay in hospital for a while, including overnight)
- the wider journey of care for people who need services or support - in their own home, in their GP surgery or in the community.

The areas we want to focus on now are:

- Benign (non-cancerous) Gynaecology
- Diabetes and Endocrinology
- Frailty/Care of The Elderly
- Non-interventional cardiology
- Respiratory
- Stroke

Engagement support to GP member practices

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

PPG Network May 2022

Over the past two years the CCG Engagement Team has hosted bi-monthly Microsoft Teams Countywide Patient Participation Group (PPG) Network meetings throughout the year with between 30 and 40 PPG participants attending each meeting. In May 2022 the Engagement Team were delighted to host a face-to-face Countywide PPG Network meeting followed by lunch. Members enjoyed the opportunity to socialize with other PPGs and discuss their experiences of primary care services.

The CCG Engagement Team supports individual GP practices and their Patient Participation Groups to engage with their practice populations about changes and developments such as branch closures, staff changes and premises developments. The Team also supports practices and PPGs with quality improvement projects such as innovations like the 'walk, talk, walk' group at the Aspen Medical Centre. This is an opportunity for patients registered with the practice to meet together in the fresh air, get some exercise and talk informally. This project is now up for a national award.

Working with people and communities

Obviously, a big focus of the last few month's work has been on planning for the new One Gloucestershire Integrated Care System and the transition of the CCG to the Integrated Care Board. A key piece of work has been the cocreation of the Integrated Care Board Working with people and communities strategy; approved by the ICS Board in May 2022.

Recognising Equality, Diversity and Inclusion

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

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

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

Testing our approach and learning

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

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

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

Governance: engagement and involvement activity

The CCG working together with partners

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

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

Much of the strategic engagement activity in Gloucestershire is organised across the countywide One Gloucestershire Integrated Care System partnership. We have an established ICS Communications and Engagement Sub-Group. We believe building strong and sustainable relationships and engaging in open conversations avoids surprises, builds trust, confidence and credibility and engenders mutual respect; providing firm foundations for the development of better future services. Individual Provider Trusts also undertake involvement within their organisations, seeking patient, carer and staff views to inform the development of services and monitor the quality of services they provide.

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

Governing Body:

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

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

Over the past 12 months, patient stories have covered:

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

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

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

Quality and Governance Committee:

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

Primary Care Commissioning Committee (PCCC):

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

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

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

Involvement in other groups

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

Regular reporting of patient experience and engagement activities at the CCG

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

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

Experience Team

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

Engagement Team

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

Patient and Public Engagement Team skills include::

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

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

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

CCG Information Bus

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

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

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

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

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

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

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

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

And finally…

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Equality, Diversity and Inclusion

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

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

Engaging our communities

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

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

in 2022 to include a new Insights Manager, ED&I role. Working with colleagues from across the ICS, she is developing appropriate and sensitive methods to facilitate the involvement of people from diverse communities.

We support people to get involved by:

- providing information in an accessible format
- ensuring that any event we hold has a hearing loop installed, microphones are used and presentations are displayed on a large screen
- ensuring that an interpreter is available for anyone that may require one in order to fully participate
- ensuring that our venues are accessible to those attending
- paying reasonable expenses as outlined in the Patient and Public Reimbursement Policy.

Accountability

Equality Impact Assessment

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

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

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

EDS2 (Equality Delivery System)

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

Reducing Health Inequalities

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

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

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

Core20Plus5

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

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

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

- Are more likely to be of Asian, Asian British, Black, Black British or mixed heritage
- Are younger on average driven by a higher proportion of children and young people
- Are more likely to access urgent and emergency care and mental health services and less likely to access preventative primary or elective care
- Are more likely to become frailer quicker
- Can expect to die on average 8.7 years (males) and 6.5 years (females) before those who live in the most affluent neighbourhoods.

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

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

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

1. Maternity continuity of carer

We have already started by introducing Continuity of Carer into areas of highest deprivation and with women from racially minoritised communities. Continuity of carer is an evidenced based personalised approach which improves outcomes. Over the next two years, this model will be rolled out so that the majority of women are receiving this care. Feedback from women on this model is overwhelmingly positive:

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

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

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

Staff have also benefitted from working in this way:

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

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

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

"Building meaningful relationships"

"More time to spend with women"

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

"Providing more personalised care"

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

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

The NHS Long Term Plan set out an objective to ensure that by 2020/21 280,000 (60%) people will have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention. By 2023-24 an additional 110,000 people with SMI will be accessing health checks. CCGs have been asked to achieve 60% of the population with SMI on the GP register to be offered NICE-recommended screening and access to physical care interventions. The South West are not yet achieving the 60% target, and in Gloucestershire we are under-achieving against our submitted trajectory (currently 39% February 2021/22.)

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

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

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

The results of the engagement have been used to refine and amend the draft recommendations from the report, all of which were endorsed. A plan has now been created, which incorporates revised and new actions and that will be progressed in 2022/23.

- We are currently undertaking a Community Mental Health Transformation programme, part of which is focussing on the crucial role the voluntary sector plays. Following on from our engagement work we will ensure appropriate community representation as part of our expert group and will work to co-produce a local, inclusive and equitable model. We are also working with Independence Trust to support GP practices to raise awareness, better engage and increase uptake of physical health checks for SMI in practice.

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

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

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

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

- Translating information into: Arabic, Chinese (Mandarin), Czech, Gujarati, Polish, Romanian, Slovak, Sylheti, Urdu and including vaccine information in pregnancy leaflets in the following languages: Arabic, Chinese, Polish, Punjabi, Romanian, Somali
- Promoted the uptake of booster vaccinations through community outreach clinics in community venues and by using the NHS Information Bus e.g. visits to sports grounds, places of worship, supermarkets and cafés.

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

4. Early cancer diagnosis

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

5. Hypertension case finding

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

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

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

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

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

Population Health Management

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

Our core programme of working structured as follows:

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

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

Developing skills and sharing with a focus on:

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

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

Health and Wellbeing Strategy

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

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

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

- Green infrastructure
- Air quality
- Transport
- Economic development

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

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

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

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

Physical Activity Priority

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

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

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

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

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

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

- Embed the 'Creating Active Schools' approach in 35 schools across the county, prioritised on the basis of health inequalities data
- Provide grant funding to purchase or upgrade play and exercise equipment and make it available to local communities
- Rollout our physical activity on referral CYP social prescribing offer to schools across the county
- Deliver yoga in schools training to an additional 50 schools bringing the total number of schools trained in this approach to 81.

Adverse Childhood Experiences (ACEs) and resilience Priority

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

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

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

Work is also underway to:

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

Health and Wellbeing Board and Integrated Care Partnership

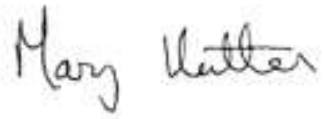
The Health and Care Bill was introduced on Tuesday 6 July 2021 and promotes integration between health and care. It is the first major piece of primary legislation on health and care in England since the Health and Social Care Act 2012. This sets out the formation of a statutory Integrated Care System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

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

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

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

Work will continue throughout 2022 to initiate the Gloucestershire Health & Wellbeing Partnreship, and ensure it operates done in such a way to deliver the best approach enabling greatest positive impact for the citizens of Gloucestershire.



Mary Hutton

Accountable Officer

October 2022

Corporate Governance report

Accountability Report - Corporate Governance Report

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

It comprises the:

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

Members' report

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

Member profiles

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

Member Practices

The CCG is a clinically led organisation with 69 GP member practices, organised into 15 Primary Care Networks and 6 Integrated Locality Partnerships. Our member practices help to shape local health services. A listing of the 15 Primary Care Networks and the practices within those networks can be found in the main body of the Annual Report. Our 15 PCNs are organised into 6 Integrated Locality Partnerships: Cheltenham, Cotswolds, Forest of Dean, Gloucester, Stroud & Berkeley Vale and Tewkesbury.

Committee(s), including Audit and Risk Committee

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

Register of Interests

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

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

Personal data related incidents

There were no personal data related incidents that took place during the period that was reported to the Information Commissioner's Office (ICO).

Statement of Disclosure to Auditors

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

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

Whistleblowing policy

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

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

The policy is promoted on the CCG's intranet and through the Joint Staff Consultative Committee as well as through the Staff Bulletin. There were no concerns reported by staff members with regard to Whistleblowing during this period. There was one Freedom to Speak Up concern raised which is currently being investigated.

Modern Slavery Act

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

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

Statement of Accountable Officer's Responsibilities

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

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

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

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

The relevant responsibilities of accounting officers under Managing Public Money.

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

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

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

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

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

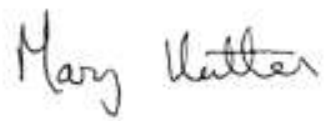
NHS Commissioning Board (NHSE&I) has appointed Mary Hutton as Accounting Officer of Gloucestershire Clinical Commissioning Group.

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

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

I also confirm that:

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



Mary Hutton

Accountable Officer

October 2022

Governance Statement

Background

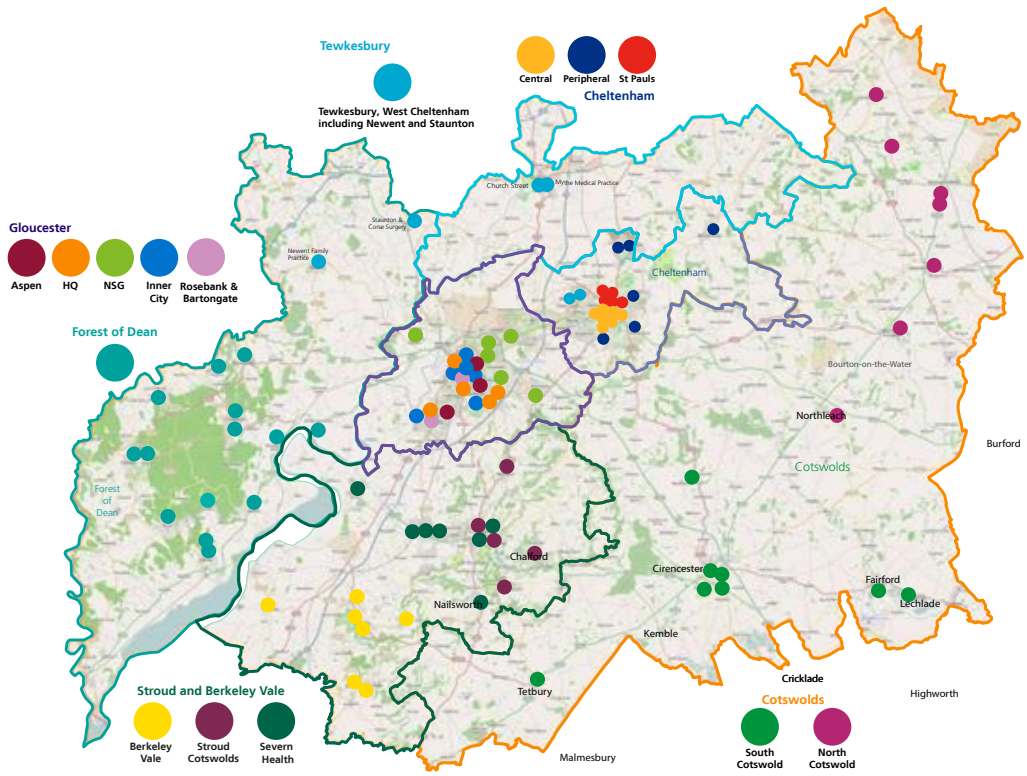
NHS Gloucestershire CCG is a body corporate established by NHSE&I on 1 April 2013 under the National Health Service Act 2006 (as amended).

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

As at 1 April 2022, the CCG is not subject to any directions from NHSE&I, issued under Section 14Z21 of the National Health Service Act 2006.

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

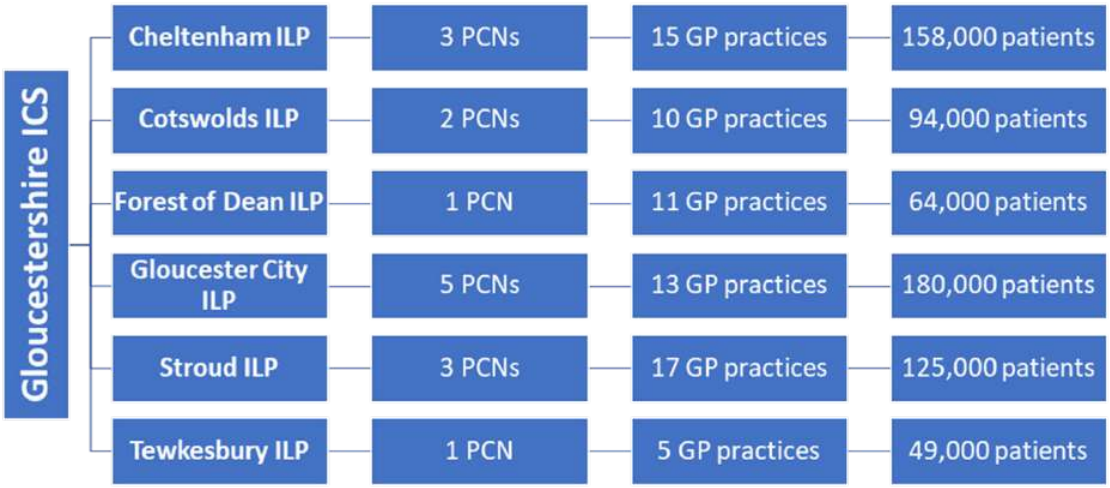
Map of Primary Care Networks



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

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

The six ILPs are:



Scope of responsibility

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

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

Governance arrangements and effectiveness

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

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

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

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

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

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

Governing Body - Structure

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

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

Governing Body meetings during COVID-19

During the period 1 April 2022 - 30 June 2022, all Governing Body meetings were held at the scheduled appointed date. The meetings were held virtually using MS Teams.

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

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

Governing Body - Meetings

The Governing Body meeting is chaired by Dr Andy Seymour. It met twice in the period 1st April - 30th June 2022. All of the Governing Body meetings were quorate.

During the period, the Governing Body received the following reports at each Board:

- Accountable Officer and Clinical Chairs' Reports
- Governing Body Assurance Framework and risk report at each meeting
- Performance and Finance report at each meeting
- Quality report including a summary of patient engagement and experience activities at each meeting.

The Governing Body strives to hear a Patient Story at each meeting. Unfortunately, due to COVID-19 pressures a patient story was not always available at each meeting.

During the period 1st April - 30th June 2022 the Governing Body approved the following:

- CCG Annual Accounts and Annual Report 2021/22
- Fit for the Future Business Case.

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

Audit & Risk Committee

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

The committee met two times in the period 1st April - 30th June 2022. The committee was quorate on each occasion. The committee is chaired by Colin Greaves, Lay Member for Governance. The membership of the committee can be found here: **https://www.gloucestershireccg.nhs.uk/wp-content/uploads/2022/06/Governing-Body-and-Committee-Members-attendance-2021-22-DRAFT.docx**

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

- CCG closedown arrangements;
- Continuing Health Care arrangements;
- Community Diagnostics Programme.

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

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

The Quality & Governance Committee

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

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

During the period 1st April - 30th June 2022, the committee met twice and was quorate on each occasion.

The committee received the following reports:

- Countywide Quality Report;
- Review of clinical risks included on the Corporate Risk Register (including COVID-19 and Workforce risks);
- Provider Quality Reports (Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care Foundation Trust etc.);
- Staff Survey report 2021(findings and action plan);
- Bi-annual workforce reports (CCG workforce);
- Updated CCG Continuity Plans
- Ockenden Report
- Suicide Audit Report
- Learning from Case Reviews
- Workforce Race Equality Standard and Workforce Disability Equality Standard report;
- Data Security and Information Security updates.

The Quality and Governance Committee approved a range of Human Resources policies and Contingency Plans:

- Appeals Policy
- Capability Policy
- Grievance Policy
- Recruitment & Selection Policy
- Supervision Policy
- Major Incident Plan
- Business Continuity Strategy
- Business Continuity Management Plan.

Primary Care Commissioning Committee (PCCC)

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

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

This year, the committee met twice in the period 1st April -30th June 2022. Meetings were quorate on each occasion. The committee received the following:

- Quality Reports on Primary Care;
- Primary Care Workforce Report including Additional Roles Reimbursement Scheme;
- Delegated Primary Care Finance report;
- COVID-19 Vaccination Programme report;
- Primary Care Contracts report;
- Approvals. The committee approved:
    - Primary Care Infrastructure Plan 2016/ 2026 (Handover Report)
    - Community Enhanced Services – inflationary uplift..

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

Remuneration Committee

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

The Remuneration Committee is chaired by Peter Marriner, Lay Member for Business. It formally met once during the period and was quorate on that occasion. The Remuneration Committee makes its recommendations to the Governing Body for approval.

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

UK Corporate Governance Code

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

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

and standards of best practices.

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

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

Discharge of Statutory Functions

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

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

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

Risk management arrangements and effectiveness

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

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

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

- Risk identification, their cause and effect;
- How risks are being managed;
- The likelihood of occurrence and impact;
- Risk rating – escalation and de-escalation process;
- Their potential impact on the successful achievement of the CCG's objectives.

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

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

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

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

The Governing Body regularly received reports on risk through its respective committees during 1st April

-30th June 2022.

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

The Audit and Risk Committee receives and considers the latest iteration of the GBAF and CRR at every meeting along with updates on significant developments. The Risk Committee also continued a deep dive review into each of the directorates risk registers on a cyclical basis.

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

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

Capacity to Handle Risk

During the period 1st April – 30th June, the Governance Team continued to use the 4Risk system to record corporate risks. Over the three-month period there were two Risk Management training sessions with Risk Leads.

Key risks identified 1st April – 30th June 2022

There were a number of key risks reported during the period.

High level risks rated at 12 or more are reported through the Governing Body Assurance Framework (GBAF). A number of key risks were the focus of dedicated Governing Body business sessions particularly those concentrating on the Covid-19 recovery phase.

As of the 30th June 2022, there were 33 risks in total on the Corporate Risk Register, comprising 28 risks rated at Amber and 5 yellow. Of those risks 12 were of a score of 12 or more and were therefore also reported on the GBAF.

As at the 30th June 2022, there were 21 risks on the GBAF, i.e. those scoring 12 or more. Of those 7 were rated Red (a score of 15 or more). The following risks were rated as RED risks:

- **CD 3:** Risk of non-delivery of NHS Constitution standard for maximum wait of 4 hours within the Emergency Department; actions to address this risk include the development, implementation and monitoring of the collaborative; daily escalation calls and monitoring of SHREWD;
- **CD 8:** SWAST have identified a risk in the SW to patients due to call stacking, this risk is being addressed through contract monitoring meetings with SWAST, as well as providing support to SWAST through the management of urgent care and daily escalation calls;
- **CD 2:** Risk of non-delivery of reduction in delays for patients who are clinically ready for hospital discharge; in addition to the support provided by the Urgent Care team around daily escalation calls; there is further work around the System Flow & Delivery Cell (currently fortnightly) taking oversight of delivery of collaborative actions for operational recovery and service developments;
- **CD 4:** Risk of failure to reduce demand and prevent avoidable emergency acute attendances and admissions; in addition to the actions being taken with regard to the risks outlined above, there are Bi-monthly A&EDB meetings with system partners, including NHSEI.
- **CD 5:** Risk of failure to comply fully with NHS Constitution standards for planned care waiting times; the Elective Recovery Collaborative continue to monitor recovery and the latest COVID-19 impact. Recovery is also monitored weekly at the Adapt and Adopt Steering group and immediate system wide actions are taken.
- **ID 27:** Child/young adults not receiving the specialised care they would receive in a Tier 4 Eating Disorder Bed; there is a programme of work, working with the voluntary sector on developing a wide

range of community options that can be used to facilitate discharge.

- **ID 31**: Risk to the capacity of the Care Market, workforce plans have been developed to attract and retain care staff including continuing to promote Proud to Care, retention bonuses, wellbeing support and offers to care staff etc.
- All risks on the CRR and GBAF have comprehensive action plans to address the risks, with controls and assurances in place. The GBAF is reported at each Governing Body meeting see here: **https://www.gloucestershireccg.nhs.uk/category/board-meetings/**

The outstanding risks in place on 30th June 2022 have been carried forward into the ICB and will continue to be managed within the Risk Management Framework described within this statement.

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

Other sources of assurance

Internal Control Framework

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

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

Annual audit of conflicts of interest (CoI) management

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

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

- The use of Civica Declare which is set up automatically to send out email reminders to staff and managers. Each staff member has their own password protected account in Civica which they use to log their interests;
- Robust policies for declaring Conflicts of Interests and Gifts and Hospitality; there is also a Staff Handbook with details and instructions for declaring CoI;
- Comprehensive training material regarding Conflicts of Interest which is utilised as part of the Corporate Induction training;
- The Governance Team has put considerable effort into chasing individuals who have not completed the mandatory Conflicts of Interest ('CoI') training. Emails have been sent out every quarter to remind Directors and PAs to ensure their staff complete the mandatory training. These emails include reports run from Civicia showing staff completion status;
- Conflicts of interests are declared at each Governing Body and committee meeting and interests are reported in the minutes.

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

The CCG has adopted a culture whereby all gifts and hospitalities that do not subscribe to a modest amount should be declined. This is exemplified in the Association of British Pharmaceutical Industry registry which showed that CCG had declared and accepted no gifts/hospitalities in the period 1st April -30th June 2022. The internal audit report also identified robust procedures for declaring and managing interests related to any procurement.

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

Data Quality

Governing Body members consider data quality to be an integral part of its system of internal controls in order that it can assess both the effectiveness and performance of the organisation and its contracted services. There have been no significant concerns about data quality reported in the period 1st April -30th June 2022.

Information Governance & Data Security

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

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

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

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

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

Cyber Security

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

- Unsupported Software – Unsupported software has been identified, patch management/upgrades are ongoing.
- Anti-Virus – Process documented, dashboard in place for monitoring, exceptions are reported and flagged for action.
- IT Infrastructure – Penetration test completed and draft report under review. Mention of other tools that are proactively scanning.
- Firewall Management – Documented manual in operation to routinely review firewall and rules.
- Password Management – SOP's under review for Netrix, Issues with Netrix AD auditor continue to be addressed with supplier, prior to additional scope in operational use.

- IT Business Continuity Plan – Digital Team Disaster Recovery Programme commenced 26/1/22 – BCP workshop held June 2022 and an action plan based on findings is in development..
- Network Access Controls - Cisco ISE project already in flight and already operational for wireless authentication that this would be extended to devices connecting to the wired IT network. Remediation plan in development.

Business Critical Models

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

Third party assurances

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

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

Service Auditor Reports

The CCG relies on a number of third parties to provide services, these include human resources and payroll services, payments to GPs and pharmacists. Suppliers of services have engaged with auditors to carry out ISAE3402 Service Audit Type II reports to review and provide assurance on the controls within the third party organisations, these reports have been received by the organisation for 2022/23.

NHS Shared Business Services: Finance and Accounting Services: an unqualified opinion was given

The Electronic Staff Record Programme: the review found that controls around access did not fully operate during 2022/23.

NHS Business Services Authority: Prescription Payments: the review found that controls around user access including leavers did not operate effectively during the period.

The CCG has compensating controls in place to mitigate any increased areas of risk.

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

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

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

Delegation of functions

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

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

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

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

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

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

Counter fraud arrangements

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

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

The Head of Counter Fraud meets regularly with the Chief Finance Officer to discuss progress against the Action Plan and areas of potential risk. During the period 1 April to 30 June regular reports and updates were given to the Audit and Risk Committee on:

- Final Annual Report for 2021/22
- Counter Fraud Functional Standards Return for 2021/22
- Counter Fraud Investigations report;
- Counter fraud training – face to face and e-learning training Counter Fraud deliver face to face training to all staff as a part of the CCG's Statutory and Mandatory Training. The Governing Body also receives annual Counter Fraud training. Fraud awareness is also raised through updates via the CCG's newsletter Team Brief.

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

Head of Internal Audit Opinion

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

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

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

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

In forming our view we have taken into account that:

- In response to Covid-19, a temporary financial regime for the NHS remained in place for the 2021/22 financial year. At the financial year-end, the CCG reported a £2.214m surplus and for the three-month period to 30 June 2022, it delivered a breakeven position.
- Despite the impact on the staff due to the Covid-19 pandemic, we have been able to complete all of our planned audit work, during the year. There have been no limitations in scope due to the homeworking restrictions.
- The CCG has displayed strong controls in relation the key financial system, conflicts of interest and primary care commissioning processes. Significant assurance opinions on the design and operational effectiveness of the processes were provided for these audits.

- The Covid-19 pandemic has resulted in aspects of the NHS Constitutions not being met, however, from the work we have undertaken and the reports provided, it was evident that the Governing Body has been kept informed on the issues a timely basis. However, this aspect has contributed to our overall opinion of moderate assurance.
- The CCG has continued to develop and enhance its mechanisms to ensure appropriate assurance and oversight arrangements are in place to demonstrate the monitoring of its risks within the Governing Body Assurance Framework.
- Good progress has been made during the year with the implementation of the actions arising from the audit work.

Report Issued	Recommendations & Significance			Overall Report Conclusions	
	H	M	L	Design	Operational Effectiveness
Primary Care Commissioning	-	-	-	Substantial	Substantial
Cyber Security (joint with GHFT)	3	4	-	Moderate	Limited
Key Financial Systems	-	-	1	Substantial	Substantial
Conflicts of Interest	-	-	1	Substantial	Substantial
Cyber Security Reporting (Advisory)	-	-	-	n/a	n/a
Partnership Working – ICS Development – CCG Closedown and ICB Readiness	-	1	-	n/a	n/a
Continuing Health Care (children/adults)	-	2	-	Moderate	Moderate

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

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

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

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

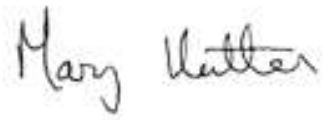
I have been advised on the implications of the result of this review by:

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

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

Conclusion

No significant internal control issues have been identified during the period 1st April - 30th June 2022.



Mary Hutton

Accountable Officer

October 2022

Remuneration and staff report

Remuneration and staff report

Remuneration Committee

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

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

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

Senior Managers Remuneration Report

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

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

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

Remuneration Policy

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

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

Senior Manager Contracts

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

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

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

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

Staff Report

NHS Gloucestershire CCG employs a headcount staff of **474 (362.58 WTE) as at the 30 June 2022**. These figures include all permanent staff, those on short-term contracts as well as secondments into the CCG and those staff employed on bank contracts.

Staff Turnover for period 1 July 2021 to 30 June 2022 is 13.48%.

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

Governance arrangements for HR

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

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

The Committee also receives the following reports:

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

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

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

Throughout this period there has been good representation from staff at the JSCC meetings noting that staff reps have found the forum important to staff engagement. The main focus of the JSCC meetings throughout this period, has been the staff transfer arrangements resulting from the demise of the CCG and establishment of the Integrated Care Board.

Staff survey results

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

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

1. We are compassionate and inclusive:

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

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

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

GCCG scored 6.9 the same as the CCG average.

3. We each have a voice that counts:

- Autonomy and control
- Raising concerns

GCCG scored 7.4 just above the CCG average of 7.3.

4. We are safe and healthy

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

CGG scored 6.8 above the CCG average of 6.6.

5. We are always learning

- Development
- Appraisals

GCCG scored 5.8 above the CCG average of 5.5.

6. We work flexibly

- Support for work-life balance
- Flexible working

GCCG scored 7.4 the same as the CCG average.

7. We are a team

- Team working
- Line management

GCCG scored 7.2 above the CCG average 7.2.

8. Staff Engagement*

- Motivation
- Involvement
- Advocacy

GCCG scored 7.3 above the CCG average 7.2.

9. Morale

- Thinking about leaving
- Work pressure
- Stressors.

GCCG scored 6.5 compared to the CCG average 6.2.

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

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

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

Staff engagement

During 2021/22 with the emergence of the Omicron variant of COVID-19 staff continued to predominantly work from home. During the period 1st April-30th June 2022 staff have increasingly come into the office.

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

Our staff engagement activities during 1st April-30th June 2022 covered the following key activities:

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

Staff Wellbeing

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

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

- The CCG gained accreditation for the Gloucestershire Healthy Workplace Award: **https://www.hlsglos.org/about-us/healthy-workplaces/** with plans to achieve the Advanced Award later in 2022;
- Appointed a Wellbeing Guardian – Lay Member on the CCG Governing Body;
- Currently recruiting Wellbeing Champions throughout the organisation;
- Supported the launch of the Wellbeing Line, that provides health and wellbeing support to health and care colleagues across Gloucestershire was launched in February 2021;
- System wide wellbeing policies have been developed including the Menopause Policy and resource pack;
- Extension of the office furniture grants scheme into this period and now includes provision for office equipment covering desks and office chairs.

Staffing policies

The CCG like other NHS employers has a host of HR policies, user guides, forms and resources. Policies are formally reviewed both by the Executive Management Team and the JSCC, before being ratified and adopted by the Quality and Governance Committee prior to publication. The full range of HR policies currently in use can be found here: **www.gloucestershireccg.nhs.uk/about-us/nhs-publication-scheme/our-policies-and-procedures/**

Sickness absence data

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

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

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

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

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

Ill health retirement

There were no early retirements on ill health grounds in the period 1st April-30th June 2022 (Nil in 2021/22).

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

The CCG confirms that there are relevant union officials who are staff members of the CCG, and they take time off during their working hours for the purpose of taking part in any activities in relation to which they are acting as a representative of a union.

Equality, Diversity and Inclusion

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

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

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

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

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

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

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

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

During 1st April-30th June the ED&I specialist at Central South Commissioning Support Unit commenced the ED&I review of the CCG. This review entailed appraising the CCG's strategies, procedures and policies against best practice on ED&I and making recommendations for improvement. In addition, a cultural piece of work was undertaken to understand how the CCG can be best placed to embrace diversity. The report has been completed, with a raft of recommendations and will be shared with the new Director of People, Culture and Engagement and Governing Body members.

