One Gloucestershire
Transforming Care, Transforming Communities

NHS Gloucestershire

Annual **Report**

A review of our year

2022/23

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 CO_2e (carbon dioxide equivalent) per inhaler; well below the target of 18-22kgCO_2e. 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.

Healthy Workplaces Gloucestershire

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.

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.

Improving health and care services today

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.

Ellen Rule

Acting CEO

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.

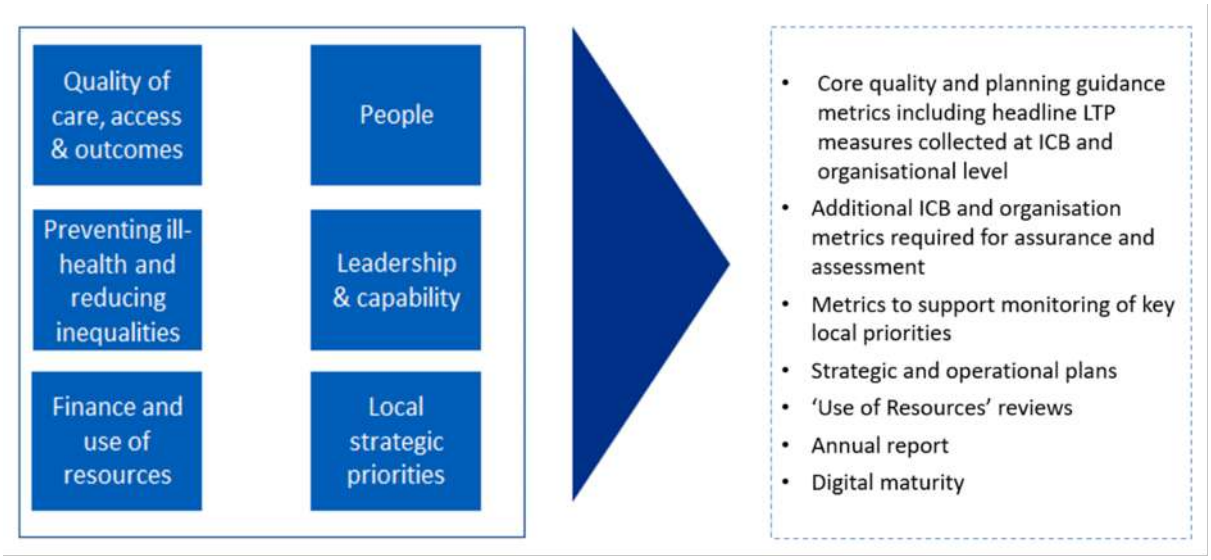
It also reflects the significant changes enabled by the Health and Care Act 2022, including the formal establishment of integrated care boards (in our case, NHS Gloucestershire Integrated Care Board).

