One Gloucestershire
Transforming Care, Transforming Communities

NHS Gloucestershire

Annual **Report**

A review of our year

2023/24

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Dame Gill Morgan
Chair

Mary Hutton
Chief Executive Officer

2023/24

A message from

This is the second Annual Report for NHS Gloucestershire Integrated Care Board and an opportunity to reflect on our development as an organisation working hand in glove with the One Gloucestershire Health and Wellbeing Partnership.

This has been an extremely challenging year with recovery from the pandemic, the cost of living and industrial action all placing significant pressure on our staff across the system and the people we serve.

During this period, we have seen unprecedented growth in people turning to the NHS and care services for support. Within this context, our local health and care professionals, supported by our fantastic partners, including local councils and other public, community and voluntary sector partners have responded magnificently.

The power of partnership (highlighted in our Annual Report) at neighbourhood, locality and county level is helping us to make real strides in improving health and wellbeing, care and services for local citizens and tackling long standing health inequalities.

Our Annual Report shows how working alongside local people and communities is integral to this, listening hard to ensure their priorities are at the heart of One Gloucestershire plans.

Our 5-year integrated care strategy and 5-year Joint Forward Plan for healthcare (refreshed this year) have created the blueprint for action and transformational change.

Both the strategy and the plan are underpinned by three key pillars for priority action:

- **Making Gloucestershire a better place for the future** - improving the health, wellbeing and care of our citizens. Focus on early prevention and the wider impacts on health
- **Transforming what we do** - locality integrated working that supports the needs of the local population, achieving equity - reducing unfair and avoidable differences in health, developing our workforce, improving quality and outcomes across the whole person journey and making the most of digital technology to support care
- **Improving health and care services today** - improving access to care, reducing waiting times and providing services that are sustainable and safe.

With clarity of purpose and our shared objectives and priorities, we are continuing to address head on our health and care challenges in Gloucestershire.

Against the backdrop of intense pressure and growing financial challenge, it is great to highlight the continuing progress being made as together we develop innovative support and services in Gloucestershire and put the building blocks in place for a health and care system that can meet the needs of future generations.

Thank you for your continuing support.

Top 20

Highlights of the year

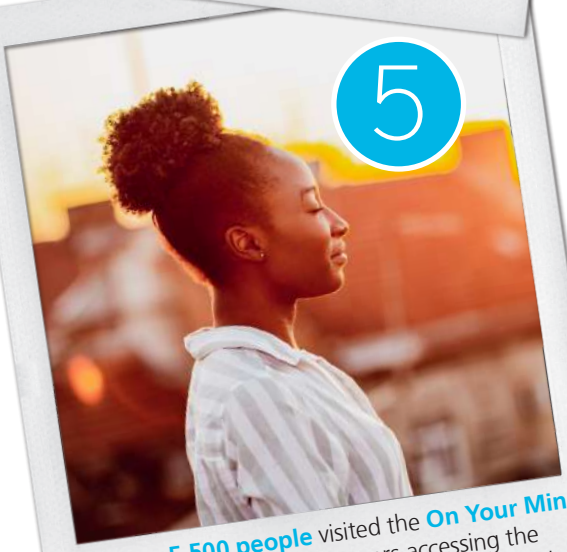
Making Gloucestershire a better place for the future

1. **£3.4m of Strengthening Local Communities funding** has been invested over four years to support local priorities, for example through food support, community hubs and youth engagement work.

2. **7 Young Minds Matter teams** are providing mental health support to children and young people across 130 educational settings. More than **2,000 children have benefited**.

3. **Gloucestershire remains the best in England** for prescribing salbutamol inhalers with the lowest carbon footprint, reducing to an average of 12.7kg CO2e (carbon dioxide equivalent) per inhaler. Aerosol inhalers contain propellants which are greenhouse gases.

4. **325 children and young people** with mild to moderate mental health issues benefited from Activity on Referral, with 12 funded sessions of physical activity.



5. Just over **5,500 people** visited the **On Your Mind Glos website**, with 1 in 3 users accessing the anonymous support finder to be presented with mental health services tailored to their needs.

6. **32 student nurses** were given the opportunity to gain first-hand experience of community nursing while 'on tour' with the information bus, performing health checks on more than **1000 people**.

Transforming what we do

7. Almost **12,000 people received health advice and support** from their community pharmacy following a referral from NHS 111 or their GP.

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

9. Around **1,250 people had their blood pressure (BP) checked** at an outreach community health check clinic. Following a simple health check, including BP, **almost 150 people** were referred to their GP practice for further support.

10 More than **200 people** contacted the Wellbeing Line, Gloucestershire's staff mental health and wellbeing service. Around **2,000 people** also attended team or manager peer support sessions, webinars and workshops.

11 **More than 1,000 people with dementia** and their families were referred to The Alzheimer's Society Dementia Advisors for advice, support and signposting to services.

12 **Around 12,000 people** have used the free getUBetter app for exercises and tips to deal with a range of MSK (muscles, joints and bones) problems. The app can also read out content in ten languages.

Almost **1,800 people** at risk of developing Type 2 Diabetes have taken positive steps to improve their health and wellbeing by completing the 9-month National Diabetes Prevention Programme.

14 Around **20% of GPs working in Gloucestershire** have been through the Spark programme, providing newly qualified GPs with coaching, peer support, educational events and continuing professional development

74% of those eligible for a COVID booster in autumn/winter 2023 took up the offer, making Gloucestershire the highest for vaccine uptake in England.

Improving health and care services today

16 GP practices continued to expand the range of roles within their teams, with more than **470 additional staff** including paramedics, social prescribers, clinical pharmacists, and mental health practitioners.

17 Just **over 50% of patients** in Gloucestershire are registered with the NHS App, with around **100,000 prescriptions** ordered through it monthly.

18 **More than 4,500 referrals** were made to the community Rapid Response service which operates 24 hours a day, 7 days a week. Over **80% of these people** have been treated at home, avoiding an unnecessary hospital stay.

19 **75% of people** found out whether they have cancer within 28 days of being referred by their GP thanks to quicker access to diagnostic tests.

GP practices are providing **26% more appointments** with a range of professionals compared to the end of 2019.

News Digest

Stories from around the county

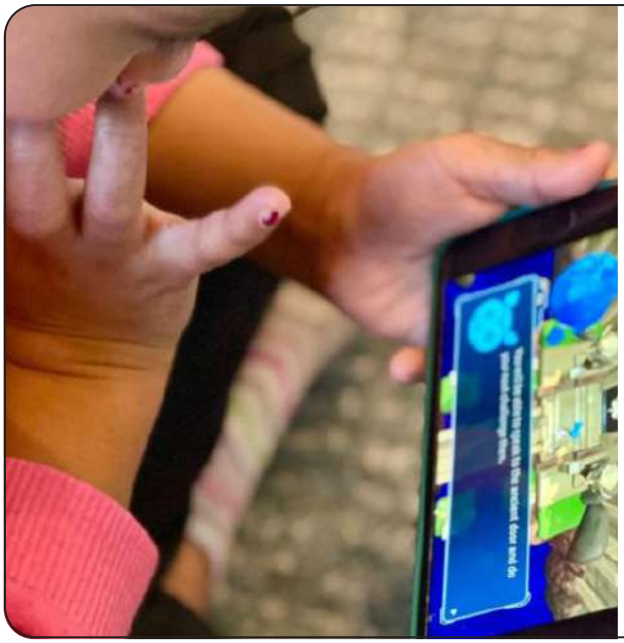
Making Gloucestershire a better place for the future

Increase prevention and tackle the wider determinants of health and care

Wellbeing ambassadors encouraging yoga in schools

120 educators from 80 different schools and colleges have been taught how to deliver simple movement, breathing and mindful moments in class thanks to Shift Yoga. 82% of people who attended the course are actively delivering sessions in schools.

Yoga is being used in brain breaks, breathing and intention setting sessions for students in the SAT's, GCSE and A-level revision sessions, at lunchtime and after school clubs, as part of pastoral interventions and in small group work.



Gloucestershire children given free access to Lumi Nova app

Around 800 children in Gloucestershire have been signed up for a new app which offers anxiety support in a fun, safe and interactive environment.

Working with BFB Labs, we are providing Lumi Nova: Tales of Courage, a mobile app designed specifically for children and young people aged 7-12 who may be facing difficulties with fears, worries, or anxiety.

Recommended by NICE and funded by the NHS, Lumi Nova is a fun, quest-style therapeutic game which helps provide children with skills to face their worries.
We are funding free access for families in the county who may find the app useful.

Vulnerable people at risk of fuel poverty supported to pay their energy bills

Up to 300 people with cold-sensitive health conditions who are at risk of fuel poverty had support to pay their energy bills through winter.

The scheme which started two years ago offers targeted support through innovative use of the Government's Household Support fund, working with charity Severn Wye.

To be eligible people must be diagnosed with a chronic lung condition such as emphysema, chronic bronchitis or bronchiectasis. They also must be either under 60 and in receipt of free NHS prescriptions, or over 60 and struggling to pay their heating bill.

Encouraging physical activity in schools

Children at 11 schools across Cheltenham and Tewkesbury are boosting their activity through a new programme which will be rolled out to another 11 schools in Gloucester City.

Creating Active Schools (CAS) involves the whole school, putting young people and how they move throughout their day at the heart of school policy. The aim is to understand what causes physical inactivity and tackle it with a range of different solutions.

A cycling programme is one area of the project, where parents are taught to ride alongside children encouraging more active travel within the wider school community.

Supporting people in hospital to quit smoking

Close to 1,000 people have had conversations with the Tobacco Free team at Gloucestershire Hospitals NHS Foundation Trust about support to stop smoking.

Patients admitted to hospital are offered a smoking assessment, with a range of support available from advice and Nicotine Replacement Therapy (NRT) to help manage any cravings or withdrawal symptoms, to personalised behavioural support.

On leaving hospital, patients who want to continue abstaining from smoking will receive NRT and a referral to the Healthy Lifestyles Service for ongoing support in the community, in addition to follow up from the tobacco free team in the month after they leave hospital.

Transforming what we do

Take a community & locality focused approach to the delivery of care

Supporting the health and wellbeing of people with frailty

More than 11,000 patients aged over 65 in Tewkesbury, West Cheltenham, Newent, and Staunton have been reviewed for early signs of frailty so support can be given to those needing extra help.

The proactive Health and Wellbeing team spoke to patients and mapped existing services and support options in the area, identifying gaps.

Targeted help includes reaching out to people with a cancer diagnosis to offer psychological support, strength and balance classes, tailored exercise plans for patients with obesity, pre-diabetes and diabetes, dementia choirs and carers support groups.