During 1st April-30th June the following schemes were put in place to support ED&I work:

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

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

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

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

Equalities monitoring

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

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

Gender

Gender	Headcount	%	FTE
Female	349	73.6	264.08
Male	125	26.4	98.51
Total	**474**	**100.0**	**362.58**

Ethnicity

Ethnic Group	Headcount	%	FTE
A White - British	384	81.01	300.97
B White - Irish	5	1.05	5.00
C White - Any other White background	7	1.48	4.13
CC White Welsh	1	0.21	0.00
CP White Polish	1	0.21	0.60
D Mixed - White & Black Caribbean	4	0.84	4.00
F Mixed - White & Asian	2	0.42	0.77
G Mixed - Any other mixed background	1	0.21	1.00
H Asian or Asian British - Indian	13	2.74	10.08
J Asian or Asian British - Pakistani	2	0.42	1.40
L Asian or Asian British - Any other Asian background	2	0.42	1.60
LE Asian Sri Lankan	1	0.21	1.00
LH Asian British	1	0.21	1.00
M Black or Black British - Caribbean	6	1.27	2.77
N Black or Black British - African	2	0.42	2.00
PD Black British	1	0.21	1.00
R Chinese	3	0.63	2.24
S Any Other Ethnic Group	1	0.21	1.00
Unspecified	1	0.21	0.00
Z Not Stated	35	7.38	22.02
Grand Total	**467**	**100.00**	**362.58**

Disability

Disability Flag	Headcount	%	FTE
No	394	83.1	312.47
Not Declared	52	11	38.51
Prefer Not To Answer	1	0.2	0.00
Unspecified	12	2.5	2.1
Yes	15	3.2	9.5
Grand Total	**474**	**100**	**362.58**

Age Band

Age Band	Headcount	%	FTE
<20	2	0.42	2.00
21-25	29	6.12	28.00
26-30	35	7.38	33.20
31-35	34	7.17	26.76
36-40	51	10.76	39.96
41-45	54	11.39	43.55
46-50	50	10.55	40.00
51-55	86	18.14	65.87
56-60	73	15.40	52.52
61-65	43	9.07	24.45
66-70	12	2.53	5.72
>=71 Years	5	1.05	0.56
Grand Total	**474**	**100.00**	**362.58**

Religion

Religious Belief	Headcount	%	FTE
Atheism	87	18.35	75.98
Buddhism	4	0.84	3.00
Christianity	214	45.15	166.51
Hinduism	8	1.69	5.96
Islam	3	0.63	2.40
Not Disclosed	117	24.68	82.47
Other	33	6.96	23.84
Sikhism	3	0.63	2.32
Unspecified	5	1.05	0.10
Grand Total	**474**	**100.00**	**362.58**

Sexual Orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	4	0.84	4.00
Gay or Lesbian	3	0.63	3.00
Heterosexual or Straight	382	80.59	302.63
Not Disclosed	75	15.82	50.65
Other sexual orientation not listed	3	0.63	1.20
Unspecified	7	1.48	1.10
Grand Total	**474**	**100.00**	**362.58**

Other employee matters

Health and Safety at work

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

Fair Pay (audited)

The annualised range of remuneration is £17.4k to £175k (2021-22 £12.8 to £167.6k).

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

The banded remuneration of the highest paid member of the Governing Body in the CCG in the financial year was £180k - £185k (£180k - £185k in 2021/22) on an annualised basis. This figure is different to the remuneration table due to it being calculated on an annualised basis for part-time work.

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

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

Pay Ratio information (audited)

2022-23 (3 months)	25th Percentile	Median	75th Percentile
Total remuneration (£)	£31,534	£42,121	£54,764
Pay ratio information	5.79:1	4.33:1	3.33:1

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

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

The average percentage change for the CCG as a whole has seen a 0.18%/£91 decrease in 22/23. As at 30th June the pay award had not been remunerated and there has been a minor change in deparmental skill mix. There has been no change in the highest paid directors remuneration in 22/23.

In 2022/23 no employee received remuneration in excess of the governing body. Total remuneration includes salary, non-consolidated performance-related pay, benefits in kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer of pensions.

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

Off Payroll Engagements

For all off-payroll engagements as of 30 June 2022, for more than £245 per day:

	Number
Number of existing engagements as of 30 June 2022	7
Of which, the number that have existed:	
for less than one year at the time of reporting	1
for between one and two years at the time of reporting	1
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	2
for 4 or more years at the time of reporting	3

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

For all off-payroll engagements between 1 April 2022 and 30 June 2022, for more than £245 per day:

	Number
Number of temporary off payroll workers engaged between 1 April 2021 and 31 March 2022	7
Of which:	
Number Not Subject to off-payroll legislation	0
Number Subject to off payroll legislation and determined as in-scope of IR35	7
Number Subject to off payroll legislation and determined as out of scope of IR35	0
Number of engagements reassessed for compliance/assurance purposes during the year	0
Of which:	
No. of engagements that saw a change to IR35 status following the consistency review	0

Off-payroll engagements of Board/Governing Body members and/or senior officials with significant financial responsibility between 1 April 2021 and 30 June 2022:

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

Remuneration Report 2022-23 (3m - 1 April 2022 to 30 June 2022) (audited)

	2022/23 (3m)						
Name & Title	Salary (bands of £5,000)	Expense Payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	Sub-total (band of bands)	All Pension Related Benefits (bands of £2,500) *	Total (bands of £5,000)
Mary Hutton, Chief Executive	50-55	0	0	0	50-55	0	50-55
Ellen Rule, Deputy CEO/Director of Strategy and Transformation	30-35	0	0	0	30-35	62.5-65	95-100
Cath Leech, Chief Finance Officer	30-35	0	0	0	30-35	0	30-35
Mark Walkingshaw, Director of Operational Planning & Performance	30-35	0	0	0	30-35	0	30-35
Helen Goodey, Director of Primary Care & Place[1]	25-30	0	0	0	25-30	65-67.5	90-95
Dr Marion Andrews-Evans, Chief Nursing Officer	30-35	0	0	0	30-35	0	30-35
Kim Forey, Director of Integrated Commissioning[2]	10-15	0	0	0	10-15	7.5-10	20-25
Dr Andy Seymour, Chief Medical Officer	30-35	0	0	0	30-35	2.5-5	35-40
Colin Greaves OBE, Non Executive Director Primary Care & Direct Commissioning	5-10	0	0	0	5-10	0	5-10
Dr Caroline Bennett - GP Member	10-15	0	0	0	10-15	0	10-15
Dr Will Haynes - GP Member	5-10	0	0	0	5-10	0	5-10
Dr Hein Le Roux - GP Member[3]	20-25	0	0	0	20-25	5-7.5	25-30
Dr Mala Dixon - GP Member	10-15	0	0	0	10-15	7.5-10	20-25
Dr Will Miles - GP Member	10-15	0	0	0	10-15	0	10-15
Julie Clatworthy - Lay Member	5-10	0	0	0	5-10	0	5-10
Dr Alan Gwynn - GP Member	5-10	0	0	0	5-10	0	5-10
Alan Elkin - Lay Member	0-5	0	0	0	0-5	0	0-5
J Davies - Non Executive director	0-5	0	0	0	0-5	0	0-5
PJ Marriner - Non Executive Director	0-5	0	0	0	0-5	0	0-5

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

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

[1]Remuneration relates to Work for Gloucestershre CCG. Non disclosed remuneration for role at Gloucestershire Care and Health NHSFT. Total remuneration received is within band (95-100)

[2]Remuneration relates to Work for Gloucestershre CCG . Non disclosed remuneration for role at Gloucestershire County Council. Total remuneration received is within band (30-35)

[3]Relates to his Board and Non Board appointments. The Board appointment is within band £10-15K

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

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

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

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

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

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

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

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

Pensions Report 2022-23 (3m - 1 April 2022 to 30 June 2022) (audited)

Name & Title	2022/23 (3m)							
	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 30 June 2023 (bands of £5,000)	Lump sum at pension age related to accrued pension at 30 June 2023 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2022	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023	Employers contribution to partnership pension
Dr Andrew Seymour, Clinical Chair	0-2.5	0	20-25	45-50	458	4	470	5
Cath Leech, Chief Finance Officer	0-2.5	0	50-55	105-110	993	2	1,006	4
Helen Goodey, Director of Primary Care and Locality Development	2.5-5	5-7.5	35-40	65-70	627	68	700	0
Kim Forey, Director of Integration	0-2.5	0	20-25	0	399	9	416	4
Dr Will Haynes, Clinical Commissioning Lead (Gloucester City)	0	0	15-20	0	370	0	374	1
Dr Hein Le Roux, Deputy Clinical Chair	0-2.5	0-2.5	20-25	15-20	297	5	305	1
Dr Mala Dixon, Clinical Commissioning Lead	0-2.5	0-2.5	5-10	20-25	130	5	138	2
Mark Walkingshaw, Deputy Accountable Officer/Director Of Commissioning Implementation	0-2.5	0	50-55	110-115	966	0	978	5
Ellen Rule, Director of Transformation and Service Redesign[1]	2.5-5	7.5-10	25-30	50-55	208	49	264	5
Dr Will Miles - GP Member	Dr Miles has opted out of the NHS Pension Scheme							
Dr Caroline Bennett - GP Member	Dr Bennett has opted out of the NHS Pension Scheme							
Dr Marion Andrews-Evans, Chief Nursing Officer	Dr Andrews-Evans has opted out of the NHS Pension Scheme							
Colin Greaves OBE, Non Executive Director Primary Care & Direct Commissioning	Colin Greaves has opted out of the NHS Pension Scheme							

[1] Chose not to be covered by the pension arrangements in the prior year but opted back in for this period only.

Pensions Report 2021-22 (audited)

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

Cash Equivalent Transfer Values

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

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

Real Increase in CETV

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

Staff Numbers

Average Contracted WTE of Staff Groupings by Occupational Code (excluding Off Payroll engagements only)	22/23 (3 months)			21/22		
	Male	Female	Total	Male	Female	Total
Governing Body members	3	1	4	3	1	4
Executive Directors	1	6	7	1	6	7
Senior Manager G0 (Band 8D and Above)	6	9	15	5	8	13
Manager G1 (Band 8A, 8B, 8C)	22	29	51	20	30	50
Clerical and Admininstrative G2 (Band 7 and Below)	52	159	211	45	148	193
Nursing, midwifery and health visiting staff	0	1	1	0	1	1
Medical and dental staff	4	36	40	2	38	40
Scientific, therapeutic and technical staff	5	21	26	4	21	25
Sub Totals	93	262	355	80	253	333
Grand Total		**355**			**333**	

Staff profile (audited)

The profile of staff within the CCG, based on the average number of Whole Time Equivalent contracted in 2022-23 (3 months), is as presented in the table below. This is referred to in note 4.2 of the Annual Accounts.

Avg No WTE contracted (including Directors & Off Payroll engagements)	22/23 (3 months)			21/22		
	Director	Other Ee	Total	Director	Other Ee	Total
total Staff	7	362	369	7	330	337
of which:						
Perm	7	306	313	7	295	302
Other	0	56	56	0	35	35
of which:						
Male	1	101	102	1	83	84
Female	6	260	266	6	247	253

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

	22/23 (3 months)			21/22		
	Directors £'000	Other Ees £'000	Total £'000	Directors £'000	Other Ees £'000	Total £'000
total Staff Costs	300	5,286	5,586	1,071	19,544	20,614
of which:						
permanent	300	4,956	5,256	1,071	18,621	19,692
other	-	330	330	-	922	922

Employee benefits and staff numbers (audited)

	22/23 (3 months)			21/22		
	Total	Permanent Employees	Other	Total	Permanent Employees	Other
	£'000	£'000	£'000	£'000	£'000	£'000
Employee Benefits						
Salaries and Wages	4,317	3,986	330	16,081	15,158	922
Social Security Costs	477	477	0	1,599	1,599	0
Employer Contributions to NHS Pension scheme	773	773	0	2,824	2,824	0
Other Pension Costs	2	2	0	6	6	0
Apprenticeship Levy	18	18	0	66	66	0
Termination Benefits	0	0	0	39	39	0
Gross employee benefits expenditure	**5,586**	**5,256**	**330**	**20,614**	**19,692**	**922**
Total – Net admin employee benefits including capitalised costs	**5,586**	**5,256**	**330**	**20,614**	**19,692**	**922**
Less: Employee costs capitalised	0	0	0	0	0	0
Net employee benefits excluding capitalised costs	**5,586**	**5,256**	**330**	**20,614**	**19,692**	**922**

There were no significant increases in staff groups in 2022/23 (3 months).

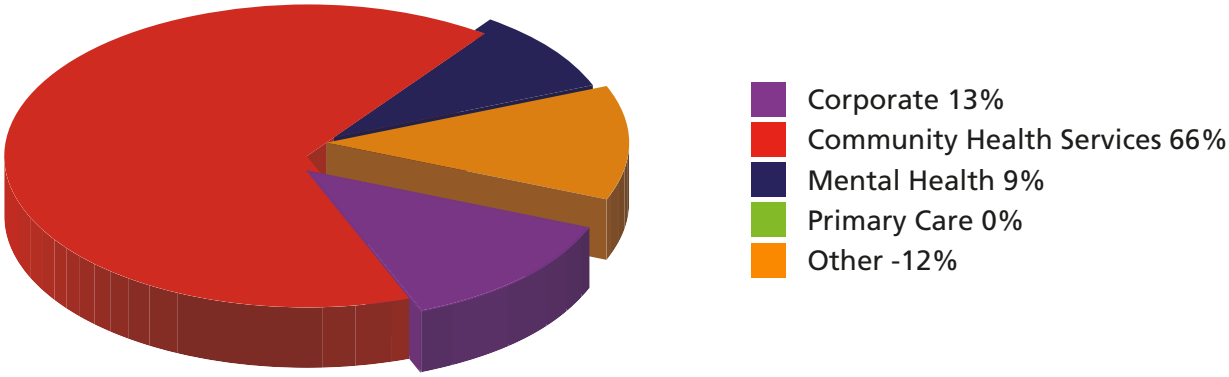
- There have been no significant awards made to past senior managers in 2022/23 (3 months)
- There has been no compensation on early retirement or for loss of office in 2022/23 (3 months)
- There have been no payments to past directors in 2022/23 (3 months)
- Four staff on Very Senior Manager contracts earn in excess of £150,000 pa on a pro-rata basis

Exit Packages

There were no exit packages in the 3 months to 30th June 2022 (there were 3 in 21/22).

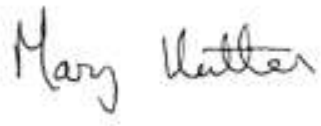
Consultancy

Consultancy costs of **£35k** in 2022-23 M1-3 were spent in the following areas:



External Audit

The CCG's external auditors are Grant Thornton UK LLP. The cost of the annual statutory audit of the 2022/23 (3 month) Financial Statements was £67k. The cost was determined based upon the size of the CCG's commissioning budget.



Mary Hutton

Accountable Officer

October 2022

The financial statements

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

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of NHS Gloucestershire CCG (the 'CCG') for the year ended 31 March 2020, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the CCG as at 31 March 2020 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020; and
- have been prepared in accordance with the requirements of the National Health and Social Care Act 2012.

TO BE UPDATED POST AUDIT

Basis for opinion

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

The impact of macro-economic uncertainties on our audit

Our audit of the financial statements requires us to obtain an understanding of all relevant uncertainties, including those arising as a consequence of the effects of macro-economic uncertainties such as Covid-19 and Brexit. All audits assess and challenge the reasonableness of estimates made by the Accountable Officer and the related disclosures and the appropriateness of the going concern basis of preparation of the financial statements. All of these depend on assessments of the future economic environment and the CCG's future operational arrangements.

Covid-19 and Brexit are amongst the most significant economic events currently faced by the UK, and at the date of this report their effects are subject to unprecedented levels of uncertainty, with the full range of possible outcomes and their impacts unknown. We applied a standardised firm-wide approach in response to these uncertainties when assessing the CCG's future operational arrangements. However, no audit should be expected to predict the unknowable factors or all possible future implications for an entity associated with these particular events.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the CCG's ability to continue to adopt the going

NHS
Gloucestershire
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One Gloucestershire
Transforming Care, Transforming Communities

NHS Gloucestershire

Annual **Report**

A review of our year

2022/23

11

Contents

Dame Gill Morgan
Chair

Mary Hutton
Chief Executive Officer

2022/23

A message from

This is the first Annual Report for NHS Gloucestershire Integrated Care Board and an opportunity to reflect on our development as a new organisation working hand in glove with the One Gloucestershire Health and Wellbeing Partnership.

This has been an extremely challenging year with recovery from the pandemic, the rising cost of living and industrial action all placing significant pressure on the NHS our staff across the system and the people we serve.

During this period, we have seen unprecedented growth in people turning to the NHS and care services for support. Within this context, our local health and care professionals, supported by our fantastic partners, including local councils and other public, community and voluntary sector partners have responded magnificently.

Looking forward, we believe in this power of partnership to improve health and wellbeing, improve care and services for local citizens and tackle long standing health inequalities.

As a Partnership, we have now published our 5-year integrated care strategy setting out our shared priorities and creating the blueprint for action and transformational change in the months and years to come. This is directly informing our NHS 5-year Joint Forward Plan for healthcare.

Both the strategy and the plan are underpinned by three key pillars for priority action:

- Making Gloucestershire a better place for the future - improving the health, wellbeing and care of our citizens - focus on early prevention and the wider impacts on health
- Transforming what we do - locality integrated working that supports the needs of the local population, achieving equity - reducing unfair and avoidable differences in health, developing our workforce, improving quality and outcomes across the whole person journey and making the most of digital technology to support care
- Improving health and care services today - improving access to care, reducing waiting times, supporting improvements in urgent and emergency care and improving mental health support.

We know that we cannot continue to address health and care challenges and seize the opportunities for positive change, without realising the true potential of integration at system, locality and primary care network level. We also need to work alongside and truly listen to people and communities to ensure their priorities are at the heart of One Gloucestershire plans.

We are very fortunate in Gloucestershire that we have a strong tradition of partnership working, co-operation and making the most of the Gloucestershire pound and our focus on this continues to grow.

As you will see in the pages that follow, we have made a positive start as an NHS Integrated Care Board (and as a Partnership) despite a very challenging environment. However, we are ambitious for our population and are committed to implementing shared plans to make a tangible difference to the lives of local people, including our most vulnerable citizens.

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

Thank you for your continuing support.

TOP 20 Highlights of the year

Making Gloucestershire a better place for the future

1 More than **10,000 children** across 23 schools and colleges accessed On the Level, an interactive mental health programme. This early intervention supports young people with the tools to improve their mental health and wellbeing.

2 **234 young people** identified as being at risk of developing mental health problems took part in a six-week social prescribing scheme, helping them to build resilience.

3 More than **300 people** with Type 2 diabetes have started a low-calorie diet 'Total Diet Replacement' programme, with average weight loss of 13.4kg at 12 weeks.

4 Almost **5,500 people** visited the On Your Mind Glos website, with 1 in 3 users access accessing the anonymous support finder to be presented with mental health services tailored to their needs.

5 Gloucestershire was **best in England** for prescribing salbutamol inhalers with the lowest carbon footprint, reducing to an average of 13kg CO2e (carbon dioxide equivalent) per inhaler; well below the target of 18-22kgCO2e. Aerosol inhalers contain propellants which are greenhouse gases.

6 Around **5,000 people** have used the free getUBetter app for exercises and tips to deal with a range of MSK (muscles, joints and bones) problems. Subtitled videos are now available in Bengali, Gujarati, Punjabi, Polish, and Urdu.

7 In January 2023, **81% of people** who were able to give a preference were supported to die in a place of their choosing.

8 Around **175 pregnant women** reported successfully quitting smoking at their 4-week check-in following support from Healthy Lifestyles Gloucestershire over the last 12 months.

Transforming what we do

More than **8,000 people** received health advice and support from their community pharmacy following a referral from NHS 111 or their GP. 9

10 On average, **115 people each month** were referred to a community pharmacist for support with their medicines after being discharged from hospital.

11 **270 people** were offered jobs at a 'one stop shop' health and care worker recruitment event at Cheltenham racecourse, 41% of whom were new to care.

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

Over **3,100 people** aged 14 or over with a learning disability attended an Annual Health Check. 13

Improving health and care services today

Vaccination teams delivered more than **370,000 COVID-19 vaccines** over the last twelve months. 14

Almost **4,000 referrals** were made to the Rapid Response service which operates 24 hours a day, 7 days a week. Over 80% of these people have been treated at home, avoiding an unnecessary hospital stay. 15

GP practices continued to expand the range of roles within their teams, with **345 additional staff** including paramedics, social prescribers, clinical pharmacists, and mental health practitioners. 17

75% of people found out whether they have cancer within 28 days of being referred by their GP thanks to quicker access to diagnostic tests. 18

16 More than **7,500 COVID-19 patients** have been supported to stay at home safely on the Virtual Ward, using remote monitoring to identify those who might need to go into hospital for additional care.

More than **790,000 prescriptions** were ordered, and more than 150,000 appointments were booked online in the last 12 months either through GP practice websites or the NHS App. 20

19 **Excellent progress** was made reducing long waits for planned care following the pandemic. Waits of over 2 years for treatment in the county were eliminated, and at the end of March 2023, no one was waiting more than 78 weeks.

News Digest

Stories from around the county

We Can Move helping communities to get active

Community groups and individuals are being supported through monthly 'advice clinics' from the We Can Move programme to develop their ideas to get active. Since September 2022, the Advice Clinic has hosted 29 sessions, including the introduction of themed sessions with specialists on topics such as disability, supporting older people, and inclusion.

With dedicated time and space to explore project ideas in detail, people are supported with bespoke advice and guidance to make their ideas a reality.

The We Can Move programme is facilitated by Active Gloucestershire and NHS Gloucestershire is a core funder and partner.

Working in partnership to improve maternity services

Gloucestershire Maternity Voices Partnership (MVP) represents the voices of women, birthing people, and families from all communities to improve maternity care.

Around 300 people have responded to the MVP birth experience survey over the last year, the feedback from which provides focus for Partnership meetings. Usually attended by around 30 service users, health and care professionals and community organisations, Partnership meetings provide an opportunity to review feedback and work together to identify key themes to improve maternity health and care.

Nurses providing health advice 'on tour'

More than 200 people with health concerns have visited the One Gloucestershire Information Bus 'Nurses on Tour' drop-in sessions.

With a focus on visiting some of the most deprived areas of the county, student nurses supported by trained NHS health professionals have provided preventative care advice, diagnosis of symptoms and possible referral.

So far, over 50 people identified with undiagnosed high blood pressure have been offered advice and support, with more visits planned this year.

Over 100 local employers signed up to Healthy Workplace Award

102 employers have either achieved or are working towards the award, ensuring policies and programmes were in place to support staff health and wellbeing, including physical activity and healthy weight initiatives.

Established in 2019, the Gloucestershire Healthy Workplace Award was developed in partnership between the NHS in Gloucestershire, Gloucestershire County Council and the Healthy Lifestyles Service.

Participating organisations include the public sector and a broad range of small, medium and large private and VCS organisations.

GP practices commit to 'go green'

97% of Gloucestershire GP surgeries and Primary Care Networks took part in an initiative to help lower their carbon footprint, from reducing energy use to 'greener prescribing'.

60% also enrolled in a 'Green Impact for Health Award' accreditation scheme, which lists more than 100 actions to improve environmental sustainability.

To date, five gold, three silver and four bronze awards have been given, with more to follow. From reducing energy use to 'greener prescribing' (for example, inhalers with fewer greenhouse gases) GP practices are committed to supporting the One Gloucestershire Green Plan, where our county aims to be a trailblazer in carbon footprint reduction, contributing to the NHS ambition to reach carbon net zero by 2040/45.

Vulnerable people at risk of fuel poverty supported to pay their energy bills

Up to 150 people with cold-sensitive health conditions who are affected by the rising cost of living, had their energy bills paid from November 2022 to March 2023.

Funded through innovative use of the Government's Housing Support Fund and working together with sustainability charity Severn Wye and non-profit innovation hub Energy Systems Catapult, Warm Home Prescriptions are keeping the most vulnerable people safe and well at home.

Transforming what we do

A new Arts, Health and Wellbeing Centre for University's City Campus

A new Arts, Health and Wellbeing Centre is planned for University of Gloucestershire's new City Campus.

A partnership between One Gloucestershire ICS and the University, it will be a Centre of Excellence for new technologies and innovation aimed at improving health and wellbeing. It will include specialist facilities and equipment that can support teaching and social prescribing use, such as arts-based therapy and rehabilitation.

Services will help to meet the complex health and social care needs of local people, supporting them to keep healthy and look after themselves when they can.

The centre will be fully operational during the 2024/25 academic year.

Memorandum of Understanding with the Voluntary, Community and Social Enterprise (VCSE) Sector

We have good, long-standing relationships between statutory and VCSE sectors in Gloucestershire, which is essential to delivering our shared ambition for 'Gloucestershire to be a better and healthier place to live and work.'

A new Memorandum of Understanding (MoU), signed in summer 2022, commits us to new ways of working to ensure our relationships are based on mutual respect, shared values and putting the people of Gloucestershire at the heart of everything we do.

Individual and joint commitments, a 12-month action plan and a toolkit underpin the MoU. Find out more at **www.onegloucestershire.net**.

Supporting communities to tackle cost of living impact

£300,000 Community Investment Funding from NHS England was split equally between our six Integrated Locality Partnerships to fund community-based projects aimed at tackling cost of living impact.

Each ILP was able to decide where money could provide the maximum positive impact for some of the most disadvantaged in our population through the winter months.

Clear themes arose in how funding was prioritised, with many areas focusing on initiatives including warm spaces, food and nutrition, particularly for children and families, and reducing social isolation.

Using data to reduce social isolation in Gloucester

A 'Chatty Café' group set up by health champions at Churchdown surgery in Gloucester has been improving wellbeing and reducing social isolation for regular users of GP services, many of whom had non-medical needs. Attendance at the group encouraged some people to gain the confidence to set up additional groups, including craft, weekly walks, or diabetes and autistic adults support groups.

Initial evaluation shows GP attendance after attending Chatty Café has on average reduced by around 40%, with the number of social interactions people report having increased from two to six per week.

Identifying people who are at risk from frailty

Tewkesbury, West Cheltenham, Newent and Staunton Primary Care Network (a group of GP practices working together) assessed 82% of their patients aged over 65 for frailty. Working with the district council and other community partners, signposting and support was put in place for those with mild or moderate frailty to help them keep well.

Strength and balance classes, a dance group, health events, and a carers support group have all been well received. Initial evaluation has shown a reduction in this group of patients contacting their GP, and a decrease in emergency admissions.

Transforming what we do

Tackling health inequalities in Cheltenham

Cheltenham Integrated Locality Partnership is working with the local community to improve the health and wellbeing of residents in West Cheltenham through a Health Equalities group. With more than 30 regular attendees including representatives from GP practices, NHS, local authority, housing, the VCSE and public, the group aims to raise awareness of services available to keep people physically and mentally happy.

The group have established youth and coffee clubs for those who may experience social isolation and are hoping to recruit a Health and Wellbeing Champion Lead for the area to take the work forward.

Cooking classes improving health and wellbeing in the Cotswolds

Cotswold Integrated Locality Partnership are working with community groups, using data to understand and improve the health and wellbeing of local people while developing sustainable initiatives that are wanted by communities.

A series of healthy eating and cooking classes were developed, designed to teach and encourage families to cook healthy and affordable meals together. Each family was also given utensils and a cookbook to take home. All 96 available spaces were booked within three days, with a waiting list held for when similar events are organised in the future.

Providing eye care to vulnerable and homeless people

NHS Gloucestershire and the Local Optical Committee have been supporting charity Vision Care for Homeless People to provide eye care services for vulnerable people.

Also working with Gloucester City Mission, P3 and Gloucestershire Health and Care NHS Foundation Trust's Homeless Healthcare team, the weekly clinic has been running since April 2022 to improve access to eye care and reduce health inequalities.

More than 100 people have been seen at the clinic, with around 100 free prescription glasses/lenses provided, significantly improving the quality of life for a group of vulnerable people who face barriers to accessing healthcare.

Developing an understanding of persistent pain

Working with the GL11 Community Hub in Cam and Dursley, the Living Well with Pain programme has been exploring perceptions of persistent pain amongst people with lived experience.

So far around 20 local people have participated in workshops to share their views and insights into 'what really matters' to those living with chronic pain. The findings will inform priorities for the programme moving forward, and work may be replicated in other parts of the county to gather a diverse range of views.

Improving care for people with learning disabilities and autistic people

More people with learning disabilities and autistic people are being supported to live safely at home with improved community-based support.

The Transforming Care Programme, established in the wake of Winterbourne View, is focused on better supporting people in mainstream services and identifying those who are at risk of developing challenging behaviour or mental health problems to provide earlier support. Where specialist assessment and treatment are needed, so far as possible, this is provided closer to home via local services.

By July 2023, it is anticipated NHS Gloucestershire will have no out of county placements in non-secure in-patient units, bucking the national trend.

What matters to you? 'Personalised care' in practice

More than 30 teams or organisations across health and care in Gloucestershire pledged to promote 'personalised care', giving patients more control and choice about how their care is planned and delivered.

4,500 'orange folders' were distributed to patients to hold their personalised care and support plans.

Plans include Me at My Best, a form to help health and care professionals know important information about an individual, and ReSPECT plans, which outline a patient's wishes for an emergency when they may not be able to make decisions or communicate. Around 4,700 plans have been completed so far.

Gloucestershire leading the way in joined-up approach to eye health

Community Optometrists in Gloucestershire can now access patients' medical eye health information and images quickly and securely via one centralised database. The system, OphthalSuite Community Ophthalmic Link, developed by BlueWorks OIMS, is the first of its kind in the country.