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

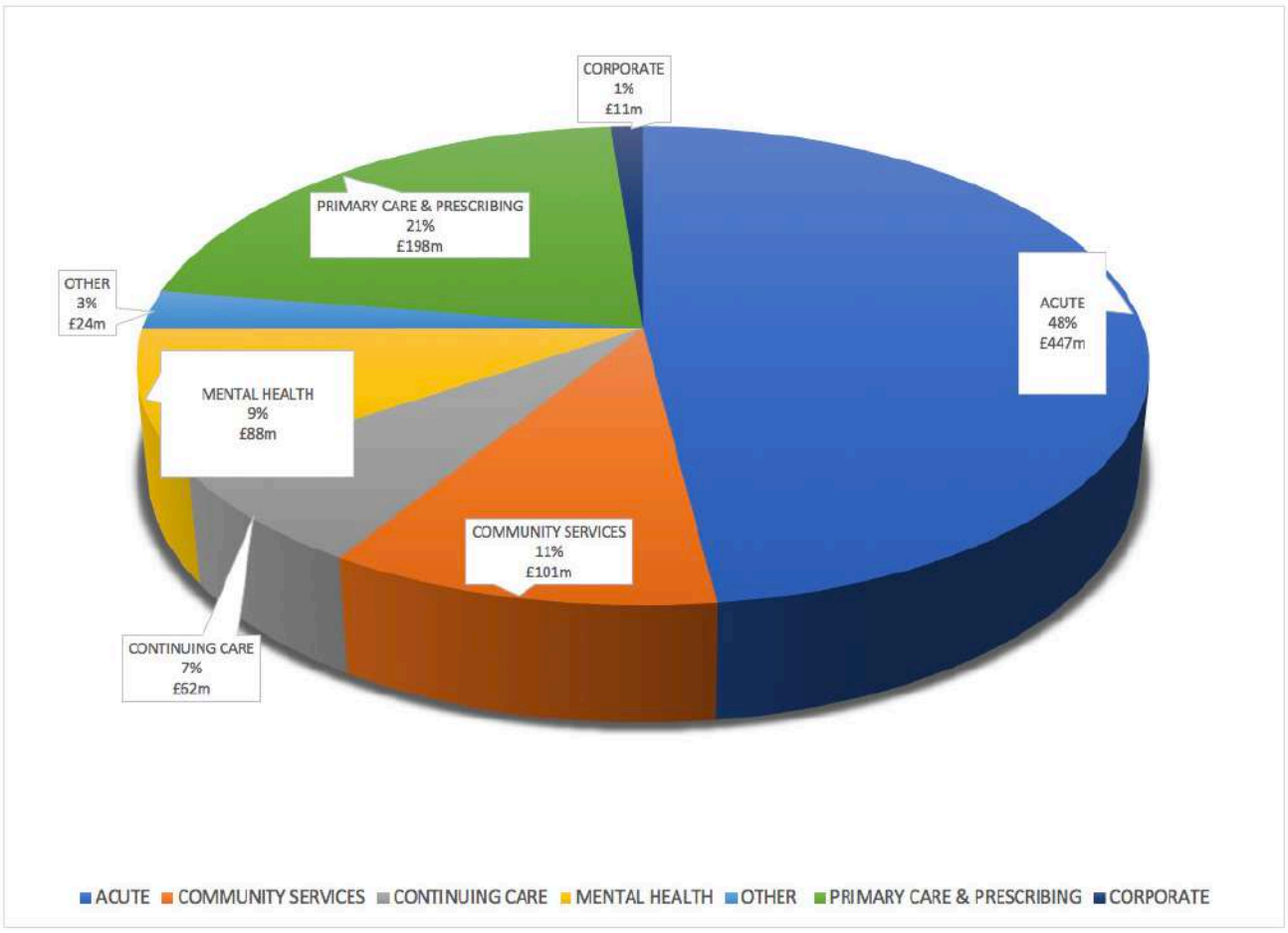
This is the first accounting period for the ICB, therefore prior year comparators are not available.

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).

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.

Our vision

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 do this by:

1. Building on the strengths of individuals, carers, and local communities to improve resilience
2. Engaging people and communities so they are active participants in their health and wellbeing by listening, collaborating, and strengthening our community engagement
3. Increasing our focus on prevention, the wider determinants of health, promoting independence and person-centred care
4. Providing high quality joined up care as close to people's homes and their communities as possible
5. Valuing and supporting our workforce so they can develop, work flexibly, and thrive at work
6. Working together, recognising the contribution of all our One Gloucestershire partners, including a thriving voluntary and community sector
7. Reducing disparities in outcomes, experience, and access
8. Working together to use our resources wisely, obtaining the greatest value for our population

