April - June
2022

NHS
Gloucestershire
Clinical Commissioning Group

Annual **Report**

April - June 2022

A MESSAGE FROM

Mary Hutton
Accountable Officer

Dr Andy Seymour
Clinical Chair

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

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

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

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

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

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

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

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

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

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

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

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

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

Joined up care and communities

CONTENTS

TOP 20 Highlights

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

1

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

2

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

3

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

4

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

5

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

6

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

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

7

8

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

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

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

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

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

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

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

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

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

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

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

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

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

News Digest

Top stories from around the county

Gloucestershire at the forefront of the COVID-19 vaccination programme

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

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

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

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

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

Over 250 people have received treatment since December 2021.

Tackling barriers to COVID-19 vaccination uptake

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

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

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

Supporting families on the journey to parenthood

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

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

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

Supporting people with Type 2 diabetes to lose weight

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

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

Oliver McGowan training in Learning Disability and Autism

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

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

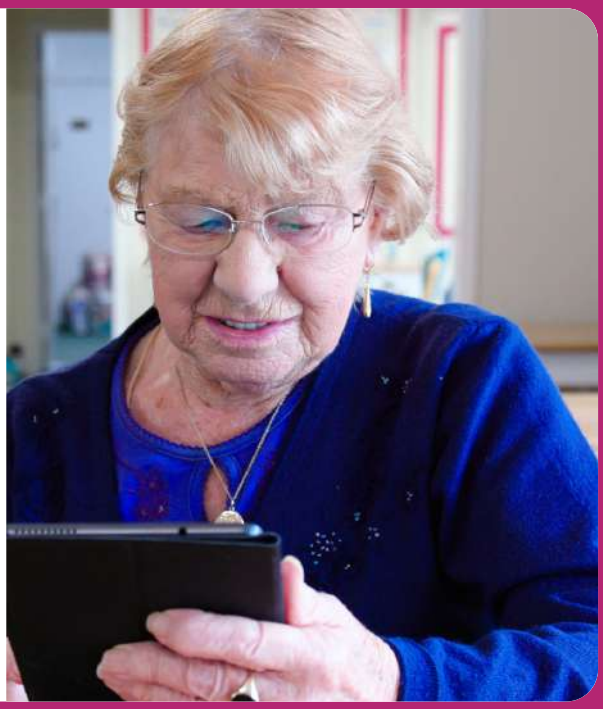
Supporting young people to access mental health services

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

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

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

Using technology to detect chronic kidney disease at home



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

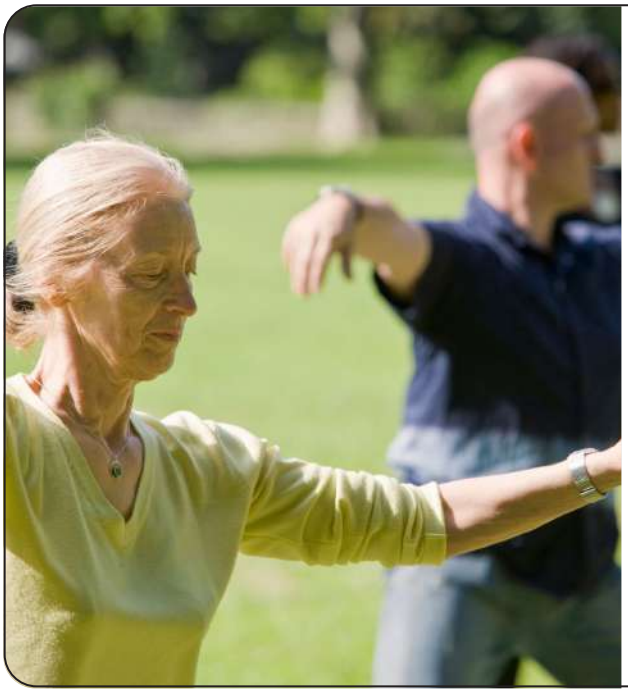
The Minuteful Kidney test – created by healthtech company Healthy.io – enables home-based urine testing, which is critical for picking up early signs of chronic kidney disease. Since being rolled out last year, almost 500 additional cases have been found that may otherwise have gone undetected.

Doing things differently to support Men's Health

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

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

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



It's Your Move helping people with persistent pain

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

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

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

Providing specialist respiratory support in the community

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

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

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

Improving diagnosis of asthma and COPD

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

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

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

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

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

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

Supporting people with cancer with their health and wellbeing

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

MACMILLAN NEXT STEPS CANCER REHABILITATION

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

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

Improving the health and wellbeing of people living with frailty

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

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

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

Access to cancer services in the pandemic

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

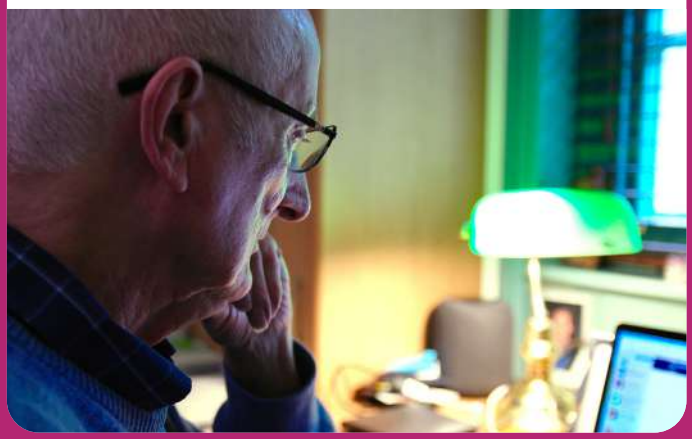
GPs continued to see patients with worrying symptoms, supporting 18% more people (around 26,000) to be referred to hospital services for diagnostic tests to confirm or rule out cancer.

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

Making it easier for patients to access services

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

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



Developing a sustainable workforce in GP Practices

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

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

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

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

Supporting people at the end of life

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

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

Investing in the surgeries of the future

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

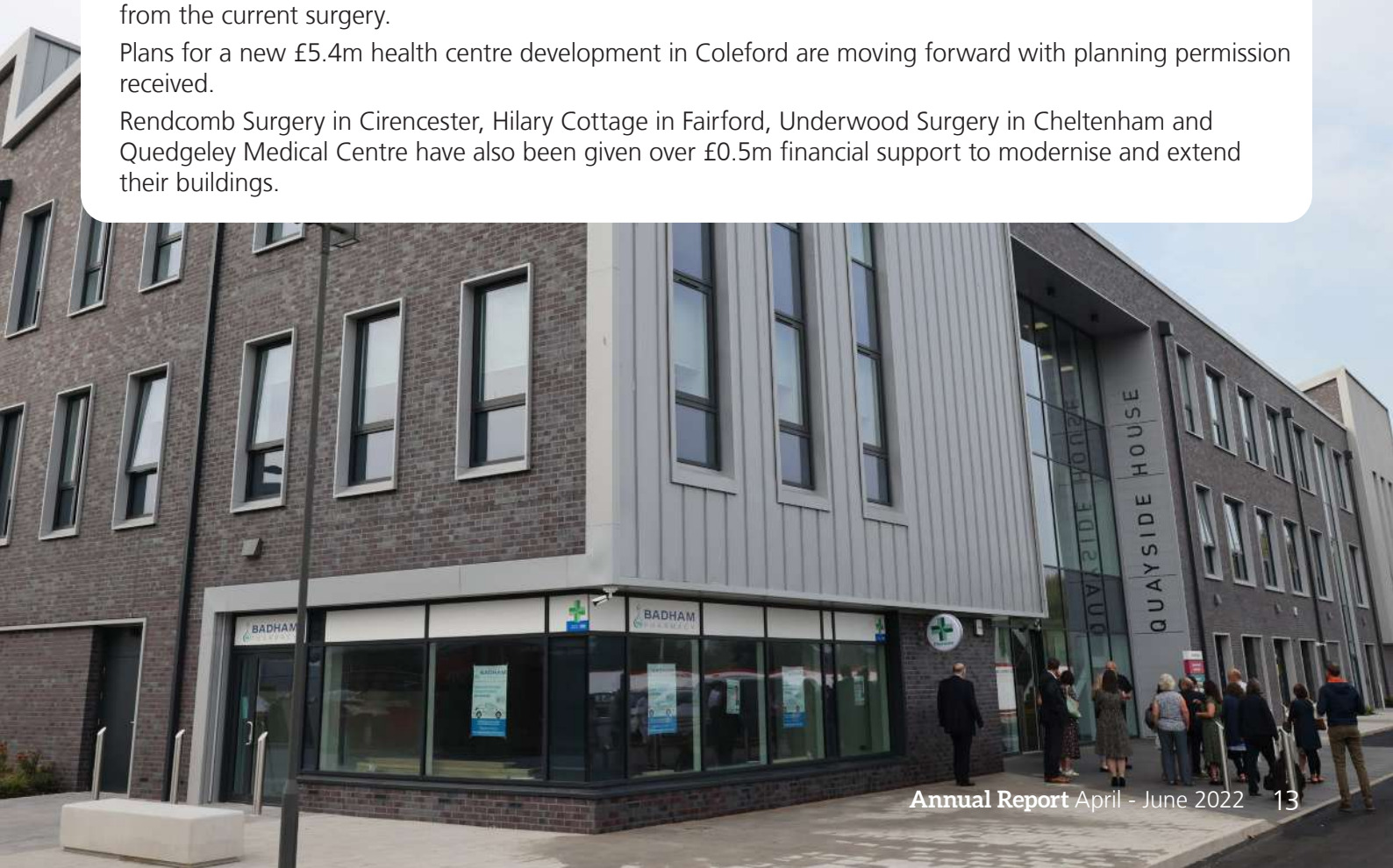
Building work on a brand new £10m health centre development in Cheltenham is nearing completion and is due to open in summer 2022. Three town centre practices (Berkeley Place, Crescent Bakery and Royal Crescent) will relocate to the new premises on Prestbury Road to provide services to around 25,000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