One Gloucestershire launches People's Panel

The One Gloucestershire People's Panel seeks out the opinions of a representative sample of over 1,000 people living and/or accessing services across the county.

The first survey, focusing on sharing information and using digital technology, had 462 responses. A further 143 responses came from people who regularly engage.

Over 85% of people were happy and confident for information from their health and care records to be shared with NHS and social care organisations, while some were concerned about what would then happen to the information.

More than half said they use digital technology regularly for ordering prescriptions, but many of those who don't said they prefer to do things in person.

A majority said they would be likely to use an app or digital tools to monitor their health, e.g. recording blood pressure, with 16% already doing this. However, 10% said they wouldn't use digital tools, many citing concerns over lack of personal contact and support.

A report of the findings will be shared on **https://getinvolved.glos.nhs.uk/** and used in developing health and care services

Supporting young new mums with their mental health

Women in the Forest of Dean have found guidance and friendship thanks to a weekly support group for young mums and babies, run by Forest Voluntary Action Forum and funded by the NHS.

The group was set up to provide more support for young mums with their mental health in pregnancy and after having a baby.

The women cook and bake together, arrange 'messy play' for their children and have invited guest speakers including from the Wildlife Trust and the British Red Cross, who provided advice on choking, burns, basic first aid and head injuries.

They've also expressed an interest in more workshops on behaviour and discipline, nutrition, sleep patterns and potty training.

Tackling health inequalities in Cheltenham

A trailblazing project that reaches out to people who can't always access timely healthcare has supported 50 vulnerable people with challenging lifestyles in an area of Cheltenham.

The project aims to close the 10-year life expectancy gap between the average male in Cheltenham and a male living in West Cheltenham.

In addition to a designated project coordinator role, a project group has been established to plan community engagement activities, including a family fun day as well as regular workshops in West Cheltenham.

Building relationships with community groups in GP practices

18 GP Practice staff in Gloucester City teamed up with an NHS charity to forge better links with the community.

The staff, who carry out different roles across five GP practices in Gloucester City worked with NHS Charity Altogether Better to develop a programme called 'Community Engagement in Action'.

The programme focuses on building community capacity and partnerships to help better meet the needs of their patients and the communities they serve. So far, they've created links with 18 voluntary, community and social enterprise (VCSE) organisations.

Digital tool supporting GP practices to identify people at risk of deteriorating health

The personalised proactive whiteboard is a digital tool used by GP practices to identify and support groups of people at risk of health deterioration with 11 of our 15 Primary Care Networks benefiting.

Eight out of 15 have already gone live. After identifying at risk groups, the aim is to provide a proactive approach to coordinating care, with a purpose of providing 'personalised care' and avoiding a crisis.

Additional groups of adults who would benefit from a care co-ordination approach have now been added to the programme, including those with moderate or severe frailty and those with dementia.

Stay Well this Winter (SWTW) campaign supported people to have a healthy winter

Ten of our health, social care, voluntary and community sector partners were at the heart of our innovative SWTW campaign, using their expertise to encourage people to take practical steps to support their health and wellbeing during winter.

Working with these local experts, we created 17 videos with advice on topics ranging from eating well, staying warm, looking out for others and prioritising mental health to advice on cost of living.

The campaign was well received, with more than 600,000 impressions across NHS Gloucestershire social media channels alone, including links to the online campaign hub.

Ensure that care is accessible when it is needed most

Providing eye care to vulnerable and homeless people

NHS Gloucestershire and the Local Optical Committee have been supporting charity Vision Care for Homeless People to provide eye care services for vulnerable people.

Also working with Gloucester City Mission, P3 and Gloucestershire Health and Care NHS Foundation Trust's Homeless Healthcare team, the weekly clinic aims to improve access to eye care and reduce health inequalities, significantly improving the quality of life for a group of vulnerable people who face barriers to accessing healthcare.

Over the last 12 months, 75 people have been seen at the clinic, with more than 60 free prescription glasses/lenses provided and 18% needing a referral to hospital for specialist support.

Quicker diagnosis for people with dementia in the Forest of Dean

More than 30 people have received a timelier diagnosis of dementia as part of a 'co-diagnosis' project in the Forest of Dean. People with clear and obvious signs of dementia can now receive a diagnosis without a referral to the Memory Assessment Service (MAS).

GP practice staff and community colleagues can discuss patients at weekly multi-disciplinary meetings with other health and care professionals including dementia specialists. This frees up capacity at the MAS for people with more complex symptoms.

The rate of diagnosis of people thought to have dementia in the Forest of Dean has increased from 60% to around 67%.

Other areas of the county are in the process of setting up similar projects to support timelier diagnosis.

Transforming Adult Community Mental Health Services across the Integrated Care System

Gloucestershire Health and Care NHS Foundation Trust have continued their transformation of community mental health services with partners from across the voluntary and community sector (VCS) and experts by experience.

The aim is to provide easier access to support, shorter waiting times, and provide more personalised care for people with serious mental illness (SMI).

Locality Community Partnerships, bringing together local statutory and voluntary partners to provide more joint support to people with SMI, have reviewed 170 individual cases.

The programme has also given grants totalling more than £250,000 to VCS projects supporting people with mental health needs in local communities.

Annual physical health checks for people with serious mental illness have also been greatly increased.

Acute Respiratory Infection (ARI) Hubs benefit local patients

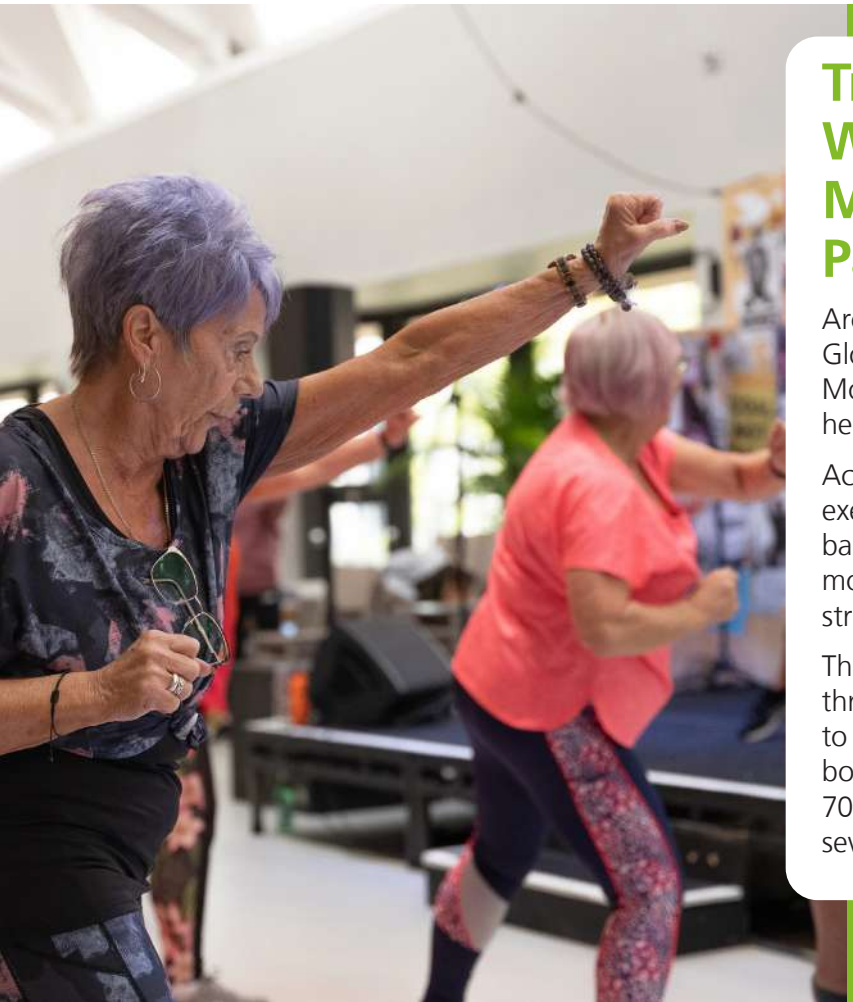
ARI hubs have provided over 15,000 appointments to patients at risk of a hospital stay with respiratory illness (e.g. chest infections or 'flare-ups' of lung conditions).

Adults and children across Cheltenham and Gloucester can be offered same-day face-to-face assessment and treatment within 'hubs' at Rosebank GP Practice and St Paul's Medical Centre, seven days a week.

Evaluation has shown an overall decline in people with ARI attending A&E (In Feb-Dec 23 compared to the same period in the previous year), with a bigger decline of 7.1% in areas with ARI hubs.

The service has received excellent feedback, with over a quarter of patients saying they would otherwise have attended A&E with their symptoms.

Improve quality & outcomes across the whole person journey



Traditional Medicines Give Way to Innovation for the Management of Persistent Pain in Gloucestershire

Around 70 people living with persistent pain in Gloucestershire have now been referred to 'It's Your Move', an exercise and physical activity initiative helping people to improve their mobility.

Active Gloucestershire's ten-session supervised exercise programme is delivered by community-based exercise professionals and focuses on gentle movement-based activity (such as Tai-chi) and strengthening exercises.

The aim is to build a feeling of social connection through shared experience, giving patients the tools to self-manage. As well as improving function it boosts mental wellbeing and confidence. Around 70% of participants reported a reduction in pain severity, among other benefits.

Additional support for pregnant women and families to tackle health inequalities

Two Maternity Support Workers (MSWs) have joined the Continuity of Carer midwifery teams in Gloucester and Cheltenham as part of a pilot to provide additional support to midwives working in areas of the county with the greatest health inequalities.

In addition to providing clinical care with support from the midwifery team, the MSWs free up midwives to provide additional support to families. MSWs also support women and families in their transition to parenthood, providing emotional support to help them build confidence in their parenting skills. They also provide advice around healthy weight and eating, safe sleeping and baby care.

Over the last year, the teams have supported around 400 women and their families.

Widening access to technology for patients with diabetes

From June to December last year, the number of people prescribed continuous glucose monitoring had increased by 18% and is anticipated to continue to rise as individuals attend their clinical reviews.

Continuous glucose monitoring is a device worn on the skin to support an individual who has diabetes to improve their blood glucose control and is an alternative to finger prick testing.

It allows people with diabetes to check their glucose levels at any time, without the need to do finger pricks and enables people to better manage their condition.

Gloucestershire leading the way in joined-up approach to eye health

Community optometrists in Gloucestershire are able to access patients' medical eye health information quickly and securely thanks to the OphthalSuite Community Ophthalmic Link.

The system, developed by BlueWorks OIMS, is the first of its kind in the country and has been accessed more than 3,500 times since April last year.