With patient consent, Optometrists can now access hospital eye examination results in real-time. This allows Community Optometrists to make a thoroughly informed clinical decision and prevent any delays with getting patients the right care and access to the appropriate service.

Pilot Acute Respiratory Infection (ARI) Hub benefits local patients

A pilot scheme testing an ARI Hub for people at risk of a hospital stay with respiratory illness (e.g. chest infections or 'flare ups' of lung conditions) has benefited more than 3,000 people since January 2023, around 1,000 of whom were under the age of 18.

People in Cheltenham and Gloucester can be offered same day face-to-face assessment and treatment for patients within 'hubs' at Rosebank and St Paul's surgeries. Underlying conditions that haven't been detected before can be assessed by a local respiratory champion nurse without attending hospital.

The service has received excellent feedback, with around a quarter of patients saying they would otherwise have attended A&E for their condition.

Supporting communities to live well into older age

The Complex Care at Home (CC@H) team have been working with community groups in Gloucester, with a focus on reaching out to people from ethnic minorities and offering more formal support where appropriate.

The team have established walking groups, including for Gujarati and Tamil speaking women and with growing demand there are plans to start a men's group. They are also offering health and wellbeing checks at group events such as Ebony Carers and the Friendship Café's sewing group. So far more than 150 health and wellbeing checks have taken place, and around 35 people added to the CC@H caseload (either with the Health and Wellbeing Coordinator or Community Matron).

Raising awareness of the signs and symptoms of cancer

Health and care professionals have been raising awareness of the signs and symptoms of different types of cancer in communities where screening uptake is low and diagnosis often late, for example the homeless community, amongst Gypsy, Roma, and Travellers, and in areas of high deprivation.

A particular area of focus has been raising awareness with people from ethnic minorities. For example, working with community radio station, Gloucester FM, to host Q&A sessions about symptoms and treatment for various cancers. An event at the All-Nations Club about prostate cancer was attended by 40 men from the African-Caribbean community.

An award-winning holistic approach to breaking the cycle of homelessness

Between 400 and 600 homeless people attend A&E at Gloucestershire Royal and Cheltenham General Hospitals each year.

A specialist nurse in A&E, working with the strategic housing partnership and VCSE organisations, supports homeless people who attend the department frequently to get their lives back on track. The approach has had great success in improving outcomes for homeless individuals and reduced their reattendance at A&E. In October 2022, the service won a HSJ Patient Safety Award for Safeguarding.

Working together to support Infection Prevention Control (IPC) in care homes

A joined up Care Home Infection Prevention Control (CHIP) Team that brings together social care, public health, the NHS and the UK Health Security Agency to help keep residents and staff safe, has gone from strength to strength this year.

The team respond to outbreaks, advising care homes on how to reduce the risk of spread of infectious illness as well as supporting prevention through hydration, vaccinations and reviews of IPC and PPE processes.

As well as on-site visits, the CHIP team also deliver online training sessions covering a wide range of IPC topics, with input from partners as appropriate. Over the last year, the team have made more than 400 visits to care homes, and 250 people have attended face-to-face training on PPE.

New Community Diagnostic Centre set to improve access to diagnostic tests

One Gloucestershire ICS partners are working together to oversee a new Community Diagnostic Centre development in Quayside, Gloucester.

The centre will provide patients with the diagnostic tests they need in a convenient location, quickly, and in the fewest possible number of visits and will help the county'stwo main hospitals by reducing the number of diagnostic appointments they provide. This will enable busy hospital staff who are facing high levels of need to focus onproviding acute care and should lead to fewer cancelled appointments for patients.

At Cheltenham General Hospital, a purpose-built theatre dedicated to orthopaedic surgery such as hip and knee replacements has received £7.5m government funding, which will also improve patient outcomes and help reduce waiting times.

GP surgeries adapt to support patient care

Local GP practices and Primary Care Networks remain dedicated to providing the right care and timely support to patients in a way that suits their needs despite facing many challenges, including a record increase in patient contacts and staffing shortages.

Practices are doing their best to be innovative and take opportunities to adapt how they work, for example by introducing new systems to help assess patients and ensure they see the most appropriate member of the team.

Many practice teams now have clinical pharmacists, physiotherapists, mental health professionals, paramedics and other professionals working within or alongside them, supporting them to meet the individual needs of patients.

Across the county, around 70% of appointments are in person (face to face) with a clinician. The remaining 30% are conducted by phone or virtually. The increased availability of online appointments in primary care has been beneficial to many patients where it suits their lifestyle and needs.

NHS Gloucestershire is continuing to provide support, particularly around areas such as recruitment, appointments and booking systems.

Investing in the GP surgeries of the future

We continue to progress our long-term primary care infrastructure plan to improve surgery environments and patient experiences.

Cheltenham's new £10m health centre opened in June 2022. The Wilson Health Centre is home to three of the town's GP surgeries, providing care to around 25,000 local people. They offer GP surgery services alongside an onsite pharmacy, dental services, physiotherapy, social prescribing and rooms to rent.

In Stroud, patients are benefitting from the town's new £6.5m medical centre which opened in December 2022. Five Valleys Medical Practice is a key part of the redevelopment of Number 1 King Street and is located next to a new first floor physiotherapy and podiatry suite, a library, coffee shop and office facilities. It is providing new and improved GP services to more than 15,000 patients.

In the last 12 months, other exciting plans have also moved forward with building work soon to start on the new £5.9m health centre in Minchinhampton and planning permission received for a new health centre on the edge of Coleford. Brockworth is also set to get a new £6.6m health following funding approval.

Over the last six years, around £65m worth of capital investment has supported 20 surgery developments, both new buildings and extensions.

Improving adult community mental health services

Part of a national programme, Gloucestershire Health and Care NHS Foundation Trust are leading work on behalf of One Gloucestershire partners to improve community health care for people with serious mental illness.

Working with a wide range of partners from across the voluntary and community sector, with experts by experience involved throughout, the aim is to provide easier access to support, shorter waiting times, and more personalised care.

A new Complex Emotional Needs service has supported around 500 people with personality disorders in Gloucester. 13 additional mental health staff are now working in in GP surgeries across the county, providing quicker access to support for those who need it.

Work has also begun on reducing waiting times for eating disorders treatment, and good progress is being made on increasing the number of patients with serious mental illness who receive annual health checks.

Rapid support for people with worrying symptoms

Around 100 people with worrying symptoms have been referred by their GP to a new service at Gloucestershire Hospitals NHS Foundation Trust.

The service provides access to diagnostic tests for people whose symptoms don't point to a specific type of cancer and need further investigation. The service aims to give people who don't have cancer the all-clear quickly, or, if cancer is diagnosed, enable them to start the right treatment as early as possible.

Using social prescribing to support frequent users of A&E

A pilot project between emergency care services and the social prescribing service has had a positive impact for frequent users of A&E. Data showed that a significant proportion of this group live in some of the most deprived areas of the county.

Social prescribers work one to one with these patients, connecting them to support in their community. Initial evaluation shows a reduction in the use of the accident and emergency department and fewer emergency admissions for patients supported through this model.

On Your Mind Glos Partners with King's Jam Festival

On Your Mind Glos (OYMG), the local mental health support finder for young people, joined forces with King'sJam festival as an official community partner in 2022.

Hosted by Music Works in Gloucester Park, the festival supports music of black origin and culture, and is well attended by a young, diverse audience. Working with local influencer and artist Jusarra Nazare, the team promoted OYMG to the 1,400 young people in attendance.

Performance report

Performance Report – an overview

NHS Gloucestershire Integrated Care Board (ICB) came into existence on the 1 July 2022 (formerly NHS Gloucestershire Clinical Commissioning Group).

In the months since our launch we have seen many achievements, but also faced some challenges, as we alongside our partner organisations have continued to deal with recovering services from the COVID-19 pandemic and taking forward our strategy.

This section of the report provides you with an overview of the ICB, its main objectives, strategy, performance, and principal risks in-year.

Integrated care systems (ICSs) are partnerships that bring together NHS organisations, local authorities and other community and voluntary sector partners to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas.

In common with other ICS' across the country, NHS Gloucestershire Integrated Care Board (ICB) and One Gloucestershire Health and Wellbeing Partnership (our Integrated Care Partnership) have four key aims:

- improving outcomes in population health and health care
- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money
- helping the NHS to support broader social and economic development.

How we work

The ICB Board is made up of Non-Executive Directors plus representation from Gloucestershire County Council, Gloucestershire Health & Care NHS Foundation trust, Gloucestershire Hospitals NHS Foundation Trust, Primary Care and Executive Directors.

Non-Executive Directors have been appointed based on their differing expertise to ensure that the ICB Board has the skills and knowledge to be able to challenge appropriately. Representation from the Local Authority includes the Director of Public Health, who provides input and expertise relating to health promotion and health prevention. In addition, the Board and its Sub Committees, when reviewing their agenda, keep under review the requirement to bring in other expertise if they feel that there is an area missing from existing membership.

We work as part of One Gloucestershire Integrated Care System (ICS), which also includes:

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

GP practices work within 15 Primary Care Networks and are at the heart of our communities. They're in a good position to understand the needs of their local population alongside all partners in in the six district-level Integrated Locality Partnerships (ILPs).

In addition, we draw on relevant experts for each of our programmes, to ensure that we are using best practice within our services. We work with a range of other organisations such as the West of England Academic Health Science Network, various Universities, and other organisations to engage in research and innovation related to our activities, and to evaluate the impact of key programmes of work. We use this engagement to help develop and improve our services.

The NHS is offering more and more options to enable patients to make choices that best suit patient circumstances and give patients greater control of their care. Patients can review the choices available in the NHS Choice Framework. If a GP needs to refer a patient for a physical or mental health condition, in most cases people have the legal right to choose the hospital or service they would like to go to. This will include NHS as well as private hospitals if they provide services to the NHS. The ICB has patient information relating to patient choice on our website **https://www.nhsglos.nhs.uk/your-health-services/community-and-hospital-care/patient-choice/**.

Our Constitution

A formal document, called a constitution, sets out the arrangements the ICB has put in place to meet its responsibilities for the people of Gloucestershire. It describes the governing principles and rules and procedures which ensure integrity, honesty, and accountability. It also commits the ICB to taking decisions in an open and transparent way and places the interests of patients and public at its heart.

Our constitution can be found on our website: **https://www.nhsglos.nhs.uk/about-us/how-we-work/the-icb-board/icb-constitution/**

Decisions made by the ICB consider the likely impact on relevant organisations and the local population. All service changes are underpinned by relevant impact assessments so that the Board and its sub-committees can take informed decisions.

Our performance is measured across a range of local, regional and national performance measures.

NHS England recently introduced the new NHS system oversight framework (SOF), which included a new approach to assessing performance and to provide focused assistance to organisations and systems.

In order to provide an overview of the level and nature of support required across systems and target support as effectively as possible, NHS England have allocated ICB's to one of four segments.

The segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for intensive support (segment 4).

During 2022/23, we were placed in segment 2, recognising areas of good performance, but that additional work was required in a number of areas.

We continue to strive for improvement for our citizens and identify and seek to mitigate the risks to achievement including:

- Workforce pressures.
- The impact of urgent and emergency care pressures upon the wider system.
- The ongoing impact of industrial action and the increases to the 'cost of living'.

The performance of the system during 2022/23 is set out in the following summary, this includes summarising our progress in continuing to recover performance following the COVID-19 pandemic.

The ICB has made good progress during its first full year of operation to establish our new organisation and to put in place strong governance arrangements. However, there continues to be several areas where we need to make significant further progress in the next year. This includes a major programme of work to improve urgent and emergency care performance, reduce waiting lists for elective (planned care) treatment and to strengthen primary, community and mental health services.

As set out within this report, we have made good progress by working together as a system to address the many challenges facing health and care services and to deliver against our stated objectives. In particular, the examples provided within this report highlight the additional benefits which can be achieved through working together as a One Gloucestershire partnership alongside local people and communities.

Programme area - overview of performance measures (in line with System Oversight Framework)	2022/23 Outturn	2023/24 Forecast
Urgent and Emergency Care ED Waiting and Treatment Times, Ambulance Treatment Times		
Elective Care: Elective recovery, Referral to Treatment Waiting Times, Diagnostic Activity and Waiting Times		
Cancer: Cancer wait times *(2 week wait, 28 day Faster Diagnosis, 31 Day Activity, 62 Day Treatment for GP referrals and Screening/Consultant upgrade referrals where applicable)*		
Mental Health: IAPT Access and Recovery, SMI health checks and service access, Out of Area Placement, CYP Access		
Community Care: 2 hour Urgent Response, Community Services Waiting list		
Primary Care: Appointments in Primary Care; Vaccination coverage; Patient Satisfaction		

The table above shows a summary of key areas – assessing our performance against the system oversight metrics and our operational plans for 2022/23 – with recovery from the COVID pandemic, workforce pressures and industrial action still having an impact across most health and social care services. While not all targets have been met in full, we have made significant progress throughout the year and are forecasting that our performance into 2023/24 will continue to improve, meeting our commitments made through the operational planning process. Further detail on programme areas, including individual performance metrics, can be found in the performance analysis section on page 20.

Principle risks and uncertainties

During this period, we have continued developing our approach to risk management within the organisation, building on the predecessor CCG risks and ensuring that there is a streamlined approach to assurance. This enables the Board and delegated committees to focus only on the strategic risks of the organisation, and the residual risk which remains once all possible mitigations are in place. For assurance see the full annual governance statement from page 62. The Board Assurance Framework is supported by the Corporate Risk Register with regular reporting of the BAF to the Board and Audit Committee and the risk register to the Audit Committee and Operational Executive meetings.

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

Key high risks identified are:

Risk Ref 1. Insufficient capacity and capability to deliver transformational change across a wide variety of strategic priorities:

Risk Ref 2. 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.

Risk Ref 3. Financial Sustainability. Insufficient resources to meet the delivery our strategic priorities which ensure financial sustainability and deliver improvements in value for money and productivity.

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

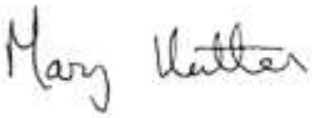
An explanation of the going concern

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

NHS England and NHS Improvement continued with an interim financial framework to support the response. For 2022/23 the financial framework has changed and has moved, in the main, back to a similar pre pandemic financial framework.

This is in addition to the Secretary of State direction that, where Parliamentary funding continues to be voted to permit the relevant services to be carried out elsewhere in the public sector, this is normally sufficient evidence of going concern.

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



Mary Hutton

Chief Executive Officer

June 2023

Performance Report – performance analysis

This section of the report gives more information on the performance of the organisation.

NHS System Oversight Framework

The NHS oversight framework outlines NHS England's approach to NHS oversight for 2022/23 and is aligned with the ambitions set out in the NHS Long Term Plan and the 2022/23 NHS operational planning and contracting guidance.

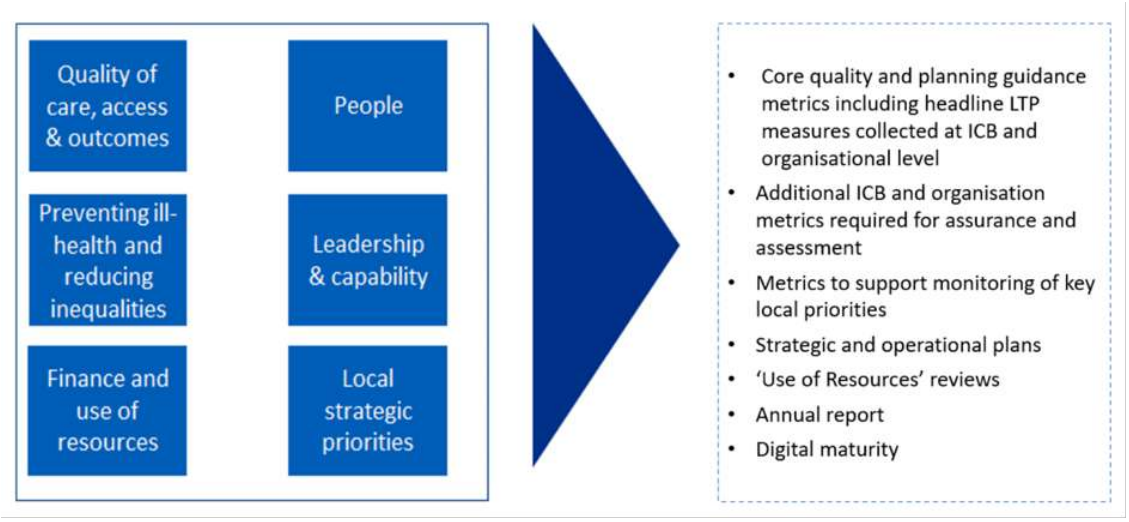
It also reflects the significant changes enabled by the Health and Care Act 2022, including the formal establishment of integrated care boards (in our case, NHS Gloucestershire Integrated Care Board).

The framework describes how the oversight of NHS trusts, foundation trusts and integrated care boards will operate, including the use of oversight metrics to assess:

- Leadership and Capability
- People
- Preventing ill health and reducing health inequalities
- Quality of Care, Access, and Outcomes
- Finance and Use of Resources.

NHS Trusts and the ICB are now assessed via this process, with the ICB receiving a rating of "2 - Good" in 2022/23 to date.

Specific metrics not reaching ratings of "good" are identified with target actions to improve performance and are reassessed quarterly.



Scope of the NHS Oversight Framework 2022/23 – NHS England

Further information can be found here:
www.england.nhs.uk/publication/nhs-oversight-framework-22-23/

Performance Review

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

NHS Gloucestershire ICB is responsible for planning and buying services to meet the health needs of local people, and assuring these services offer high quality care in a timely manner to our population.

We monitor progress against national and local targets and assess our system performance according to the System Oversight Framework guided by and accountable to our Integrated Care Board.

We seek to secure continuous improvement in the quality of services provided to individuals by monitoring and analysing our service performance.

In 2022/23, we have introduced an Integrated Performance Report to give our Board assurance across Performance, Quality, Workforce and Finance, which is also published for the public record.

During 2022/23, the NHS has continued to respond to the build-up of health needs that occurred during the pandemic, and we are still very much in this recovery phase. This has been a challenging year, with persistent high COVID infection rates during some parts of the year, alongside the return of many seasonal infections, which have put our urgent care services under huge pressure and affected many people with long term conditions.

A nationwide increase in the cost of living has also impacted all service delivery as costs rise, and many services struggle to recruit the staff that they need. There have also been significant periods of industrial action during this period.

Over the last three years, there have been times where we have prioritised services where significant harm may come to people if they waited longer. For example, continuing to carry out urgent cancer surgery throughout the pandemic. This has led to increasing waiting times for many elective (planned care) services, and a growing waiting list - something which has been seen across the country.

In this context, we need to ensure that where performance targets have not been met, we are continuing to work towards recovery and sustainable services - across all services from primary care and prevention through to specialist treatment in hospitals.

In addition to NHS care, the increased use of independent sector capacity throughout the year (paid for by the NHS) has enabled hundreds of patients with long waits for routine surgery to access treatment and has also supported urgent surgery requirements where possible.

We have started to see very long waits reduce, with 104- and 78-week elective (planned care) waits eliminated for Gloucestershire patients during 2022/23. We are on target to achieve our elective recovery commitments for this year and have set ambitious plans to increase elective capacity into 2023/24 to further reduce waiting times.

While many patients have to wait too long for an ambulance response or for treatment in our Emergency (A&E) Departments, our urgent care waiting times have started to reduce from their most challenged position at the start of the year.

In 2022, Gloucestershire carried out an extensive diagnostic of Urgent and Emergency Care (UEC) across the system, completed by Newton Europe. This detailed how our UEC system is performing, the opportunities for change and how empowered colleagues feel to enact this change for the benefit of the people of Gloucestershire.A transformation plan, identifying our key priorities for the coming years, has been developed and agreed by all ICS partners and this will support our continued performance improvement.

We have seen good recovery in our community and mental health services, with waiting lists across the majority of services reducing throughout 2022/23.

Our community UEC (urgent and emergency care) services and schemes are already supporting the performance improvements we've seen in the acute hospital this year, by providing a safe alternative to emergency department attendance, and we have invested in expanding this provision with additional acute community capacity and wider provision of frailty and falls services across the county in 2022/23.

Our primary care (GP) services have delivered the highest number of appointments ever in the county and are rolling out innovative solutions to address continued high demand, such as Respiratory Hubs in Gloucester and Cheltenham - which are located for ease of access for some of our more deprived communities and are one of many services helping to tackle health inequalities in the county.

As we put our plans for 2023/24 into place, we are increasing our efforts to further reduce waiting times for urgent and elective (planned) care, ensure more people than ever have timely access to high quality mental health and community services and restoring all services inclusively.

We're building on the strong and positive partnerships across our health and care system to make the best use of local resources with, and for the benefit, of our population.

Service areas and specific performance targets:

Primary Care

Despite great pressure, Primary care metrics 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 ICS is ranked 1/42 systems for both rate of GP appointments carried out and for experience of making a GP appointment (in July 2022).

Appointments in general practice have continued to increase above plan levels and the 2019/20 activity baseline following sustained demand for services, with activity currently 16.5% higher than in 2019/20.

Primary care has been instrumental in the roll out of vaccination for COVID and other vaccines throughout 2022/23. The Primary Care Network delivery model for COVID vaccination has been particularly successful and has led to Gloucestershire ranking 13/149 local authorities for uptake of the primary COVID vaccination course (Dose 1 and 2).

Mental health targets

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

Improving Access to Psychological Therapies (IAPT) has been below the planned levels throughout 2022/23, with increased demand seen during and immediately after the COVID pandemic falling back throughout 2022/23.

Workforce challenges have also meant the service has struggled to continue expanding.

Despite these issues, in 2022/23 the service has continuously met the national recovery target of more than 50% of those patients completing therapy moving to recovery.

During 2022/23 the service has been exploring expanding the options for therapy to improve choice for patients, which will help to increase access rates.

Children and Young people's mental health access

Expanding access for Children and Young people's (CYP) mental health services is a key aim of the NHS Long Term Plan.

Gloucestershire provides a number of services supporting children and young people from core mental health support from the Children and Adolescent Mental Health Service to Mental Health Support teams in schools and a number of services supported by our voluntary and community sector (VCS) partners.

In 2022/23, the access target for mental health services was met, and we are continuing to improve our waiting times for CYP mental health services and prioritising people according to urgent need.

Out of Area Placement

There is a national ambition to eliminate inappropriate Out of Area placement (OAPs) in mental health services for adults in acute inpatient care by 2020/21.

This is extremely challenging due to having to balance the patient's need for urgent treatment with system bed availability.

In 2022/23, 963 days have been spent by patients in out of area settings, which is higher than our local target of 800 days.

The system is working to improve discharges from inpatient care which will reduce the need for these placements - in particular by working with VCS organisations to increase community support to people when they are discharged.

Elective (Planned) Care

Activity Recovery

Elective recovery in Gloucestershire has been strong in 2022/23 with Elective Recovery Fund (ERF) achievement forecast to deliver 104% by March 2023.

Our elective recovery has been supported by ring fencing elective capacity in our acute hospitals, additional surgical theatre capacity and maintaining strong working relationships with our independent sector providers.

Our outpatient appointment volume has reached higher levels than the pre-pandemic position and we are continuing our outpatient transformation programme which will help to make sure people are seen in the most appropriate place.

We've continued to see increasing rates for inpatient and day case activity with volumes now recovered to 19/20 levels. We fully intend to achieve the updated target (109% of 2019/20 value weighted activity) across 2023/24.

Referral to Treatment (RTT) - Waiting times

The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment.

However, across the country, waiting times for elective care are significantly longer than this in many cases due to the ongoing impact of the COVID pandemic. As of March 2023, 71.2% of our patients on the elective waiting list had been waiting less than 18 weeks.

Our elective recovery plan has delivered the target of eliminating 104- and 78-week waits in 2022/23 by maximising productivity and introducing additional capacity to specialties with the longest waiting times.

Throughout 2023/24, we aim to reduce the total waiting list size as well as treating all those with a 65-week wait. Our local ambition is to go further and begin to eliminate 52-week waits in many specialties (excluding T&O, oral surgery, surgical endoscopy, and ENT) by March 2024.

We have established an elective (planned) care hub to support patients on the waiting list - which helps us to clinically prioritise patients while also giving them reassurance and advice of what alternative support or services they can access while they wait to be treated.

Diagnostic Services - Waiting times

Due to the severe service disruption seen in the early part of 2020/21, there was a significant decline in diagnostic activity with a significant increase in patients waiting longer for a diagnostic test.

Recovery from this has continued throughout 2022/23, with national expectations set to ensure that by the end of 2023/24 less than 15% (rather than 1%) of the waiting list have waited for 6 weeks or more for their test.

Performance in Gloucestershire has already met this target ahead of plan - with 8.8% of patients waiting more than 6 weeks in March 2023.

Echocardiography and endoscopy tests are currently the areas where performance needs to improve - however additional echocardiography capacity in the latter part of 2022/23 and a dedicated endoscopy recovery plan have been established, meaning that we expect diagnostic waiting time performance to be amongst the best in the country going into 2023/24.

Cancer - waiting times and activity recovery

While we have seen a slight deterioration in our 2-week wait (patients to be seen within 2 weeks of an urgent suspected cancer referral) performance (full year performance was 92.1%), we continue to

benchmark well against other systems nationally and have delivered the 75% Faster diagnosis standard (75.6% of patients receiving a diagnosis or "all clear" conformation within 28 days of referral against a target of 75%) in 2022/23.

Performance improvement will be supported by the ongoing recovery in diagnostics and the provision of additional capacity from the Community Diagnostic Centre, use of timed pathways and the development of the non-specific symptoms pathway which was rolled out in 2022/23.

We have continued to deliver a high level of cancer treatment activity throughout 2022/23; this has been achieved by protecting cancer services during periods of operational pressure and continuing service redesign.

We have delivered strong performance against the 31-day treatment standard in 2022/23 (target for patients to receive treatment or surgery within 31 days of a decision to treat) and have plans in place to address challenges in some cancer specialties to reduce the number of patients waiting more than 62 days on a cancer pathway.

In 2022/23, two thirds of patients (64%) waited more than 62 days to begin treatment following referral from primary care, below the target of 85%. The majority of breaches of the treatment target have been for Lower Gastroenterological (LGI) and Urological cancers, where specialties and diagnostic provision are still recovering from disruption during the pandemic. Targeted work to support improvement includes additional capacity for specialist surgery in Urology and LGI and increased use of Faecal Immunoprecipitation Testing (FIT) to improve triaging of patients with suspected LGI cancer.

Urgent and Emergency Caree

Ambulance Response times

The national standards for Ambulance Response times are 7 minutes for Category 1 (life threatening) calls, and 18 minutes for Category 2 (serious conditions which may require urgent transport) calls.

In common with many areas of the country, these targets have been missed in Gloucestershire throughout 2022/23.

Average Category 1 response times have been in excess of 9 minutes throughout the year, and the yearly average for Category 2 response times is 58 minutes, although this has improved in Q4 of 2022/23 to an average of 37 minutes. National improvement expectations for 2023/24 are for average Category 2 response times to improve to 30 minutes or less.

Ambulance handover delays (where patients have to wait in ambulances at hospitals) have also been a challenge in 2022/23 with most acute hospitals seeing their handover times rise. This affects Category 2 response times in particular, and we have seen Category 2 response times rise when our handover delays have been longer at our hospitals. From a very challenging position at the start of the year (where more than 3500 hours were lost to handover delay in April 2022), there was a reduction to 1896 hours lost to handover delay in February 2023.

Emergency Department - waiting and treatment times

Emergency departments (ED) across the country have continued to struggle to meet the 4-hour target throughout the year.

Gloucestershire's performance in the main ED (A&E) sites is similar to the national average for waiting times, but this does not lessen the impact of long waits on patients, particularly when waiting for a hospital bed after a decision to admit.

57.7% of patients attending either Gloucestershire Royal or Cheltenham General ED were seen and treated and admitted or discharged within 4 hours in 2022/23.

Congestion in the hospitals, with difficulty in discharging patients due to a lack of community care or suitable bed for discharge has led to increased length of stay, and a rise in patients remaining in hospital for longer than is medically necessary.

This may result in a patient deconditioning, impacts our ED performance and our ability to quickly handover ambulance patients arriving at hospital.

A national fund to support discharge has been used to support the purchase of more care in people's homes - with particular focus on our more rural and inaccessible areas in the county. We have also increased our "Discharge to Assess" beds to ensure people can quickly leave hospital even if they require some further bed-based care.

A key commitment for 2023/24 will be the recovery of ED performance, however we acknowledge this will take time and considerable effort.

To support our aims around this, we have set up a community treatment unit to provide short term support to those who are otherwise at risk of attending ED and being admitted, our Rapid Response service has continued to provide round the clock care in the community to those who urgently need it and our virtual wards are supporting people at home to avoid ED visits and hospital stays.

Community Urgent Care Services

Minor Injury and Illness

Our Community Minor Injury and Illness Units (MIIUs) have delivered excellent performance against the 4-hour target throughout the year, with an average of 99.4% of patients seen and treated within 4 hours.

MIIUs have also seen increased use as we encourage people to use services local to them where possible and avoid an ED attendance. Our MIIU triage line has helped support people with urgent care needs to go to the right place first time so that unnecessary trips to the ED are avoided.

Urgent Community response times

The UCR (Rapid Response) Service which delivers a 24/7 countywide response within 2 hours for urgent cases has continued to grow in 2022/23 and has met the performance standard (reaching 70% of cases within the 2-hour target) consistently throughout the year.

We will build on this success into 2023/24 by widening the referral pathways and providing a 24/7 advice line for residential homes.

Our Financial Performance

The accounting period for this annual report is 1 July 2022 - 31 March 2023, this represents the first accounting period of NHS Gloucestershire Integrated Care Board (ICB).