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

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

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

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



Performance report - overview

Performance Report – an overview

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

About Us

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

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

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

This includes:

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

How we work

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

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

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

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

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

Our constitution

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

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

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

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

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

The population we serve

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

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

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

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

Our providers

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

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

Our headquarters

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

Our Integrated Care System (ICS)

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

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

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

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

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

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

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

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

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

Ellen Rule

Acting CEO

June 2023

Performance report - analysis

Performance Report

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

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

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

Principle Risks and Uncertainties

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

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

Key operational risks identified are:

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

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

Our Financial Performance

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

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

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

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

In addition, the CCG:

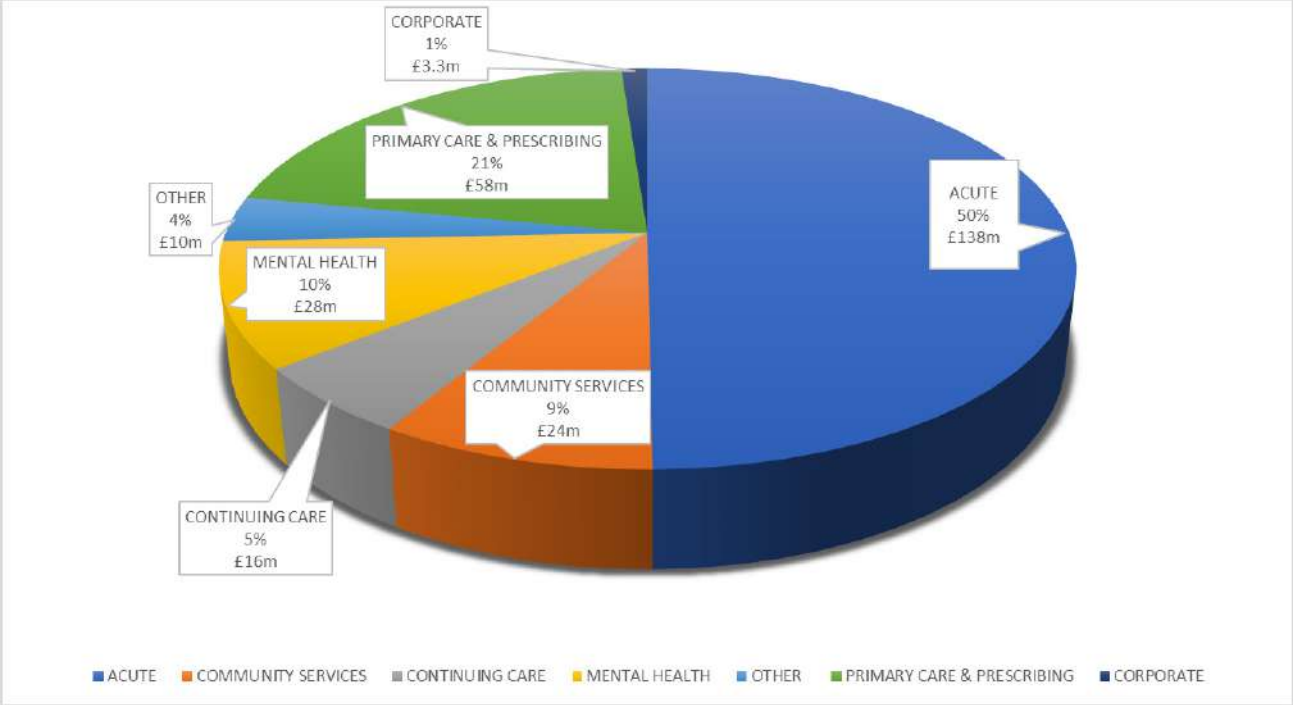
- Remained within its maximum cash drawdown as agreed with NHSE&I.
- Complied with the Better Payments Practice Code (details provided within note 6.1 of the annual accounts).

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

Table 1

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

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



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

2022/23: Full Year

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

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

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

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

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

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

Transactional Savings:

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

An explanation of the going concern

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

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

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

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

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

Ellen Rule

Acting CEO

June 2023

Performance Report - Analysis

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

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

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

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

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

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

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

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

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

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

Service areas and specific performance targets:

Urgent Care

Emergency Department – waiting and treatment times

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

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

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

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

Ambulance Response times

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

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

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

Planned Care

Diagnostic Services – Waiting times

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

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

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

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

Referral to Treatment (RTT) – Waiting times

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

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

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

Cancer – Waiting times

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

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

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

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

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

Mental health targets

Dementia Diagnosis Rate

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

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

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

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

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

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

Sustainable development

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

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

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

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

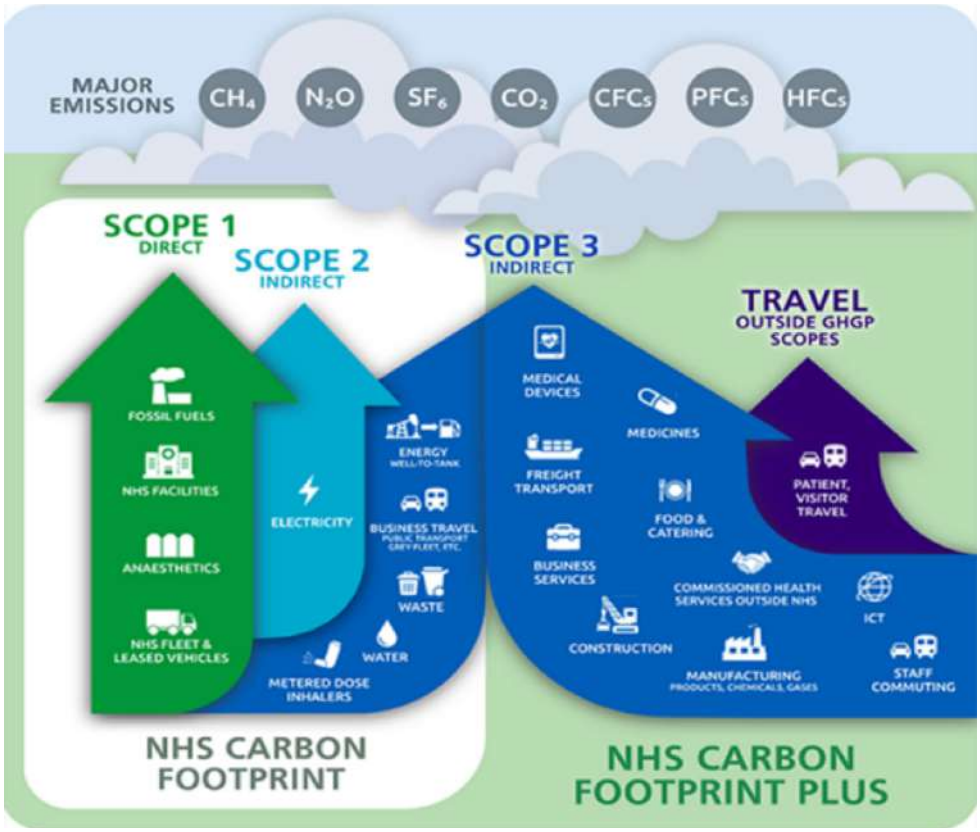
Action on sustainability has been initiated through the CCG's Joint Staff Consultative Committee, which regularly included sustainability as an agenda item and promoted sustainability through staff briefings. Staff continued to work primarily from home thus continuing some of the reductions in commuting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