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

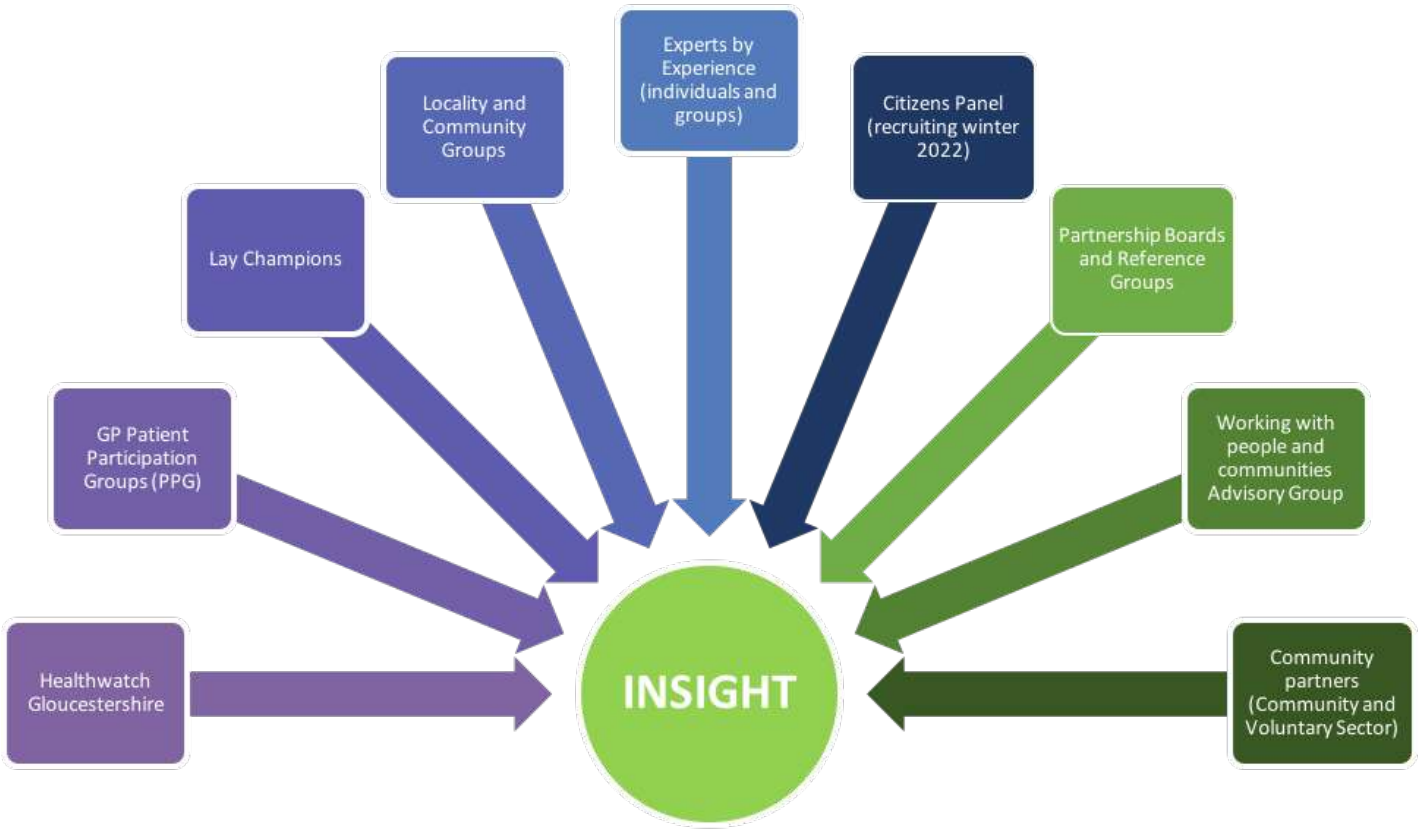
We are committed to making sure that we inform, involve, engage and consult the county council's Health and Wellbeing Board, Health Overview and Scrutiny Committee, Adult Social Care Overview and Scrutiny Committee, and Children's Overview and Scrutiny Committee. We hold regular briefings with Members 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:

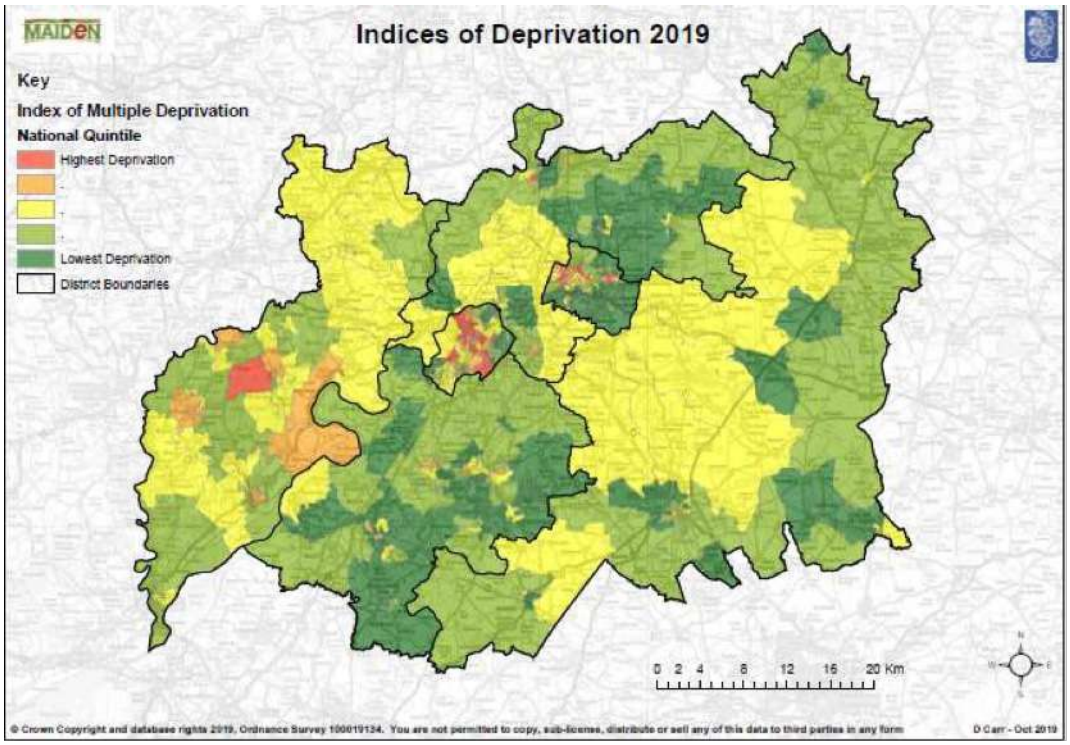
- those at highest risk of experiencing barriers to access
- what we can do to support and signpost to community digital inclusion services
- the provision of 'user-friendly' digital health and care options: what works and doesn't work for our users.

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.

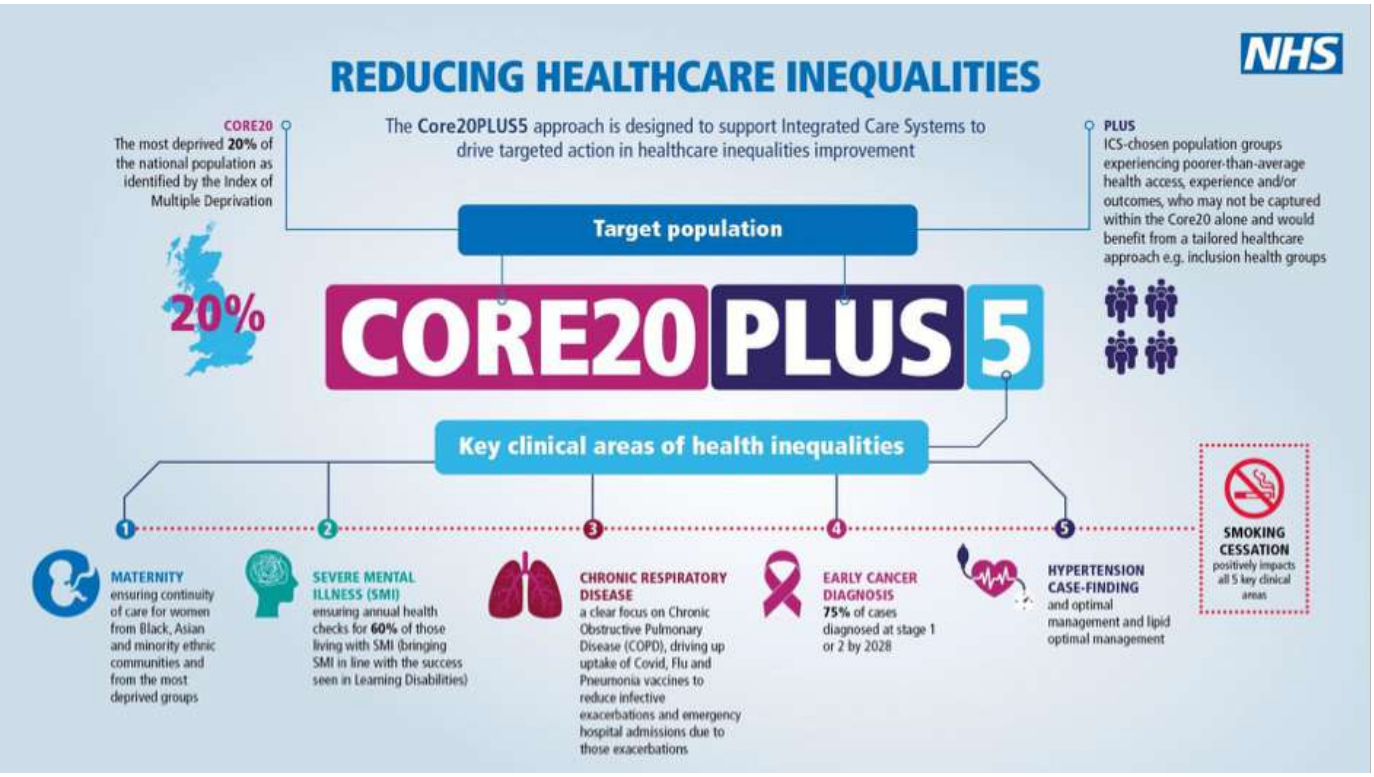
Deprivation is one driver for poor health outcomes, such as shorter life expectancy.