The ICB's predecessor organisation, NHS Gloucestershire CCG, set a balanced budget for the 2022/23 financial year, this budget was adopted by the ICB. This budget had an in year financial position of breakeven, within the context of an overall system financial plan of breakeven. The budget was set within the 2022/23 NHS England financial framework which reflected the transition away from the COVID-19 interim financial frameworks of the previous two years.

Key elements of this included:

- A system allocation based on the 2021/22 financial envelope for the Gloucestershire System, plus growth and an efficiency adjustment as part of ensuring value for money
- A fixed COVID-19 cost envelope reduced by over 50% of that received in 2021/22
- Reverting to contractual arrangements between NHS providers and commissioners, but with a move away from payment by results for contracts with main NHS providers
- The provision of additional funding for a smaller number of programmes outside main funding, most notably the COVID-19 vaccination programme. However, other programmes such as the Hospital Discharge programme have now ceased, and any ongoing costs must be funded from within the main system allocation
- Additional funding to take forward the recovery of elective, or planned care, services.

The budget for 2022/23 was split between the first three months relating to the CCG and the last nine months (1 Jul 2022-31 Mar 2023) relating to the ICB. Gloucestershire's financial performance in 2022/23 will be assessed by taking the full 12-month period.

- The CCG spent £277m in the 3 months from 1 April 2022-30 June 2022 and the financial position at 30 June 2022 was breakeven.
- The ICB spent £931m in the 9 months from 1 July 2022-31 March 2023 and the financial position at 31 March 2023 was a surplus of £6.866m. The ICB's cumulative surplus at the 31 March 2023 is £20.8m. The cumulative surplus is available to the ICB in future years to use non-recurrently, as part of the development of the five-year long-term plan. Use of this funding is subject to business cases and overall affordability for the NHS.

In addition, the ICB:

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

Table 1 - ICB's financial performance covering 1 July 2022 – 31 March 2023

ICB Financial Summary	Programme Costs including primary care £m	Running Costs £m	Total £m
Revenue resource limit	926.702	10.683	937.385
Total net operating cost for the financial year	-920.321	-10.198	-930.519
Surplus/(deficit) in year	6.381	0.485	6.866
Brought forward surplus			13.938
Cumulative surplus			20.804

Table 2: financial performance for the year (CCG 1 April 2022-30 June 2023 and ICB 1 July 2022 – 31 March 2023)

2022/23 Financial Summary	Programme Costs including primary care £m	Running Costs £m	Total £m
Revenue resource limit	1,201.187	13.940	1,215.127
Total net operating cost for the financial year	-1,194.806	-13.455	-1,208.261
Surplus/(deficit) in year	6.381	0.485	6.866
Brought forward surplus			13.938
Cumulative surplus			20.804

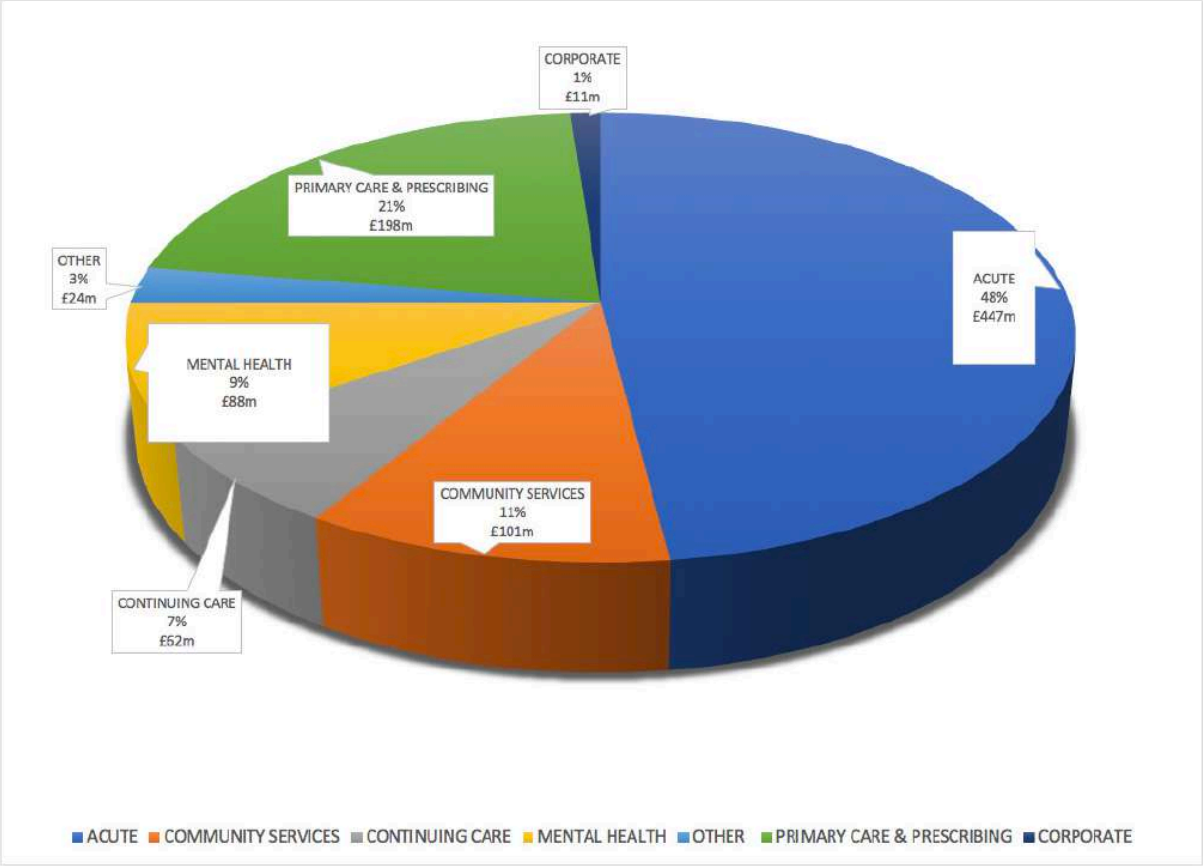
This is the first accounting period for the ICB, therefore prior year comparators are not available.

System Financial Position

The Gloucestershire NHS system is comprised of Gloucestershire Health and Care NHS Foundation Trust (GHCNHSFT), Gloucestershire Hospitals NHS Foundation Trust and NHS Gloucestershire Integrated Care Board (ICB). The system 2022/23 financial plan was breakeven, and the year-end performance is set out below:

	ICB £m	GHC £m	GHFT £m	Total £m
System position Surplus/(deficit)	6.866	0.043	0.051	6.960
System target				0.000
Variance to target				6.960

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



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

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Mental Health Investment Expenditure

The 2022/23 plan included additional investment in mental health to ensure that the mental health investment standard was met; this standard requires an increase in spending on mental health services equal to or above the increase in the programme allocation increase for the year. The target investment in year was £97.13m.

	2021/22 £m	2022/23 £m
Mental Health expenditure in year	90.476	97.301
Programme Allocation	928.001	983.628
Mental Health Spend as a proportion of ICB Programme Allocation	9.75%	9.89%

Programme Allocation excludes any additional allocations for specific purposes such as Service Delivery Funding, Elective Recovery Funding and Discharge Grants.

For 2022/23 the increase in spending was £6.825m. Investments were made in children's services, perinatal mental health, IAPT (Improving Access to Psychological Therapies), and eating disorders, in addition to increases in existing services.

Future Financial Outlook

For the financial year 2022/23, the NHS financial framework reverted to one more like pre-pandemic frameworks, with a system allocation and the responsibility to commission for individuals registered with a Gloucestershire GP. For 2023/24 the financial framework continues the move back to a pre-pandemic framework, with System allocations (funding) being adjusted to move them towards the fair share allocations for each system, and a small COVID-19 allocation being made recurrent to reflect that COVID is an on ongoing issue that the health service must manage. In addition, allocations to ensure continued progress in recovery of elective services, plus ensuring a continued focus on patient flow through the urgent and emergency care services are available to systems.

The Gloucestershire NHS system has set a balanced financial plan for 2023/24 with a focus on:

- progressing the recovery of all services, including elective, and reducing waiting times
- continued attention given to ensuring that we have the right workforce within Gloucestershire, as this is fundamental to enabling the system to work effectively
- transforming the urgent care system to improve the flow across the system and provide a better quality and experience for individuals
- developing communities jointly with our partners through Integrated Locality Partnership working, plus looking at how we can enable further work on prevention for our community
- and throughout all pieces of work there will be a focus on reducing inequalities within services.

The system plans for 2023/24 build on work on the underlying recurrent costs for each organisation and the system in total to develop a longer-term financial position for Gloucestershire; this work will feed into the medium-term plan, including a financial plan, to be developed by the system in the coming months.

The refresh of the longer-term financial plan will build on the medium-term financial plan developed in 2019/20 and the subsequent changes over the last two years where some elements have accelerated but a number of other areas have now changed significantly as a result of the pandemic.

The financial situation remains very constrained and the focus on initiatives that deliver value has resumed. This programme of work includes:

- Service Design/Redesign, informed by intelligence on spend and outcomes to focus our improvement activities to look at how we deliver value, including:
  - Urgent care pathway redesign
  - New pathways and services for areas such as respiratory and circulatory diseases
  - Ongoing programmes of work within digital supporting the development of clinical pathways in particular virtual wards.
- Transactional Savings:
  - The agreement of evidence-based activity and activity management actions with providers including appropriate clinical controls on the access to and type of treatment
  - Engagement and influence on medicines management
  - Procurement savings on contracts.

Capital

Parliament and Treasury set the Department of Health and Social Care (DHSC) a limit for how much capital it can spend. Capital spending covers long-term spend such as new buildings, equipment, and technology.

This budget limit, called the capital departmental expenditure limit (CDEL), covers all capital spending by the DHSC and the NHS, and they are legally obliged not to spend above this limit. A major part of NHS capital is allocated to Integrated Care Systems and systems prioritise this capital to develop a system plan with the majority going towards NHS Foundation Trusts and a small amount for General Practice requirements (covering information technology and minor improvement grants).

Planning considers the need to upgrade estates, replace medical equipment and information technology equipment, plus the strategic objectives for the system.

The Gloucestershire system has received capital funding relating to its core functions plus some additional targeted funding for areas such as digitisation and new theatres. The core capital funding for Gloucestershire was determined through a process of organisational prioritisation and a system review of the proposed programme to assess against priorities and known risks.

Month 12 2022/23 - March	Month 12 Plan	Month 12 Actual Position	Year End Variance to Plan (Under) / Over Delivery
Capital Expenditure	**£'000**	**£'000**	**£'000**
Gloucestershire Hospitals NHS Foundation Trust	51,742	66,135	14,394
Gloucestershire Health and Care NHS Foundation Trust	17,665	19,511	1,846
Gloucestershire CCG / Integrated Care Board	1,336	1,303	(33)
Total System CDEL (NHS)	**70,743**	**85,646**	**16,207**
IFRS16 Lease Capital			
Gloucestershire Hospitals NHS Foundation Trust	15,355	2,583	(12,772)
Gloucestershire Health and Care NHS Foundation Trust	9,721	2,603	(7,118)
Total System Capital Including IFRS16 Leases (NHS)	**95,818**	**90,832**	**(3,683)**

Capital Expenditure Category	£'000	£'000	£'000
Equipment	18,457	4,590	(13,867)
IT	11,329	16,678	5,349
Plant & Machinery	0	1,393	1,393
New Build	42,718	43,269	551
Backlog Maintenance	4,500	6,099	1,599
Routine Maintenance	2,917	2,717	(200)
Net Zero Carbon	500	0	(500)
Fire Safety	730	604	(126)
Fleet, Vehicles & Transport	3,167	165	(3,002)
Forest of Dean	11,500	13,455	1,955
GP Surgery Developments	0	0	0
Brokerage	0	0	0
Other	0	3,165	3,165
Total	**95,818**	**92,135**	**(3,683)**

Funding Sources	£'000	£'000	£'000
System Capital	43,933	43,119	(814)
National Programme	24,711	39,139	14,427
Donations & Government Grants	1,281	3,876	2,595
Lease Liability - IFRS16	25,076	5,186	(19,890)
Residual Interest	0	0	0
IRFIC	817	816	(1)
CCG Capital Allocation	0	0	0
Total	**95,818**	**92,135**	**(3,683)**

Gloucestershire Health and Care NHS Foundation Trust: the most significant capital programme is the new community hospital in the Forest of Dean; this will replace Dilke Memorial Hospital and Lydney Community Hospital. Due for completion in 2023/24, this will provide a 24 single bedroom hospital, a purpose-built therapy gym for rehabilitation, plus a Minor Injury and Illness Unit.

Gloucestershire Hospitals NHS Foundation Trust: a significant programme of work has included the continued delivery of projects to improve the emergency department and acute medical care facilities at Gloucestershire Royal Hospital, in addition to improving surgery facilities by creating a day surgery unit and two additional theatres at Cheltenham General Hospital. In addition, a new scheme has been started to build a fifth orthopaedic theatre.

The balance of operational capital is used to replace and update equipment, including IT, maintain and improve the estate, invest in new IT systems.

Health and Wellbeing Strategy

Health and Wellbeing Board

NHS Gloucestershire Integrated Care Board (ICB) remains an active and contributing partner to the work of the Health and Wellbeing Board.

Over the last 12 months, with the development of the Integrated Care System, work to develop the Integrated Care Partnership (ICP) Strategy and align this with the ongoing work of the Health and Wellbeing Board (HWB) against the 7 identified priorities in the HWB strategy has taken place.

This work was led by the One Gloucestershire Health and Wellbeing Partnership Chair, Councillor Carole Alloway Martin, and all partner members were involved in its development.

Since membership of the Health and Wellbeing Board and the One Gloucestershire Health and Wellbeing Partnership are now broadly similar, the vast majority of the Health and Wellbeing Board members were heavily involved with the development of the Integrated Care Strategy. The Director of Public Health and her team were given the opportunity to ensure that the summary below reflected this work, which covers a review of how we're working together to improve health and wellbeing across the county. Health and Wellbeing Board members were then consulted and given an opportunity to feedback, to ensure they were supportive of the content..

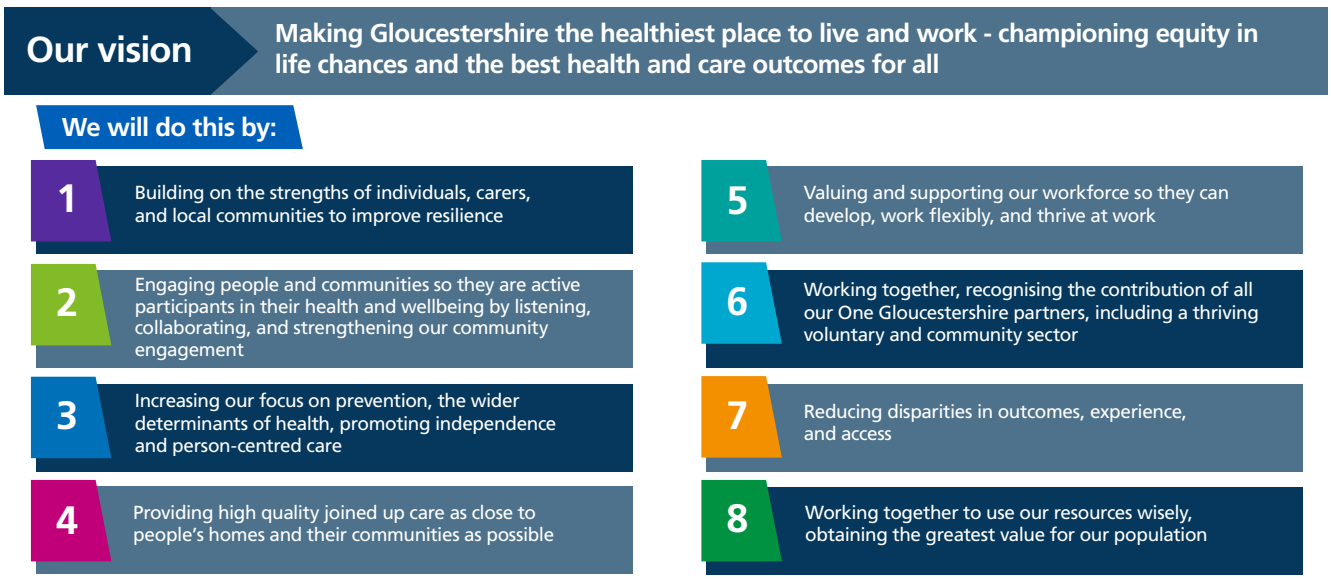
The One Gloucestershire Integrated Care Strategy

Under The *Health and Care Act 2022*, there was a requirement that each Integrated Care Board (ICB) and each upper tier or unitary Local Authority within its geographical area must establish a joint committee - an Integrated Care Partnership (ICP). In Gloucestershire's case, this is called One Gloucestershire Health and Wellbeing Partnership.

Each ICP may determine its own procedures and ways of working, but it has a statutory responsibility under the Act to produce an Integrated Care Strategy with the involvement of local Healthwatch organisations and local people.

The Integrated Care Strategy must take account of the local Joint Strategic Needs Assessment (JSNA) and must consider how local health and social care services can best be delivered in partnership.

Our Interim One Gloucestershire Integrated Care Strategy was published on 22 December 2022 and was based upon engagement with the public and in discussion with wider stakeholders across Gloucestershire. It builds on the work already in place across Gloucestershire, whilst recognising that working in a formalised partnership allows for greater ambition.



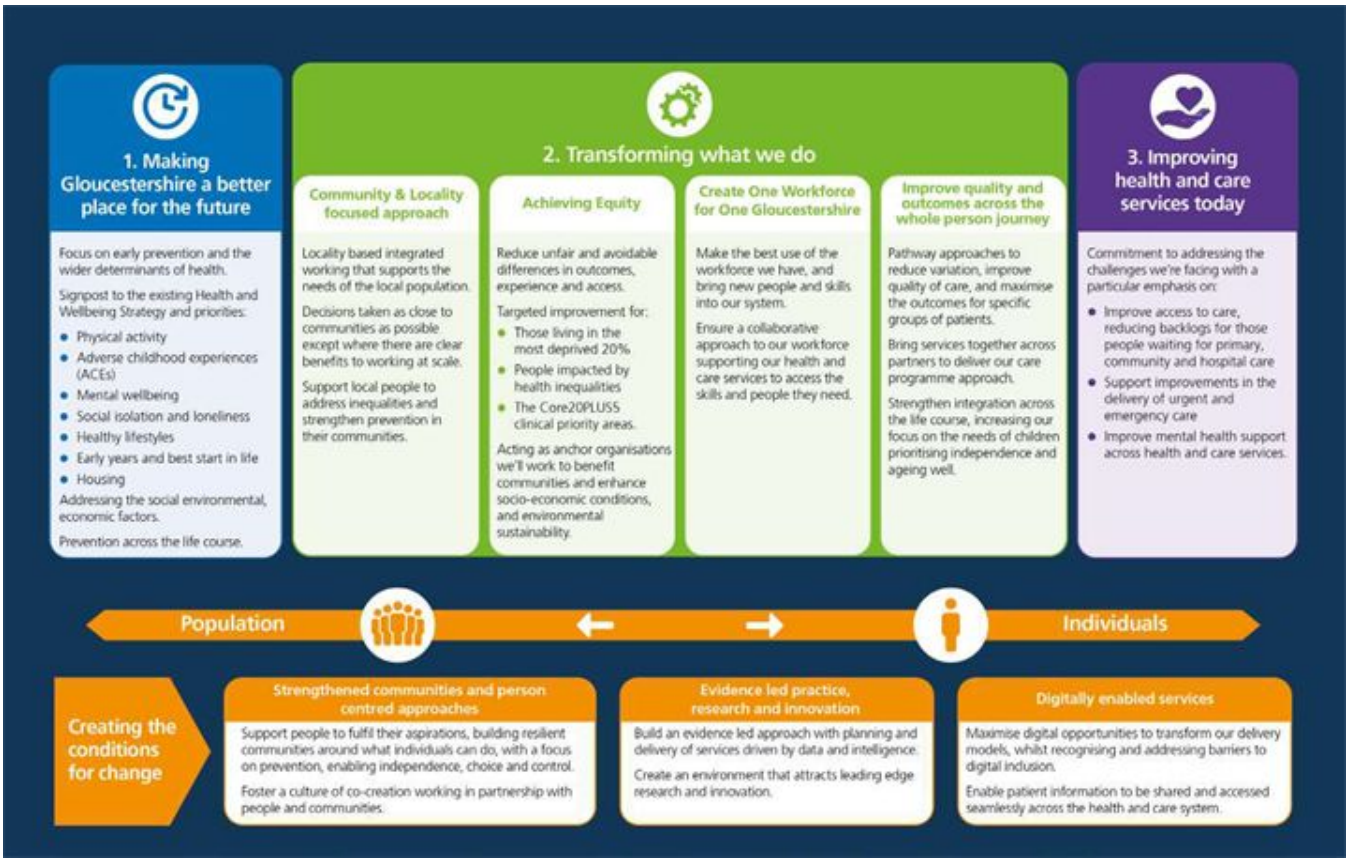
We would like to thank the West of England AHSN for their work supporting innovation across Gloucestershire. This has recently included piloting a new digital model of personalised self-care through KiActiv; and Latchaid, a new app to support breastfeeding and provide information about safe and appropriate formula feeding.

The strategy sets the blueprint for how our health and care organisations, staff, voluntary and community sector, and our people and communities, can work together to achieve the common goal of making Gloucestershire the healthiest place to live and work, championing equity in life chances and the best health and care outcomes for all.

We will work together as partners to deliver the 'in 12 months' and 'in 5 years' commitments detailed throughout this strategy as well as the ambitions identified within the unifying themes.

To help structure the priorities going forward, the strategy has three overarching pillars which include:

- **Making Gloucestershire a better place for the future** - focusing on the range of things that can impact of health and wellbeing including existing priorities like physical activity, healthy lifestyle, adverse childhood experiences and housing.
- **Transforming what we do** - supporting prevention at a local level, joining up services close to home, reducing differences in people's experience, access to care and health outcomes and a One Gloucestershire approach to developing our workforce - ensuring services can access the skills and people they need.
- **Improving health and care services today** - improving access to care and reducing waiting times for appointments, treatment and operations, improvements in urgent and emergency care and supporting people's mental health.



Healthy Lifestyles Priority (Healthy Weight focus)

The nature and complexity of obesity and associated health inequality are recognised by the Gloucestershire Health and Wellbeing Board and Integrated Care System, which have voiced support for taking a whole systems approach to shift the social, economic and environmental causes of obesity within the population, as well as providing individualised support for those affected.

After the COVID-19 pandemic we reported a significant increase in childhood obesity levels, and a widening of the gap between more and less affluent neighbourhoods, compared to pre-pandemic values.

The 2021/22 data[1] indicate that rates have decreased, compared to last year, but are still significantly higher than pre-pandemic levels among Year 6 children (age 10 to 11 years). In Gloucestershire, 8.7% of reception age children and 20.7% of Year 6 children have obesity. These data, in line with national trends, show a continuing long-term trend of increasing obesity prevalence, associated with poverty and health inequality.

The National Institute of Health Research framework[2] below outlines steps local areas can take to help address obesity.

In Gloucestershire, there are active programmes of work relating to the majority of these priority areas. However, the following areas were prioritised during 2022/23 with highlights summarised below.

Influencing what people buy and eat

Feeding Gloucestershire (FG) is a multiagency partnership, established in 2021 with the dual aims of:

- Coordinating and supporting efforts to improve access to affordable healthy food for those affected by food insecurity,
- Developing a sustainable medium-term programme to eradicate food poverty and become a sustainable food county.

Highlights include:

- Successful application to the Soil Association's Sustainable Food Places programme; currently working towards the 'Bronze' accreditation, including action on; governance and food strategy; good food movement; healthy food for all; good food movement; catering and procurement; food for the planet; and sustainable food economy.

[1]National Child Measurement Programme (NCMP) 2021-22 [2]https://evidence.nihr.ac.uk/how-local-authorities-can-reduce-obesity/

- Development of community food networks in each district to share intelligence, good practice and resources.
- Website for public and professionals including a map which communities and food charities can add details of their offers that public can search on.

Promoting active workplaces

The Gloucestershire Healthy Workplace Award, launched in 2019 was developed in partnership between NHS Gloucestershire CCG (now NHS Gloucestershire ICB), Gloucestershire County Council (GCC) and Ice Creates, GCC's commissioned Healthy Lifestyles Service provider.

By the end of 2022, 96 employers had either achieved or were working towards the award, ensuring policies and programmes were in place to support staff health and wellbeing, including healthy weight interventions.

Participating organisations include large public sector anchor organisations (including the County Council and NHS Gloucestershire ICB), and a broad range of small, medium and large private and VCS organisations. The Award is currently being evaluated.

Providing weight management programmes

To date there has been no substantive weight management support in Gloucestershire for children and young people affected by obesity. Following a successful pilot GCC have commissioned a community weight management service, which will be launched in May 2023, initially in Gloucester and the Forest of Dean, and rolling out across the county over the course of the year.

In addition, Gloucestershire was selected to become an NHS England 'integration test site' for childhood obesity. The aim is to jointly develop a seamless support service for children with obesity, which integrates the community-based weight management service with a complementary NHS offer for those children and young people who need additional support.

The pathway will deliver:

- A universal offer, using digital technology to provide evidence-based information and support for children and families to achieve a healthier weight status, accessible to the whole population of Gloucestershire.
- A range of targeted, tailored, age-appropriate support (including face-to-face support) accessible through both professional, and self-referral, for children and young people and their families most affected by obesity and weight-related inequalities.
- A 'joined-up' approach to children's weight management, strengthening connections between individual services and bringing together partners across community, health, and social care.

For adults the ICB has worked closely with GCC partners to deliver a range of WM offers for adults including:

- A range of community-based behavioural support including bespoke groups that are a coproduced with people who face challenges accessing or benefiting from mainstream offers, for example, a South Asian women's group; a programme for people with a history of weight cycling who need a more psychologically informed approach.
- Targeted support for pregnant women with most affected by obesity and weight-related inequality. Support is provided during pregnancy through to the child's second birthday, building in obesity prevention support for the next generation.
- Continuing to provide to provide specialist weight management support and / or bariatric surgery for people with severe obesity and comorbidities.

Prevention Delivery Programme Group

Prevention is a key theme throughout the new ICS Strategy. This broad term includes:

- Primary prevention - taking action to reduce the incidence of disease and health problems within the population e.g. smoking cessation

[1]English indices of deprivation 2019 - GOV.UK (www.gov.uk)

- Secondary prevention - systematically detecting the early stages of disease and intervening early before full symptoms develop e.g. diabetes prevention programme, and
- Tertiary prevention - softening the impact of an ongoing illness of injury that has lasting effects e.g. pulmonary rehabilitation.

To mitigate against the risk of widening health inequalities prevention work must be delivered in line with the principle of 'proportionate universalism'.

This means resourcing and delivering universal services and programmes at a scale and intensity that is proportionate to the degree of need. NHS England's Core20Plus5 framework supports this approach, prioritising neighbourhoods facing greater socioeconomic challenges (those among the 20% most 'deprived' in England[3]) and other groups at risk of poorer health outcomes, for example, ethnic minority groups.

The Prevention Delivery Group has been convened to coordinate the delivery of the ICS's ambition to embed prevention across the system. It will facilitate joint action and integrated working across partners on prevention, ensuring that the best available evidence, data and insights are used to inform decisions relating to prevention.

In line with commitments to enabling communities to participate fully in conversations and decision-making about prevention, the Group will ensure meaningful community representation, via a range of interactive forums, including the Enabling Active Communities and Individuals (EAC-I) Board and open space events.

The Group is currently mapping key prevention activity within the county in order to understand how well local approaches are working and where there are gaps and opportunities to strengthen and support prevention work within clinical programmes and place-based partnerships.

Joint Health Inequalities Review - NHS South Central and West and NHS Gloucestershire ICB

NHS Gloucestershire has strong ambition to address health inequalities and health equity forms a core pillar and focus for the ICS Strategy.

Current work on health inequalities reflects the system's ambition to reduce the differences in health outcomes and quality of life between different groups within the local population and includes:

- Progress in delivering the 'eight urgent actions' to address inequalities in NHS provision and outcomes
- ICS board focus on health inequalities e.g. elective (planned care) services, access to cancer
- Working with the Race Health Observatory
- A range of quality improvement projects focusing on addressing health inequalities.

NHS SC&W's Transformation Support Team are now assisting NHS Gloucestershire to take this work to the next level.

During the final quarter of 2022/23 SCW is undertaking a rapid review and will make recommendations to strengthen our system-wide approach to reducing health inequalities in the county.

The following activities are underway and will be concluded in the first quarter or 2023/24.

- Review current position and work across the ICP
- Identify examples of good practice from within the county and other ICPs
- Make recommendations for how the ICP can develop and / or strengthen our approach and embed and scale existing initiatives.

Environmental matters (Sustainability reporting)

The 'Delivering a net zero NHS' report provides a national-level framework for action on climate change and sustainability. It is now widely recognised that Climate Change places the biggest impact on human health and NHS Trusts, Primary Care Networks and ICSs must do all they can to mitigate the effects from an ever-changing climate.