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

The targets for reaching net zero are set out below:

NHS Scope of Emissions

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



NHS Net Zero Targets

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

Quality Improvement

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Working Together to Safeguard Children in Gloucestershire

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

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

Working with people and communities

Overview

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

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

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

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

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

Our Output Reports:

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

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

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

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

CCG Patient Support, Advice and Liaison Services (PALS)

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

Engagement between 1 April 2022 – 30 June 2022

Get Involved in Gloucestershire

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

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

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

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

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

Fit for the Future 2 Engagement

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

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

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

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

The areas we want to focus on now are:

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

Engagement support to GP member practices

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

PPG Network May 2022

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

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

Working with people and communities

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

Recognising Equality, Diversity and Inclusion

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

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

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

Testing our approach and learning

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

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

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

Governance: engagement and involvement activity

The CCG working together with partners

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

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

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

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

Governing Body:

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

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

Over the past 12 months, patient stories have covered:

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

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

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

Quality and Governance Committee:

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

Primary Care Commissioning Committee (PCCC):

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

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

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

Involvement in other groups

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

Regular reporting of patient experience and engagement activities at the CCG

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

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

Experience Team

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

Engagement Team

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

Patient and Public Engagement Team skills include::

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

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

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

CCG Information Bus

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

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

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

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

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

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

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

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

And finally…

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Equality, Diversity and Inclusion

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

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

Engaging our communities

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

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

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

We support people to get involved by:

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

Accountability

Equality Impact Assessment

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

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

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

EDS2 (Equality Delivery System)

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

Reducing Health Inequalities

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

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

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

Core20Plus5

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

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

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

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

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

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

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

1. Maternity continuity of carer

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

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

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

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

Staff have also benefitted from working in this way:

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

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

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

"Building meaningful relationships"

"More time to spend with women"

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

"Providing more personalised care"

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4. Early cancer diagnosis

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

5. Hypertension case finding

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

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

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

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

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

Population Health Management

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

Our core programme of working structured as follows:

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

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

Developing skills and sharing with a focus on:

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

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

Health and Wellbeing Strategy

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

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

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

- Green infrastructure
- Air quality
- Transport
- Economic development

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

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

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

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

Physical Activity Priority

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

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

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

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

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

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

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

Adverse Childhood Experiences (ACEs) and resilience Priority

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

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

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

Work is also underway to:

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

Health and Wellbeing Board and Integrated Care Partnership

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

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

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

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

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

Ellen Rule

Acting CEO

June 2023

Corporate Governance report

Accountability Report - Corporate Governance Report

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

It comprises the:

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

Members' report

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

Member profiles

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

Member Practices

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

Committee(s), including Audit and Risk Committee

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

Register of Interests

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

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

Personal data related incidents

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

Statement of Disclosure to Auditors

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

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

Whistleblowing policy

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

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

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

Modern Slavery Act

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

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

Statement of Accountable Officer's Responsibilities

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

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

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

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

The relevant responsibilities of accounting officers under Managing Public Money.

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

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

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

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

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

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

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

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

I also confirm that:

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

Ellen Rule

Acting CEO

June 2023

Governance Statement

Background

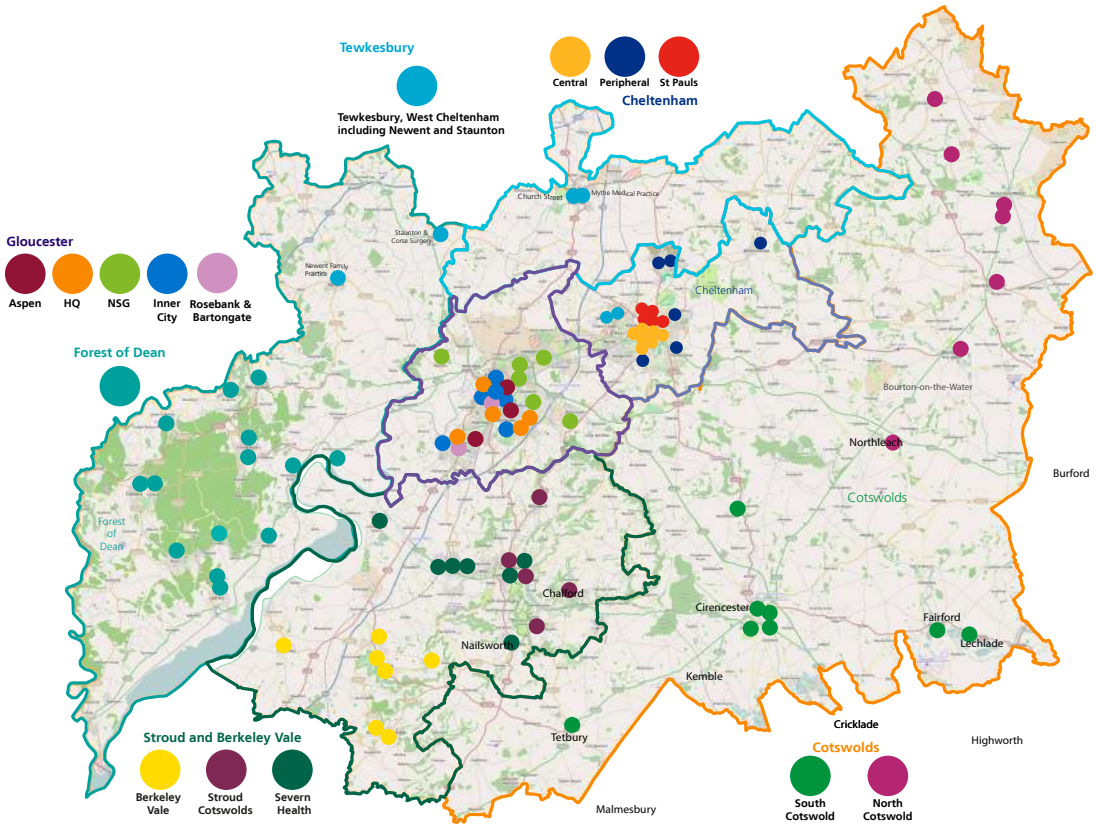
NHS Gloucestershire CCG is a body corporate established by NHSE&I on 1 April 2013 under the National Health Service Act 2006 (as amended).

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

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

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

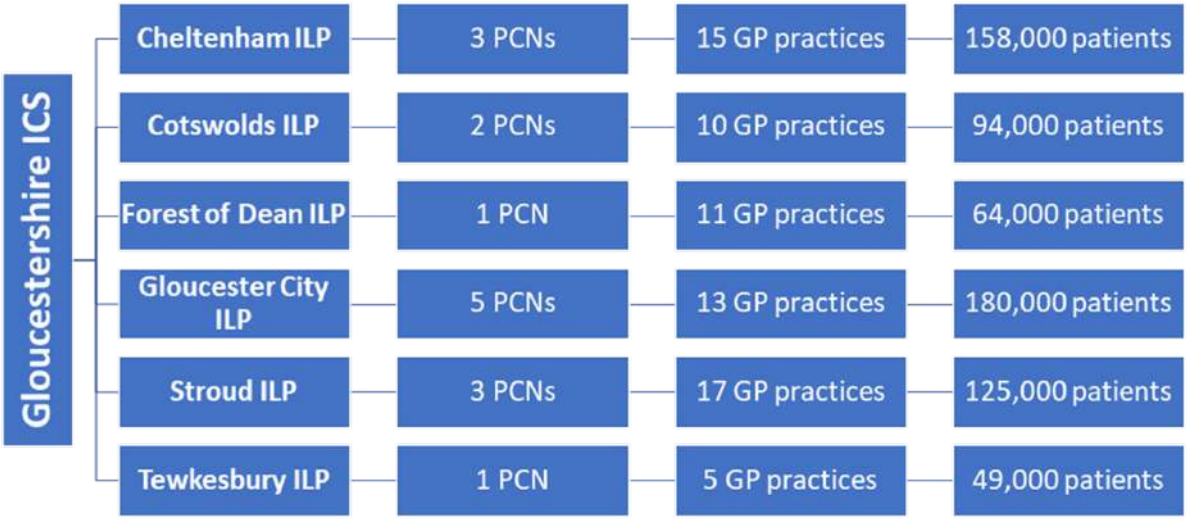
Map of Primary Care Networks



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

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

The six ILPs are:



Scope of responsibility

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

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

Governance arrangements and effectiveness

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

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

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

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

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

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

Governing Body - Structure

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

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

Governing Body meetings during COVID-19

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

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

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

Governing Body - Meetings

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

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

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

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

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

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

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

Audit & Risk Committee

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

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

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

- CCG closedown arrangements;
- Continuing Health Care arrangements;
- Community Diagnostics Programme.