It allows Community Optometrists to make a thoroughly informed clinical decision, getting patients the right care, and has reduced e-referrals to hospital by 14%.

Those using the system have reported that in 79% of cases, they have been better able to support patients in the community and help them to understand their condition.

Create One Workforce for One Gloucestershire

Nursing Associate Apprenticeship programme goes from strength to strength

In partnership with the University of Gloucestershire, we are delivering a Nursing Associate Apprenticeship programme which allows students to learn in clinical settings whilst undertaking their apprenticeship.

Trainee Nurse Associates are given on the job training, working on wards and in healthcare placements. The role also provides a progression route into graduate level nursing.

There are currently around 120 Trainee Nursing Associates on the programme with around 20 additional students also topping up from a nursing associate to Adult Nurse route.

We Want You encouraging children to consider a career in health and care

5,000 pupils aged 12-15 across 19 schools in Gloucestershire engaged in the We Want You initiative, to explore future employment in health and social care.

With input from young people, the project helps pupils discover their skills and interests, aligning them to potential careers through workshops, drama performances, and digital resources.

Information about options for higher education at the University of Gloucestershire as well as T Levels and apprenticeships is accessible for young people, with employers benefiting from the development of emerging talent.

A new Arts, Health and Wellbeing Centre for University's City Campus

We have continued to work with the University of Gloucestershire on the development of the new Arts, Health and Wellbeing Centre which will be part of the new City Campus in Gloucester, due to open in early 2025.

Ahead of the opening, funding has already been provided for three PhD studentships to begin in April, more than 40 places on a new Research, Audit and Evaluation course and a number of training places for primary care staff to complete an accredited master's module in Independent and Supplementary prescribing.

Transform care through technology and effective use of our estate

Another step towards a paperless health and care system

Around 40 care home, domiciliary care and supported living providers across almost 75 sites have gone paperless having signed up to the Digital Social Care Records programme.

NHS Gloucestershire has offered support throughout the sign-up process, including grants and free access to NHS email to encourage secure and safe email communications.

Investing in the GP surgeries of the future

We are continuing to progress six new surgery buildings with a total capital value of £37m that will serve 74,000 patients.

Building work on the new Minchinhampton surgery has started and it will open in October 2024.

Funding for a new facility in Tetbury has been approved and planning permission achieved; building work will start in early 2025.

A new Hucclecote Surgery has also received funding agreement, with construction possibly commencing in autumn 2024.

There is additional investment for the Coleford and Lydney developments, with work starting in Coleford by the end of 2024 and spring 2025 in Lydney.

Meanwhile, work on the new Brockworth surgery continues, with a focus on finalising the land and planning requirements.

Improving health and care services today

Improve the timeliness of care and treatment

Raising awareness of the signs and symptoms of cancer

Health and care professionals have been working with voluntary and community organisations to raise awareness of the signs and symptoms of cancer amongst those with limited access to information and support.

Over the last year, they have worked with Afghan refugees, South Asian women, African Caribbean communities, people in Gloucester city and Nepalese soldiers at the local army barracks.

Their priorities are to eliminate inequalities in cancer care, identify barriers to inclusion, and improve awareness and participation in cancer screening.

Working as One to improve urgent and emergency care services

Working as One
Prevention | Integration | Redesign

One Gloucestershire partners have launched the Working as One (WAO) programme to tackle the challenges in urgent and emergency care.

An Integrated Flow Hub located at Gloucestershire Royal Hospital has received 526 referrals since the trial began in February. Located at Gloucestershire Royal Hospital, staff from across health and social care work together to arrange support in the community for patients who need additional help to leave hospital.

Initial results have been positive, with a significant reduction in the time taken to get ongoing care for patients in place, with three times as many decisions being made on the same day.

The trial will continue until June 2024, with other trials within the WAO programme working alongside the hub to ensure that support in the community is sustainable.

Community Diagnostic Centre opens

A new £15m facility at Quayside in Gloucester opened in February. It will offer more than 80,000 extra diagnostic appointments each year, giving patients across Gloucestershire access to potentially lifesaving checks more quickly, without having to go to hospital.

A wide range of diagnostic tests including X-Rays, MRI, CT, ultrasound, ECHO and DEXA scanning will be available when the centre is fully operational.

The centre offers appointments 12 hour a day, seven days a week making it easier and quicker for patients to get the tests and scans they need to help them get faster diagnoses.

Putting patients firmly on the path to recovery after critical illness

Around 70 patients who have been seriously ill in intensive care have been supported in their recovery by a community follow-up clinic.

Being in an Intensive Care Unit (ICU) can have profound physical, mental and social consequences. Around 1,500 people pass through the county's ICU every year, 200-300 of whom are severely unwell.

Made up of multi-disciplinary health and care professionals, the clinic provides a 'one-stop-shop' with access to both physical and emotional help.

Providing support to patients waiting for treatment

Around 20,000 patients who are waiting for treatment have been contacted by the Elective Care Hub over the last twelve months, offering them support to manage their condition and provide reassurance that they haven't been forgotten.

Around 12% of patients contacted have been escalated to the relevant speciality team due to increasing health needs.

Ensure the services we deliver today are sustainable and safe

All Gloucestershire pharmacies sign up to new Pharmacy First Service

All 105 pharmacies across Gloucestershire have extended the range of clinical services they provide following the launch of the Pharmacy First service in January.

Under Pharmacy First, highly trained pharmacists can assess and treat patients for sinusitis (age 12+), sore throat (age 5+), earache (age 1 – 17), infected insect bites (age one+), impetigo (age one+), shingles and uncomplicated urinary tract infections in women (age 16 - 64), without the need for a GP appointment or prescription.

It is anticipated that the county's pharmacies will be able to provide 17,000 consultations over the coming year, 44% more than before the scheme was introduced.

Building dentistry networks

We are working with local dentists and patient representatives to improve access to NHS dentistry across Gloucestershire and bring more services on board. A recently appointed Dental Clinical Lead is overseeing this work.

A greater number of urgent care appointments, including weekday, weeknight and weekend clinics, are now available each week for anyone who does not have a dentist.

There are also almost 200 additional appointments each week for patients without a dentist, helping them avoid the need for frequent urgent support.

Two initiatives are supporting improvements in oral health. At Home Dental provide a supervised toothbrushing service in some schools for children aged 3 - 5 whilst First Dental Steps offers parents oral health advice at their baby's 9- and 12-month review.

Performance report

Performance Report – an overview

This overview provides a summary of:

- the organisation and where the Integrated Care Board sits within the Gloucestershire system
- our priorities
- key risks to achieving these priorities
- how we performed over the past twelve months.

NHS Gloucestershire Integrated Care Board (ICB)

NHS Gloucestershire ICB was established on the 1 July 2022.

We are responsible for developing and implementing plans to meet the health needs of the Gloucestershire population (c670,000 people), managing the NHS budget for our area and arranging for the provision of health services in line with the plan.

How we work

The ICB Board is made up of Non-Executive Directors with a range of expertise plus representation from Gloucestershire County Council, Gloucestershire Health and Care NHS Foundation Trust, Gloucestershire Hospitals NHS Foundation Trust, Primary Care and Executive Directors.

Representation from the County Council includes the Director of Public Health and the Director of Adult Social Care, Wellbeing and Communities.

NHS Gloucestershire Integrated Care Board (ICB) is a core member of the One Gloucestershire Health and Wellbeing Partnership alongside NHS providers, primary care, local councils, health and care providers and voluntary, community and social enterprise (VCSE) organisations. The partnership strategic priorities are:

- **Making Gloucestershire a better place for the future** - improving the health, wellbeing and care of our citizens - focus on early prevention and the wider impacts on health.
- **Transforming what we do** - locality integrated working that supports the needs of the local population, achieving equity - reducing unfair and avoidable differences in health, developing our workforce, improving quality and outcomes across the whole person journey and making the most of digital technology to support care.
- **Improving health and care services today** - improving access to care, reducing waiting times, supporting improvements in urgent and emergency care and improving mental health support.

The partnership has developed a five-year interim integrated care strategy which can be found here: **https://www.onegloucestershire.net/wp-content/uploads/2022/12/Interim-Integrated-Care-Strategy-v1.1.pdf**

Within Gloucestershire, we have one main acute provider (Gloucestershire Hospitals NHS Foundation Trust), one community and mental health services provider (Gloucestershire Health & Care NHS Foundation Trust), 64 GP practices, one County Council and six District Councils.

A key part of our work together is through Integrated Locality Partnerships (ILPs): these are non-statutory partnerships of local government, NHS, Voluntary Community and Social Enterprise (VCSE) sector, housing and increasingly communities, people and wider partners such as police, education etc.

ILPs working with the 15 Primary Care Networks are in a good position to collectively understand the needs of their population and work together in partnership to provide care and support closer to home.

We also draw on expertise from a range of other organisations, such as West of England Academic Health Science Network and various universities, to engage in research and innovation related to our activities and ensure that we are using best practice within our services. We use this engagement to help develop and improve our services.

We have an approved Working With People and Communities Strategy **https://www.nhsglos.nhs.uk/have-your-say/working-with-you/strategy-and-insight/**; which sets out our principles, how we will work, and the mechanisms we will use to ensure we are putting the people and communities of Gloucestershire at the heart of everything we do.

This strategy outlines how we will ensure we meet NHS Gloucestershire's duty to involve people and communities in our work. Further information about our approach can be found on page **45**.

Our Constitution

The ICB's constitution, sets out the arrangements the ICB has put in place to meet its responsibilities for the people of Gloucestershire. It describes the governing principles, rules and procedures which ensure integrity, honesty, and accountability. It also commits the ICB to taking decisions in an open and transparent way and places the interests of patients and the public at its heart.

Our constitution can be found on our website: **https://www.nhsglos.nhs.uk/about-us/how-we-work/the-icb-board/icb-constitution/**

Decisions made by the ICB consider the likely impact on relevant organisations and the local population. All service changes are underpinned by relevant impact assessments and engagement and consultation as required, so that the Board and its sub-committees can take informed decisions.

The NHS is offering more and more options to enable patients to make choices that best suit their circumstances and give patients greater control of their care.

Patients can review the choices available in the NHS Choice Framework. If a GP needs to refer a patient for a physical or mental health condition, in most cases people have the legal right to choose the hospital or service they would like to go to. This will include NHS as well as private hospitals if they provide services to the NHS. The ICB has patient information relating to patient choice on our website **https://www.nhsglos.nhs.uk/your-health-services/community-and-hospital-care/patient-choice/**

Performance

Our performance is measured across a range of local, regional and national performance measures.