Every NHS organisation has an essential role to play in meeting this ambition. In Gloucestershire, NHS Gloucestershire Integrated Care Board (ICB) and our partner organisations have been working together to consider and plan how we can meet this NHS ambition together. Together, we have produced a One Gloucestershire ICS Green Plan: **https://www.nhsglos.nhs.uk/about-us/who-we-are-and-what-we-do/publications/**

To deliver this shared mission some of our key priorities are:

Priority Areas	*Short term objectives*	*Medium to long term objectives*
Transport & Travel	*Each organisation to reduce business mileage by 20% & have a green travel plan & a cycle to work scheme*	Each organisation to reduce business mileage by 20% & have a green travel plan & a cycle to work scheme
Estates & Facilities	Each organisation purchases 100% of its electricity from renewable sources	*Implementation of detailed plans*
Climate Adaptation	Undertake a risk assessment to highlight risks to continuity and resilience of supply Develop a Climate Change Adaption Plan outlining interventions and action to mitigate the risks	
Sustainable models of healthcare	Ability to refer patients from primary care to the nature-based prescribing opportunities in conjunction with the VCSE sector Increase remote consultations Digital literacy programme jointly with GCC to enable better access to digital services by a wider range of the population	Increase access to green space and biodiversity on site Further rollout of virtual wards
Medicines and procurement	Reducing the proportion of desflurane to volatile gases used in surgery to 10%. Plans for clinically appropriate prescribing of lower carbon inhalers & how to encourage service users to return their inhalers to pharmacies for appropriate disposal A minimum weighting of 10% of the total score for social value should be applied in all procurement (PPN 06/20)	Reduce meter dose inhalers prescribed by 25% Stop use of single-use plastic cutlery, plates or cups made of expanded polystyrene or oxo degradable plastic *100% of food waste recycled*
Workforce and System Leadership	Every Trust and the ICS to ensure a board member is responsible for their net zero targets and their Green Plan (SC) All GP Practices to sign up to the Green Impact Award Scheme	Communication approach in place to ensure all staff understand the importance of sustainability for the future of health All staff understand that acting sustainably brings co-benefits to health

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

Action on sustainability continues to be initiated through the ICB's Joint Staff Consultative Committee, which regularly includes sustainability as an agenda item and promotes sustainability through staff briefings.

Priority Areas	*Short term objectives*	*ICB Progress*
Transport & Travel	• Each organisation to reduce business mileage by 20% • All organisations to have a green travel plan • Each organisation to have a cycle to work scheme	• Achieved against 19/20 baseline • In progress • Cycle scheme in place • Lease car scheme in place for either hybrid or fully electric vehicles
Estates & Facilities	• Each organisation purchases 100% of its electricity from renewable sources • Establish carbon footprint and baseline for the primary care estate	• ICB HQ electricity from renewables • ICB HQ move Sept 2023 to reduce space by over 50% thus reducing overall energy usage • in progress for 2023/24
Climate Adaptation		Climate adaptation plan being scoped across Gloucestershire jointly with Local Authority & the NHS
Sustainable models of healthcare	• For primary care to refer patients to the nature-based prescribing opportunities in conjunction with the VCSE sector • Where attendances are clinically necessary, at least 25% should be delivered remotely by telephone or video consultation • Digital literacy programme jointly with GCC to enable better access to digital services by a wider range of the population	• Scheme in place • Remote access consultations available for primary care clinicians • Digital literacy programme in place jointly with Gloucestershire County Council • Virtual wards being developed and rolled out
Medicines and procurement	• Providers have met the target of reducing the proportion of desflurane to volatile gases used in surgery to 10%. Reduce target to 5% or less • Every ICS to develop plans for clinically appropriate prescribing of lower carbon inhalers • Have a detailed plan on how to encourage service users to return their inhalers to pharmacies for appropriate disposal • A minimum weighting of 10% of the total score for social value should be applied in all procurement (PPN 06/20)	• n/a • plan in place & in delivery • plan in place & being implemented • in place

Workforce and System Leadership	• Every Trust and the ICS to ensure a board member is responsible for their net zero targets and their Green Plan (SC)
	• All GP Practices to:
	  • sign up to the Green Impact Award Scheme
	  • nominate a Green Champion
	  • implement 2 schemes from the Green Impact for Health toolkit
		• in place for all Gloucestershire NHS organisations. For the ICB this is the Chief Finance Officer
		• 67 practices signed up out of 69 for 22/23 and schemes progress against a wide range of areas including reductions in water use, energy use and also medicines optimisation

Gloucestershire Hospitals NHS Foundation Trust

In November 2022, Gloucestershire Hospitals NHS Foundation Trust (GHT) celebrated one year since the launch of its Green Plan (sustainability strategy).

This commits the Trust to a range of actions, initially between 2021/2025, but also longer term, which will help the system move forward on our pathway to net zero by 2040.

GHT is keen to be a leader in climate action, helping and encouraging others to make a positive long-term shift towards sustainable behaviour. Their Green Plan provides a comprehensive and structured framework to show how they will work to embed sustainability into the organisational culture so that sustainability becomes part of how they think and everything they do.

In February 2023, the Trust was successful in obtaining a second multi-million-pound grant from the Public Sector Decarbonisation Scheme (PSDS). This new fund will enable the Tower Block façade to be replaced, together with the installation of triple glazed windows, an additional air source heat pump and upgrading some control systems.

These works will contribute to energy efficiency and will generate financial savings of £82,000 and carbon savings of 1,389tCO2e (tonnes in carbon dioxide equivalent) per annum. The carbon reduction projects funded by the initial PSDS 2020 scheme are now complete and generating carbon savings. These developments are all vital if GHT is to achieve carbon neutrality by 2040.

During 2023/23, GHT ran a Green Team competition, made up of six teams with projects aimed at reducing carbon emissions in their areas. These projects should deliver savings of 11.4 tCO2e and £85,000. Theatres and Maternity are piloting the Medclair mobile destruction unit. This captures the Entonox exhaled by women in labour and splits the gas back into harmless nitrogen and oxygen. As well as reducing this potent greenhouse gas, this technology also lessens maternity staff exposure to Entonox.

GHT have also installed bike repair stations, extended the hours of the shuttle bus and included the 10% weighting on net zero and social value in their tenders.

Gloucestershire Health and Care NHS Foundation Trust

The Gloucestershire Health and Care NHS Foundation Trust (GHC) Board approved a new Green Plan in 2022.

This 3-year strategy is a mandatory requirement for all NHS organisations and outlines how they will reach net zero for their direct emissions by 2040 and carbon footprint plus by 2045. They launched a Sustainability Programme Board to monitor progress across the lifespan of this Green Plan.

One of the key aims of the Green Plan is to reduce their carbon footprint by 25% by 2025. Despite a national carbon footprint tool not being available until the 2023/24 financial year, they enlisted the help of the Centre for Sustainable Healthcare to calculate their Carbon Footprint for the 2020/21 and 2022/23 Financial years. A summary of this is available below.

They are on track to achieve their Green Plan target of a 25% reduction in carbon emissions by 2025 - since their baseline year (2019/20), they have reported a 22% reduction in emissions.

GHC saw a 34% increase in their carbon footprint since the 2020/21 financial year. 2020/21 was amidst the global pandemic, where non-essential services such as outpatients were heavily reduced. This increase is universal across the healthcare system as it is natural for emissions to increase since all services have reopened since the pandemic.

Electricity accounts for 27% of GHC's direct carbon footprint. They have taken steps to reduce their consumption of electricity by undertaking a large-scale LED lighting and emergency lighting project at Stroud, Cirencester, Brownhills Campus and St Paul's Dental. This project will save 123,096kg of carbon and achieve a 63% reduction in electricity savings.

Building energy from fossil fuels accounts for 50% of their total carbon footprint. In late 2022, they were awarded £628,173 grant funding from the Public Sector Decarbonisation Scheme (PSDS) to exchange the end-of-life gas boilers at Charlton Lane Hospital for more efficient air source heat pumps. This project will start in the 2023/24 financial year and is anticipated to save 86,667 kgCO2e per annum, representing an 81.5% improvement compared to the existing emissions.

Departments across GHC have also been reducing their carbon footprint. The Catering Team have worked with dieticians across the Trust to reduce high-carbon dishes on the menu, without affecting nutritional value and calories. These new menu changes have seen a 27% reduction in carbon footprint for catering. The team are also implementing a new digital meal ordering system which will allow them to accurately track food waste, eliminate paper-based ordering and improve patient experience.

Children and Young People and Adult Safeguarding

Working Together to Safeguard across all ages in Gloucestershire

Strategic leadership and partnership working are key elements to proactively supporting the effectiveness of Gloucestershire's Safeguarding System.

We work with health providers and partners to ensure commissioned services (the services we plan and buy to meet the needs of local people) have regard for our duty to protect and safeguard against abuse.

NHS Gloucestershire ICB's Executive Chief Nurse continues as Chair of the Gloucestershire Safeguarding Children Partnership (GSCP) and member of the Gloucestershire Adult Safeguarding Board (GSAB). The Associate Director Integrated Safeguarding is also a member of both, as well as the Safer Gloucestershire Board.

They are supported to fulfil the wider safeguarding agenda by the ICB Designated, Named and Specialist Safeguarding and Children in Care professionals that we are required to have in place. Safeguarding assurance is undertaken utilising the NHS England Safeguarding Accountability and Assurance Framework that was updated in July 2022.

Our Safeguarding Annual Report and further team information can be found here:
https://www.nhsglos.nhs.uk/about-us/how-we-work/safeguarding/

Improve Quality

NHS Gloucestershire Integrated Care Board (ICB) has a statutory duty to improve the quality of services.

Over the first nine months of the ICB, we have implemented systems and programmes to do this, overseen by a Quality Committee which reports to the Board.

Key highlights of our work include the ICB's Practice Nurse Education and Support programme. This continues to lead change by delivering better health outcomes in primary care, and by raising the profile of working in primary care for ambitious nurses who deliver quality care and empower our population to live well.

The 'Nurse on Tour' bus provides a drop-in facility for people with health concerns to access primary health care teams for a diagnosis of symptoms, support, and advice about health promotion. Supported by a trained NHS health professional, the students provide preventative care advice and can help to identify conditions that may require additional referral.

Since January 2023, over 200 Gloucestershire residents have visited the bus and there is a full programme of visits planned throughout the county for the rest of the year. Between January and March 2023, over 50 people with undiagnosed borderline hypertension have been helped.

The initiative also provides Gloucestershire's nursing students with opportunities to ask questions and learn from primary care professionals.

The ICB Quality Team have been heavily involved in supporting migrant health in Gloucestershire.

Alongside the many refugees and migrant schemes currently in operation, including the Homes for Ukraine scheme, the ICB Migrant Health Team have been supporting asylum seekers in the county. The team have been working closely with partner services to register and improve access to health services. They also support the varied health care needs, such as maternity, mental health, health visiting and the

ongoing vaccination and immunisation promotion and support, alongside the latent TB testing for all those eligible.

The ICB Quality and Clinical Directorate is working across several ICB Directorates to systematically redesign the way care is delivered in the One Gloucestershire system. All partners are working together to reorganise and integrate systems to deliver the right care, in the right place, at the right time. We aim to use population health data to support the whole population of Gloucestershire to have the best physical and mental health outcomes.

We also continue to focus on maternity services. By working together, all relevant parts of the NHS in Gloucestershire will ensure the recommendations from the Ockendon review of the maternity service at Shrewsbury and Telford Hospital NHS Trust (known as the Ockendon Review) are implemented and evidenced.

Following the CQC's visit in April 2022 and the section 29A requirements, the ICB has worked closely with Gloucestershire Hospitals NHS Foundation Trust (GHT) to ensure compliance against the action plan. Following the CQC visit, GHT has been part of the national Maternity Safety Improvement Programme, to support the improvements required.

Feedback from women has been extremely positive as evidenced in the CQC survey published in January 2023. This year we will work with the Local Maternity and Neonatal System and West of England Academic Health Science Network to support the pilot of Black Maternity Matters to improve outcomes for ethnic minority mothers and babies.

We have also strived to improve quality in relation to Infection Prevention Control (IPC).

The ICB's Care Home Infection Prevention Team (CHIP) has continued to support Gloucestershire's Care Homes and Supportive Living settings with advice and guidance around outbreak management, ongoing use of PPE and IPC training updates. This support has been face-to-face and virtual in accordance with the requests or needs of the home.

The team work closely with the IPC Team at Gloucestershire Hospitals NHS Foundation Trust to ensure that the latest IPC guidance and up to date information around topics such as testing and visiting restrictions are shared with community colleagues. They have also provided point of care testing (POCT) for flu, assisted with GP liaison and attended IMT (incident management team) with Public Health colleagues for wider outbreak management.

We have recruited to an IPC post to support primary care across the system, which includes IPC Surveillance and Antimicrobial Stewardship. Part of the role has been actioning lab results for GP patients and ensuring patients start with correct treatment in accordance with current guidance. There has been good collaboration with IPC Leads in GP Surgeries, ensuring surgeries have IPC safe environments and measures have been implemented in accordance with latest IPC guidance. Sessions have also been booked to support IPC education and training for staff for a number of practices.

Working with the Gloucestershire Antimicrobial Stewardship (AMS) Group, which includes local Microbiologists, the ICB Medicines Optimisation team monitor the levels of antibiotic prescribing across Gloucestershire to ensure that the choice and volumes used are within best practice guidance.

We are pleased that the overall level of prescribing of antibiotic choices remains within our advice and guidance and is at an expected level, which is within the national average.

The need for prescribers to respond to the national increase in Group A streptococcus infections in December and January did create a temporary increase in the prescribing of antibiotics during that period, however this increase was in line with the national trends.

Working with people and communities

"We are placing a huge emphasis on involving people and communities"

Dame Gill Morgan, Chair NHS Gloucestershire
https://www.nhsglos.nhs.uk/have-your-say/

During 2022/23, NHS Gloucestershire Clinical Commissioning Group (ICB predecessor organisation) carried out a public engagement to support the development of the One Gloucestershire ICS.

We used multiple methods to support people to share their ideas. We created a project on the ***Get Involved in Gloucestershire*** online participation platform: **https://getinvolved.glos.nhs.uk/ics-gloucestershire**; we designed and produced print and online engagement booklets, with an easy read version available produced by local user led ICS voluntary sector partners: Inclusion Gloucestershire **https://www.inclusiongloucestershire.co.uk/**.

We created supporting short films, which were promoted on social media and we created a survey. The NHS Information Bus toured all District Council Areas and we participated at community/VCSE meetings e.g. Know Your Patch Groups, and presented and discussed the evolving ICS at the Countywide Patient Participation Group Network, with Partnership Boards, Integrated Locality Partnerships, Healthwatch Gloucestershire and the newly formed Working with People and Communities (WWPAC) Advisory Group (in shadow form at the time). We asked three questions:

1. **How would you like to be involved?**
2. **What areas or issues would you like us to consider as we develop a new strategy for the ICS?**
3. **What are the top three things you think we could do to improve health and wellbeing in our county?**

The feedback received was used to inform ICB priorities and the One Gloucestershire Health and Wellbeing Partnership's Interim Integrated Care Strategy: **https://www.onegloucestershire.net/hwp/campaigns-resources/publications/**

The answers to the question: ***How do you want to be involved?*** informed the co-development of the ICB's **Strategy for working with people and communities** **https://www.nhsglos.nhs.uk/have-your-say/working-with-you/strategy-and-insight/**

Working with people and communities Strategy

This Strategy outlines how we will ensure we meet NHS Gloucestershire's duty to involve people and communities in our work and supports our legal duties with regards to public involvement as set out in the ICB Constitution: **https://www.nhsglos.nhs.uk/wp-content/uploads/2022/11/NHS-Gloucestershire-ICB-Constitution-01.07.22-v1.2-updated-11.11.22.pdf**

The ICB Strategy has adopted the ten principles set out by NHS England for working in partnership with people and communities **https://www.england.nhs.uk/publication/working-in-partnership-with-people-and-communities-statutory-guidance/** and adapted these into five key areas of focus locally:

1. Involving people and communities (governance)
2. Involving you
3. Working with people and communities to tackle inequalities
4. Working with Healthwatch Gloucestershire and with voluntary and community organisations and groups
5. Communicating with you.

Responding to our five areas of focus and taking in to account the feedback from local people, we have created a series of local 'we will' statements. Below is an example of some of the things we said **we will** do, **how we will** deliver and **what we have done** during the first months of the ICB.

Involving people and communities		
Start with People and Communities.	Establish a Citizens Panel to gather 'Insight' from the Gloucestershire population.	Recruitment is underway for our One Gloucestershire People's Panel.
Offer more opportunities and ways for local people and communities to share what they feel we need to know about their experiences and what to make a difference to their health and the care they receive.	Establish a Working with people and communities Advisory Group with broad representation.	Our new Working with people and communities Advisory Group is up and running and has already taken part in our self-assessment against EDS 2022.
Listen to what people feel they need us to hear (their agendas not ours).	Establish an Insight Hub – an online 'library' for feedback.	We are working with ICS partners and looking at national best practice to co-design an online qualitative data Insight Hub.
Give ourselves the tools to learn from what people tell us.	Adopt and deliver 10 Steps to even better engagement as our preferred approach consistently across the ICS.	We have delivered 10 Steps working with people and communities training to partners across the ICS including the local authority and voluntary and community sector groups.

Involving people and communities (governance)

The ICB believes that working with people and communities is everyone's business not just a handful of people with "involvement, engagement, experience or communications" in their job title. This ethos supports people across the ICS whose role it is to ensure local people can get involved and that we learn from Insight.

That said, the ICB has a dedicated Engagement and Experience Team within the newly formed People, Culture and Engagement Directorate. The Team is led by an Associate Director for Engagement and Experience **https://www.nhsglos.nhs.uk/have-your-say/working-with-you/our-team/**.

The Engagement and Experience Team is fortunate to have access to a number of tools to support their work, these include survey software (SMART Surveys) **https://www.smartsurvey.co.uk/**, an online participation space: Get Involved in Gloucestershire **https://getinvolved.glos.nhs.uk/** and, for reaching all parts of the county for face-to-face activities, we have the NHS Information Bus **https://www.nhsglos.nhs.uk/have-your-say/working-with-you/information-bus/**.

Working with Elected representatives

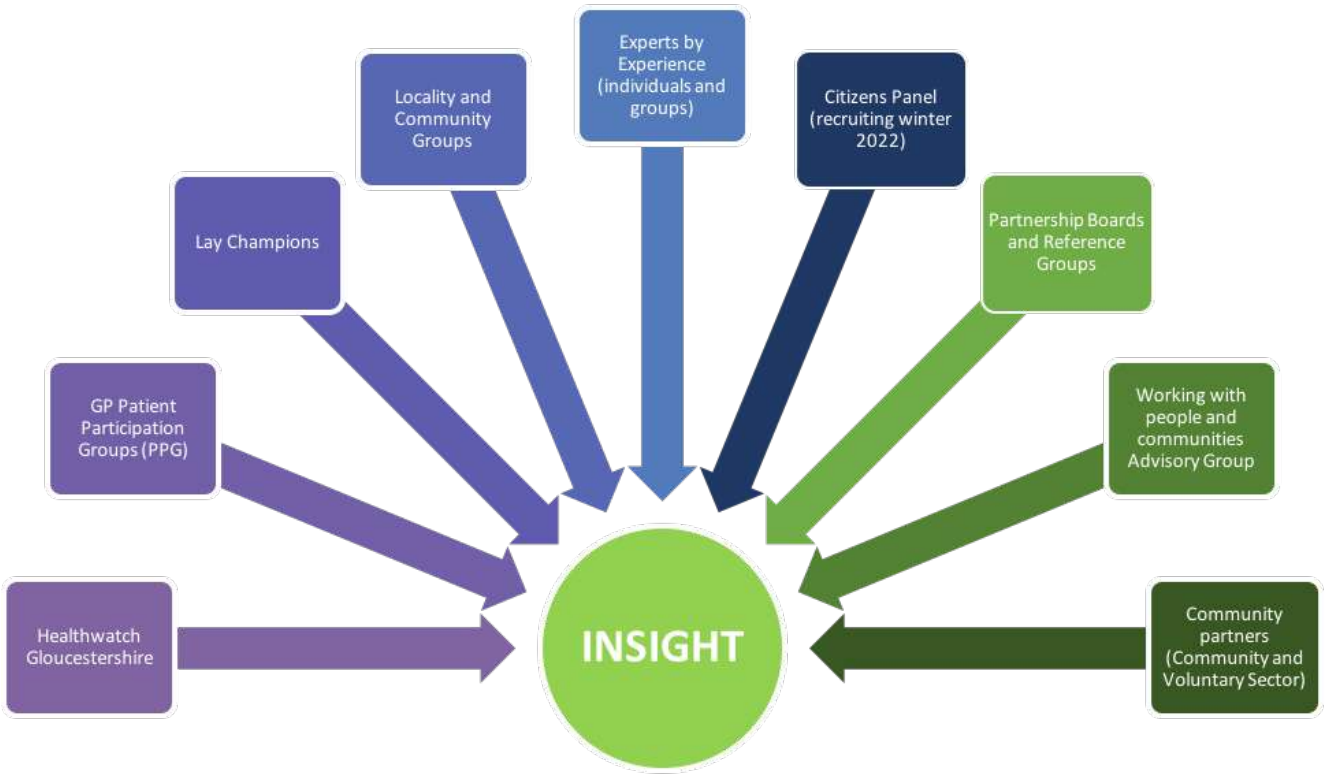
We are committed to making sure that we inform, involve, engage and consult the county council's Health and Wellbeing Board, Health Overview and Scrutiny Committee, Adult Social Care Overview and Scrutiny Committee, and Children's Overview and Scrutiny Committee. We hold regular briefings with Members of Parliament.

We have good working relationships with local and joint OSCs and provide regular updates both in written format and by attending meetings. We take their role of critical friend very seriously. They are an important part of the way we work. When proposed service changes might affect constituents outside of Gloucestershire contact is made representatives from other areas, information provided and appropriate opportunities to get involved discussed.

Insight

Insight Network

We aim to be clear about what people and communities can and cannot influence, explain where there is scope for local decision making, or where we must follow actions mandated by others. The diagram below illustrates examples of the network which enables insight from local people and communities to be heard within the ICS to inform planning, commissioning and decision making.



The impact of Insight

We regularly report themes from Insight data to the ICB System Quality Committee and the Primary Care and Direct Commissioning Committee. The ICB collates and reviews national and locally collected patient experience data. Our new Insight Hub (see belowwill enable us to have all our qualitative data stored in one place in a shareable and key word searchable format.

We review the information collected by the ICB's Patient Advice and Liaison Service, which also includes details of complaints. We look at Providers' Friends and Family Test results and national survey data. The ICB's Associate Director for Engagement and Experience is a member of the national steering group for the GP Patient Survey and has recently been involved with the procurement of the contractor to support the delivery of the new Integrated Care Experience Survey.

We look at studies carried out by key community partners such as Healthwatch Gloucestershire (HWG). HWG produces high quality reports focussing on priority areas identified by the HWG Board. Representatives from the ICB Engagement team meet regularly with the HWG Manager to discuss opportunities for joint working.

In 2022/23 the ICB increased its funding contribution to Gloucestershire County Council towards the Healthwatch contract. The additional funding was targeted to the appointment of a dedicated HWG ICS Engagement Officer, whose focus is on understanding how well health and care services join up in the 'One Gloucestershire Integrated Care System. In her first few months in post the ICS Officer has collected a library of Patient Stories which have been shared with colleagues across the ICS **https://www.healthwatchgloucestershire.co.uk/about/our-team/**.

Involving you

We involve people in a variety of different ways and are open and transparent in our work.

One Gloucestershire Information Bus: The Bus has had a busy year. From April 2022 to March 2023 the it has been out in the community 92 times, engaging with more than 3000 people across the localities of Gloucestershire.

- Cheltenham - 17 visits including town centre, Winchcombe Show, West Cheltenham and Pittville Park events.
- Gloucester - 23 visits including the City Centre, Oxstalls Learning Disabilities 'Big Health Check', Pride in the Park, Secondary Schools to promote NHS Careers, and Barton and Tredworth areas.
- Forest of Dean - 16 visits including town centres, garden centres and Bathhurst Park Show.
- Stroud - 14 visits including town centre, Stratford Park, Tesco and Dursley.
- Cotswolds - 12 visits including Stow Market Place, Moreton-in-Marsh market, Cirencester, Farmer's livestock market.
- Tewkesbury - 9 visits including town centre, Morrisons and Newent.

Activities have included:

Fit For the Future Engagement	**Immunisation – offering Covid and Flu vaccinations**	**MacMillan/GRH Urology Cancer support**
Mental Health awareness	**Dying Matters**	**Shared Lives**
MacMillan/GRH Skin Cancer support	**Jamaican Independence Day**	**Learning Disability Big Health Check**
Older people	**Blood Pressure Checks**	**Go Volunteer Glos**
LGBTQ+ Pride events	**Family Safety**	**Carers Week**
Healthwatch Gloucestershire	**Let's Talk**	**NHS/Health and Social care recruitment**
Hate Crime	**Black History**	**Diabetes**

After the restrictions of COVID-19 it has been great to get the Bus out for a full year.

We have been able to support some fun worthwhile events where a difference has been made. Some highlights of the past year include taking the diabetes team to Sandhurst traveller site, supporting LGBTQ partnership and Pride, working with some of the minority groups of Gloucestershire at Jamaican Independence Day, Barton and Tredworth Cultural Fayre and supporting Black History Month.

We have been encouraging teams to look at engaging at weekends by attending shows and events to engage with people who would not normally be out during weekdays.

The Bus has been able to play a part in the big drive for recruitment across health and social care, by visiting schools and colleges as well as town centres and markets across the county.

Nurse On Tour has proven a great success. Student nurses can join the bus to offer NHS Health Checks to eligible patients with the support of GP practices throughout Gloucestershire. This is a great hands-on opportunity for them, and a project which continues.

Covid vaccinations have been taken into the community to reach patients who may not want to or be able to get to some of the more standard access locations.

After 14 years of use, the interior has had a successful upgrade offering a more clinical, easy cleanable space to offer more flexibility around its use. The exterior has been transformed with branding to match the ***Get Involved in Gloucestershire*** online participation platform.

The year ahead is looking to be busy one and gaining momentum by the day. Presenting some exciting opportunities to engage and really make a difference to the population of Gloucestershire.

Surveys:

Surveys are one of the more traditional methods we use for gathering Insight from people and communities - we also create surveys to obtain feedback from the people who work across the ICS. During the last year we have co-created over 60 surveys; more than one a week; which have resulted in masses of quantitative and qualitative data.

We produce bespoke reports for ICS and ICB Programmes and Projects. Here are just a few examples of surveys we have created this year: Community Wellbeing Service - Your views; West Cheltenham Community Engagement - what matters to you? Smoke Free Pregnancies - Experience of Midwives; Smoke Free Pregnancies; Management of non-inflammatory MSK conditions; Bereavement Services and Support; Fit for the Future 2 - Standard and Easy Read versions; IT Workshop - July 2022; and Solutions Appraisal - Non Interventional Cardiology inpatient beds.

Not everyone wants to share their views through surveys. We want everyone's involvement to be meaningful to them, so we have been working on some exciting new Insight developments during the first few months of the ICB.

Insight developments planned

People's Panel: We are in the process of recruiting a group of more than 1,000 local residents to join a One Gloucestershire People's Panel. The Panel will be made up of a group of individuals, whose anonymous feedback will be used at a county and a more local level to shape health and care services and support. People recruited will be representative of the Gloucestershire population of approximately 650,000 people. The Panel will include people who live in priority areas of the county, the Core20, where people experience greater health inequalities than elsewhere in Gloucestershire.

Storytelling: We are working with Healthwatch Gloucestershire to encourage people to tell us their stories so that we can learn from their real experiences about what went well, what could have been improved and get new ideas for service development.

Stories usually take the form of narrative interviews or audio-visual productions and we begin each ICB Board meeting with a Story. All ICB Board meetings are held in public. Twice a year Healthwatch Gloucestershire is invited to share a story and lead a discussion with ICB Board Members. At the other four ICB Board meetings in the year we hear two stories from Voluntary and Community Sector Partners and two stories linked to quality improvement projects.

Insight Hub: We are currently scoping the development of an online space, a 'library', where all qualitative Insight (reported feedback from local people and communities) can be kept together in one place. Its purpose will be to assist the ICS to access current Insight from across the areas with the aim of avoiding duplication and involvement fatigue. As members of Research4Gloucestershire, the ICB is working with the University of Gloucestershire to design a Research Day in May 2023 entitled: Elevating Public Involvement in Research. One of the highlights of the day will be an interactive workshop focussing on the development of the Insight Hub.

Inclusive involvement: The ICB has been encouraging inclusive involvement of people and communities who face health inequalities by going to new places where communities naturally gather, tailoring the approach for each community accordingly and sharing opportunities with community leaders.

For the past year, we have worked to build relationships with groups who were previously underserved and trying to agree ways to 'enter' these groups, rather than expecting them to approach us, to engage with them. For example, in December 2022 the Information Bus was taken to the Cirencester Livestock Market to share health information across rural communities who face health inequalities and will often not access healthcare services early on.

The event was well received, with a constant flow of predominantly men coming in for mini health checks, diabetes risk scores and blood glucose finger prick tests. We have since been asked to return to the market on 3 key trading dates throughout the year. We hope to grow this relationship in the coming year to encourage further involvement from the community on health and wellbeing topics.

Spending time with a variety of communities has shed light on how those who face health inequalities would like to be involved and engaged with.

We have been working with different teams across the ICB and wider system to share these insights and ensure they engage with communities in a way they will be receptive to. For example, it has become apparent that those from South Asian communities, with low levels of fluency in English, will not respond or engage with information leaflets. Instead, they require clinical teams to speak to them about the topic and highlight the importance of the issues to them and how they specifically affect their community. Once they understand the issues raised and have had their questions answered, they are more willing to engage with written materials and will happily share these with other members of the community.

For example, the South Asian ladies who meet at GL1, as part of a group organised by Healthy Lifestyles, wanted information on Menopause and Hormone Replacement Therapy. The Insights Manager collected the questions that the women wanted answered prior to the talk, so that they could inform the consultants presentation. A leading consultant from Gloucestershire Royal Hospital then attended the group, presented information, took questions and shared written information afterwards. The event was successful, with the women asking lots of different questions and speaking openly about their experiences.

We aim to tailor how this information is delivered for other communities who have also requested Menopause information, such as the Traveller Community, where many are unable to read and write and a presentation format will not work.