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.

Ellen Rule

Acting CEO

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.

Ellen Rule

Acting CEO

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 we are able to 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	-	-	1	Substantial	Substantial
HFMA Financial Sustainability – advisory report	-	-	-	n/a	n/a
Conflicts of Interest	-	-	-	Substantial	Substantial
Primary Care Commissioning -readiness for delegation- advisory report	-	-	-	n/a	n/a
ICB Governance – advisory report	-	5	9	n/a	n/a
Primary Care Commissioning	-	-	-	Substantial	Substantial

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.

Ellen Rule

Acting CEO

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.

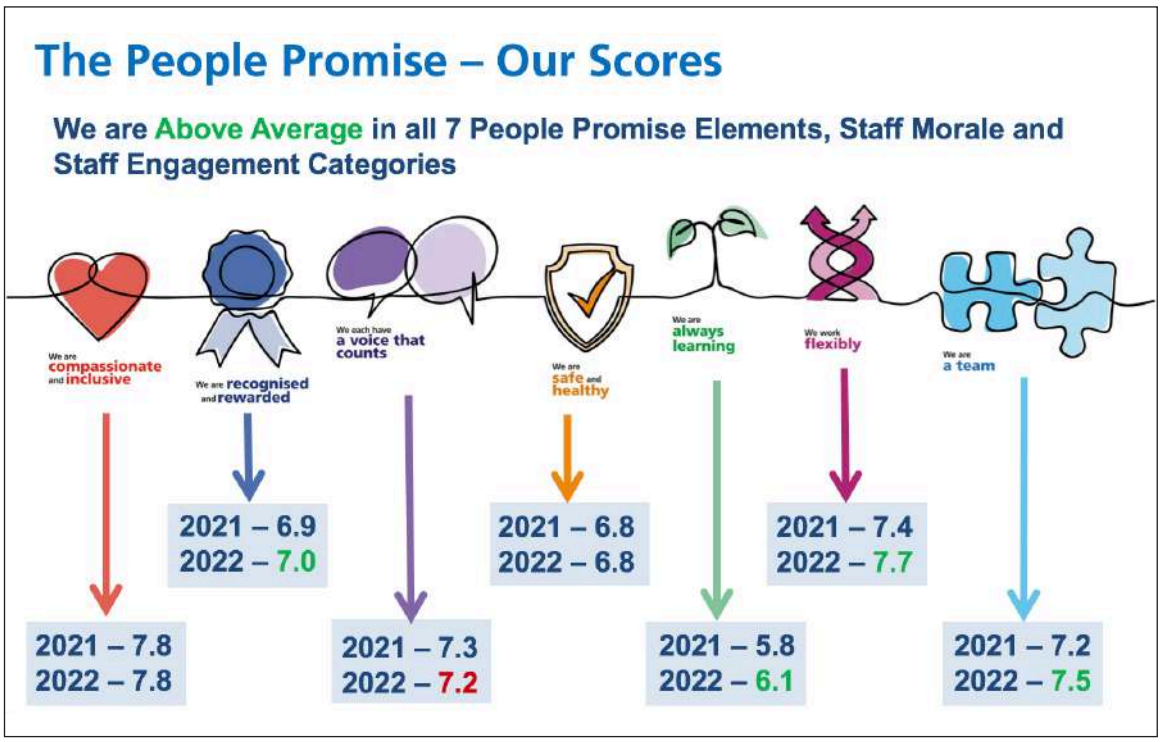
Staff survey results 2022

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 Director 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, Medical Director	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 has opted out of the NHS pension scheme							
Mary Hutton, Chief Executive	Mary Hutton has 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							