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

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

The Quality & Governance Committee

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

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

During the period 1st April - 30th June 2022, the committee met twice and was quorate on each occasion.

The committee received the following reports:

- Countywide Quality Report;
- Review of clinical risks included on the Corporate Risk Register (including COVID-19 and Workforce risks);
- Provider Quality Reports (Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care Foundation Trust etc.);
- Staff Survey report 2021(findings and action plan);
- Bi-annual workforce reports (CCG workforce);
- Updated CCG Continuity Plans
- Ockenden Report
- Suicide Audit Report
- Learning from Case Reviews
- Workforce Race Equality Standard and Workforce Disability Equality Standard report;
- Data Security and Information Security updates.

The Quality and Governance Committee approved a range of Human Resources policies and Contingency Plans:

- Appeals Policy
- Capability Policy
- Grievance Policy
- Recruitment & Selection Policy
- Supervision Policy
- Major Incident Plan
- Business Continuity Strategy
- Business Continuity Management Plan.

Primary Care Commissioning Committee (PCCC)

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

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

This year, the committee met twice in the period 1st April -30th June 2022. Meetings were quorate on each occasion. The committee received the following:

- Quality Reports on Primary Care;
- Primary Care Workforce Report including Additional Roles Reimbursement Scheme;
- Delegated Primary Care Finance report;
- COVID-19 Vaccination Programme report;
- Primary Care Contracts report;
- Approvals. The committee approved:
    - Primary Care Infrastructure Plan 2016/ 2026 (Handover Report)
    - Community Enhanced Services – inflationary uplift..

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

Remuneration Committee

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

The Remuneration Committee is chaired by Peter Marriner, Lay Member for Business. It formally met once during the period and was quorate on that occasion. The Remuneration Committee makes its recommendations to the Governing Body for approval.

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

UK Corporate Governance Code

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

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

and standards of best practices.

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

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

Discharge of Statutory Functions

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

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

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

Risk management arrangements and effectiveness

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

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

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

- Risk identification, their cause and effect;
- How risks are being managed;
- The likelihood of occurrence and impact;
- Risk rating – escalation and de-escalation process;
- Their potential impact on the successful achievement of the CCG's objectives.

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

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

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

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

The Governing Body regularly received reports on risk through its respective committees during 1st April -30th June 2022.

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

The Audit and Risk Committee receives and considers the latest iteration of the GBAF and CRR at every meeting along with updates on significant developments. The Risk Committee also continued a deep dive review into each of the directorates risk registers on a cyclical basis.

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

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

Capacity to Handle Risk

During the period 1st April – 30th June, the Governance Team continued to use the 4Risk system to record corporate risks. Over the three-month period there were two Risk Management training sessions with Risk Leads.

Key risks identified 1st April – 30th June 2022

There were a number of key risks reported during the period.

High level risks rated at 12 or more are reported through the Governing Body Assurance Framework (GBAF). A number of key risks were the focus of dedicated Governing Body business sessions particularly those concentrating on the Covid-19 recovery phase.

As of the 30th June 2022, there were 33 risks in total on the Corporate Risk Register, comprising 28 risks rated at Amber and 5 yellow. Of those risks 12 were of a score of 12 or more and were therefore also reported on the GBAF.

As at the 30th June 2022, there were 21 risks on the GBAF, i.e. those scoring 12 or more. Of those 7 were rated Red (a score of 15 or more). The following risks were rated as RED risks:

- **CD 3:** Risk of non-delivery of NHS Constitution standard for maximum wait of 4 hours within the Emergency Department; actions to address this risk include the development, implementation and monitoring of the collaborative; daily escalation calls and monitoring of SHREWD;
- **CD 8:** SWAST have identified a risk in the SW to patients due to call stacking, this risk is being addressed through contract monitoring meetings with SWAST, as well as providing support to SWAST through the management of urgent care and daily escalation calls;
- **CD 2:** Risk of non-delivery of reduction in delays for patients who are clinically ready for hospital discharge; in addition to the support provided by the Urgent Care team around daily escalation calls; there is further work around the System Flow & Delivery Cell (currently fortnightly) taking oversight of delivery of collaborative actions for operational recovery and service developments;
- **CD 4:** Risk of failure to reduce demand and prevent avoidable emergency acute attendances and admissions; in addition to the actions being taken with regard to the risks outlined above, there are Bi-monthly A&EDB meetings with system partners, including NHSEI.
- **CD 5:** Risk of failure to comply fully with NHS Constitution standards for planned care waiting times; the Elective Recovery Collaborative continue to monitor recovery and the latest COVID-19 impact. Recovery is also monitored weekly at the Adapt and Adopt Steering group and immediate system wide actions are taken.
- **ID 27:** Child/young adults not receiving the specialised care they would receive in a Tier 4 Eating

Disorder Bed; there is a programme of work, working with the voluntary sector on developing a wide range of community options that can be used to facilitate discharge.

- **ID 31**: Risk to the capacity of the Care Market, workforce plans have been developed to attract and retain care staff including continuing to promote Proud to Care, retention bonuses, wellbeing support and offers to care staff etc.
- All risks on the CRR and GBAF have comprehensive action plans to address the risks, with controls and assurances in place. The GBAF is reported at each Governing Body meeting see here: **https://www.gloucestershireccg.nhs.uk/category/board-meetings/**

The outstanding risks in place on 30th June 2022 have been carried forward into the ICB and will continue to be managed within the Risk Management Framework described within this statement.

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

Other sources of assurance

Internal Control Framework

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

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

Annual audit of conflicts of interest (CoI) management

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

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

- The use of Civica Declare which is set up automatically to send out email reminders to staff and managers. Each staff member has their own password protected account in Civica which they use to log their interests;
- Robust policies for declaring Conflicts of Interests and Gifts and Hospitality; there is also a Staff Handbook with details and instructions for declaring CoI;
- Comprehensive training material regarding Conflicts of Interest which is utilised as part of the Corporate Induction training;
- The Governance Team has put considerable effort into chasing individuals who have not completed the mandatory Conflicts of Interest ('CoI') training. Emails have been sent out every quarter to remind Directors and PAs to ensure their staff complete the mandatory training. Compliance rates are reviewed on a regular basis and continue to improve;
- Conflicts of interests are declared at each Governing Body and committee meeting and interests are reported in the minutes.

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

The CCG has adopted a culture whereby all gifts and hospitalities that do not subscribe to a modest amount should be declined. This is exemplified in the Association of British Pharmaceutical Industry registry which showed that CCG had declared and accepted no gifts/hospitalities in the period 1st April -30th June 2022. The internal audit report also identified robust procedures for declaring and managing interests related to any procurement.

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

Data Quality

Governing Body members consider data quality to be an integral part of its system of internal controls in order that it can assess both the effectiveness and performance of the organisation and its contracted services. There have been no significant concerns about data quality reported in the period 1st April -30th June 2022.

Information Governance & Data Security

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

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

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

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

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

Cyber Security

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

- Unsupported Software – Unsupported software has been identified, patch management/upgrades are ongoing.
- Anti-Virus – Process documented, dashboard in place for monitoring, exceptions are reported and flagged for action.
- IT Infrastructure – Penetration test completed and draft report under review. Mention of other tools that are proactively scanning.
- Firewall Management – Documented manual in operation to routinely review firewall and rules.
- Password Management – SOP's under review for Netrix, Issues with Netrix AD auditor continue to be addressed with supplier, prior to additional scope in operational use.

- IT Business Continuity Plan – Digital Team Disaster Recovery Programme commenced 26/1/22 – BCP workshop held June 2022 and an action plan based on findings is in development..
- Network Access Controls - Cisco ISE project already in flight and already operational for wireless authentication that this would be extended to devices connecting to the wired IT network. Remediation plan in development.