Another way we have been encouraging inclusive involvement of people and communities who face health inequalities is to talk through surveys and involvement opportunities with individuals. This has worked particularly well for those who face digital exclusion or with low literacy levels. For instance, for *Fit for the Future 2* Engagement **https://getinvolved.glos.nhs.uk/fit-for-the-future-2** and several survey's the ICB has supported, our new Insights Manager (see below) talked through the information with groups at the Redwell Centre and The Cavern, before taking time to phrase questions in ways they could feed in their opinions and writing down responses on an iPad, in front of the group.

Vaccine Equity: The communications and engagement teams continued to work closely with the COVID-19 Vaccine Equity Group during 2022/23, promoting outreach clinic opportunities and ensuring accurate information about vaccinations was available via trusted sources. During the last 12 months, the Vaccination Outreach team have delivered almost 4,000 COVID vaccinations to people who may otherwise have chosen not to take up the offer.

Local knowledge and delivery were crucial to success, building strong partnerships across local community groups, community leaders, charities and networks to share resources and identify community sites to hold 'pop up' clinics to ensure everyone had equal access to vaccines. Our ongoing communications work to improve vaccine equity were only possible because of these community partnerships, because they were the people who helped to create resources and share them.

This approach also made it clear where more work was needed to understand the root causes of vaccine hesitancy, build trust and potentially use different interventions.

As we head in 23/24, the team continue to work with vaccination outreach colleagues to support vaccine equity. A newly launched initiative, Access for all Gloucestershire, aims to extend vaccine equity beyond just COVID vaccines to include childhood routine immunisation schedule, for which uptake has been steadily declining. We will use our learning for the COVID Vaccine Equity Group to inform our approach.

Meeting accessibility needs: NHS Gloucestershire Personal Health Records Strategy: Personal Health Records (PHRs) are digital health tools that allow people to do specific tasks. This includes viewing their medical record, booking appointments and uploading their own health information. A record is a PHR if:

- it's secure, usable and online
- it's managed by the person who the record is about and they can add information to their PHR
- it stores information about that person's health, care and wellbeing
- health and care sources can add information to the PHR.

NHS Gloucestershire ICB has been developing a strategy for the development and use of a PHR, which will work across all care settings.

We know that meeting accessibility needs is a vital consideration throughout this project. Accessibility makes digital services more usable, for everyone. We need to ensure we address potential barriers, whether these relate to someone's impairment or disability, digital understanding and skills, access to the internet, access to support, or something else.

We held a listening event, bringing together people from Age UK Gloucestershire, Gloucestershire Carers Hub, Gloucestershire Deaf Association, Gloucestershire Digital and Community Hubs, Gloucestershire Digital Divides, Gloucestershire Sight Loss Council, and Inclusion Gloucestershire. We also held a listening session at a meeting of the Gloucestershire Patient Participation Group (PPG) Network, our regular forum bringing together representatives from PPGs at the 70 GP surgeries in the county.

We asked people:

- What should a PHR do to support you?
- Would you use a PHR (or do you already use one)?
- What features of a PHR would make you want to use it?
- What would be the barriers to using one?

People shared a range of views during these listening sessions. Members of the project team attended these listening sessions and are incorporating the learning into the PHR Strategy, which will be published shortly. Once the Strategy has been agreed, the next step is to formulate the business case. Those who participated in the listening sessions have expressed their interest in and desire to be involved in this ongoing work.

Insights Manager: Since starting in role at the beginning of 2022, our ICB Insights Manager has spent time mapping out previously underserved communities, establishing contacts and developing a strategy for building relationships with these groups. With this in place, she has been able to cement themselves in different communities. This has involved visiting a wide range of communities across Gloucestershire, at least twice a month, without an agenda and getting involved in the planned activities of the groups, this includes women's weight training in Cheltenham and serving behind the counter in a local community café in Gloucester. In addition to ad hoc community event visits, sustained presence has taken place amongst GL11 **https://www.gl11.org.uk/**, the Redwell Centre **https://www.yourcircle.org.uk/Services/13881/Together-in-Matson**, Sahara Saheli **https://www.yourcircle.org.uk/Services/11559/Sahara-Saheli**, Asylum and Refugee Groups, The Friendship Café **https://thefriendshipcafe.com/**, the Kingfisher Treasure Seekers **https://www.kftseekers.org.uk/**, Feeding the Homeless Groups, the Healthy Lifestyles South Asian Women's Group **https://hlsglos.org/** and amongst the Afro-Caribbean community. Open, honest conversations and being seen often has helped establish trust amongst these communities and has begun to reveal interesting concerns and needs relating to health and wellbeing matters.

The proactive collection of individual and group experiences is then shared with relevant teams across the ICB and wider system, to ensure this data informs service development, delivery and evaluation of reducing health inequalities programmes. Such insights have resulted in a variety of awareness/education events, and other projects across the system.

Additionally, continuous visits to the groups allow the Insights Manager to update them on any developments or updates on where conversations are on topics raised by the community. Similarly, when teams across the ICB and wider system require input from these communities to help co-design services to meet their needs, the Insight Manager liaises between them and the communities, providing expertise and advice on how best to engage with the groups and ensuring a feedback mechanism is put in place, to maintain the relationships.

The strong connections built across a variety of ethnically and culturally diverse groups, has allowed for opportunities for people and communities to get involved, to be promoted through a variety of channels. Not only is the Insights Manager able to signpost groups to opportunities during their regular visits, at times completing surveys in person with individuals, but they have also gained access to channels commonly used by the communities.

For instance, WhatsApp is widely used by the Afro-Caribbean and South Asian communities and is one of the best ways to cascade information and raise awareness of things that are happening. Belonging to the

relevant community groups on WhatsApp has allowed for information and opportunities to be reached by many who would not normally engage with traditional NHS communications, giving them the attention required for action to be taken.

In addition, opportunities are also promoted via personalised emails to some of the Insight Managers key contacts, who are also leaders of the community. Sharing opportunities in this way is always followed up with an invitation to send paper versions or for the Insight Manager to discuss things in person with members of the community. The ICB is also in the process of exploring hosting a health and wellbeing radio show on Gloucester FM, which would become another platform to promote opportunities, specifically to South Asian and Afro-Caribbean listeners.

Developing our new ICS websites: In order to make information about the ICB and the ICS accessible and digestible for the public we have developed new linked websites to replace **www.gloucestershireccg.nhs.uk**. They are **www.nhsglos.nhs.uk** (NHS Gloucestershire ICB) and **www.onegloucestershire.net** (One Gloucestershire ICS).

It's important that the new website for NHS Gloucestershire provides information that is easy to access, relevant and helpful for people accessing health and care services in the county.

As an NHS organisation, there are certain things that we must make available on our website, but we also wanted to hear the views of people and communities about the kind of information they want to see. Their ideas on layout and design were also valuable. To gather feedback we hosted an online feedback survey and held an online discussion group.

Easy Read Working with people and communities Strategy: The Gloucestershire Collaborative Partnership Board brings together representatives of the Autism Spectrum Conditions Partnership Board, Carers Partnership Board, Learning Disability Partnership Board, Mental Health and Wellbeing Partnership Board, and Physical Disability & Sensory Impairment Partnership Board.

To ensure that our Strategy for Working with people and communities was accessible to a wide range of people, an **Easy Read Summary** was produced and presented to the Collaborative Partnership Board. Below is an example of one of the pages created by our Engagement Manager.

Accessible Information Standard (AIS):
In response to people who use services commissioned by the ICB, we have focussed on the local application of AIS. The AIS was introduced nationally in August 2016. It requires all organisations that provide NHS care and/or publicly funded adult social care to adhere to its principles.

The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

From both patient/carer and staff feedback, One Gloucestershire ICS was aware that compliance with the AIS could be improved across all health and care services in the county.

Whilst statutory organisations needed to audit current practice and seek to improve awareness and compliance with the standard, we recognised the need to inform and empower those people the Standard aims to support.

Together, One Gloucestershire ICS, including voluntary and community sector partners, have taken a creative and proactive approach to informing and empowering people to initiate and actively participate in discussions with health and care professionals about their communication support needs.

Videos to educate and inform clinical colleagues, that highlight the main aspects of the AIS, why it is important and how they can ensure they comply with it, are currently in development. These videos feature case studies from people who have learning disabilities, are deaf, hard of hearing or deafened, blind and partially sighted, and other needs, who could be helped by better communication in a format which suits them. It is hoped that the completed videos and staff training will be shared early next year.

Working with people and communities Annual Report

As well as contributing to the ICB Annual Report, this year we have created a Working with People and Communities Annual Report.

This Report is unusual in that it will be a dynamic resource with new items added at intervals throughout the year on an ongoing basis.

We are creating a '**Working with people and communities**' space on ***Get Involved in Gloucestershire***. Here we will promote the work we have done with people and communities throughout the year using case studies, many of which will provide more detail of the activities included in this ICB Annual Report. We will be inviting people and communities to comment on what we have achieved and, most importantly, asking them where and what they would like us to focus on in future and tell us how they would like to be involved.

Evaluating what we do

We continue to use traditional Plan, Do, Study, Act (PDSA) cycles to evaluate the effectiveness of Communications and Engagement/Consultation Plans. We build in mid-point reviews to our planned activities and identify learning for future working. We know we have made a difference if:

- We hear from people that they feel involved, valued and 'what matters' to them is acknowledged, respected and acted upon.
- We see behaviours in all ICS colleagues (staff) that mean working together is part of our culture.

With the new ICS arrangements, now is the perfect time to think about codesigning an approach to evaluation for people and community engagement - one that can match local ICS priorities with the need for quality assurance nationally.

During 2023/24 we plan to explore the 'Theory of Change' model. An effective formative approach to evaluation will enable us to:

- Demonstrate the impact of working with people and communities
- Learn as we develop
- Be held accountable to people, communities, NHSEI and the Integrated Care Board and partners.

Sharing good practice across the ICS and wider

The Speed of Trust: Focussing resources on Insight has transformed the way we work with underserved communities.

The examples given in this Report and the longer case studies on ***Get Involved in Gloucestershire*** demonstrate the value of taking time to work with people and communities. We have a phrase we often use when we are discussing our approach, we didn't invent it so we can't take the credit for its originality: we aim to work whenever we can at ***The Speed of Trust***.

We do acknowledge that, where emergency situations arise, such as the potential closure of a GP practice at short notice, that this aspiration is not always possible. However, we hope that in circumstances where we do have to act quickly, that we have put in some groundwork previously with people and communities in the area or with identifiable groups who access a particular service, so that we can call upon positive established relationships at short notice to ensure relevant voices are heard and responded to.

To support this aim, our Insights Manager has mapped out previously underserved communities, establishing contacts and developing a strategy for building relationships with these groups.

With this in place, we have been able to cement the ICB into different communities. This has involved visiting a wide range of communities across Gloucestershire, at least twice a month, without an agenda and getting involved in the planned activities of the groups. In addition to ad hoc community event

visits, sustained presence has taken place amongst GL11, the Redwell Centre, Sahara Saheli, Asylum and Refugee Groups, The Friendship Café, the Kingfisher Treasure Seekers, Feeding the Homeless Groups, the Healthy Lifestyles South Asian Women's Group and amongst the Afro-Caribbean community.

Open, honest conversations and being seen often has helped establish trust amongst these communities and has begun to reveal interesting concerns and needs relating to health and wellbeing matters.

Topics that were once not discussed are now being raised and individuals are approaching the Insights Manager with specific requests for help. Partner organisations and community leaders are also directly contacting the Insights Manager when they have concerns that need addressing immediately. Connections formed with these groups have also been celebrated when the communities have actively invited us to celebrate high holidays, for example Eid, Diwali and Chinese New Year, or mark important dates such as Jamaican Independence Day with the NHS Information Bus.

Closing the feedback loop: We are now able to contact partner organisations and community leaders directly to share information, ask questions or to put them in contact with other colleagues across the ICB and wider system who may wish to engage with the groups they represent.

Previously, some of these groups have commented on how they felt 'over consulted' and were tired of being approached by different teams. We are collaborating with colleagues in similar roles across the ICS, to build relationships with particular groups. Thus, there is knowledge of who visited the groups last, who the main contact for each group is and when other teams from the ICB and wider system want to speak with these groups, there is continuity and they are approached as one system, with knowledge being shared more widely.

Where possible, for the groups they hold relationships with, our Insights Manager attends engagement events organised by other colleagues to provide continuity when speaking with these groups, maintain trust and ensure the feedback loop is closed.

Equality, Diversity and Inclusion

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

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

Engaging our communities

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

To help us understand "what matters to you," we undertake significant amounts of local engagement across the county. Working in partnership with voluntary sector and community groups and organisations across One Gloucestershire (our Integrated Care System), we are developing appropriate and sensitive methods to facilitate the involvement of people from diverse communities.

We support people to get involved by:

- providing information in an accessible format
- ensuring that any event we hold has a hearing loop installed, microphones are used, and presentations are displayed on a large screen
- ensuring that an interpreter is available for anyone that may require one in order to fully participate
- ensuring that our venues are accessible to those attending
- paying reasonable expenses as outlined in our Reimbursement Policy.

Examples of engagement activities, which demonstrate our commitment to working with our diverse communities across the county, can be found in Working with people and communities at Get Involved in Gloucestershire (**https://getinvolved.glos.nhs.uk/**).

Accountability

Equality Impact Assessment

The Public Sector Equality Duty (2011) requires us (NHS Gloucestershire ICB) to ensure that in the exercise of our functions, we are mindful of the need to:

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

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

Equality Delivery System (EDS) 2022

The NHS Equality Delivery System 2022 is an accountable improvement tool for NHS organisations in England. The refreshed EDS comprises eleven outcomes spread across three Domains:

- Commissioned or provided services
- Workforce health and well-being
- Inclusive leadership.

Outcomes are evaluated, scored, and rated using available evidence and are designed to provide assurance or point to the need for improvement. Completion of the EDS, and the creation of interventions and action plans in response to the EDS findings, can contribute to NHS system and provider organisations achieving delivery on the CORE20PLUS5 approach, the five Health Inequalities Priorities set out in the 2022/23 Operational Planning Guidance.

Across Gloucestershire we have agreed that we will collaborate on a review of Commissioned or Provided services for the 2022/23 review and each organisation would review its own progress on *Workforce health and wellbeing and Inclusive Leadership*.

We have collated evidence to support our achievements against each of the Domains and have engaged with both staff networks and the recently established *ICB Working with People & Communities Advisory Group (WPACG)* to review the information and to independently assess our performance.

We identified lots of individual good practice, but agreed relatively modest scoring (Developing) which reflects our collective ambition, as a newly formed organisation, to achieve improvement over the next 12 months **https://www.nhsglos.nhs.uk/about-us/who-we-are-and-what-we-do/our-priorities-in-gloucestershire/understanding-our-local-population/**.

Accessibility

We are committed to ensuring that our services respond to people's communication and accessibility needs.

The ICB is currently working with voluntary sector partners to develop training materials and raise awareness of the Accessible Information Standard, which is due to be refreshed in Spring 2023. We have also commissioned Healthwatch Gloucestershire to explore the interactions and touchpoints between people and digital health and care options. The findings of this work will help us to better understand:

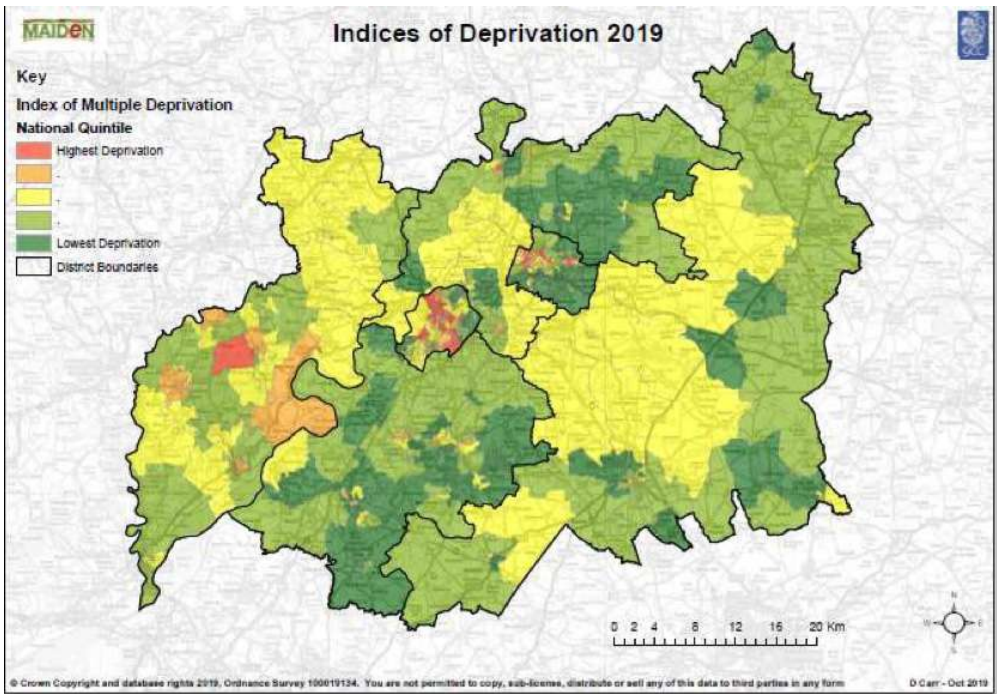
- those at highest risk of experiencing barriers to access
- what we can do to support and signpost to community digital inclusion services
- the provision of 'user-friendly' digital health and care options: what works and doesn't work for our users.

Reducing Health Inequalities

Gloucestershire's overall level of health and wellbeing is good but conceals large disparities (differences).

In a county that appears to be healthy and thriving, we recognise that we must look beyond positive averages to better understand the lived experience of those who do not share this privilege. Ensuring that everyone has a fair opportunity to achieve their health potential by reducing equity is a key component of the One Gloucestershire Integrated Care Strategy.

The national Index of Multiple Deprivation (IMD) can be used to compare levels of deprivation across the country. The map of Gloucestershire below illustrates levels of deprivation across the county; higher levels of deprivation are indicated by warmer/redder colours.



The most prevalent (common) colours are greens and yellows and explains why Gloucestershire is ranked 126 out of 151 counties in England, where the highest rating indicates the lowest level of relative deprivation. The reddest areas indicate that 8.2% of our county's population fall within the most deprived 20% in England.

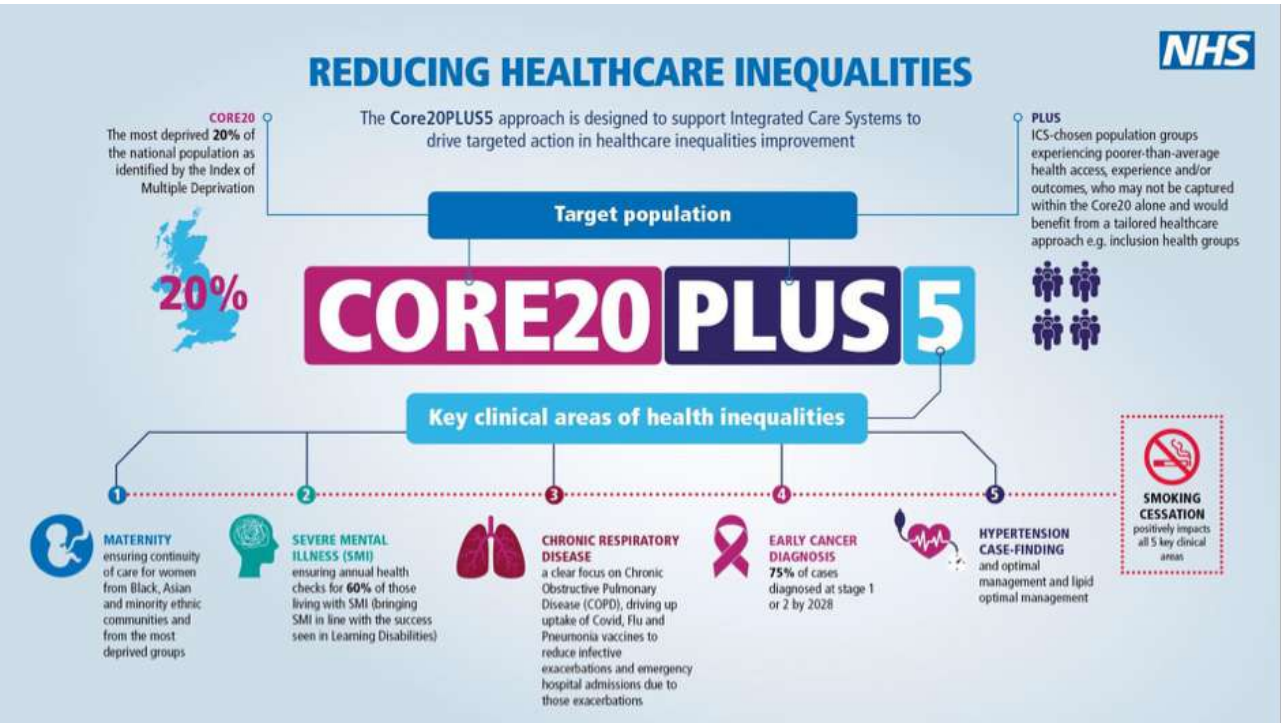
Deprivation is one driver for poor health outcomes, such as shorter life expectancy.

Gloucester City has a higher prevalence of physical and mental health conditions than other parts of the county and this higher prevalence is combined with other factors that contribute to ill-health such as smoking and obesity. This combination leads to poorer healthy life expectancy in Gloucester City. Deficit data tells only part of the story and overlooks community cohesion and resilience in places that are otherwise labelled and stigmatised.

Race relations

The 'Core20Plus5' is a national NHS approach to addressing health inequalities. The "Core20" is the most deprived 20% of the national population; "Plus" are population groups identified at a local level where there may be small areas of high deprivation; the '5' is clinical areas of focus which require accelerated improvement.

Using the Core20Plus5 approach (see graphic below) and following an independent Commission report into race relations in Gloucester City, we are prioritising race as our 'plus' focus.



Five Priority areas

As a system, we have reviewed the 5 priority actions to address health inequalities and developed plans to commence or continue work in these areas:

Restore Services Inclusively - we are reviewing our waiting and treatment lists to identify variation in access and waiting times. In addition, Gloucestershire Hospitals Foundation Trust has launched an Elective (planned) Care Hub offering reassurance and support to people on the waiting list while they are waiting.

Manage digital exclusion - our digital exclusion group brings together diverse communities and ensures users of care are heard. The Digital Divides project analyses data and community assets to ensure equal digital access and opportunity across Gloucestershire.

Ensure datasets are complete and timely - our Finance and Information meetings address data issues, and we have an ongoing improvement programme for improving data quality and alignment across our system, which supports health inequality analysis.

Accelerate preventative programmes for at-risk groups - The Clinical Programme Approach ensures transformation of areas to address specific conditions, working from preventative actions through to treatment. For example, specific cancer data packs for GPs highlight variation in cancer referrals for at risk groups and enable conversations about how to reduce these variations.

Strengthen leadership and accountability - the ICB has a lead Director for Health Inequalities with a remit to champion the health inequalities agenda.

Five clinical areas of focus

The Core 20Plus5 approach supports Integrated Care Systems to drive targeted action in healthcare inequalities improvement with significant work underway across the five clinical areas of focus for health inequalities.

Maternity - ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

An engagement plan was developed with the Maternity Voices Partnership (MVP) and enabled collaboration with staff and local birthing people from different community and faith groups.

This collaboration built understanding of cultural and religious practices and beliefs and the impact of these during pregnancy and assisting in removing barriers to maternity care.

We continue to provide Continuity of Care and 22.3% of women in the most deprived areas have benefited from this personalised approach in 2022/23. The care is highly regarded with positive outcomes and feedback from women and staff.

A system wide smoke free pathway is being developed across maternity services. A Smoking Cessation Lead Midwife will start in May 2023 ensuring dedicated support within maternity services. A Maternity Support Worker will provide additional support to women in areas with high smoking rates, which are often in the most deprived areas.

Severe mental illness (SMI) - ensuring annual health checks for 60% of those living with SMI

We continue to value coproduction with service users, carers and Experts by Experience. We have commissioned Inclusion Gloucestershire and ArtSpace to deliver an engagement and awareness campaign focussing on improved health and improved quality of life.

The campaign will ensure those eligible are aware of, and are offered, a Physical Health Check across Primary, Community and Secondary (hospital) care services.

Chronic respiratory disease – a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines

Uptake of COVID vaccination across Gloucestershire is above the national average.

However, this masks variation in uptake rates according to deprivation and ethnicity. COVID vaccination is lowest in our Black or British Black community and vaccination rates in the lowest uptake group are half of those in the highest.

People in the lowest deprivation groups (including a higher proportion of ethnic minorities), are also more likely to have long term respiratory conditions such as COPD.

Smoking Cessation (help to give up smoking)

In 2023/24, smoking cessation will continue to be supported via the Healthy Lifestyles Service, which provides behaviour change coaching and Nicotine Replacement Therapy (NRT). The service works with GP practices in the most deprived areas to increase service access and increase smoking cessation among patients.

Early cancer diagnosis - 75% of cases diagnosed at stage 1 or 2 by 2028

The Cancer Clinical Programme Group are finalising a health inequalities toolkit to support identification of inequalities relating to cancer care in our population. We aim to use this toolkit in 2023/24 to deliver targeted work - improving cancer care where it is needed most.

Our system wide programme of awareness sessions will continue to run across Gloucestershire. For example:

- an information bus travelling to communities to raise awareness of bowel health screening and signs and symptoms of cancer
- prostate awareness events with the Afro Caribbean Men's Group
- engaging with the South Asian community to improve knowledge and awareness of cervical cancer and recording patient awareness videos in 4 different languages.

We will continue to work with the SWAG Cancer Alliance (Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance) Targeted Lung Health Check team, which is launching a service in Gloucestershire during 2023/24. This service will begin in our most deprived area (overall), and we expect to include the population of our second most deprived (Forest of Dean) later in the year.

Hypertension case-finding and optimal management

Hypertension is the leading risk factor of cardiovascular disease (CVD) and locally, CVD is the leading cause of a life expectancy gap between the most and least deprived areas, with a bigger gap for men locally (30.2%) than nationally (22.9%).

Preventing and managing CVD and its risk factors has the potential to improve health and reduce health inequalities.

To support this and reduce the number of premature deaths caused by CVD and to improve outcomes for people, we have been working with primary care to reduce the number of people living with undetected hypertension.

Clinical Programme Groups and health inequalities

CPGs working outside the clinical areas of focus are also striving to identify and reduce health inequalities in their specialities. For example, the Diagnostics CPG is tackling health outcomes and reducing inequalities by establishing Gloucestershire's Clinical Diagnostic Centre (CDC).

It's location in Gloucester Quays and co-location with the two primary care (GP) practices in the county with the highest deprivation lists, offers significant opportunities for joint working with primary care and increased access to diagnostics for those patients.

The Eye Health CPG has developed two project areas to support the most vulnerable in our county: the Homeless Eyecare Service and the Care of the Elderly (COTE) Ward Eye Care Liaison Officer (ECLO).

Five clinical areas of focus Children and Young People

The five clinical areas of focus for children and young people will be supported by our Children's Clinical Programme Group (CPG) with a link to provision for other age groups as needed.

For example, the Diabetes and Endocrinology CPG has a specific project focussing on widening access to continuous glucose monitoring and insulin pumps for people with Diabetes. As this is an all-age approach, the Children's CPG will provide additional support to ensure targeted action for children and young people.

Integrated Locality Partnerships

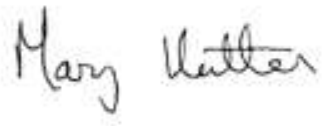
Working at scale across the county does not work for everything, some local variation is required to reflect differing population needs, geographical differences and the impact of existing community strengths.

Taking a community and locality-focused approach is a core aspect of our Integrated Care Strategy and each of our six Integrated Locality Partnerships (ILPs) takes a proactive approach to reduce the impact of the root causes of health inequalities.

Health data typically identifies deficits and suggests a focus on a specific area or cohort. Working with those closest to communities gives us qualitative insight and highlights existing strengths and opportunities for community capacity building. For example, in 2022/23 Cheltenham ILP used deficit data identifying health inequalities as a reason to focus a community priority on the wards within West Cheltenham and then engaged with the community to build on strengths.

Whole systems approach for Health Inequalities

While, we have successful initiatives to tackle health inequalities in Gloucestershire, we recognise the complexity of the challenge and the need for a whole-system response to make sustainable improvements. We are working with South Central and West Commissioning Support Unit (CSU) to complete a review and identify how we can strengthen our approach to reducing health inequalities; the results of this review are due in 2023/24.



Mary Hutton

Chief Executive Officer

June 2023

Corporate Governance report

Accountability Report - Corporate Governance Report

1st July 2022 – 31st March 2023

The Corporate Governance report outlines the composition and organisation of the Integrated Care Board (ICB) governance structures and how they support the achievement of the ICB objectives.

It comprises the:

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

Members' report

NHS Gloucestershire ICB (The ICB) is responsible for planning and commissioning health services for a local population of 650,000.

The ICB was authorised on 1st July 2022 in accordance with the Health Act 2006 (as amended see s.1I), and operates in line with its Constitution **www.nhsglos.nhs.uk/about-us/how-we-work/the-icb-board/icb-constitution/.** The ICB has a Board that comprises 17 members including Executive Directors, Non-executive Directors and Partner members. The Board is chaired by Dame Gill Morgan.

Composition of the Board

The Chair of the ICB is Dame Gill Morgan and Chief Executive is Mary Hutton. The Board comprises 17 members including Non-Executive Directors, Executive Directors and Partner members. Member's Profiles can be viewed on the ICB's website **www.nhsglos.nhs.uk/about-us/how-we-work/the-icb-board/member-profiles**.

For a list of ICB members and their records of attendance at ICB meetings see **https://www.nhsglos.nhs.uk/about-us/how-we-work/the-icb-board/**.