The NHS England **system oversight framework (SOF)**, assesses performance and provides focused assistance to organisations and systems. Through this framework, NHS England **allocated ICB's to one of four segments**.

During 2023/24, we were placed in segment 2, recognising areas of good performance, but that additional work was required in a number of areas.

The performance of the system during 2023/24 is set out in the following summary.

The ICB has made good progress during its first full year of operation, however, there continues to be several areas where we need to make significant further improvement in the next year.

This includes a major programme of work to improve urgent and emergency care performance, reduce waiting lists for elective (planned care) treatment and to strengthen primary, community and mental health services.

Programme area	2023/24 Outturn	2024/25 Forecast
Urgent and Emergency Care	Red/Amber	Amber
Elective Care	Amber/Green	Amber/Green
Cancer	Amber	Amber/Green
Mental Health	Green	Green
Community Care	Green	Green
Primary Care	Amber/Green	Amber/Green
Diagnostics	Amber	Amber

The table above shows our performance assessment against system plans for 2023/24, with industrial action having an impact across most services.
While not all targets have been met in full, we have made significant progress throughout the year and are forecasting that our performance into 2024/25 will continue to improve, meeting our commitments made through the operational planning process.

Further detail on programme areas can be found in the performance analysis section of this Report.

Key risks

The approach taken by the ICB around the management of risk is set out in the annual Governance Statement (see Corporate Governance Report section of this Annual Report).

The key issues and risks that the ICB have been managing during 2023/24 have been included in the Board Assurance Framework which included several principal risks linked to the achievement of organisational strategic objectives as set out below:

- The failure to promote and embed initiatives on health inequalities and prevention.
- The risk that our delivery structures are unable to drive the acceleration required on community and locality transformation. This is also impacted by limited capacity to drive the change.
- Failure to provide a compassionate working culture, with the right levels of capacity, capability, training and development and well-being provision that enables us to recruit and retain staff to fully deliver our strategic plans which competes with requirements of the NHS Workforce Plan.
- There is a risk that as a system we fail to deliver on our commitments to having a fully inclusive, diverse and engaging culture for the staff we employ.
- The risk that the ICB fails to assure safe and effective care delivery and identify opportunities to improve quality and outcomes across the system for patients.
- The risk that the ICB fails to deliver and/or sustain performance and improvement in Urgent and Emergency Care.
- Risk of instability and resilience in primary care due to increasing costs and financial risk to delivery of core services. This is alongside high workload with increasing patient demand and reporting requirements as well as existing workforce and estates pressures.
- Failing to deliver increased productivity requirements to meet both backlogs and growing demand.
- Failure to sustain a transformational focus on mental health services hampered by multiple workstreams and lack of sufficient workforce to deliver sustained changes.
- Insufficient resources to meet the delivery our strategic priorities which ensure financial sustainability and deliver improvements in value for money and productivity.
- The estates infrastructure of the ICS and insufficient resources hinder our ability to provide a safe and sustainable estate and replacement programmes for equipment and digital infrastructure enabling deliver of high-quality care.
- Emergency Preparedness, Resilience and Response (EPRR) - Failure to meet the minimum occupational standards for EPRR and Business Continuity.
- Failure to detect Cyber Security threats and attacks which could result in serious consequences for operating the business of the ICS.

The Board Assurance Framework is supported by the Corporate Risk Register with regular reporting of the BAF to the Board and Audit Committee and the risk register to the Audit Committee and ICS Operational Executive meetings.

In addition to managing the risks identified as a threat to the delivery of the strategic objectives, during 2023/24, NHS Gloucestershire ICB has been monitoring and managing the risks and issues relating to the delivery of priority operational issues of Planned Care, Urgent and Emergency Care including Ambulance and Discharge, Cancer, and specific quality issues in provider organisations.

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

An explanation of the going concern

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

This is in addition to the Secretary of State direction that, where Parliamentary funding continues to be voted to permit the relevant services to be carried out elsewhere in the public sector, this is normally sufficient evidence of going concern.

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

Mary Hutton

Chief Executive Officer

June 2024

Performance Report – performance analysis

This section of the report gives more information on the performance of the organisation.

NHS System Oversight Framework

The NHS oversight framework outlines NHS England's approach to NHS oversight for 2023/24 and is aligned with the ambitions set out in the NHS Long Term Plan and the NHS operational planning and contracting guidance.

The framework describes how the oversight of NHS trusts, NHS foundation trusts and integrated care boards will operate, including the use of oversight metrics to assess:

- Leadership and Capability
- People
- Preventing ill health and reducing health inequalities
- Quality of Care, Access, and Outcomes
- Finance and Use of Resources.

NHS Trusts and the ICB are now assessed via this process, with the ICB receiving a rating of "2 - Good" in 2023/24 to date.

Further information can be found here: **https://www.england.nhs.uk/nhs-oversight-framework/**

NHS Gloucestershire Integrated Care Board (ICB) oversees the performance of our system - ensuring that services are delivering high quality care in a timely manner for the people of Gloucestershire.

We also seek to secure continuous improvement in the quality of services provided to individuals by monitoring and analysing our service performance against the NHS constitutional targets and our operational and strategic plans, including our Joint Forward Plan.

We assess performance regularly at all levels across the system, particularly in collaboration with system partners through our integrated performance reporting, covering the quality of services, performance and activity, finance, and workforce. Latest performance reporting can be found within our board papers at: **https://www.nhsglos.nhs.uk/category/board-meetings/**.

During 2023/24, the key aims of the system were in line with the national aim to recover our core services and productivity following the COVID-19 pandemic; make progress in delivering the key ambitions in the NHS Long Term Plan; and to continue transforming the NHS for the future.

The service specific analysis below reflects our performance against our commitments for 2023/24 and how these have impacted our key aims.

This year, repeated periods of industrial action have put pressure on our services, particularly the delivery of elective (planned) care and provision of urgent care. Despite meeting financial elective (planned care) recovery targets, we have seen our overall waiting list grow and our cancer performance against waiting time targets has been under significant pressure.

We have put in place additional capacity across our local acute NHS provider and the independent sector to relieve some of these pressures, focusing especially on improving access to cancer services and types of treatment where people have been waiting the longest.

This includes additional diagnostic capacity, at several providers but also at our new Community Diagnostic Centre in Gloucester, which is providing quick and easy to access tests without the need for a patient to go to hospital.

We are expecting to meet our ambition to eliminate 65 week waits in the first half of 2024/25, having successfully kept waits over 65 weeks among the lowest levels in the south west throughout 2023/24.

Following on from our system diagnostic of Urgent and Emergency Care (UEC) that took place in 2022/23, we have begun a transformation programme called 'Working as One' to implement the recommendations made.

This programme aims to proactively support people's independence, reduce avoidable acute hospital attendances and admissions, reduce the length of time people need to stay in an acute hospital, improve rehabilitation within the community and improve access to longer term or intermediate (short term) care.

These aims will support improved performance across UEC targets - which have been an area of challenge throughout 2023/24.

We have seen good recovery in our community and mental health services during the last twelve months, with waiting lists and waiting times across most services reducing throughout the year. We have seen improvements in the amount of time people are waiting for eating disorder services, both adults and children.

Our virtual ward programme is also on track to meet our planned commitments for 2023/24, meaning that more people than ever have an alternative to hospital-based care where appropriate, with more conditions able to be managed at home with support.

Demand for primary healthcare e.g. GP surgery services has continued to rise over the last twelve months, with patients increasingly presenting with multiple long-term conditions. Our primary care services have carried out record numbers of appointments in 2023/24 and are continuing to work hard to implement the delivery plan for recovering access to primary care.

The Pharmacy First service also launched this year, offering advice and treatment for seven common conditions as an alternative to GP practices and other urgent care settings, freeing up capacity for more complex patients.

We have taken on responsibility for commissioning dental services and are working on innovative new delivery models to increase access to dental care across the county, as well as working with partners in public health on preventative strategies and programmes to reduce future dental needs in our population.

As we put our plans for 2023/24 into place, we remain committed to increasing our efforts to further reduce waiting times for urgent and elective (planned) care, continue transformation of our urgent and emergency care services and mental health services to ensure people can access the right care in the most appropriate setting, and addressing inequalities in experience and outcomes that are found in different groups across our county.

Service areas and specific performance targets:

Primary Care

Despite the many pressures, rates of appointments, rates of GPs workforce, rates of direct patient care staff, and experience of making a GP appointment (the measures we use to assess the performance of our primary care services) are all benchmarking in the top 25% compared to other ICBs across England.

Appointments in general practice have continued to increase above planned levels and are higher than before the COVID-19 pandemic, following sustained demand for services, with 69% delivered face to face compared to a national average of 67%.

Performance for appointments booked within two weeks is 75% against an 85% target, however this may be clinically appropriate - Gloucestershire has a higher % of planned clinics, medication reviews and procedures than the national average, and a lower proportion of unattended appointments than the national average.

Our practices have been working to deliver health checks to identify patients at risk of health problems and increasing the uptake of health checks for people with Serious Mental Illness (SMI) and Learning Disabilities.

These patients have a health equality gap with the general population predominantly caused by preventable physical illness: a health check can identify issues for which an intervention or proactive lifestyle change may lead to improved health for the person.

Primary care has delivered the best performance in referring people with suspected Lower Gastrointestinal cancer with a valid Faecal Immunoprecipitation test (FIT) in our local cancer alliance (Somerset, Wiltshire, Avon, and Gloucestershire). This simple and non-invasive screening test detects when blood is present in a stool sample and helps primary care to triage patients appropriately so that high risk patients can be prioritised for urgent investigation.

In addition, 100% of Gloucestershire community pharmacies have signed up to provide the new Pharmacy First service in England and are working with colleagues from primary care and NHS 111 to make people aware of the opportunity to access support via a pharmacist.