Business Critical Models

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

Third party assurances

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

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

Service Auditor Reports

The CCG relies on a number of third parties to provide services, these include human resources and payroll services, payments to GPs and pharmacists. Suppliers of services have engaged with auditors to carry out ISAE3402 Service Audit Type II reports to review and provide assurance on the controls within the third party organisations, these reports have been received by the organisation for 2022/23.

NHS Shared Business Services: Finance and Accounting Services: an unqualified opinion was given

The Electronic Staff Record Programme: the review found that controls around access did not fully operate during 2022/23.

NHS Business Services Authority: Prescription Payments: the review found that controls around user access including leavers did not operate effectively during the period.

The CCG has compensating controls in place to mitigate any increased areas of risk.

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

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

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

Delegation of functions

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

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

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

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

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

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

Counter fraud arrangements

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

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

The Head of Counter Fraud meets regularly with the Chief Finance Officer to discuss progress against the Action Plan and areas of potential risk. During the period 1 April to 30 June regular reports and updates were given to the Audit and Risk Committee on:

- Final Annual Report for 2021/22
- Counter Fraud Functional Standards Return for 2021/22
- Counter Fraud Investigations report;
- Counter fraud training – face to face and e-learning training Counter Fraud deliver face to face training to all staff as a part of the CCG's Statutory and Mandatory Training. The Governing Body also receives annual Counter Fraud training. Fraud awareness is also raised through updates via the CCG's newsletter Team Brief.

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

Head of Internal Audit Opinion

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

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

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

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

In forming our view we have taken into account that:

- In response to Covid-19, a temporary financial regime for the NHS remained in place for the 2021/22 financial year. At the financial year-end, the CCG reported a £2.214m surplus and for the three-month period to 30 June 2022, it delivered a breakeven position.
- Despite the impact on the staff due to the Covid-19 pandemic, we have been able to complete all of our planned audit work, during the year. There have been no limitations in scope due to the homeworking restrictions.
- The CCG has displayed strong controls in relation the key financial system, conflicts of interest and primary care commissioning processes. Significant assurance opinions on the design and operational effectiveness of the processes were provided for these audits.

- The Covid-19 pandemic has resulted in aspects of the NHS Constitutions not being met, however, from the work we have undertaken and the reports provided, it was evident that the Governing Body has been kept informed on the issues a timely basis. However, this aspect has contributed to our overall opinion of moderate assurance.
- The CCG has continued to develop and enhance its mechanisms to ensure appropriate assurance and oversight arrangements are in place to demonstrate the monitoring of its risks within the Governing Body Assurance Framework.
- Good progress has been made during the year with the implementation of the actions arising from the audit work.

Report Issued	Recommendations & Significance			Overall Report Conclusions	
	H	M	L	Design	Operational Effectiveness
Primary Care Commissioning	-	-	-	Substantial	Substantial
Cyber Security (joint with GHFT)	3	4	-	Moderate	Limited
Key Financial Systems	-	-	1	Substantial	Substantial
Conflicts of Interest	-	-	1	Substantial	Substantial
Cyber Security Reporting (Advisory)	-	-	-	n/a	n/a
Partnership Working – ICS Development – CCG Closedown and ICB Readiness	-	1	-	n/a	n/a
Continuing Health Care (children/adults)	-	2	-	Moderate	Moderate

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

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

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

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

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

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

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

Conclusion

No significant internal control issues have been identified during the period 1st April - 30th June 2022.

Ellen Rule

Acting CEO

June 2023

Remuneration and staff report

Remuneration and staff report

Remuneration Committee

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

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

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

Senior Managers Remuneration Report

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

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

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

Remuneration Policy

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

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

Senior Manager Contracts

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

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

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

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

Staff Report

NHS Gloucestershire CCG employs a headcount staff of **474 (362.58 WTE) as at the 30 June 2022**. These figures include all permanent staff, those on short-term contracts as well as secondments into the CCG and those staff employed on bank contracts.

Staff Turnover for period 1 July 2021 to 30 June 2022 is 13.48%.

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

Governance arrangements for HR

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

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

The Committee also receives the following reports:

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

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

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

Throughout this period there has been good representation from staff at the JSCC meetings noting that staff reps have found the forum important to staff engagement. The main focus of the JSCC meetings throughout this period, has been the staff transfer arrangements resulting from the demise of the CCG and establishment of the Integrated Care Board.

Staff survey results

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

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

1. We are compassionate and inclusive:

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

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

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

GCCG scored 6.9 the same as the CCG average.

3. We each have a voice that counts:

- Autonomy and control
- Raising concerns

GCCG scored 7.4 just above the CCG average of 7.3.

4. We are safe and healthy

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

CGG scored 6.8 above the CCG average of 6.6.

5. We are always learning

- Development
- Appraisals

GCCG scored 5.8 above the CCG average of 5.5.

6. We work flexibly

- Support for work-life balance
- Flexible working

GCCG scored 7.4 the same as the CCG average.

7. We are a team

- Team working
- Line management

GCCG scored 7.2 above the CCG average 7.2.

8. Staff Engagement*

- Motivation
- Involvement
- Advocacy

GCCG scored 7.3 above the CCG average 7.2.

9. Morale

- Thinking about leaving
- Work pressure
- Stressors.

GCCG scored 6.5 compared to the CCG average 6.2.

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

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

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

Staff engagement

During 2021/22 with the emergence of the Omicron variant of COVID-19 staff continued to predominantly work from home. During the period 1st April-30th June 2022 staff have increasingly come into the office.

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

Our staff engagement activities during 1st April-30th June 2022 covered the following key activities:

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

Staff Wellbeing

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

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

- The CCG gained accreditation for the Gloucestershire Healthy Workplace Award: **https://www.hlsglos.org/about-us/healthy-workplaces/** with plans to achieve the Advanced Award later in 2022;
- Appointed a Wellbeing Guardian – Lay Member on the CCG Governing Body;
- Currently recruiting Wellbeing Champions throughout the organisation;
- Supported the launch of the Wellbeing Line, that provides health and wellbeing support to health and care colleagues across Gloucestershire was launched in February 2021;
- System wide wellbeing policies have been developed including the Menopause Policy and resource pack;
- Extension of the office furniture grants scheme into this period and now includes provision for office equipment covering desks and office chairs.

Staffing policies

The CCG like other NHS employers has a host of HR policies, user guides, forms and resources. Policies are formally reviewed both by the Executive Management Team and the JSCC, before being ratified and adopted by the Quality and Governance Committee prior to publication. The full range of HR policies currently in use can be found here: **www.gloucestershireccg.nhs.uk/about-us/nhs-publication-scheme/our-policies-and-procedures/**

Sickness absence data

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

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

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

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

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

Ill health retirement

There were no early retirements on ill health grounds in the period 1st April-30th June 2022 (Nil in 2021/22).

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

The CCG confirms that there are relevant union officials who are staff members of the CCG, and they take time off during their working hours for the purpose of taking part in any activities in relation to which they are acting as a representative of a union.

Equality, Diversity and Inclusion

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

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

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

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

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

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

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

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

During 1st April-30th June the ED&I specialist at Central South Commissioning Support Unit commenced the ED&I review of the CCG. This review entailed appraising the CCG's strategies, procedures and policies against best practice on ED&I and making recommendations for improvement. In addition, a cultural piece of work was undertaken to understand how the CCG can be best placed to embrace diversity. The report has been completed, with a raft of recommendations and will be shared with the new Director of People, Culture and Engagement and Governing Body members.