Committee(s), including Audit Committee

For a list of Audit Committee members and a record of their attendance at meetings see **https://www.nhsglos.nhs.uk/about-us/how-we-work/the-icb-board/** which also includes details of sub-committees of the ICB and members record of attendance at meetings.

Register of Interests

The ICB maintains a Register of Interests in line with its Standards of Business Conduct Policy and details set out within its Constitution. The Register of Interests **https://www.nhsglos.nhs.uk/about-us/how-we-meet-our-duties/using-your-information/register-of-interests/** is updated on a quarterly basis and posted on the ICB's website on a biannual basis. The Registers of Interests related to ICB members is included in the papers of the ICB Board meeting which is held on a bi-monthly basis. There are registers of interest for Board members, ICB staff (those in AFC Band 8A and above), along with registers detailing any gifts and hospitality received, and are available on the ICB's website **www.nhsglos.nhs.uk/about-us/how-we-meet-our-duties/using-your-information/register-of-gifts-and-hospitality/**

In addition, at the start of each meeting of the ICB Board and sub-committee meetings, members are required to declare any conflicts of interests in relation to the items on the agenda and discussion is held around about how any conflicts should be handled and this is formally recorded in the minutes. The procedures for declaring conflicts of interests are detailed in the ICB's Standards of Business Conduct Policy updated in July 2022 **www.nhsglos.nhs.uk/about-us/how-we-work/the-icb-board/governance-handbook-2/#link-handbook-8**.

Personal data related incidents

There were no personal data related incidents that took place during the financial year 2022-23 that were reported to the Information Commissioner's Office (ICO).

Modern Slavery Act

The ICB fully supports the Government's objectives to eradicate modern slavery and human trafficking and meets the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

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

Statement of Accountable Officer's Responsibilities

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by the NHS England. NHS England has appointed Mary Hutton as the ICB Chief Executive to be the Accountable Officer of NHS Gloucestershire ICB.

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

- The propriety and regularity of the public finances for which the Accountable Officer is answerable,
- For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Integrated Care Board and enable them to ensure that the accounts comply with the requirements of the Accounts Direction),
- For safeguarding the Integrated Care Board's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities).
- The relevant responsibilities of accounting officers under Managing Public Money,
- Ensuring the ICB exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section14R of the National Health Service Act 2006 (as amended)),
- Ensuring that the ICB complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).

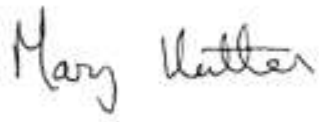
Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and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

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

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and

- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS Gloucestershire's ICB auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.



Mary Hutton

Chief Executive Officer

June 2023

Governance Statement

Introduction and context

NHS Gloucestershire Integrated Care Board is a body corporate established by NHS England on 1st July 2022 under the National Health Service Act 2006 (as amended).

NHS Gloucestershire ICB's statutory functions are set out under the National Health Service Act 2006 (as amended).

The ICB's general function is arranging the provision of services for persons for the purposes of the health service in England. The ICB is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.

Between 1 July 2022 and 31 March 2023, the Integrated Care Board was not subject to any directions from NHS England issued under Section 14Z61 of the of the National Health Service Act 2006 (as amended).

The ICB was established on 1st July 2022 and held its inaugural meeting on that day approving:

- The appointment of the Chief Executive, Executive Directors, Non-executive directors and partner members of the ICB Board
- The ICB governance and committee structure
- The core governance documentation to enable the ICB to operate efficiently and effectively within the scope of its legal responsibilities. This is described in the Governance Handbook **www.nhsglos.nhs.uk/about-us/how-we-work/the-icb-board/governance-handbook-2/**

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the ICB's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money.

I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in the ICB's Accountable Officer Appointment Letter.

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

Governance arrangements and effectiveness

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

The ICB's Constitution which incorporates the Standing Orders establishes the core purposes (strategic aims) and values of the ICB.

The ICB and ICS core purposes are:

a) improve outcomes in population health and healthcare

b) tackle inequalities in outcomes, experience, and access

c) enhance productivity and value for money

d) help the NHS support broader social and economic development.

The functions of the ICB and purpose of the One Gloucestershire ICS are defined in the ICS Design Framework as detailed in s.1.1.5ii of the Constitution. In addition to the four key strategic aims, the 168 statutory functions, duties and powers of CCG's were conferred to ICBs as per the Health Act 2006 (as amended).

The Constitution outlines the governance structure of the organisation and details the role and responsibilities of the Board of the ICB, its members and sub-committees.

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

The ICB's overarching governance arrangements are set out in its Constitution and the ICB's Governance Handbook **https://www.nhsglos.nhs.uk/about-us/how-we-work/the-icb-board/governance-handbook-2/** which explains the powers reserved to the Board of the ICB and those powers that have been delegated to the board sub-committees, executive directors, chief executive and chief financial officer.

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

ICB Board - Meetings

The Board is chaired by Dame Gill Morgan. The Board met on 9 occasions from 1 July 2022 to 31 March 2023, of those meetings 3 were extraordinary Board meetings. All of the Board meetings were quorate.

During the year, the Board received the following reports:

- Patient Story at each meeting
- Urgent and Emergency Care reports at each meeting
- Development and final version of the Integrated Partnership Strategy (ICP)
- Body Assurance Framework at its November 2022 and March 2023 meetings
- Integrated Performance Report covering performance standards, quality, workforce and finance at each meeting
- Findings and our response to the Independent Investigation into East Kent Maternity and Neonatal Services
- The Joint Forward Plan
- Minutes of the board sub-committees.

From 1 July 2022 to 31 March 2023 the Board approved the following:

- ICB Constitution inclusive of Standing Orders, Scheme of Reservation & Delegation, Committee ToR, Standing Financial Instructions and corporate policies
- Appointments to the ICB Board
- Fit for the Future Business Case (phase II)
- Equality Delivery System and Public Sector Equality Duty report and plan
- ICB Budget 2023/2024
- Section 75 Agreement (extension to 31 March 2025).

The Board also received the Emergency Preparedness Resilience and Response (EPRR) Assurance 2022/23 at its January 2023 meeting; and noted that the process had been completed by NHS Gloucestershire CICB in fulfilment of the NHSEI National EPRR Core Standards assurance process.

ICB Board papers are published on the ICB's website and can be found here **www.nhsglos.nhs.uk/category/board-meetings/**

Audit Committee

The Audit Committee is responsible for the oversight of financial assurance covering the system of internal controls, counter fraud arrangements and review of all internal and external audit reports.

The committee has no executive members and entirely comprises non-executive members from both the ICB and Integrated Care System (ICS). The committee also responsible for assuring the organisation's risk management arrangements, providing assurance to the Board that risk structures, processes and practices are robust and embedded throughout the organisation. The committee receives regular reports on risk management, copies of the Corporate Risk Register (CRR) and the Board Assurance Framework (BAF).

The committee met 5 times from 1 July 2022 - 31 March 2023. The committee was quorate on each occasion. The committee is chaired by Julie Soutter, Non-Executive Director. The membership of the committee can be found on the NHS Gloucestershire website under Committee Attendance here: **https://www.nhsglos.nhs.uk/about-us/how-we-work/the-icb-board/**

During the period 1 July 2022 - 31 March 2023, the committee reviewed a number of internal audit reports undertaken by BDO including action plans, relating to the following service areas:

- Conflicts of Interests report
- Data Security and Protection Toolkit Follow up report
- Cyber Security Advisory report
- Cyber Security reporting (Advisory)
- Key Financial Systems report
- Contract & Procurement Pipeline Management Report.

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

- Counter Fraud reports
- Declarations of Interests including the gifts and hospitality registers
- ICS Savings / Solutions report
- Risk Management reports including (Corporate Risk Register and Board Assurance Framework)
- Procurement Decisions
- Waivers of Standing Orders report
- Aged Debtor report.

The System Quality Committee

The System Quality Committee is chaired by Professor Jane Cummings, Non-executive Director and is responsible for providing the ICB with assurance that it is delivering its functions that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Act (2022). This includes reducing inequalities in the quality of care.

The committee is also responsible for reviewing and scrutinising clinical risks, as well as governance matters covering clinical quality policies. The membership of the committee can be found on the NHS Gloucestershire website under Committee Attendance here: **https://www.nhsglos.nhs.uk/about-us/how-we-work/the-icb-board/**

During the period 1 July 2022 and 31 March 2023 the committee met 4 times and was quorate on each occasion. The committee received the following reports:

- Gloucestershire System Quality Report
- Gloucestershire Joint Annual Report for Children in Care 2021/2022
- Annual Safeguarding Report 2021/22

- LeDeR Annual Report 2021/2022 (Learning from the lives and deaths of people with a learning disability and autistic adults in Gloucestershire)
- Patient Safety - the Future presentation
- Frailty Strategy
- SEND Area Inspection Framework
- Provider Quality reports (Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care Foundation Trust etc.)

The System Quality Committee approved a range of policies:

- Emergency Preparedness Resilience and Response plan and policy
- Business Continuity policy
- Section 117 Mental Health Act Aftercare policy
- ICB Safeguarding policy update
- Bariatric surgical pathway change proposal.

Primary Care & Direct Commissioning Committee (PCDC)

As the ICB has delegated authority for the commissioning of primary care, it has an established sub-committee which manages the delivery of primary care services, within the context of the overall ICB Plan. The committee's current jurisdiction covers primary care estates, contracting, commissioning and performance; with a remit to plan and assume the responsibilities for pharmacy, optometry and dental services by 1st April 2023.

The committee is chaired by Colin Greaves, Non-executive Director. The membership of the committee can be found on the NHS Gloucestershire website under Committee Attendance here: **https://www.nhsglos.nhs.uk/about-us/how-we-work/the-icb-board/**

During the period 1 July 2022 to 31 March 2023, the committee met on 6 occasions including 2 extraordinary committee meetings. Meetings were quorate on each occasion. The committee received the following reports:

- Enhance Access report and presentation
- Primary Care Quality reports
- The Primary Care Strategy: Primary Care at Scale, Partnerships and Integration
- Integrated Locality Partnerships Highlight report
- Delegated Primary Care and Primary Care Networks performance report
- Primary Care Delegated Finance report
- Primary Care Contracts report
- Dental Strategy Presentation
- Presentations and reports on pharmacy, optometry and dental services delegation arrangements including various iterations of the Safe Delegation Checklist.

The committee approved:

- Annual investments related to the delivery of the new Brockworth Surgery
- Submission of the POD Safe Delegation Checklist to NHS England.

As part of the arrangements for the delegation of POD services to the ICB a development session on POD delegation, was held in January 2023 and delivered by Primary Care Consulting (PCC).

Primary Care and Direct Commissioning Committee meeting papers are available on the ICB's website **www.nhsglos.nhs.uk/category/board-meetings/**.

People Committee

The People Committee is responsible for reviewing the One Gloucestershire People Strategy, to receive assurance that a robust approach to workforce planning, supply and resourcing is in place across the ICS, as well as system wide HR and Organisational Development initiatives and projects that meet the agreed ICS HR/OD/Workforce priorities. The committee is chaired by Clive Lewis, Non-executive Director.

During the period 1 July 2022 to 31 March 2023 the People Committee met 3 times. The meeting was quorate on each occasion. The committee received the following reports:

- People Function Governance and Deliverable Function
- Overview of the One Gloucestershire Workforce (statistics and narrative report)
- One Gloucestershire Workforce Delivery Plan
- System wide Recruitment and Retention report
- System wide reports on the Workforce Race Equality Standard and Workforce Disability Equality Standard
- System Capability and Leadership Development report
- Workforce Intelligence and Programme Highlight report
- Developing the One Gloucestershire People Strategy.

The committee approved the following ICB policies:

- Harassment and Bullying policy
- Other Leave policy
- Guidance on Investigations, Complaints and Allegations
- Professional Registration policy
- Travel and Expenses policy
- Sickness Absence policy
- Secondary Employment policy
- Maternity, Paternity, Adoption and Shared Parenting Leave policy
- Disciplinary policy
- Annual Leave policy.

System Resources Committee

The System Resources Committee is chaired by Professor Joanna Coast, Non-Executive Director of System Resources; and is responsible for contributing to the overall delivery of the ICB objectives by providing oversight and assurance to the Board for matters relating to system resources allocation, performance against strategic plans and financial performance.

The committee is responsible for helping improve population heath and healthcare, oversee the collective management of resources and performance at system, place-based and organisational levels, contributing to the System Oversight Framework. The membership of the committee can be found on the NHS Gloucestershire website under Committee Attendance here: **https://www.nhsglos.nhs.uk/about-us/how-we-work/the-icb-board/**

During the period 1 July 2022 and 31 March 2023 the committee met 3 times and was quorate on each occasion. The Committee received the following reports:

- Integrated Performance Report
- NHS Oversight Framework 2022-23
- Gloucestershire ICS Financial Framework
- Gloucestershire ICS Financial Improvement Programme, including Savings Overview

- Strategic Planning (Joint Forward Plan)
- Capital Planning
- ICS Benchmarking and Opportunity Analysis Approach
- Revenue Prioritisation Process.

The System Resources Committee are also responsible for the review and recording of several strategic risks, identified and delegated by the Integrated Care Board.

Remuneration Committee

The Remuneration Committee determines and approves the remuneration, fees and other allowances for ICB employees (specifically, very senior managers, Non-Executive directors and those staff that fall under the auspices of the Medical and Dental Review Body). The membership of the committee can be found on the NHS Gloucestershire website under Committee Attendance here: **https://www.nhsglos.nhs.uk/about-us/how-we-work/the-icb-board/**

The Remuneration Committee is chaired by Clive Lewis, Non-executive Director. The committee met on 3 occasions from 1 July 2022 to 31 March 2023 and was quorate at each meeting.

The full Remuneration Report can be found within the ICB Annual Report and Accounts.

UK Corporate Governance Code

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

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

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

The ICB has followed guidance issued by NHS England on the role and powers of integrated care boards and employs experienced and well qualified staff. Legal advice and the views of the NHS England South West have been sought to obtain clarification and interpretation of laws, regulations and guidance, where appropriate.

Discharge of Statutory Functions

NHS Gloucestershire ICB has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that the ICB is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

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

Risk management arrangements and effectiveness

During the autumn of 2022 the Audit Committee held a risk management workshop to facilitate the ICB's approach to developing a Risk Management Framework and Strategy inclusive of the ICB's Risk Appetite.

The workshop was held in November 2022 and followed an ICB Board meeting where board members discussed the ICB's risk appetite and tested a number of key strategic risks that had been identified aligned to the ICS's strategic Objectives. The outcomes of this workshop were codified in the Risk Management Strategy and Framework which provides all ICB staff, managers, and directors with a systematic approach to:

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

- Creating and developing risk mitigation plans
- The likelihood of occurrence and impact
- Risk rating – escalation and de-escalation process.

The ICB's Risk Management Strategy outlines the vision and objectives of the organisation's risk management system; the strategy embodies 8 key principles to achieve effective risk management: (Integrated, Structured and Comprehensive, Customised, Inclusive, Dynamic, Informed, Audience-appropriate and Always improving).

The Framework incorporates the organisations approach to working collaboratively with system partner to develop system wide strategic risks incorporated into the Board Assurance Framework and an agreed statement on the ICB's Risk Appetite.

Work is underway to embed this risk management approach in all business activities and processes of the ICB, ensuring that a risk aware culture is embraced throughout the organisation. This will be achieved through an inclusive approach to risk management involving ICS partners in contributing to the development of the ICB BAF, through the identification of strategic risks and the involvement of the Executive and directorate teams and risk leads. The Risk Management training and support provided by the Governance Team to risk leads and directorates reinforces this systematic approach to identifying, managing and reporting risks as well as assessing the impact and occurrence of risk.

Training has more recently focused on understanding the organisation's approach to its risk appetite and strategic system wide risks. This is being rolled out across the ICB along with the updated version of 4Risk (risk management system).

Reporting & Assurance

The reporting schedule for the BAF and corporate risk register is as follows:

- **The Board** receives the Assurance Framework comprising system wide risks at every other formal meeting of the Board. The BAF includes high rated risks which should be rated 15 and above.
- **The Audit Committee** receives a report on the medium, high and significant risks at every meeting i.e. the Corporate Risk Register (10+ rating) and the BAF (15+rating).
- **The Quality Committee** receives a report showing all risks relating to Quality including safeguarding and patient safety as well as Emergency Planning Resilience and Response at each meeting.
- **The System Resources Committee** receives a risk report showing risks relating to performance and finance at each meeting.
- **The Primary Care and Direct Commissioning committee** receives a risk report showing all risks relating to primary care at each meeting.
- **The People Committee** receives a risk report showing all risks relating to HR/OD and workforce at each meeting.
- **The Executive Team** receives bi-monthly CRR and BAF reports. The scheduling of the reports is aligned with the Board and other committee meetings.
- **Operational Groups** (for example Primary Care Operational Group) receive reports for risks relating to their respective areas.

The Board has a duty to assure itself that the organisation has properly identified the risks it faces, and that it has processes and controls in place to mitigate those risks and the impact they have on the organisation and its stakeholders. The Board receives assurance reports from its sub-committees on the controls and mitigation plans in place to manage significant and high rated risks. Overall assurance reports from committees are included in the Integrated Performance Report which is submitted to the Board on a bi-monthly basis.

Capacity to Handle Risk

During the 2022-23 the Governance Team continued with its work on implementing the 4Risk system. Part way through 2022, RSM introduced a new version of the 4Risk system that has required customisation. Over a 9-month period approximately 20 Risk Management training session were organised by the Governance Team, over half of the sessions had been organised on an individual basis with risk leads.

Key risks identified in 2022/23

There were a number of high-level strategic risks reported in 2022/23 to the ICB Board via the Board Assurance Framework.

The strategic risks identified were aligned to the ICS Strategic Objectives for 2022/23 which had been agreed with system partners and focused on key priority areas such as urgent care, workforce, the recovery of services and financial balance, amongst others.

As of the 31 March 2023, there were 55 risks in total on the ICB Corporate Risk Register, with 14 red rated risks at 15 and above.

As of the 31 March 2023, there were 10 risks on the BAF, i.e. Approximately 3 were red rated risks 16 and above and 7 were amber 12 and above. The following risks were rated as RED high risks:

Risk Ref 1. Insufficient capacity and capability to deliver transformational change across a wide variety of strategic priorities:

- Urgent and Emergency Care
- New models of care and digital transformation etc. Current risk rating 20.

Risk Ref 2. 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. Current risk rating 16.

Risk Ref 3. Financial Sustainability. Insufficient resources to meet the delivery our strategic priorities which ensure financial sustainability and deliver improvements in value for money and productivity. Current risk rating 16.

The outstanding risks in place on 31 March 2023 are carried over into the new financial year and will continue to be managed within the Risk Management Framework described within this statement.

Other sources of assurance

Internal Control Framework

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

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness see the Risk Management Strategy and Framework **https://www.nhsglos.nhs.uk/about-us/how-we-work/the-icb-board/governance-handbook-2/#link-handbook-6**

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest (CoI) for CCGs (published 16 June 2017) requires organisations to undertake an annual internal audit of conflicts of interest management.

In November 2022, NHS England issued guidance whereby, ICB's are required to undertake a self-assessment of the register of interests and management of conflicts of interests to comply with the new section of the NHS Act 2006 (as amended).

While the original 2017 guidance is no longer operational and currently under review to reflect the newly

established ICBs, NHS Gloucestershire ICB continued to follow the established framework and guidance for managing conflicts of interests including the NHSE e-learning training modules, in the absence of any other national training package.

A detailed review of conflicts of interest was undertaken by internal auditors at the beginning of 2023 the assessment was 'substantial assurance' for design and substantial for operational effectiveness. There were no recommendations to implement. The report identified a number of areas of good practice. The areas of good practice identified included:

- A suite of policies for declarations of interest and the management of conflicts
- The staff handbook has been updated in October 2022 which provides guidance on declaring interests and refers to the policies available. Additionally,
- The CoI training modules from one to three are still available on the ICB ConsultOD platform and staff are required to complete the modules as required
- Minutes from the ICB Board, Audit and Risk Committee (part 1 and 2) and Primary Care and Direct Commissioning (PCDC) Committees (part 1 and 2) noting that CoI was a standing agenda item at each of these meetings.
- The ICB maintains accurate and timely registers, including Gifts and Hospitality.
- ICB provides tailored CoI training sessions to directorates on a bi-monthly basis, which aims to inform on scenarios where conflicts may arise and to target members who have not declared mitigatory actions in sufficient detail.
- New conflicts of interests training is currently being commissioned from the Commissioning Support Unit (CSU).
- The staff induction checklist incorporates details of declaring interests while working at the ICB.

Data Quality

Board members of the ICB consider data quality to be an integral part of its system of internal controls in order that it can assess both the effectiveness and performance of the organisation and its contracted services. There have been no significant concerns about data quality reported in 2022/23.

Information Governance

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

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

The ICB's predecessor organisation made a toolkit submission by the 30th June the it had met the Data Security and Protection standards for the period ending 30th June 2022. The ICB will submit a toolkit by the 30th June 2023 for the year ending 30th June and anticipates that it will meet the required standards.

In compliance with NHS Digital Information Governance Toolkit the ICB ensured that all key information security risks are monitored and controlled, this is via its informatics providers: South, Central and West Commissioning Support Unit (CSU) and Countywide IT Services who ensure that the ICB operates secure information networks and systems.

New systems and processes are assessed by information governance and information security staff at the point of design or procurement, and appropriate safeguards to minimise risk are put in place. The ICB has a robust process for recording and managing incidents which are monitored by the CSU's information governance team with input from Data and Information Security experts as required.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and have developed data security and protection processes and procedures in line with the Data Security and Protection toolkit. We have ensured all staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities. For those members of staff in specialist information governance roles within the ICB, there is bespoke training provided on an annual basis i.e. for the Caldicott Guardian, Senior Information Risk Owner (SIRO) and the Data Protection Officer (DPO).

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the ICB, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

There are processes in place for incident reporting and investigation of serious incidents. Information risk assessment and management procedures are in place and a programme will be established to fully embed an information risk culture throughout the organisation against identified risks.

Business Critical Models

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

Third party assurances

The ICB works in close partnership with Gloucestershire County Council to manage both the Better Care Fund and other partnership budgets. The arrangement is governed by a Section 75 agreement. On 26 January 2023, the Board of the ICB gave approval for the ICB to extend the Section 75 Agreement with Gloucestershire County Council from 1 April 2023 to 31 March 2025.

Control Issues

The ICB can state that there were no significant control issues to report except for the following:

The ICB was part of a joint commissioning process with two other ICBs for the procurement of an Advice and Guidance (A&G) Service, a successful legal challenge was brought against the three ICBs resulting in a re-procurement of the service. Following the legal judgement, the ICB undertook a detailed lessons learnt of the procurement process and has implemented further controls in particular relating to conflict of interest management during procurement processes. The lessons learnt review been scrutinised by the Audit Committee which includes both internal and external auditors.

Service Auditor Reports

The CCG relies on a number of third parties to provide services, these include human resources and payroll services, payments to GPs and pharmacists. Suppliers of services have engaged with auditors to carry out ISAE3402 Service Audit Type II reports to review and provide assurance on the controls within the third party organisations, these reports have been received by the organisation for 2022/23.

NHS Shared Business Services: Finance and Accounting Services: an unqualified opinion was given

The Electronic Staff Record Programme: the review found that controls around access did not fully operate during 2022/23.

NHS Business Services Authority: Prescription Payments: the review found that controls around user access including leavers did not operate effectively during the period.

The CCG has compensating controls in place to mitigate any increased areas of risk.

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

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

- There are procurement processes to which the ICB adheres. There is a scheme of delegation which ensures that financial controls are in place across the organisation. The roles of the accountable and delegated committees and groups are shown within this report.
- The ICB Board receives a report from the Chief Finance Officer at each of its Public Board meetings through the Integrated Finance and Performance report on a bi-monthly basis and an update on finance at the Board Development sessions where required.
- The Audit Committee receives regular reports on financial governance, monitors the Internal Audit programme and reviews the draft and final annual accounts.
- The ICB has a programme of Internal Audits that provides assurance to the Board and Executive Team of the effectiveness of its internal controls and processes.
- The ICB 's annual accounts are reviewed by the Audit Committee and audited by our external auditors.

Following completion of the planned audit work our external auditors will issue an Independent and objective opinion on the ICB's arrangements for securing economy, efficiency and effectiveness in the use of resources.

Delegation of functions

The ICB has a defined scheme of reservation and delegation in the Detailed Financial Delegation document a supplement to the Standing Financial Instructions and was approved by the ICB Board on 1 July 2022.

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

- Level 1 - Board of the ICB

- Level 2 - Chief Executive Officer (Accountable Officer)
- Level 3 - Chief Finance Officer
- Level 4 - Other Directors
- Level 5 - Budget holders, in accordance with specific levels of authority granted to individuals
- Level 6 - all other office holders.

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

The Board receives minutes from the Primary Care & Direct Commissioning Committee ensuring they are meeting their delegated duties and that conflicts of interests are being effectively managed. Internal Audit provides independent assurance on the processes in place as part of the annual internal audit plan which is supplemented by the oversight of the assurance of the ICB's value for money, economy, efficiency and effectiveness by the External Auditors.

Counter fraud arrangements

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

The ICB's Counter Fraud Service is provided by the Gloucestershire Shared Service for NHS (GSS). GSS employs a team of three accredited Local Counter Fraud Specialists who provide the full range of Counter Fraud functions.

The Head of Counter Fraud meets regularly with the Chief Finance Officer to discuss progress against the Action Plan and areas of potential risk. During the period 1 July 2022 to 31 March 2023 regular reports and updates were given to the Audit Committee on:

- Counter Fraud Annual report
- Counter Fraud, Bribery and Corruption work-plan
- Counter Fraud Progress reports
- Counter Fraud Outcome Metrics
- Counter fraud Alerts
- NHS Gloucestershire Integrated Care Board Pre-Employment checks post COVID
- National counter fraud initiative
- Counter Fraud training (face to face and e-learning)
- Current Cases and Proactive Counter Fraud Work.

Counter Fraud deliver face to face training to all staff as a part of the ICB 's Statutory and Mandatory Training Policy. This training is delivered via the Corporate Induction Day and team and directorate meetings. The Counter Fraud Service provide a monthly face to face drop-in service for ICB staff. All staff are required to complete their annual e-learning module on counter fraud in addition to face-to-face counter fraud training.

The Head of Counter Fraud/Deputy Head of Counter Fraud attend all Audit Committee meetings to provide both a written and verbal update on progress against the Counter Fraud Annual Plan and counter fraud initiatives.

Head of Internal Audit Opinion

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

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

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

Overall, subject to the outcome of the audits not yet complete for 2022/23, we provide substantial assurance that there is a sound system of internal control designed to meet the ICB's objectives and that controls are being applied consistently.

In forming our indicative view we have taken into account that:

- The ICB planned for and it has delivered (subject to external audit) a break-even income and expenditure financial position for the period July 2022 to March 2023
- The ICB has displayed strong controls in relation to the key financial systems and conflicts of interest
- The ICB has continued to develop and enhance its mechanisms to ensure appropriate assurance and oversight arrangements are in place to demonstrate the monitoring of its strategy and documentation within the Board Assurance Framework
- Good progress has been made during the year with the implementation of the actions arising from our audit work.

Report Issued	Recommendations & Significance			Overall Report Conclusions	
	H	M	L	Design	Operational Effectiveness
Key Financial Systems	-	-	1	Substantial	Substantial
Contract & Procurement Pipeline Management	-	-	-	n/a	n/a
HFMA Financial Sustainability – advisory report	-	-	1	Substantial	Substantial
Conflicts of Interest	-	-	-	Substantial	Substantial
Primary Care Commissioning -readiness for delegation- advisory report	-	-	-	n/a	n/a
ICB Governance – advisory report draft report	-	-	-	n/a	n/a
Primary Care Commissioning	-	-	-	Report o/s	Report o/s

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

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

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

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

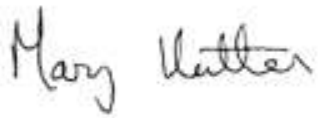
I have been advised on the implications of the result of this review by:

- the Board;
- the Audit Committee;
- The Quality Committee; and
- Internal Audit.

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

Conclusion

No significant internal control issues have been identified during the period 1st July 2022 - 31st March 2023.



Mary Hutton

Accountable Officer

June 2023

Remuneration and staff report

Remuneration and staff report

Remuneration report

The Remuneration Committee makes decisions about the remuneration, fees, and allowances for board members of the ICB, clinical leads and other senior staff employed outside agenda for change terms and conditions, who are appointed by or who provide services to the ICB.

Details on the Remuneration Committee are shown within the Governance report including membership and number of meetings. Full details of the remuneration paid to the ICB board members and senior employees are provided within the Remuneration Report included herein, together with their pension entitlements.

Senior Managers Remuneration Report

For this report, senior managers are defined as being 'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Integrated Care Board (ICB).

This means those who influence the decisions of the organisation as a whole, rather than the decisions of individual directorates or departments. Such persons will include Non-Executive directors and partner members of the ICB Board.

It is the Remuneration Committee that decides the reward packages of Executive Directors of the ICB. Information on the Remuneration Committee can be found in the Governance Statement.

Remuneration Policy

The policy on remuneration of senior managers has been set using national guidance issued by NHS England, ICB Executive Pay Ranges and Guidance version 1.0 (17 March 2022); guidance for Non-Executive Directors (NEDs) pay was also made available in 2021 and updated in 2022 to assist ICBs determine remuneration for NEDs.

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

Senior Manager Contracts

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

Notice periods take account of statutory requirements and terms previously established by the NHS very senior managers' pay framework. Liability in the event of early termination is in accordance with the NHS Agenda for Change terms and conditions handbook.

Further guidance is also provided by NHS England on the termination and reengagement of senior managers. They also include any additional pension benefit accrued to members as a result of purchasing additional years of pension service in the scheme at their own cost.