[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**

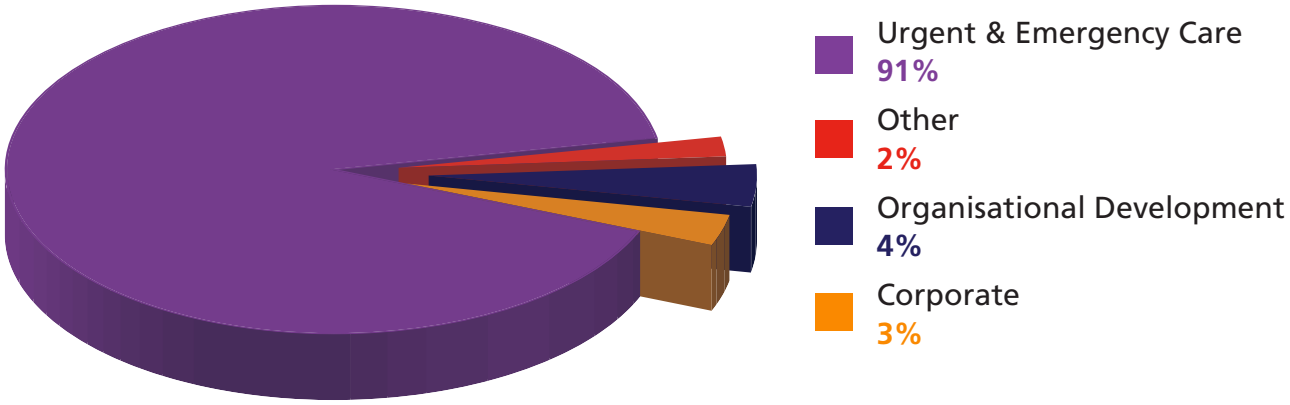
- There were no significant increases in staff groups in 2022/23 (9m)
- There have been no significant awards made to past senior managers in 2022/23 (9m)
- There has been no compensation on early retirement or for loss of office in 2022/23 (9m)
- There have been no payments to past directors in 2022/23 (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.

Ellen Rule

Acting CEO

June 2023

The financial statements

Independent auditor's report to the members of the Board of NHS Gloucestershire Integrated Care Board

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of NHS Gloucestershire Integrated Care Board (the 'ICB') for the period ended 31 March 2023, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of Schedule 1B of the National Health Service Act 2006, as amended by the Health and Care Act 2022 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the ICB as at 31 March 2023 and of its expenditure and income for the period then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006, as amended by the Health and Care Act 2022.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the ICB 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.

Conclusions relating to going concern

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

In our evaluation of the Accountable Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2022-23 that the ICB's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services currently provided by the ICB. In doing so we have had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the ICB and the ICB's disclosures over the going concern period.

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

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

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report.

Other information

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

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

We have nothing to report in this regard.

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

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

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2022-23; and
- based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the annual report for the financial period for which the financial statements are prepared is consistent with the financial statements.

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

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

Matters on which we are required to report by exception

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

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or

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

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

Responsibilities of the Accountable Officer

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

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

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

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

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

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

We obtained an understanding of the legal and regulatory frameworks that are applicable to the ICB and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as amended by the Health and Care Act 2022 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23).

We enquired of management and the Audit Committee, concerning the ICB's policies and procedures relating to:

- the identification, evaluation and compliance with laws and regulations;
- the detection and response to the risks of fraud; and
- the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.

We enquired of management, internal audit and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.

We assessed the susceptibility of the ICB's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls. We

determined that the principal risks were in relation to high risk journals including consideration of closing entries, entries posted after year end, manual journals and journals that have a material impact on reported outturn along with a number of other risk factors. We considered whether there was any potential management bias in accounting estimates or any significant transactions with related parties which could give rise to an indication of management override. Our audit procedures involved:

- evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
- journal entry testing, with a focus on unusual journals as defined above;
- challenging assumptions and judgements made by management in its significant accounting estimates in respect of the recognition of year-end manual expenditure accruals and related payable balances;
- assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.