During 1st April-30th June the following schemes were put in place to support ED&I work:

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

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

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

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

Equalities monitoring

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

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

Gender

Gender	Headcount	%	FTE
Female	349	73.6	264.08
Male	125	26.4	98.51
Total	**474**	**100.0**	**362.58**

Ethnicity

Ethnic Group	Headcount	%	FTE
A White - British	384	81.01	300.97
B White - Irish	5	1.05	5.00
C White - Any other White background	7	1.48	4.13
CC White Welsh	1	0.21	0.00
CP White Polish	1	0.21	0.60
D Mixed - White & Black Caribbean	4	0.84	4.00
F Mixed - White & Asian	2	0.42	0.77
G Mixed - Any other mixed background	1	0.21	1.00
H Asian or Asian British - Indian	13	2.74	10.08
J Asian or Asian British - Pakistani	2	0.42	1.40
L Asian or Asian British - Any other Asian background	2	0.42	1.60
LE Asian Sri Lankan	1	0.21	1.00
LH Asian British	1	0.21	1.00
M Black or Black British - Caribbean	6	1.27	2.77
N Black or Black British - African	2	0.42	2.00
PD Black British	1	0.21	1.00
R Chinese	3	0.63	2.24
S Any Other Ethnic Group	1	0.21	1.00
Unspecified	1	0.21	0.00
Z Not Stated	35	7.38	22.02
Grand Total	**467**	**100.00**	**362.58**

Disability

Disability Flag	Headcount	%	FTE
No	394	83.1	312.47
Not Declared	52	11	38.51
Prefer Not To Answer	1	0.2	0.00
Unspecified	12	2.5	2.1
Yes	15	3.2	9.5
Grand Total	**474**	**100**	**362.58**

Age Band

Age Band	Headcount	%	FTE
<20	2	0.42	2.00
21-25	29	6.12	28.00
26-30	35	7.38	33.20
31-35	34	7.17	26.76
36-40	51	10.76	39.96
41-45	54	11.39	43.55
46-50	50	10.55	40.00
51-55	86	18.14	65.87
56-60	73	15.40	52.52
61-65	43	9.07	24.45
66-70	12	2.53	5.72
>=71 Years	5	1.05	0.56
Grand Total	**474**	**100.00**	**362.58**

Religion

Religious Belief	Headcount	%	FTE
Atheism	87	18.35	75.98
Buddhism	4	0.84	3.00
Christianity	214	45.15	166.51
Hinduism	8	1.69	5.96
Islam	3	0.63	2.40
Not Disclosed	117	24.68	82.47
Other	33	6.96	23.84
Sikhism	3	0.63	2.32
Unspecified	5	1.05	0.10
Grand Total	**474**	**100.00**	**362.58**

Sexual Orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	4	0.84	4.00
Gay or Lesbian	3	0.63	3.00
Heterosexual or Straight	382	80.59	302.63
Not Disclosed	75	15.82	50.65
Other sexual orientation not listed	3	0.63	1.20
Unspecified	7	1.48	1.10
Grand Total	**474**	**100.00**	**362.58**

Other employee matters

Health and Safety at work

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

Fair Pay (audited)

The annualised range of remuneration is £17.4k to £175k (2021-22 £12.8 to £167.6k).

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

The banded remuneration of the highest paid member of the Governing Body in the CCG in the financial year was £180k - £185k (£180k - £185k in 2021/22) on an annualised basis. This figure is different to the remuneration table due to it being calculated on an annualised basis for part-time work.

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

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

Pay Ratio information (audited)

2022-23 (3 months)	25th Percentile	Median	75th Percentile
Total remuneration (£)	£31,534	£42,121	£54,764
Pay ratio information	5.79:1	4.33:1	3.33:1

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

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

The average percentage change for the CCG as a whole has seen a 0.18%/£91 decrease in 22/23. As at 30th June the pay award had not been remunerated and there has been a minor change in deparmental skill mix. There has been no change in the highest paid directors remuneration in 22/23.

In 2022/23 no employee received remuneration in excess of the governing body. Total remuneration includes salary, non-consolidated performance-related pay, benefits in kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer of pensions.

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

Off Payroll Engagements

For all off-payroll engagements as of 30 June 2022, for more than £245 per day:

	Number
Number of existing engagements as of 30 June 2022	7
Of which, the number that have existed:	
for less than one year at the time of reporting	1
for between one and two years at the time of reporting	1
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	2
for 4 or more years at the time of reporting	3

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

For all off-payroll engagements between 1 April 2022 and 30 June 2022, for more than £245 per day:

	Number
Number of temporary off payroll workers engaged between 1 April 2021 and 31 March 2022	7
Of which:	
Number Not Subject to off-payroll legislation	0
Number Subject to off payroll legislation and determined as in-scope of IR35	7
Number Subject to off payroll legislation and determined as out of scope of IR35	0
Number of engagements reassessed for compliance/assurance purposes during the year	0
Of which:	
No. of engagements that saw a change to IR35 status following the consistency review	0

Off-payroll engagements of Board/Governing Body members and/or senior officials with significant financial responsibility between 1 April 2021 and 30 June 2022:

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

Remuneration Report 2022-23 (3m - 1 April 2022 to 30 June 2022) (audited)

	2022/23 (3m)						
Name & Title	Salary (bands of £5,000)	Expense Payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	Sub-total (band of bands)	All Pension Related Benefits (bands of £2,500) *	Total (bands of £5,000)
Mary Hutton, Chief Executive	50-55	0	0	0	50-55	0	50-55
Ellen Rule, Deputy CEO/Director of Strategy and Transformation	30-35	0	0	0	30-35	62.5-65	95-100
Cath Leech, Chief Finance Officer	30-35	0	0	0	30-35	0	30-35
Mark Walkingshaw, Director of Operational Planning & Performance	30-35	0	0	0	30-35	0	30-35
Helen Goodey, Director of Primary Care & Place[1]	25-30	0	0	0	25-30	65-67.5	90-95
Dr Marion Andrews-Evans, Chief Nursing Officer	30-35	0	0	0	30-35	0	30-35
Kim Forey, Director of Integrated Commissioning[2]	10-15	0	0	0	10-15	7.5-10	20-25
Dr Andy Seymour, Chief Medical Officer	30-35	0	0	0	30-35	2.5-5	35-40
Colin Greaves OBE, Lay Member, Governance	5-10	0	0	0	5-10	0	5-10
Dr Caroline Bennett - GP Member	10-15	0	0	0	10-15	0	10-15
Dr Will Haynes - GP Member	5-10	0	0	0	5-10	0	5-10
Dr Hein Le Roux - GP Member[3]	20-25	0	0	0	20-25	5-7.5	25-30
Dr Mala Dixon - GP Member	10-15	0	0	0	10-15	7.5-10	20-25
Dr Will Miles - GP Member	10-15	0	0	0	10-15	0	10-15
Julie Clatworthy - Lay Member	5-10	0	0	0	5-10	0	5-10
Dr Alan Gwynn - GP Member	5-10	0	0	0	5-10	0	5-10
Alan Elkin - Lay Member	0-5	0	0	0	0-5	0	0-5
J Davies - Lay Member	0-5	0	0	0	0-5	0	0-5
PJ Marriner - Lay Member	0-5	0	0	0	0-5	0	0-5

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

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

[1]Remuneration relates to Work for Gloucestershre CCG. Non disclosed remuneration for role at Gloucestershire Care and Health NHSFT. Total remuneration received is within band (95-100)

[2]Remuneration relates to Work for Gloucestershre CCG . Non disclosed remuneration for role at Gloucestershire County Council. Total remuneration received is within band (30-35)

[3]Relates to his Board and Non Board appointments. The Board appointment is within band £10-15K

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

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

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

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

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

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

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

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

Pensions Report 2022-23 (3m - 1 April 2022 to 30 June 2022) (audited)

Name & Title	2022/23 (3m)							
	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 30 June 2023 (bands of £5,000)	Lump sum at pension age related to accrued pension at 30 June 2023 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2022	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023	Employers contribution to partnership pension
Dr Andrew Seymour, Clinical Chair	0-2.5	0	20-25	45-50	458	4	470	5
Cath Leech, Chief Finance Officer	0-2.5	0	50-55	105-110	993	2	1,006	4
Helen Goodey, Director of Primary Care and Locality Development	2.5-5	5-7.5	35-40	65-70	627	68	700	0
Kim Forey, Director of Integration	0-2.5	0	20-25	0	399	9	416	4
Dr Will Haynes, Clinical Commissioning Lead (Gloucester City)	0	0	15-20	0	370	0	374	1
Dr Hein Le Roux, Deputy Clinical Chair	0-2.5	0-2.5	20-25	15-20	297	5	305	1
Dr Mala Dixon, Clinical Commissioning Lead	0-2.5	0-2.5	5-10	20-25	130	5	138	2
Mark Walkingshaw, Deputy Accountable Officer/Director Of Commissioning Implementation	0-2.5	0	50-55	110-115	966	0	978	5
Ellen Rule, Director of Transformation and Service Redesign[1]	2.5-5	7.5-10	25-30	50-55	208	49	264	5
Dr Will Miles - GP Member	Dr Miles has opted out of the NHS Pension Scheme							
Dr Caroline Bennett - GP Member	Dr Bennett has opted out of the NHS Pension Scheme							
Dr Marion Andrews-Evans, Chief Nursing Officer	Dr Andrews-Evans has opted out of the NHS Pension Scheme							
Mary Hutton, Accountable Officer	Mary Hutton has opted out of the NHS Pension Scheme							

[1] Chose not to be covered by the pension arrangements in the prior year but opted back in for this period only.