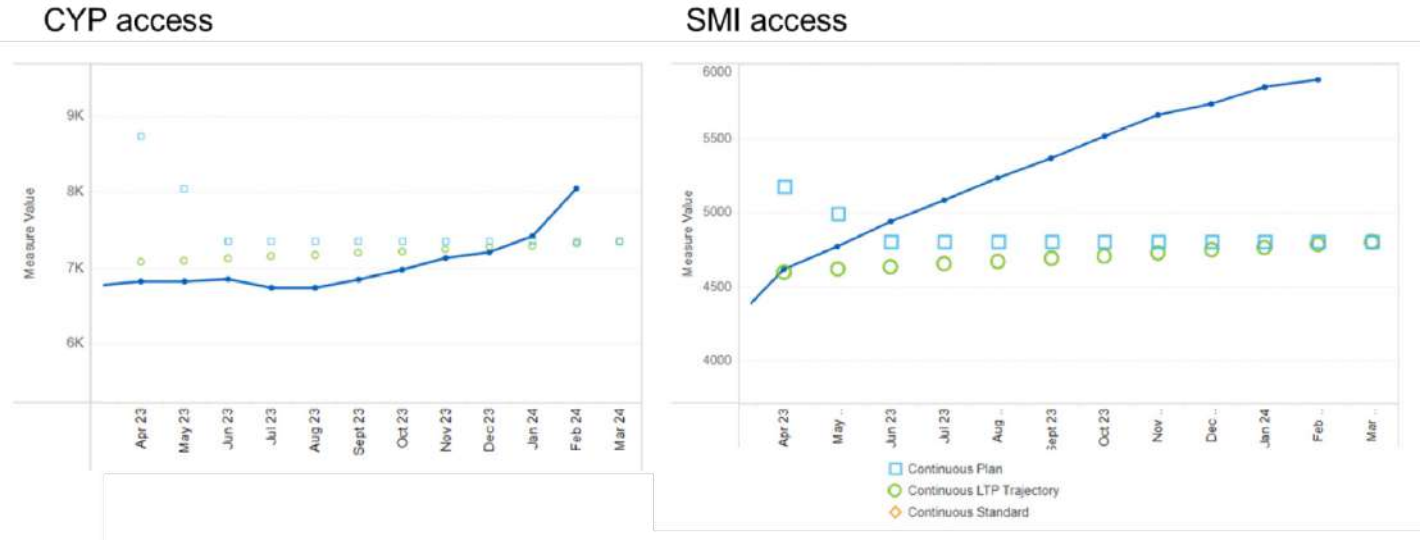
While dental activity remains lower than in 2019/20 (pre-pandemic baseline), during 2023/24 we have seen the amount of contracted activity delivered in the county rise, and we have been increasing urgent stabilisation appointments to ensure people are able to access help for dental issues whether they have a regular dentist or not.

Mental health targets

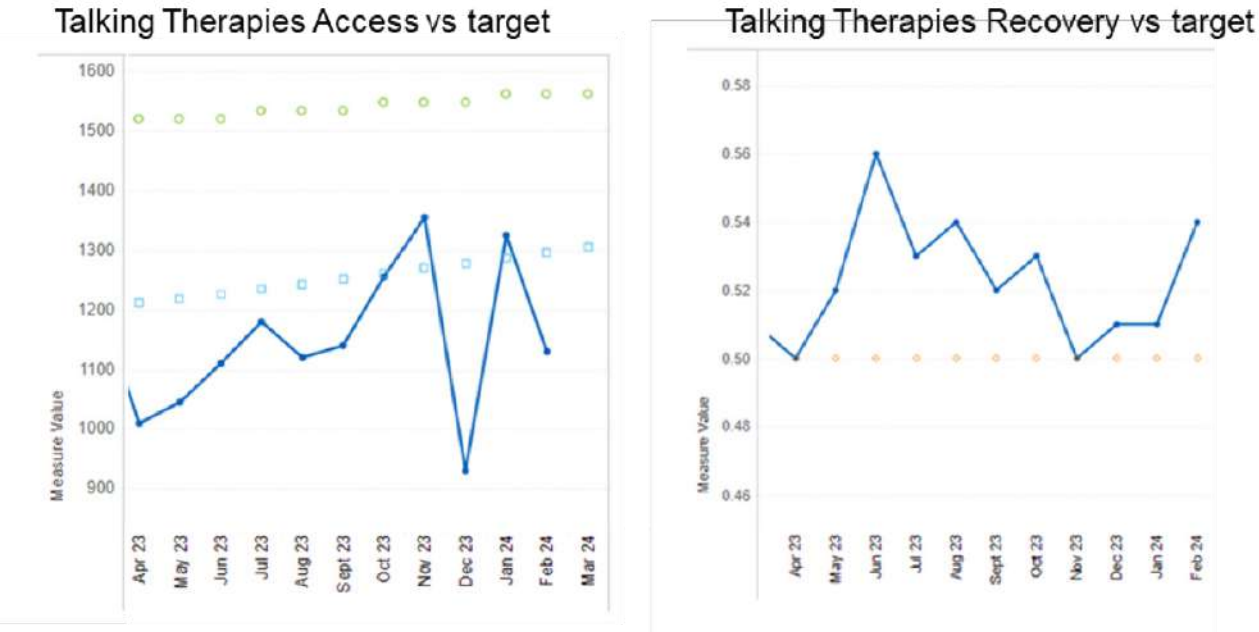
Access to mental health services

Mental Health Investment Funding is protected by our system, and we have met ambitions for access to Perinatal Mental Health Services, Children and Young People's (CYP) Mental Health Services and Community Mental Health Services for people with Serious Mental Illness (SMI) in 2023/24.

Expansion of CYP services have been targeted to areas of greatest need based on deprivation and health inequality data. For example, the Young Minds Matter (YMM) programme initially began in Gloucester City, with all schools in the locality now having a YMM team.

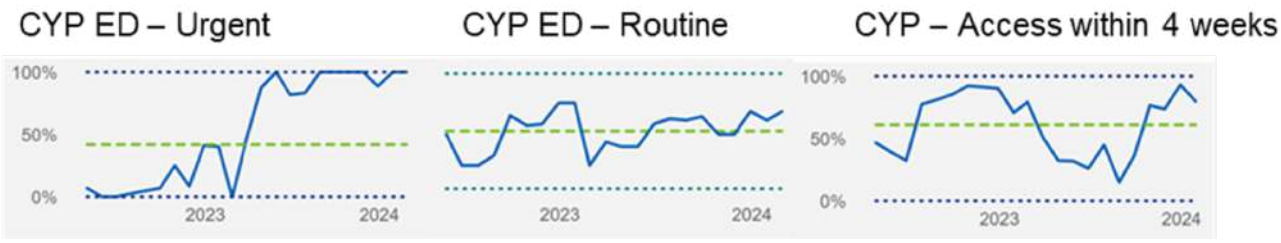


While we did not meet proposed access targets for our Talking Therapies service, we have seen a reduction in referrals in common with the wider South West, and the service has focused on ensuring that it meets recovery targets to ensure patient outcomes are the best they can be.



Waiting times have generally reduced across 2023/24 for mental health services, with eating disorder services seeing particular improvement. Improved collaborative working with the voluntary sector is also ensuring that more people are supported by preventative interventions rather than relying on crisis responses.

Waiting times for CYP mental health services – performance against target:



A phased roll out of Locality Community Partnerships commenced during 2023/24 -transforming community services for people with SMI. The focus for 2024/25 is on embedding this model across all primary care networks, which will include additional and alternative capacity from within the VCSE sector.

Out of Area Placement

Where possible, people with acute mental health needs should be treated in a place that helps maintain contact with their family and other people involved in their life, including their care coordinator.

Some people will need to be away from home for treatment, for example if they become unwell while away, however if someone requires inpatient care and cannot be admitted locally due to a lack of available beds, this is considered an inappropriate Out of Area Placements (OAP).

In 2023/24, we have reduced the total number of inappropriate OAPs, in line with our plan. Winter pressures monies have also been used in 2023/24, to enhance discharge coordination between system and VCSE partners which will help to further reduce the need for OAPs in 2024/25.

Elective (Planned) Care

Activity Recovery

As the NHS continues to recover elective (planned) care activity following the reduction seen during the COVID-19 pandemic, all systems are being asked to meet value weighted activity targets (that is 2019/20 activity at 2023/24 unit prices).

Our Elective Recovery Performance is forecast to meet the national target for 2023/24 (103% of 2019/20 value weighted activity) despite industrial action causing significant numbers of cancellations throughout the year. This has been facilitated by ring fencing elective (planned) care capacity in our acute hospitals, additional surgical theatre capacity and maintaining strong working relationships with our independent sector providers.

Our outpatient appointment volume and day case procedure activity have reached higher levels than the pre-pandemic position and we are continuing our outpatient transformation programme which will help to make sure people are seen in the most appropriate place.

	Recovery vs 2019/20	
Breakdown of provider	**22/23**	**23/24**
ICB	101.30%	105.6%
GHFT	99.00%	99.9%
Out of County	90.60%	97.8%
Independent Sector	124.70%	120.5%

	Recovery vs 2019/20	
Breakdown of point of delivery	**22/23**	**23/24**
Day Case	107.20%	107.6%
Inpatient	88.90%	97.7%
1st Outpatient	99.30%	110.7%
Outpatient Procedure	93.10%	111.00%

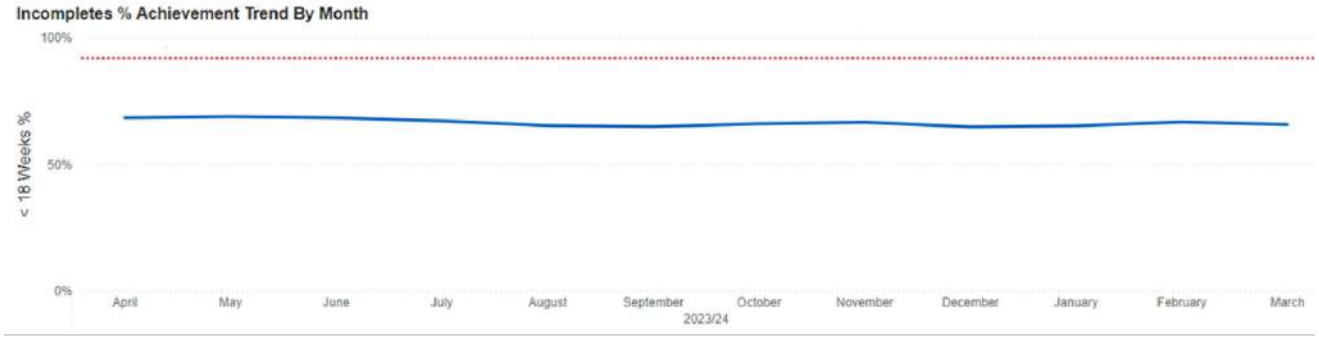
Patients discharged to Patient Initiated Follow Up (PIFU) - where patients can contact their consultant in the future if they need to, rather than having an automatic follow up appointment booked at a particular time, continue to exceed the national target of 5% (latest performance at 12% of outpatient activity) giving patients and their carers the flexibility to arrange their follow-up appointments as and when they need them.

Referral to Treatment (RTT) - Waiting times

When referred for elective consultant led treatment, patients have a right to begin this within 18 weeks of referral.