These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.

The team communicated with management and the Audit Committee in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and/or expenditure recognition, and the significant accounting estimates related to the prescribing accrual

Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:

- understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
- knowledge of the health sector and economy in which the ICB operates
- understanding of the legal and regulatory requirements specific to the ICB including:
  - the provisions of the applicable legislation
  - NHS England's rules and related guidance
  - the applicable statutory provisions.

In assessing the potential risks of material misstatement, we obtained an understanding of:

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

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

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

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

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the period ended 31 March 2023.

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

Responsibilities of the Accountable Officer

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

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

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

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

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

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

Report on other legal and regulatory requirements – Certificate

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

Use of our report

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

Julie Masci

Julie Masci, Key Audit Partner

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

Bristol

30 June 2023

ANNUAL ACCOUNTS

Completed in accordance with the DH Group Accounting Manual 2022/23 and NHS England SharePoint Finance Guidance Library

Ellen Rule

Acting CEO

June 2023

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

CONTENTS **Page Number**

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 period		**930,519**

Statement of Financial Position for the 9 months ended 31 March 2023

	Note	Closing Balances 31/03/2023 £'000
Non-current assets:		
Right-of-use assets	8	285
Current assets:		
Trade and other receivables	9	6,984
Cash and cash equivalents	10	7
Total current assets		**6,991**
Total assets		**7,276**
Current liabilities		
Trade and other payables	11	(76,235)
Lease Liabilities	8	(286)
Provisions	12	(4,840)
Total current liabilities		**(81,362)**
Non-Current Assets plus/less Net Current Assets/Liabilities		**(74,086)**
Non-current liabilities		
Lease Liabilities		-
Assets less Liabilities		**(74,086)**
Financed by Taxpayers' Equity		
General fund		(74,086)
Total taxpayers' equity:		**(74,086)**

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

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	0
Balance transferred from CCGs to ICBs under Modified Absorption accounting.	(51,706)
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.

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		**0**
Transfer under modified absorption 1 July 2022		21
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Period		**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 Commissioning 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. For transfers of assets and liabilities from those bodies that closed on 30 June 2022 a modified absorption approach should be applied. For these transactions only gains and losses are recognised in reserves rather than 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.

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).

Notes to the financial statements

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.

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.

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 overall 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.

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 £1m 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		
	Total	NHS England Parent Entities	NHS England Group Entities (non parent)
	£'000	£'000	£'000
Transfer of Right of Use assets	713		713
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)
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	-
Transfer under modified absorption costing	856
Cost/Valuation at 31 March 2023	**856**
Depreciation 01 July 2022	-
Transfer under modified absorption costing	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	-
Transfer under modified absorption costing	(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	(287)
Between one and five years	-
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
NHS receivables: Revenue	2,528
NHS accrued income	350
Non-NHS and Other WGA receivables: Revenue	689
Non-NHS and Other WGA prepayments	1,598
Non-NHS and Other WGA accrued income	1,475
Expected credit loss allowance-receivables	(57)
VAT	399
Other receivables and accruals	2
Total Trade & other receivables	**6,984**
Total current and non current	**6,984**

9.1 Receivables past their due date but not impaired

	31-Mar-23	
	DHSC Group Bodies £'000	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**

10 Cash and cash equivalents

	2022/23 (9 Months) £'000
Balance at 01 July 2022	-
Balance on transfer under modified absorption	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
NHS payables: Revenue	883
NHS accruals	13,344
Non-NHS and Other WGA payables: Revenue	12,681
Non-NHS and Other WGA accruals	43,255
Non-NHS and Other WGA deferred income	1,703
Social security costs	277
Tax	272
Other payables and accruals	3,820
Total Trade & Other Payables	**76,235**
Total current and non-current	**76,235**

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

12 Provisions

	Closing Balance 2022-23 9 Months £'000	Opening Balance 2022-23 9 Months £'000
Current		
Continuing care	975	873
Other	3,830	3,388
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 £'000	Other £'000	Legal Claims £'000	Total £'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)
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	(3,593)
Expenditure	3,593

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 predecessor 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
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NHS Gloucestershire

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