Pensions Report 2021-22 (audited)

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

Cash Equivalent Transfer Values

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

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

Real Increase in CETV

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

Staff Numbers

Average Contracted WTE of Staff Groupings by Occupational Code (excluding Off Payroll engagements only)	22/23 (3 months)			21/22		
	Male	Female	Total	Male	Female	Total
Governing Body members	3	1	4	3	1	4
Executive Directors	1	6	7	1	6	7
Senior Manager G0 (Band 8D and Above)	6	9	15	5	8	13
Manager G1 (Band 8A, 8B, 8C)	22	29	51	20	30	50
Clerical and Admininstrative G2 (Band 7 and Below)	52	159	211	45	148	193
Nursing, midwifery and health visiting staff	0	1	1	0	1	1
Medical and dental staff	4	36	40	2	38	40
Scientific, therapeutic and technical staff	5	21	26	4	21	25
Sub Totals	93	262	355	80	253	333
Grand Total		**355**			**333**	

Staff profile (audited)

The profile of staff within the CCG, based on the average number of Whole Time Equivalent contracted in 2022-23 (3 months), is as presented in the table below. This is referred to in note 4.2 of the Annual Accounts.

Avg No WTE contracted (including Directors & Off Payroll engagements)	22/23 (3 months)			21/22		
	Director	Other Ee	Total	Director	Other Ee	Total
total Staff	7	362	369	7	330	337
of which:						
Perm	7	306	313	7	295	302
Other	0	56	56	0	35	35
of which:						
Male	1	101	102	1	83	84
Female	6	260	266	6	247	253

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

	22/23 (3 months)			21/22		
	Directors £'000	Other Ees £'000	Total £'000	Directors £'000	Other Ees £'000	Total £'000
total Staff Costs	300	5,286	5,586	1,071	19,544	20,614
of which:						
permanent	300	4,956	5,256	1,071	18,621	19,692
other	-	330	330	-	922	922

Employee benefits and staff numbers (audited)

	22/23 (3 months)			21/22		
	Total	Permanent Employees	Other	Total	Permanent Employees	Other
	£'000	£'000	£'000	£'000	£'000	£'000
Employee Benefits						
Salaries and Wages	4,317	3,986	330	16,081	15,158	922
Social Security Costs	477	477	0	1,599	1,599	0
Employer Contributions to NHS Pension scheme	773	773	0	2,824	2,824	0
Other Pension Costs	2	2	0	6	6	0
Apprenticeship Levy	18	18	0	66	66	0
Termination Benefits	0	0	0	39	39	0
Gross employee benefits expenditure	**5,586**	**5,256**	**330**	**20,614**	**19,692**	**922**
Total – Net admin employee benefits including capitalised costs	**5,586**	**5,256**	**330**	**20,614**	**19,692**	**922**
Less: Employee costs capitalised	0	0	0	0	0	0
Net employee benefits excluding capitalised costs	**5,586**	**5,256**	**330**	**20,614**	**19,692**	**922**

There were no significant increases in staff groups in 2022/23 (3 months).

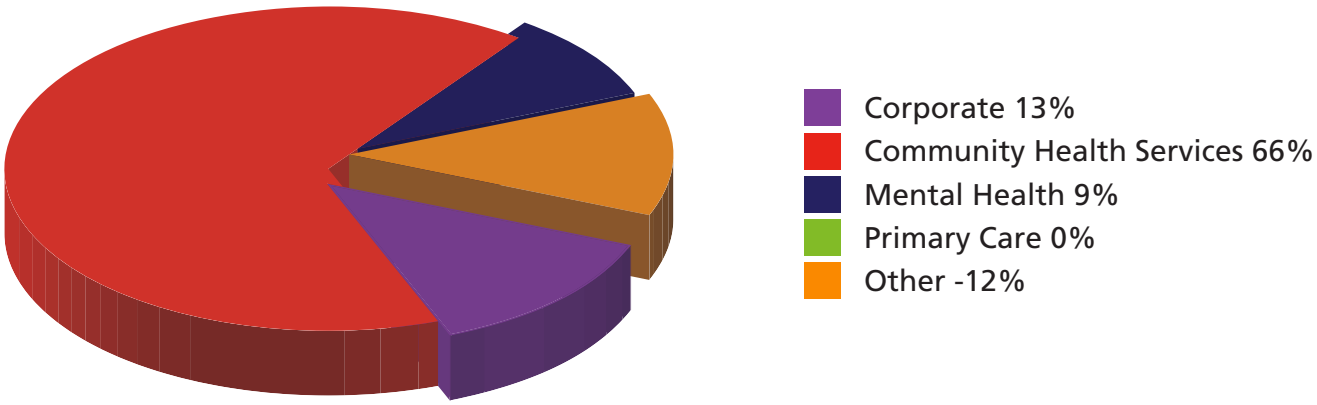
- There have been no significant awards made to past senior managers in 2022/23 (3 months)
- There has been no compensation on early retirement or for loss of office in 2022/23 (3 months)
- There have been no payments to past directors in 2022/23 (3 months)
- Four staff on Very Senior Manager contracts earn in excess of £150,000 pa on a pro-rata basis

Exit Packages

There were no exit packages in the 3 months to 30th June 2022 (there were 3 in 21/22).

Consultancy

Consultancy costs of **£35k** in 2022-23 M1-3 were spent in the following areas:



External Audit

The CCG's external auditors are Grant Thornton UK LLP. The cost of the annual statutory audit of the 2022/23 (3 month) Financial Statements was £67k. The cost was determined based upon the size of the CCG's commissioning budget.

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 in respect of NHS Gloucestershire Clinical Commissioning Group

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of NHS Gloucestershire Clinical Commissioning Group (the 'CCG') for the period ended 30 June 2022, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the CCG as at 30 June 2022 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 Social Care Act 2012.

Basis for opinion

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

Emphasis of matter – Demise of the organisation

In forming our opinion on the financial statements, which is not modified, we draw attention to note 1.1 to the financial statements, which indicates that the Health and Care Bill allowed for the establishment of Integrated Care Boards (ICBs) and abolished Clinical Commissioning Groups (CCGs). The functions, assets, and liabilities of NHS Gloucestershire CCG transferred to NHS Gloucestershire ICB on 1 July 2022. When NHS Gloucestershire CCG ceased to exist on 1 July 2022, its services continued to be provided by NHS Gloucestershire ICB.

Conclusions relating to going concern

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

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 CCG's financial statements shall be prepared on a going concern basis, we considered the inherent risks

associated with the continuation of services provided by the CCG. In doing so we have had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 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 CCG and the CCG'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 CCG's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

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

Responsibilities of the Accountable Officer

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

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

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

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 CCG and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23).

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

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

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

We assessed the susceptibility of the CCG's financial statements to material misstatement, including how fraud might occur, 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 journal entries using criteria based on our knowledge of the entity and the risk factors identified.
- challenging assumptions and judgements made by management in its significant accounting estimates in respect of the prescribing accrual.
- 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 CCG operates
- understanding of the legal and regulatory requirements specific to the CCG including:
  - the provisions of the applicable legislation
  - NHS England's rules and related guidance
  - the applicable statutory provisions.

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

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

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

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

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the CCG made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the period ended 30 June 2022.

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 CCG's resources.

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

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources were operating effectively during the three month period ended 30 June 2022..

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

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

Report on other legal and regulatory requirements – Certificate

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

Use of our report

This report is made solely to the members of the Board of NHS Gloucestershire ICB, as a body, in respect of the CCG, 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 NHS Gloucestershire

ICB those matters we are required to state to them in an auditor's report in respect of the CCG and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than NHS Gloucestershire ICB and the CCG and the members of the Board of both entities, as bodies, 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 CCG
This year	2022/23 (3 Months)
Last year	2021/22 (12 Months)
This year ended	30-June-2022
Last year ended	31-March-2022
This year commencing:	01-April-2022
Last year commencing:	01-April-2021

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

Please review and adjust to local reporting requirements

CONTENTS

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

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

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

Statement of Financial Position

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

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

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

Acting Chief Executive Officer
Ellen Rule

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

	2022/23 (3 Months) General fund £'000	2021/22 (12 Months) General fund £'000
Changes in taxpayers' equity for 2022/23 (3 Months)		
Balance at 01 April	(66,074)	(58,810)
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2022/23 (3 Months)		
Net operating expenditure for the financial year	(277,742)	(1,150,585)
Net funding	292,110	1,143,121
Balance at 30 June	**(51,706)**	**(66,074)**

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

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

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

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

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

Notes to the financial statements

1 **Accounting Policies**

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

1.1 **Going Concern**

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

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

1.2 **Accounting Convention**

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

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

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

1.4 **Pooled Budgets**

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

1.5 **Operating Segments**

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

Notes to the financial statements

1.6 **Revenue**

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

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

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

Payment terms are standard reflecting cross government principles.