Since the pandemic, more patients have had to wait longer for elective treatment and during 2023/24,

an average of 70.7% patients have been waiting less than 18 weeks in Gloucestershire. This does not meet the national target of more than 93% people waiting less than 18 weeks, however this position has remained stable throughout the year despite the challenges of industrial action.



Long waits over 78 weeks continue to be an exception in Gloucestershire, and despite seeing over 52 and 65 week waits increase in 2023/24, we are determined to reduce these as quickly as possible in 2024/25.

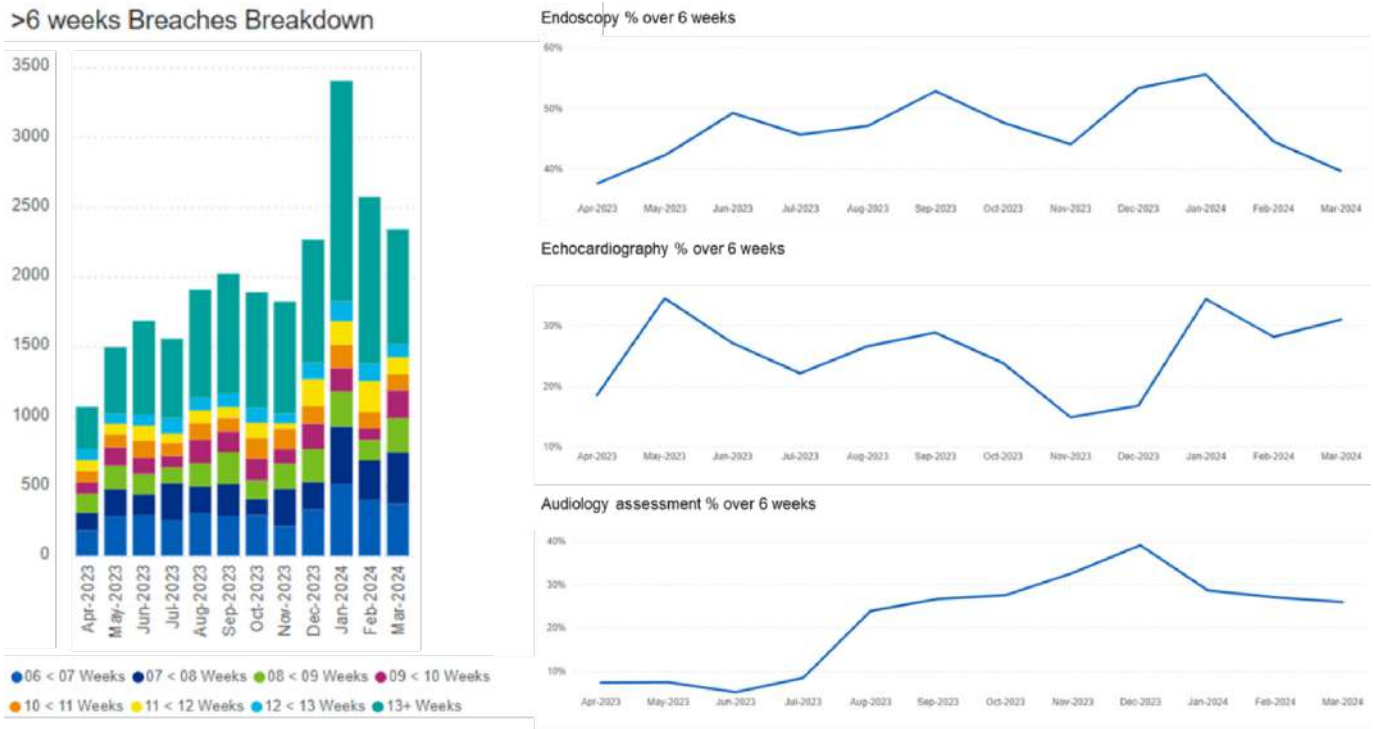
Gloucestershire Hospitals NHS Foundation Trust has established an elective (planned) care hub to support patients on the waiting list - which helps identify patients who may be deteriorating while waiting and provide all patients with reassurance and advice of what any other services they can access while they wait to be treated.

Where possible, patients waiting over 40 weeks have been offered a choice of providers through the PIDMAS (Patient Initiated Requests to Move Providers) process to minimise the longest waits.

Diagnostic Services - Waiting times

A diagnostic test or procedure are services used to identify and monitor a person's disease or condition and which allows a medical diagnosis to be made.

Prompt referral and access to diagnostic tests help ensure people do not wait longer than necessary for treatment - both for cancer services and elective treatment. Recovery of diagnostic performance has continued throughout 2023/24, with the system aiming to ensure that no more than 15% people are waiting more than 6 weeks for elective diagnostic tests in line with national expectations.



At the end of 2023/24, 2340 people were waiting over 6 weeks for a diagnostic test (16% of the total waiting list). Echocardiography, endoscopy, and audiology assessments are currently not meeting this target and are the main drivers of the long waits, however echocardiography activity has been increasing throughout the year and is on track to recover in 2024/25. A dedicated programme plan for endoscopy is being developed to address demand and capacity, and estates, staffing and audiology assessment performance is being reviewed as part of a wider review of the ENT specialty.

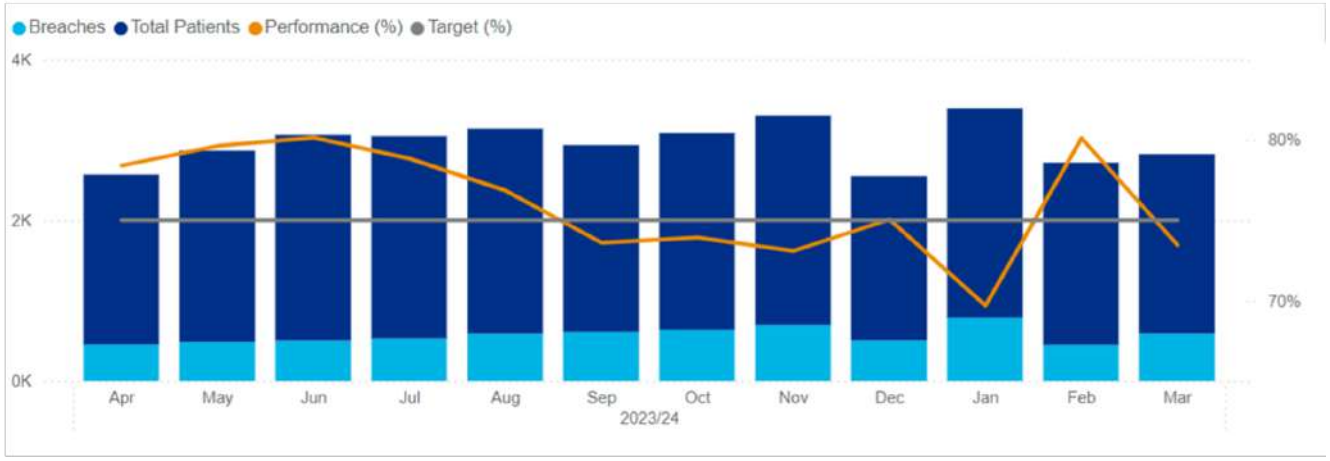
The new Community Diagnostic Centre (CDC) at Quayside in Gloucester has opened offering more than 80,000 extra diagnostic appointments each year, allowing patients across Gloucestershire to access potentially lifesaving checks more quickly, without having to go to hospital. A wide range of diagnostic tests including X-Rays, MRI, CT, ultrasound, Echocardiography and DEXA scanning are either already being provided there or will be rolled out throughout 2024/25.

Cancer - waiting times and activity recovery

Throughout 2023/24, performance against the cancer waiting time standards has generally exceeded the national position, however like many areas in the country we have struggled to consistently deliver to the targets every month.

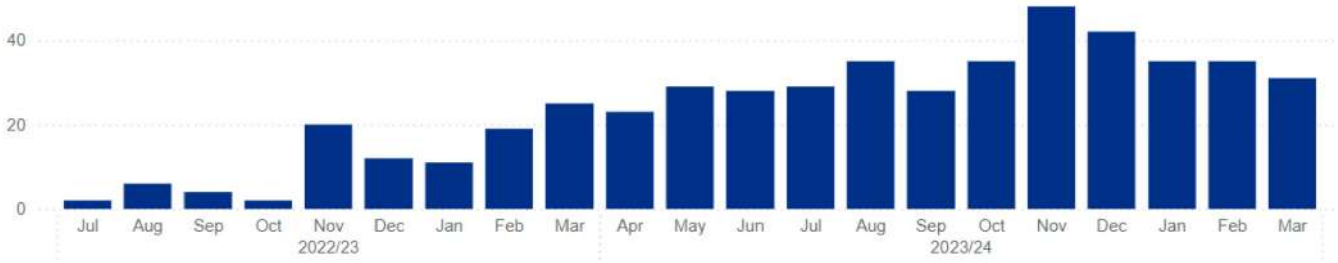
The Faster Diagnosis standard (75% of people should have cancer ruled out or receive a diagnosis within 28 days) has been met on average throughout 2023/24, meaning Gloucestershire patients are typically seen quickly and either receive reassurance or a cancer diagnosis within the expected timeframe.

28 day Faster Diagnosis



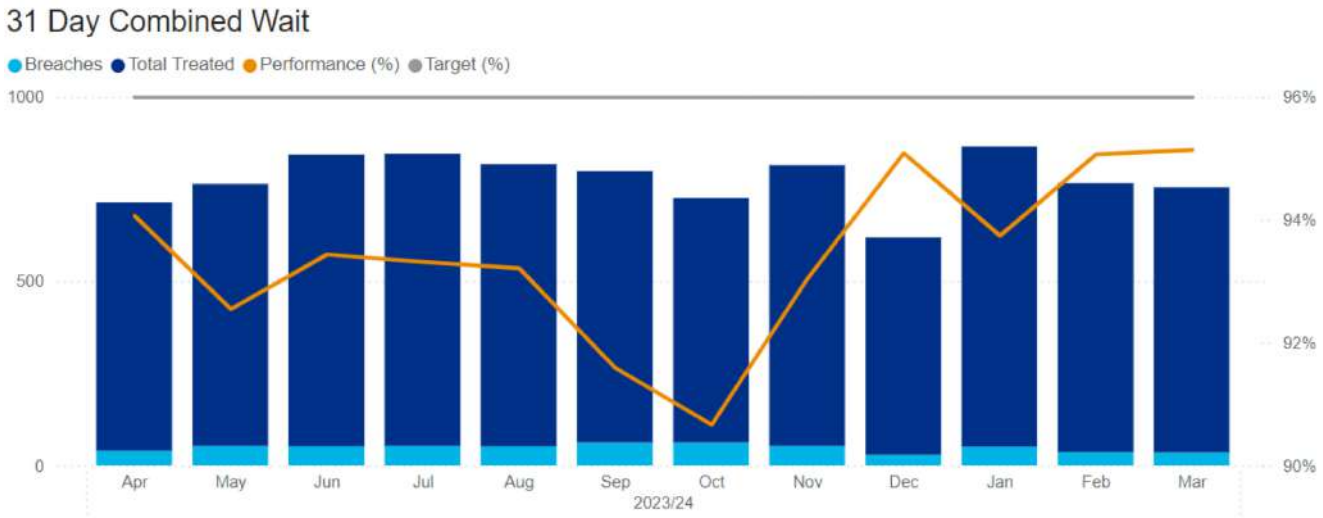
Non-specific symptom referrals have been growing throughout 2023/24, with a service now in place for patients where there is concern for their symptoms, but they do not meet the criteria for referral to a specific cancer service (e.g. breast, prostate, lung).