Cash Equivalent Transfer Values (CETVs) are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Staff Report

NHS Gloucestershire ICB employed a headcount staff of 455 staff (equating to 386 Whole Time Equivalents) as at the 31 March 2023. These figures include all permanent staff, those on short-term contracts as well those staff employed on bank contracts. The ICB has a well-structured HR service with the Commissioning Support Unit's People Resource function providing transactional and employee relations HR services.

The ICB has an internal HR team with a Director of People, Culture and Engagement leading the service with responsibility for HR strategy and organisational development, and the Associate Director of Corporate Affairs providing operational support working closely with the CSU People Resource Team and ICS HR/OD partners.

Governance arrangements for HR

The reporting structure for HR and workforce reports is through the People Committee which was established on 1 July 2022. The Chair of the committee is Clive Lewis, Non-Executive Director and the executive lead is Tracey Cox, Director of People, Culture and Engagement.

The People Committee has responsibility for the oversight and scrutiny of the effectiveness of the ICS People Function including the governance structure and the development of an ICS People strategy and plan.

The Committee routinely receives reports on the ICS workforce profile covering Gloucestershire demographics, numbers of staff employed in health and care roles, key workforce demographics (age, ethnicity, gender, disability etc) as well as workforce vacancies and sickness rates.

The People Committee has received reports on the One Gloucestershire Workforce Delivery Plan; System wide Recruitment and Retention report; System wide reports on the Workforce Race Equality Standard and Workforce Disability Equality Standard and staff survey reports as well as many other HR/OD topics. The People Committee also approves all ICB HR policies (see Governance Statement for more detail).

The Joint Staff Consultative Committee (JSCC) has an important role providing staff feedback and input to the development of ICB HR plans, policies, staff events and the staff survey. Health and wellbeing is included on every agenda as well as Equality, Diversity and Inclusion. The committee meets on approximately 10 occasions during the year and is chaired by the Director of People, Culture and Engagement. Each directorate has one or more JSCC representatives who attend the meeting along with HR / OD colleagues and the Health and Wellbeing lead and Health and Safety Representative for the ICB.

From 1 July 2022 through to 31 March 2023 there has been good representation from staff at the JSCC meetings noting that staff reps have found the forum important to staff engagement. The main focus of the JSCC meetings during the latter half of 2022 through to quarter 1 of 2023 is the prospective move of the ICB from its Sanger House headquarters to Shire Hall in Gloucester City. A staff consultation was organised in January and concluded at the end of March 2023, with JSCC playing a vital role in providing feedback to the consultation document, FAQs, and meetings with staff.

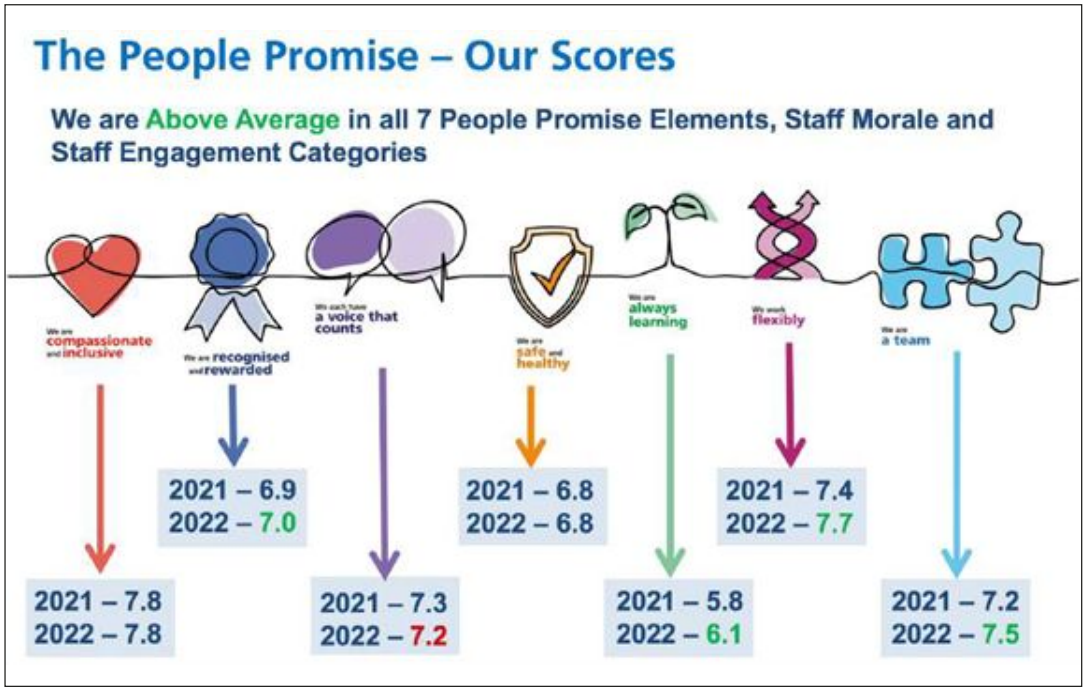
Staff survey results 2022

The ICB took part in the national staff survey in 2022. The results were received in early 2023, including a full report of the findings benchmarked against other ICBs, a summary report of the 7 People Promises, and two themes on staff engagement and morale. In addition detailed directorate reports with a breakdown of the results were provided.

This was the fourth year that the ICB took part in the national survey with benchmark data available from 2019 on key themes. A total of 279 questionnaires were completed by ICB staff, representing 74% of the workforce; this compared nationally with a 73% median score. There was a significant increase in participation rates compared to 2021 where 63% of the CCG's (predecessor to the ICB) workforce responded to the survey. Much of this can be attributable to early communications out to staff before the staff survey was launched, as well as timely messaging throughout the survey period.

The national reports provide an overview of the 7 people promises and 2 additional themes detailing where the ICB scored in terms of the best, worst, and average compared to other ICBs.

In the seven people promise elements the ICB scored above the average for ICBs and close to the best in several elements. The ICB also scored above average on the two additional themes (staff engagement and morale) which compared well to other ICBs and close to the 'best' ICBs. See graphic next page.



Overall the ICB performed well compared to other ICBs and improved its score from 2021 in several key areas. A summary of some of the key results are given below:

- Feel Trusted to do my job 90%
- My immediate manager encourages me at work 88%
- Satisfied with opportunities for flexible working patterns 85%
- Can approach immediate manager to talk openly about flexible working 88%
- Enjoy working with colleagues in team 88%
- Had an appraisal in the last 12 months 88.2%
- Colleagues are polite and treat each other with respect 86%
- Immediate manager encourages me at work 88%
- Able to make suggestions to improve the work of my team / department 86.7%
- Receive the respect I deserve from my colleagues at work 84.2% equivalent to the 'Best'
- My immediate manager values my work 85.7%
- Organisation takes positive action on health and well-being 83%
- Staff would recommend the ICB as a place to work, 80.6% equivalent to the 'Best'.
- Care of patients/service users is my organisation's top priority 81.4%
- Feel safe to speak up about anything that concerns me in this organisation 76.6% equivalent to the 'Best.'

There were several areas where the ICB needs to improve including:

- Tackle stress, emotional exhaustion, and burnout
- Improve the quality of appraisals
- Improve development opportunities so that staff can progress their careers
- Raise awareness of the ICB's policies procedures and processes around raising and reporting concerns
- Support staff around the cost-of-living crises noting that pay as a national issue is also one for ICB staff.

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

The ICB has developed a Staff Survey Action Plan focusing on the key improvement themes from the 2022 survey including addressing stress and burnout through enhanced wellbeing support provided to staff. This will include health and wellbeing training for managers, new appraisals documentation and training which includes wellbeing conversations; as well as continuing with staff health-checks.

There are plans in the spring and summer for wellbeing seminars and events which will also focus on cost-of-living support. The new appraisal documentation and training will focus on working with staff to produce their personal development plan and identifying career opportunities. The Staff Survey results and action plan are reported to the People Committee.

Staff engagement

It is evident that as we continue to work in a hybrid manner combining on site and home working, staff engagement has been made more challenging. However, we have used technology to reach many more staff in more flexible ways such as organising hybrid staff meetings using MS Teams, recording those meetings and uploading them to the intranet to be viewed at a time convenient to staff. A summary of staff engagement activities is given below:

- Active engagement of JSCC reps and staff in shaping the Staff Consultation on the office move from Sanger House to Shire Hall. This included shaping the consultation document, providing a range of FAQs that was made available to all ICB employees and supporting staff consultation drop-ins
- Monthly hybrid Staff Meetings hosted by the Chair and Chief Executive, which is supported by a written Team Brief e-bulletin which is then distributed after the meeting
- Weekly staff communications sent out each Friday providing the latest updates to staff
- Monthly Team Directorate meetings
- Re-established Coffee Connect to bring staff members together who would not normally work together
- Re-introduced the Staff Award scheme to recognise staff who go the extra mile
- Compassionate Leadership session held with Senior Manager within the ICB
- Equality, diversity, and inclusion training provided to staff and senior managers
- Lunch and learn sessions run by staff and the HR team to share their work and learning with other staff members including; ESR self-service – managing sickness absence, safeguarding training, training on bullying and harassment as well as managing grievances and a session on neurodiversity amongst other topics.
- Development of the new ICB intranet that holds information on all team briefs, policies, procedures, and other information.
- The ICB Executive Team meets with senior managers monthly
- Managers hold regular one-to-one meetings with staff and a robust appraisal system ensures that staff work towards clearly defined personal objectives which are supported with learning, training, and development opportunities.

Staff Wellbeing

The ICB has a dedicated Health and Wellbeing lead employed for 2 days a week who provides practical resources and events to support staff wellbeing. Weekly articles are included in the electronic staff bulletin focusing on guidance, information, and resources about a vast array of health topics and has covered lifestyle (diet, exercise and sleep) musculoskeletal health, stress and anxiety, loneliness and isolation, financial help and cost of living resources, amongst many other topics.

The ICB provides an Occupational Health Service and Employee Assistance Programme and funds the Gloucestershire Wellbeing Line which provides staff with counselling and support. The ICB was awarded the Gloucestershire Healthy Workplaces Advanced Award in 2022 building on our accreditation of the Healthy Workplaces Foundation Award in 2021.

Staffing policies

The ICB like other NHS employers has a host of HR policies, user guides, forms and resources. Policies are formally reviewed both by the Executive Management Team and the Joint Staff Side Consultative Committee (JSCC), before being approved by the relevant ICB Committee. Over the past 12 months the following HR policies have been reviewed and updated:

- Bullying and harassment
- Annual Leave Policy
- Other leave
- Guidance on Investigating Complaints
- Professional Registration
- Travel and Expenses
- Sickness Absence
- Secondary Employment
- Maternity, Paternity and Shared Parental Leave
- Disciplinary Policy.

Sickness absence data

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

Sickness absence is managed in a supportive and effective manner by ICB managers, with professional advice and support from ConsultHR, Occupational Health and Care First (Employee Assistance Programme) and the Gloucestershire Wellbeing Line.

The ICB's approach to managing sickness absence is governed by a clear HR policy, further reinforced by the provision of HR support and training sessions for all line managers on the effective management of sickness absence. The manager is advised to have a supportive conversation with the staff member.

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

Ill health retirement

There were no early retirements on ill health grounds in 2022/23.

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

The ICB confirms that there are relevant union officials who are staff members of the ICB, and they take time off during their working hours for the purpose of taking part in any activities in relation to which they are acting as a representative of a union.

Equality, Diversity and Inclusion

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

The ICB has an Equality, Diversity and Inclusion statement:

"We are committed to providing a working environment which is inclusive of all staff. We aim and are continually working to eliminate any disadvantage based on age, disability, marriage, civil partnership, race, culture, religion or belief, lack of religion or belief, sex, gender identity, sexual orientation, pregnancy, maternity or any other minority characteristics".

During 2022/23 work has progressed around ED&I, and specifically in relation to our workforce the following programmes and schemes have been set up:

- Flourish scheme based on the national 'stepping up' programme available to ethnic minority staff, disabled staff and LGBTQ+ open to ICS staff
- Development of the Reciprocal Mentoring programme
- ED&I training commissioned for all managers and staff
- Support for the BAME Staff Network within the ICB and support offered to staff to develop other staff networks
- Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports to the People Committee, JSCC, senior managers meeting and executive meetings.

The ICB's progress on advancing our work within ED&I is explained in detail within the report made to the ICB Board on the Public Sector Equality Duty and Equality Delivery System 2022, see: **https://www.nhsglos.nhs.uk/about-us/who-we-are-and-what-we-do/our-priorities-in-gloucestershire/understanding-our-local-population/**.

Equalities monitoring

Disability (as at 31 March 2023)

Disability Flag	Headcount	%	FTE
No	419	84.48	334.63
Not Declared	54	10.89	41.02
Prefer Not To Answer	3	0.60	1.00
Unspecified	8	1.61	0.10
Yes	12	2.42	9.18
Grand Total	**496**	**100.00**	**385.93**

Gender (as at 31 March 2023)

Gender	Headcount	%	FTE
Female	362	73.0	281.20
Male	134	27.0	104.74
Total	**496**	**100.0**	**385.93**

Ethnicity as at 31 March 2023

Ethnic Group	Headcount	%	FTE
A White - British	399	80.44	315.46
B White - Irish	4	0.81	4.00
C White - Any other White background	8	1.61	5.00
C3 White Unspecified	1	0.20	1.00
CA White English	5	1.01	4.00
CC White Welsh	1	0.20	0.00
CK White Italian	1	0.20	1.00
CP White Polish	1	0.20	0.60
CV White Serbian	1	0.20	1.00
D Mixed - White & Black Caribbean	4	0.81	4.00
F Mixed - White & Asian	1	0.20	0.67
G Mixed - Any other mixed background	1	0.20	1.00
H Asian or Asian British - Indian	15	3.02	11.81
J Asian or Asian British - Pakistani	1	0.20	1.00
K Asian or Asian British - Bangladeshi	3	0.60	2.60
L Asian or Asian British - Any other Asian background	3	0.60	1.80
M Black or Black British - Caribbean	5	1.01	2.08
N Black or Black British - African	3	0.60	3.00
R Chinese	3	0.60	2.24
S Any Other Ethnic Group	1	0.20	0.80
SE Other Specified	1	0.20	0.32
Unspecified	1	0.20	0.00
Z Not Stated	33	6.65	22.56
Grand Total	**496**	**100.00**	**385.93**

Age Band as at 31 March 2023

Age Band	Headcount	%	FTE
<20	1	0.20	1.00
21-25	25	5.04	24.60
26-30	36	7.26	34.00
31-35	43	8.67	36.57
36-40	60	12.10	46.08
41-45	56	11.29	45.04
46-50	56	11.29	45.32
51-55	76	15.32	59.36
56-60	80	16.13	58.39
61-65	48	9.68	29.80
66-70	9	1.81	5.20
>=71 Years	6	1.21	0.58
Grand Total	**496**	**100.00**	**385.93**

Religion as at 31 March 2023

Religious Belief	Headcount	%	FTE
Atheism	101	20.36	86.98
Buddhism	3	0.60	2.00
Christianity	220	44.35	174.46
Hinduism	8	1.61	5.96
Islam	6	1.21	5.20
Not Disclosed	113	22.78	81.38
Other	37	7.46	27.61
Sikhism	3	0.60	2.25
Unspecified	5	1.01	0.10
Grand Total	**496**	**100.00**	**385.93**

Sexual Orientation as at 31 March 2023

Sexual Orientation	Headcount	%	FTE
Bisexual	5	1.01	4.60
Gay or Lesbian	5	1.01	4.05
Heterosexual or Straight	405	81.65	324.59
Not Disclosed	70	14.11	49.74
Other sexual orientation not listed	3	0.60	1.05
Undecided	1	0.20	0.80
Unspecified	7	1.41	1.10
Grand Total	**496**	**100.00**	**385.93**

Other employee matters

Health and Safety at work

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

Fair Pay (audited)

The annualised range of remuneration is £18.5k to £180.3k (2022-23 (3m) £17.4 to £180.1k).

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

The banded remuneration of the highest paid member of the Governing Body in the ICB in the financial year was £180k - £185k (£180k - £185k in 2022/23 (3m)) on an annualised basis. This figure is different to the remuneration table due to it being calculated on an annualised basis for part-time work.

The relationship of the highest paid director to the remuneration of the organisation's workforce is disclosed in the below table. The median pay ratio has reduced slightly as a result of departmental changes in staffing.

Pay Ratio information

2022-23 (9m)	25th Percentile	Median	75th Percentile
Total remuneration (£)	£33,706	£41,659	£56,164
Pay ratio information	5.41:1	4.38:1	3.25:1
2022-23 (3m)	**25th Percentile**	**Median**	**75th Percentile**
Total remuneration (£)	£31,534	£42,121	£54,764
Pay ratio information	5.79:1	4.33:1	3.33:1

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

The average percentage change for the ICB as a whole has seen a 2.93%/£1,459 increase in 22/23 (9m). There has been no change in the highest paid directors remuneration in 22/23 (9m).

In 2022/23 no employee received remuneration in excess of the governing body. Total remuneration includes salary, non-consolidated performance-related pay, benefits in kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer of pensions.

Off Payroll Engagements

For all off-payroll engagements for the 9 months to 31st March 2023, for more than £245 per day:

	Number
Number of existing engagements as of 31 March 2023	7
Of which, the number that have existed:	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	1
for between 2 and 3 years at the time of reporting	1
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	5

For all off-payroll engagements between 1 July 2022 and 31 March 2023, for more than £245 per day:

	Number
Number of temporary off payroll workers engaged between 1 July 2022 and 31 March 2023	7
Of which:	
Number Not Subject to off-payroll legislation	0
Number Subject to off payroll legislation and determined as in-scope of IR35	7
Number Subject to off payroll legislation and determined as out of scope of IR35	0
Number of engagements reassessed for compliance/assurance purposes during the year	0
Of which:	
No. of engagements that saw a change to IR35 status following the consistency review	0

Off-payroll engagements of Board/Governing Body members and/or senior officials with significant financial responsibility between 1 July 2022 and 31 March 2023:

	Number
Number of off payroll engagements of Board/Governing Body members and/or senior officials with significant responsibility during the financial year	0
Total number of individuals on payroll and off-payroll that have been deemed "board members and/or senior officials with significant financial responsibility" during the financial year. This includes both on-payroll and off-payroll engagements.	18

Remuneration Report for NHS Gloucestershire ICB 2022-23 (9m) (audited)

	2022/23 (9m)						
Name & Title	Salary (bands of £5,000)	Expense Payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	Sub-total (band of bands)	All Pension Related Benefits (bands of £2,500) *	Total (bands of £5,000)
Dame Gill Morgan, Chair	45-50	0	0	0	45-50	0	45-50
Mary Hutton, Chief Executive	135-140	0	0	0	135-140	0	135-140
Ellen Rule, Deputy CEO/Director of Strategy and Transformation	115-120	0	0	0	115-120	0	320-325
Cath Leech, Chief Finance Officer	105-110	0	0	0	105-110	2.5-5	105-110
Mark Walkingshaw, Director of Operational Planning & Performance	95-100	0	0	0	95-100	0	95-100
Helen Goodey, Director of Primary Care & Place [1]	80-85	0	0	0	80-85	197.5-200	275-280
Dr Marion Andrews-Evans, Chief Nursing Officer	105-110	0	0	0	105-110	0	105-110
Kim Forey, Director of Integrated Commissioning [2]	45-50	0	0	0	45-50	25-27.5	70-75
Tracey Cox, Director of People, Culture and Engagement [3]	95-100	0	0	0	95-100	27.5-30	125-130
Dr Paul Atkinson, Chief Clinical Information Officer	100-105	0	0	0	100-105	47.5-50	150-155
Dr Andy Seymour, Chief Medical Officer	110-115	0	0	0	110-115	15-17.5	125-130
Professor Joanna Coast, Non Executive Director System Resources	5-10	0	0	0	5-10	0	5-10
Professor Jane Cummings CBE RN, Non Executive Director System Quality	10-15	0	0	0	10-15	0	10-15
Colin Greaves OBE, Non Executive Director Primary Care & Direct Commissioning	10-15	0	0	0	10-15	0	10-15
Clive Lewis OBE DL, Non Executive Director Remuneration	10-15	0	0	0	10-15	0	10-15
Julie Soutter, Non Executive Direector Audit	10-15	0	0	0	10-15	0	10-15
Dr Olesya Atkinson, Primary Medical Services (Primary Care Network perspective)	15-20	0	0	0	15-20	0	15-20
Dr Jo Bayley, Primary Medical Services (Primary Care Network perspective) [4]	10-15	0	0	0	10-15	0	10-15

*These figures are purely the benefits accruing to senior managers from membership of the NHS Pensions Scheme.

These are the aggregate input amounts, calculated using the method set out in section 229 of the Finance Act 2004(1). Para 10(1)(e)(ii)(cc) of sch8 of 2013/1981 (update to the Finance Act 2004):

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

[1] Remuneration relates to Work for Gloucestershre ICB. Non disclosed remuneration for role at Gloucestershire Care and Health NHSFT. Total remuneration received is within band (100-105)

[2]Remuneration relates to Work for Gloucestershre ICB. Non disclosed remuneration for role at Gloucestershire County Council. Total remuneration received is within band (90-95)

[3]Remuneration relates to Work for Gloucestershire ICB. Employment is with NHS Banes, Swindon & Wiltshire ICB and costs are recharged.

[4]Employed By G Doc Ltd and recharged to Gloucestershire ICB.

The Board includes representatives of system partners within Gloucestershire Integrated Care System. This includes the Chief Executive of Gloucestershire Hospital NHS Foundation Trust and the Chief Executive of Gloucestershire Health and Care NHS Foundation Trust who are funded by their respective organisations.

Pensions Report 2022-23 (9m) (audited)

Name & Title	2022/23 (9m)							
	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2023 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000)	Cash Equivalent Transfer Value at 1 July 2022	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023	Employers contribution to stakeholder pension
Dr Andrew Seymour, Clinical Chair	0-2.5	0	20-25	45-50	470	19	508	8
Cath Leech, Chief Finance Officer	0-2.5	0	50-55	105-110	1,007	16	1,047	2
Helen Goodey, Diretor of Primary Care and Locality Development	7.5-10	20-25	45-50	85-90	700	197	920	10
Kim Forey, Director of Integration	0-2.5	0	25-30	0	416	28	466	13
Mark Walkingshaw, Deputy Accountable Officer/Director Of Commissioning Implementation	0-2.5	0	50-55	110-115	978	3	1,013	10
Paul Atkinson, Chief Clinical Information Officer	2.5-5	2.5-5	20-25	20-25	226	28	273	15
Tracey Cox, Director of People, Culture and Engagement [1]	0-2.5	0	65-70	130-135	1,161	33	1,236	15
Ellen Rule, Director of Transformation and Service Redesign	Ellen rule has chosen not to be covered by the pension arrangements during the reporting period.							

[1]Paid by NHS Banes, Swindon & Wiltshire ICB and recharged to NHS Gloucestershire ICB.

Cash Equivalent Transfer Values

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

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

Real Increase in CETV

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

Staff Numbers

Average Contracted WTE of Staff Groupings by Occupational Code (excluding Off Payroll engagements only)	22/23 (9m)			22/23 (3m)		
	Male	Female	Total	Male	Female	Total
Governing Body members	2	1	3	3	1	4
Executive Directors	1	6	7	1	6	7
Senior Manager G0 (Band 8D and Above)	6	8	14	6	9	15
Manager G1 (Band 8A, 8B, 8C)	24	33	57	22	29	51
Clerical and Admininstrative G2 (Band 7 and Below)	53	160	213	52	159	211
Nursing, midwifery and health visiting staff	1	3	4	0	1	1
Medical and dental staff	6	41	47	4	36	40
Scientific, therapeutic and technical staff	6	22	28	5	21	26
Sub Totals	**99**	**274**	**373**	**93**	**262**	**355**
Grand Total		**373**			**355**	

Staff profile (audited)

The profile of staff within the ICB, based on the average number of Whole Time Equivalent contracted in 2022-23 from 1st July, is as presented in the table below. This is referred to in note 4 of the Annual Accounts.

Avg No WTE contracted (including Directors & Off Payroll engagements)	22/23 (9m)			22/23 (3m)		
	Director	Other Ee	Total	Director	Other Ee	Total
total Staff	7	372	**379**	7	362	**369**
of which:						
Perm	7	320	**327**	7	306	**313**
Other	0	52	**52**	0	56	**56**
of which:						
Male	1	102	**103**	1	101	**102**
Female	6	270	**276**	6	261	**267**

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

	22/23 (9m)			22/23 (3m)		
	Directors £'000	Other Ees £'000	Total £'000	Directors £'000	Other Ees £'000	Total £'000
total Staff Costs	895	13,857	**14,752**	300	5,286	**5,586**
of which:						
permanent	895	13,116	**14,011**	300	4,956	**5,256**
other	-	741	**741**	-	330	**330**

Employee benefits and staff numbers (audited)

	22/23 (9m)			22/23 (3m)		
	Total	Permanent Employees	Other	Total	Permanent Employees	Other
	£'000	£'000	£'000	£'000	£'000	£'000
Employee Benefits						
Salaries and Wages	14,752	14,011	741	4,317	3,986	330
Social Security Costs	1,513	1,513	0	477	477	0
Employer Contributions to NHS Pension scheme	2,479	2,479	0	773	773	0
Other Pension Costs	6	6	0	2	2	0
Apprenticeship Levy	52	52	0	18	18	0
Termination Benefits	0	0	0	0	0	0
Gross employee benefits expenditure	**18,803**	**18,062**	**741**	**5,586**	**5,256**	**330**
Total – Net admin employee benefits including capitalised costs	**18,803**	**18,062**	**741**	**5,586**	**5,256**	**330**
Less: Employee costs capitalised	0	0	0	0	0	0
Net employee benefits excluding capitalised costs	**18,803**	**18,062**	**741**	**5,586**	**5,256**	**330**

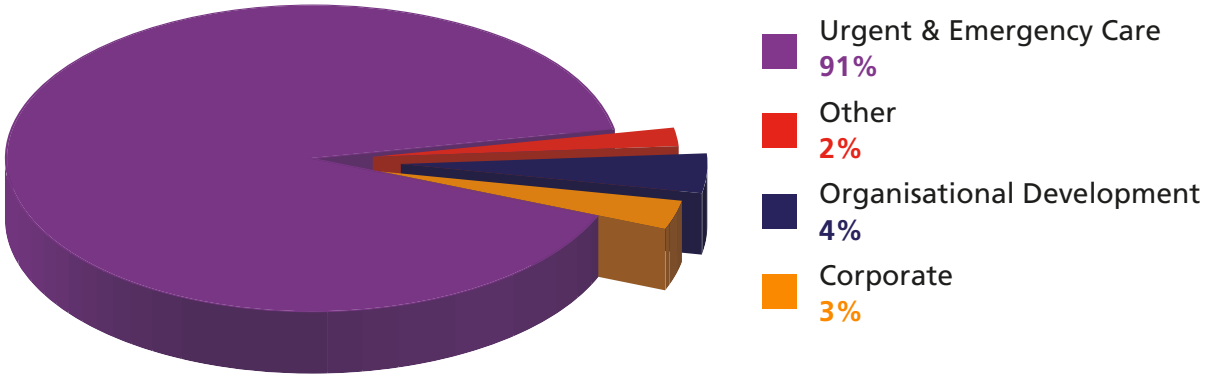
- There were no significant increases in staff groups in 2022/23 (9m)
- There have been no significant awards made to past senior managers in 2022/23 (9m)
- There has been no compensation on early retirement or for loss of office in 2022/23 (9m)
- There have been no payments to past directors in 2022/23 (9m)
- Four staff on Very Senior Manager contracts earn in excess of £150,000 pa on a pro rata basis.

Exit Packages (subject to audit)

There were no exit packages in the 9 months from 1st July 2022 to 31st March 2023 (there were 0 in 22/23 3 month period)

Consultancy

Consultancy costs of £552k in 2022/23 M4-12 were spent in the following areas:

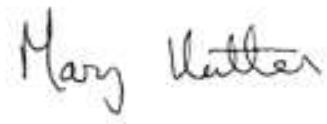


External Audit

The ICB's external auditors are Grant Thornton UK LLP. The cost of the annual statutory audit of 9 months for the period 1st July to 31st March Financial Statements was £210k. The cost was determined based upon the size of the ICBs commissioning budget.

Parliamentary Accountability and Audit Report

Gloucestershire ICB is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report at XXXX. An audit certificate and report is also included in this Annual Report at XXXX.



Mary Hutton

Chief Executive Officer

June 2023

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The financial statements

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

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of NHS Gloucestershire CCG (the 'CCG') for the year ended 31 March 2020, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the CCG as at 31 March 2020 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020; and
- have been prepared [illegible] Health and Social Care Act 2012.

AUDITORS REPORT TO BE UPDATED WHEN AVAILABLE

Basis for opinion

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

The impact of macro-economic uncertainties on our audit

Our audit of the financial statements requires us to obtain an understanding of all relevant uncertainties, including those arising as a consequence of the effects of macro-economic uncertainties such as Covid-19 and Brexit. All audits assess and challenge the reasonableness of estimates made by the Accountable Officer and the related disclosures and the appropriateness of the going concern basis of preparation of the financial statements. All of these depend on assessments of the future economic environment and the CCG's future operational arrangements.

Covid-19 and Brexit are amongst the most significant economic events currently faced by the UK, and at the date of this report their effects are subject to unprecedented levels of uncertainty, with the full range of possible outcomes and their impacts unknown. We applied a standardised firm-wide approach in response to these uncertainties when assessing the CCG's future operational arrangements. However, no audit should be expected to predict the unknowable factors or all possible future implications for an entity associated with these particular events.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the CCG's ability to continue to adopt the going

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FREEPOST RRYY-KSGT-AGPR
PALS, NHS Gloucestershire ICB, Sanger House,
5220 Valiant Court, Gloucester Business Park,
Gloucester GL3 4FE

@NHSGlos

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