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

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

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

1.7 **Employee Benefits**

1.7.1 **Short-term Employee Benefits**

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

1.7.2 **Retirement Benefit Costs**

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

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

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

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

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

1.8 Other Expenses

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

1.9 Grants Payable

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

1.10 Leases

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

1.10.1 The Clinical Commissioning Group as Lessee

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

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.
The HM Treasury incremental borrowing rate of 0.95% is applied for leases commencing, transitioning or being remeasured in the 2022 calendar year under IFRS 16.
Lease payments included in the measurement of the lease liability comprise
-Fixed payments;
-Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
-The amount expected to be payable under residual value guarantees;
-The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
-Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.
The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.
The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.
The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.
Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.
Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.
Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.
For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.
Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.11 Cash & Cash Equivalents

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

Notes to the financial statements

1.12 Provisions

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

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

1.13 Non-clinical Risk Pooling

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

1.14 Financial Assets

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

1.14.1 Financial Assets at Amortised cost

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

1.15 Financial Liabilities

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

1.16 Value Added Tax

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

1.17 Losses & Special Payments

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

1.18 Critical accounting judgements and key sources of estimation uncertainty

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

1.18.1 Critical accounting judgements in applying accounting policies

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

1.18.2 Sources of estimation uncertainty

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

1.19 Gifts

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

1.20 Adoption of new standards

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

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

Impact assessment

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

The group has utilised three further practical expedients under the transition approach adopted:
a) The election to not make an adjustment for leases for which the underlying asset is of low value.
b) The election to not make an adjustment to leases where the lease terms ends within 12 months of the date of application.
c) The election to use hindsight in determining the lease term if the contract contains options to extend or terminate the lease.
The most significant impact of the adoption of IFRS 16 has been the need to recognise right-of-use assets and lease liabilities for any buildings previously treated as operating leases that meet the recognition criteria in IFRS 16. Expenditure on operating leases has been replaced by interest on lease liabilities and depreciation on right-of-use assets in the statement of comprehensive net expenditure.

As of 1 April 2022, the group recognised £1.794 or right-of-use assets and lease liabilities of £0.854m. The weighted average incremental borrowing rate applied at 1 April 2022 is 0.95% and on adoption of IFRS 16 there was an £0.94m impact to tax payers' equity, which is funded from existing provisions.
The group has assessed that there is no significant impact on its current finance leases due to the immaterial value on the statement of financial position and no significant impact on the limited transactions it undertakes as a lessor because IFRS 16 has not substantially changed the accounting arrangements for lessors.

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

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

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

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

2 Financial performance targets

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

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

2.1 Performance against Resource limit

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

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

3 Other Operating Revenue

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

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

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

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

4. Employee benefits and staff numbers

4.1 Employee benefits

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

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

4.2 Average number of people employed

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

4.3 Exit packages agreed in the financial period

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

4.4 Pension costs

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

4.4.1 Accounting valuation

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

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

4.4.2 Full actuarial (funding) valuation

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

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

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

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

5. Operating expenses

	2022/23 (3 Months) Total £'000	2021/22 (12 Months) Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	417	2,311
Services from foundation trusts	182,173	726,200
Services from other NHS trusts	3,745	12,659
Services from Other WGA bodies	-	2
Purchase of healthcare from non-NHS bodies	36,937	163,517
Purchase of social care	2,310	8,314
Prescribing costs	24,403	97,665
GPMS/APMS and PCTMS	27,594	114,081
Supplies and services - clinical	67	1,895
Supplies and services – general	90	4,312
Consultancy services	35	448
Establishment	630	8,394
Transport	12	62
Premises	232	1,647
Audit fees [1]	67	84
Other non statutory audit expenditure		
Other services [2]	-	18
Other professional fees	183	1,194
Legal fees	42	321
Education, training and conferences	149	2,241
Non cash apprenticeship training grants	13	48
Total Purchase of goods and services	**279,099**	**1,145,313**
Depreciation and impairment charges		
Depreciation	143	0
Total Depreciation and impairment charges	**143**	**0**
Provision expense		
Provisions	165	2,281
Total Provision expense	**165**	**2,281**
Other Operating Expenditure		
Chair and Non Executive Members	156	728
Grants to Other bodies	102	8,107
Research and development (excluding staff costs)	0	-
Other Expenditure	10	9
Total Other Operating Expenditure	**268**	**8,844**
Total operating expenditure	**279,674**	**1,166,438**

2022/23 financial framework

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

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

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

Key items are detailed below:

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

[1] In Accordance with SI 2006 no 489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, there is no limitation of auditor liability in respect of death or personal injury, fraud or fraudulent misrepresentation by it or its employees. In all other instances a total aggregate limit of £2m applies. The external audit fee for the three month period is expected to be £66,907; representing a net spend of £55,756 together with irrecoverable VAT of £11,151.

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

6 Better Payment Practice Code

Measure of compliance	2022/23 (3 Months) Number	2022/23 (3 Months) £'000	2021/22 (12 Months) Number	2021/22 (12 Months) £'000
Non-NHS Payables				
Total Non-NHS Trade Invoices paid in the Period	3,514	33,087	12,971	122,033
Total Non-NHS Trade Invoices paid within target	3,422	31,640	12,564	118,686
Percentage of Non-NHS Trade invoices paid within target	**97.38%**	**95.63%**	**96.86%**	**97.26%**
NHS Payables				
Total NHS Trade Invoices Paid in the Period	82	182,832	493	738,723
Total NHS Trade Invoices Paid within target	79	182,810	483	738,680
Percentage of NHS Trade invoices paid within target	**96.34%**	**99.99%**	**97.97%**	**99.99%**

7. Leases

7.1 Right of Use Assets

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

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

7.2 Lease Liabilities

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

7.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

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

7 Leases cont'd

7.4 Amounts recognised in Statement of Comprehensive Net Expenditure

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

7.5 Amounts recognised in Statement of Cash Flows

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

8 Trade and other receivables

	Current 2022/23 (3 Months) £'000	Current 2021/22 (12 Months) £'000
NHS receivables: Revenue	574	2,162
NHS accrued income	696	507
Non-NHS and Other WGA receivables: Revenue	706	77
Non-NHS and Other WGA prepayments	1,732	799
Non-NHS and Other WGA accrued income	2,346	1,139
Expected credit loss allowance-receivables	(57)	(57)
VAT	182	645
Other receivables and accruals	(37)	3
Total Trade & other receivables	**6,142**	**5,275**
Total current and non current	**6,142**	**5,275**

8.1 Receivables past their due date but not impaired

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

9 Cash and cash equivalents

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

10 Trade and other payables

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

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

11 Provisions

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

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

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

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

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

12 Financial instruments

12.1 Financial risk management

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

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

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

12.1.1 Currency risk

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

12.1.2 Interest rate risk

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

12.1.3 Credit risk

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

12.1.4 Liquidity risk

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

12.1.5 Financial instruments

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

12.2 Financial assets

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

12.3 Financial liabilities

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

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

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

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

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

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

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

15 Losses and special payments

15.1 Losses

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

15.2 Special payments

There were 2 special payments in 2022/23 relating to one Continuing Healthcare case totaling £3,500 (2021-22: 2

16 Events after the end of the reporting period

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

17 Related party transactions

The Department of Health is regarded as a related party. During the period the Clinical Commissioning Group has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. For example NHS England, Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Health and Care NHS Foundation Trust, South West Ambulance Service NHS Trust, NHS Litigation Authority and NHS Business Services Authority.
In addition, the Clinical Commissioning Group has had a number of material transactions with other government departments, universities and other central and local government bodies. Most of these transactions have been with Gloucestershire County Council in respect of joint commissioning of services.

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

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

18 Leases

18 Right-of-use assets

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

Revaluation Reserve Balance for right-of-use assets

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

NHS
Gloucestershire
Clinical Commissioning Group

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