2 Week Wait Non-specific Symptoms Assessment Service



We have continued to deliver a high level of cancer treatment activity throughout 2023/24 which is increasingly complex due to expanding treatment and therapy options; this has been achieved by protecting cancer services during periods of industrial action and continuing service redesign.

We have delivered strong performance against the 31-day treatment standard in 2023/24 (target for patients to receive treatment or surgery within 31 days of a decision to treat) and have plans in place to address challenges in some cancer specialties to reduce the number of patients waiting more than 62 days on a cancer pathway. This includes additional investment, extra sessions and clinics, treatment list reviews and increasing diagnostic capacity at the newly opened Community Diagnostic Centre.



In 2023/24, two thirds of patients began treatment within 62 days following referral from primary care, below the national target of 85%. This was relatively consistent throughout the year, with most breaches of the treatment target in Lower Gastroenterological (LGI) and Urological cancers. Additional resource (staffing and clinics) are being rolled out in both specialties to improve performance in 2024/25 where we anticipate improving performance in line with national expectations.

Urgent and Emergency Care

Accident and Emergency (A&E) – waiting and treatment times

Improvement in waiting times at A&E has been a focus for the county throughout 2023/24 in common with the rest of the country.

The 4-hour waiting time standard gives a good indication of how urgent care services are performing across the county - performance declines when demand significantly increases or there are challenges with admitting or discharging patients from hospital for example.

Gloucestershire's performance in the main A&E sites is similar to the national average against the 4-hour waiting time target and has improved on the 2022/23 position, however, has not reached the 76% ambition set for this year.

Moving into 2024/25, the system is recommitting to improving the waiting times at A&E with redesign and Quality Improvement trials currently being implemented through the "Working as One" programme.

This programme aims to better join up and co-ordinate health and care for people and support them to stay healthy, recover quickly following an illness, and ensure that care and treatment is received in the most appropriate place. All these aims will contribute to ensuring that people are able to access urgent care at hospital more quickly when required and are supported in the community where possible.

Additionally, to support the improvement in the 4-hour performance, our main acute provider, Gloucestershire Hospitals NHS Foundation Trust (GHFT) has been working to reduce the number of patients in hospital with No Criteria to Reside (i.e. patients who no longer require hospital care and are ready to go home). This has also reduced the number of patients in hospital with long lengths of stay (over 21 days) (LLOS).

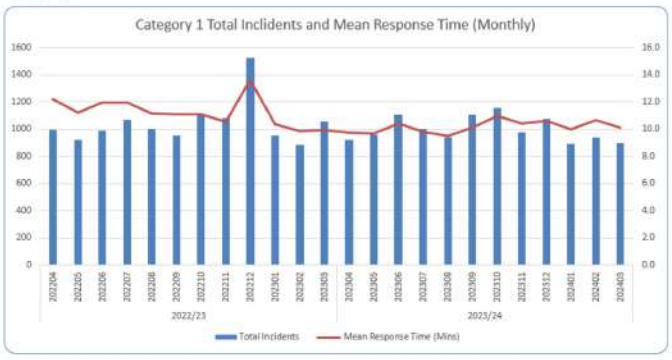
Partners from across the system have set up a co-located workspace sited at Gloucestershire Royal Hospital to improve joint working and take on problem solving of issues affecting system flow (the journey through care). This is helping patients to be discharged more promptly and access the most appropriate ongoing care for their needs.

Ambulance Response times

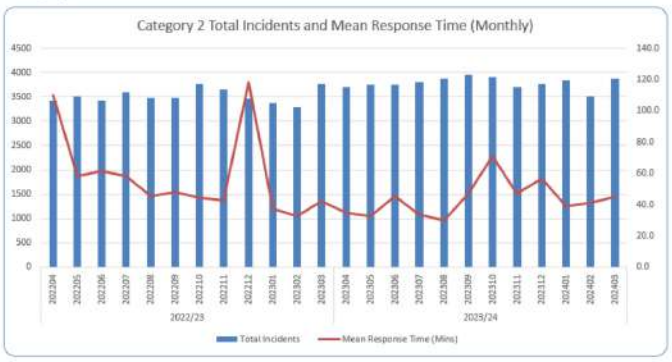
The national standards for Ambulance Response times are 7 minutes for Category 1 (life threatening) calls, and 18 minutes for Category 2 (serious conditions which may require urgent transport) calls.

In common with many areas of the country, Gloucestershire missed these targets throughout 2023/24. However, there has been an improvement in performance compared to 2022/23.

Category 1

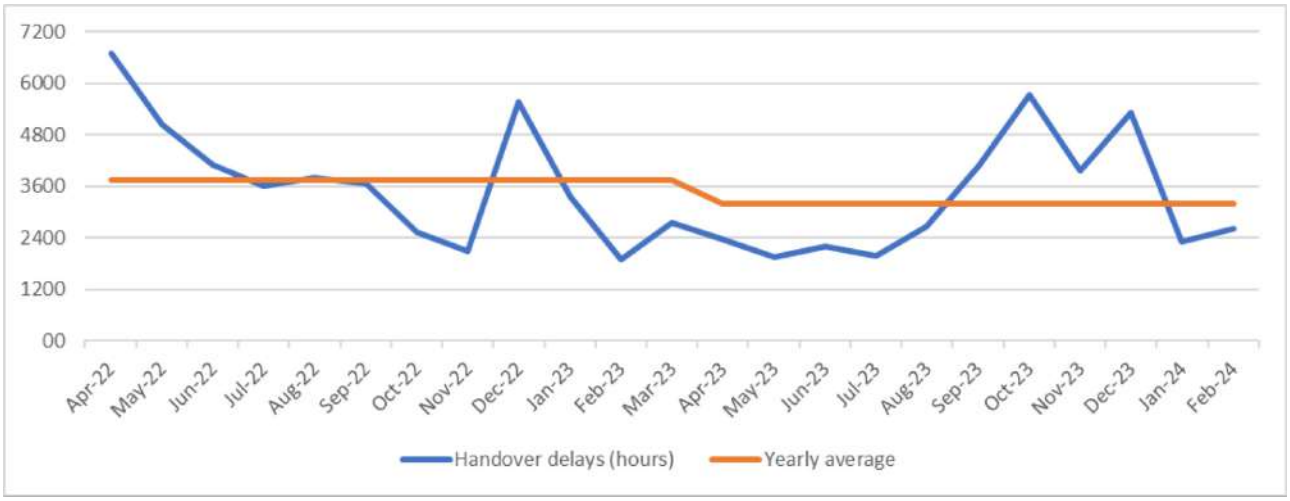


Category 2



Ambulance handover delays (where patients wait in ambulances at hospitals before being admitted to A&E) have continued to be a challenge locally in 2023/24.

While overall levels of handover delay have reduced from the 2022/23 position, we have not achieved our local target for decreasing time lost to handover delay.



Joint working between providers in the system to ensure patients access the right service at the right time and reduce the number of people taken to hospital by ambulance is planned to continue to improve this position into 2024/25, expanding on initiatives already in place, such as an ambulance cohort area in A&E that was introduced in January 2024 to enable quicker handover to A&E.

Community Urgent Care Services

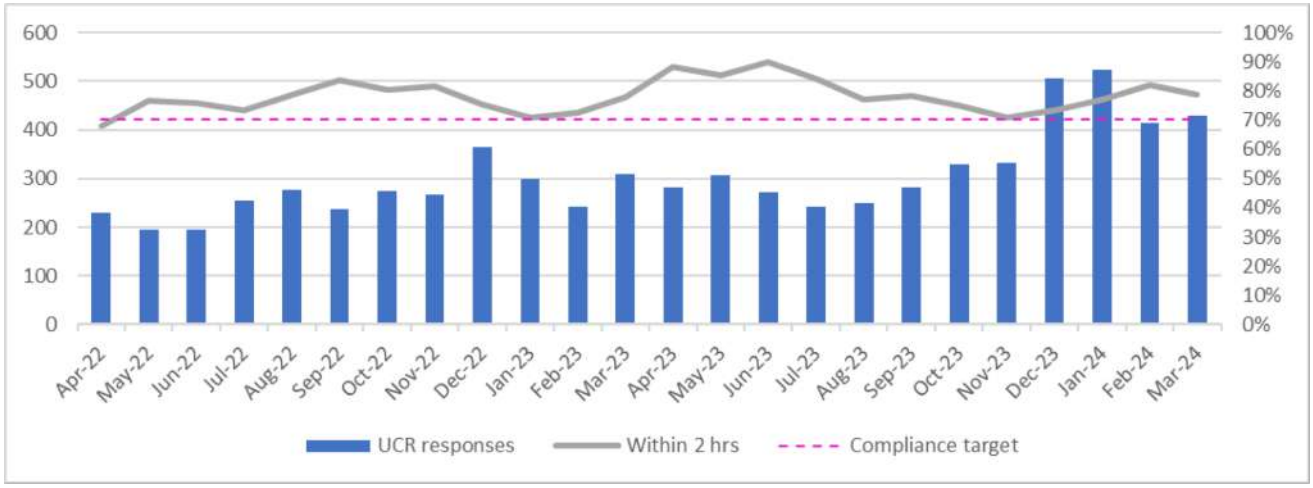
Minor Injury and Illness

Our community Minor Injury and Illness Units (MIIUs) have delivered excellent performance against the 4-hour target throughout the year, with more than 99% of patients seen and treated within 4 hours.

MIIUs have also seen increased use as we encourage people e.g. through the local Click or Call First campaign, to use services local to them where possible and avoid an A&E attendance where appropriate. The local MIIU triage line has helped support people to go to the right place first time, so that unnecessary trips to the A&E are avoided.

Urgent Community response times

The UCR (Rapid Response) Service which delivers a 24/7 countywide community response within 2 hours for urgent cases has continued to grow in 2023/24 and has met the performance standard (reaching 70% of cases within the 2-hour target) consistently throughout the year. Further expansion is planned during 2024/25.



Virtual Wards

We are anticipating reaching our target for virtual ward provision in the early part of 2024/25, having seen significant expansion throughout 2023/24.

Virtual care pathways now include Surgery, Respiratory, Hospital at Home, Frailty and Stroke, allowing patients with acute care needs to be cared for in their own home where it is safe to do so.

We are continuing to broaden the eligibility of patients to access virtual services to help reduce pressure on our hospital sites. In 2024/25, we will continue to work to raise awareness of the virtual wards among clinicians and the public so that more people able to be cared for in their own home can benefit from these services.

Occupancy of the wards varies according to demand. We are continuing to raise awareness and broaden eligibility to expand the offer and ensure the service is sustainable. The first One Gloucestershire People's Panel Survey in 2023/24 Q3 included questions about panelists' awareness of and appetite for Virtual Wards. Their feedback has helped to inform local developments. More information about the People's Panel can be found on page 46.

Our Financial Performance

NHS Gloucestershire Integrated Care Board (ICB) set a balanced budget for the 2023/24 financial year, in the context of an overall system financial plan of breakeven. The budget was set within the 2023/24 NHS England financial framework.

Key elements of this included:

- A system allocation based on the 2022/23 financial envelope for the Gloucestershire System, plus growth and an efficiency adjustment as part of ensuring value for money.
- Aligned payment incentive contractual arrangements with NHS providers for elective care (e.g. planned care) and with fixed contractual amounts for non-elective care (e.g. emergency care).
- The provision of additional funding for a smaller number of programmes outside main funding.
- Additional funding to take forward the recovery of elective, or planned care, services.

The ICB financial position for the year was a small surplus of £0.093m with expenditure of £1348.6m.

The ICB's cumulative surplus at 31 March 2024 is £20.983m. The cumulative surplus is available to the ICB in future years to use non-recurrently as part of the development of the five-year long-term plan. Use of this funding is subject to business cases and overall affordability for the NHS.

The ICB made a surplus in the nine-month accounting period 1 Jul 2022 - 31 March 2023 and the predecessor CCG also delivered a surplus in the previous five years.

In addition, the ICB:

- Remained within its maximum cash drawdown (the limit allocated to the ICB) as agreed with NHS England
- Complied with the Better Payments Practice Code (details provided within note 7.1 of the annual accounts).

Table 1 - ICB's financial performance covering 1 April 2023 – 31 March 2024

ICB Financial Summary	Programme Costs including primary care £m	Running Costs £m	Total £m
Revenue resource limit	1,334.973	13.802	1,348.775
Total net operating cost for the financial year	1,336.008	12.674	1,348.682
Surplus/(deficit) in year	(1.035)	1.128	0.093
Brought forward surplus			20.890
Cumulative surplus			20.983

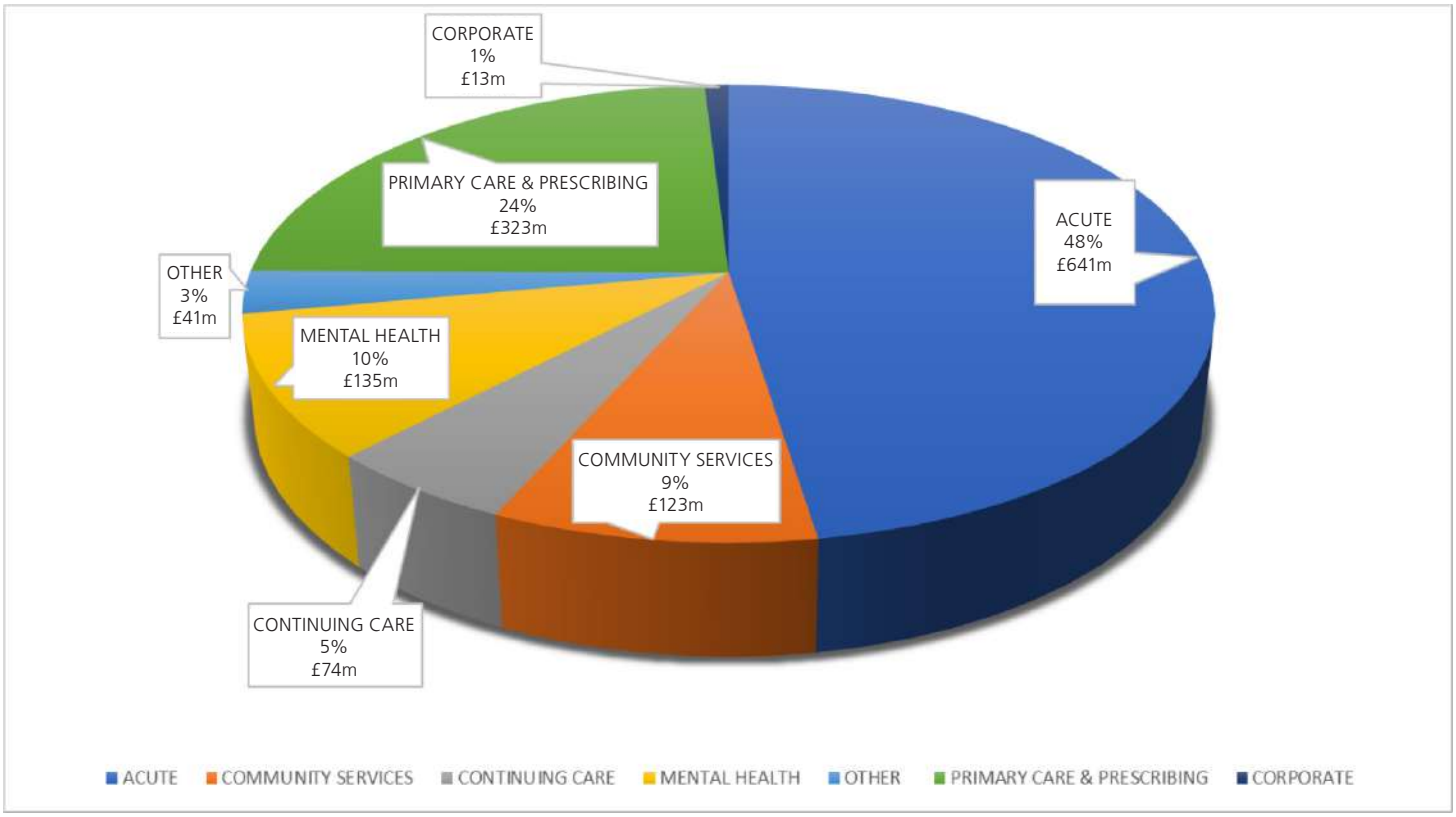
The previous accounting period for the ICB was the nine months 1 July 2022 - 31 March 2023, therefore the prior period is not comparable.

System Financial Position

The NHS system in Gloucestershire is comprised of Gloucestershire Health and Care NHS Foundation Trust (GHC), Gloucestershire Hospitals NHS Foundation Trust (GHT) and NHS Gloucestershire Integrated Care Board (ICB). The system 2023/24 financial plan was breakeven, and the year-end performance is set out below:

	ICB £m	GHC £m	GHFT £m	Total £m
System position Surplus/(deficit)	0.093	0.984	(0.535)	0.542
System target				0.000
Variance to target Surplus/(deficit)				0.542

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



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

Mental Health Investment Expenditure

The 2023/24 plan included additional investment in mental health to ensure that the mental health investment standard was met; this standard requires an increase in spending on mental health services equal to or above the increase in the programme allocation increase for the year.

The target investment in year was £106.525m.

	2022/23 £m	2023/24 £m
Mental Health expenditure in year	97.301	106.578
ICB Programme Allocation	983.628	1,334.973
Mental Health Spend as a proportion of ICB Programme Allocation	9.89%	7.99%

Programme Allocation excludes any additional allocations for specific purposes such as Service Delivery Funding, Elective Recovery Funding and Discharge Grants.

For 2023/24 the increase in spending was £9.277m. Investments were made in children's services, perinatal mental health, IAPT (Improving Access to Psychological Therapies), and eating disorders, in addition to increases in existing services.

Future Financial Outlook

The NHS system in Gloucestershire, including the ICB, is finalising operational and financial plans for 2024/25 with a focus on:

- progressing the recovery of all services, including elective (planned care), and reducing waiting times.
- continued attention to ensuring that we have the right workforce within Gloucestershire as this is fundamental to enabling the system to work effectively.
- transforming the urgent care system to improve the flow across the system and provide a better quality and experience for individuals.
- developing communities jointly with our partners through Integrated Locality Partnership working, plus looking at how we can enable further work on prevention for our communities.
- reducing inequalities within services.

The 2024/25 system plans build on each organisation's work on underlying recurrent costs and system-wide work on developing a longer-term financial position for Gloucestershire. This is feeding into the medium-term plan, including a financial plan, which is being developed by the system.

The financial situation remains very constrained and the focus on initiatives that deliver value continues. This programme of work includes:

- Service Design/Redesign, informed by intelligence on spend and patient outcomes to focus at how we deliver value to make improvements, including:
  - Urgent care pathway redesign (the service users' journey through care)
  - New pathways and services for areas such as respiratory and circulatory disease
  - Ongoing programmes of work within digital supporting the development of clinical pathways in particular virtual wards.
- Transactional Savings:
  - The agreement of evidence-based activity and activity management actions with providers including appropriate controls (e.g. policies on referrals, our formulary) on the access to and type of treatment
  - Engagement and influence on medicines management
  - Procurement savings on contracts.

Capital

Parliament and Treasury set the Department of Health and Social Care (DHSC) a limit for how much capital it can spend. Capital spending covers long-term spend such as new buildings, equipment, and technology.

This budget limit, called the capital departmental expenditure limit (CDEL), covers all capital spending by the DHSC and the NHS, and they are legally obliged not to spend above this limit. A major part of NHS capital is allocated to Integrated Care Systems who prioritise this capital to develop a system plan with the majority going towards NHS Foundation Trusts and an amount for General Practice requirements (covering information technology and minor improvement grants).

Planning considers the need to upgrade estates, replace medical equipment and information technology equipment, plus the strategic objectives for the system.

The Gloucestershire system has received capital funding relating to its core functions plus some additional targeted funding for areas such as digitisation and new theatres.

The core capital funding for Gloucestershire was determined through a process of organisational prioritisation and a system review of the proposed programme to assess against priorities and known risks.

		Actual Expenditure			
	2023/24 Plan £'000	Primary Care & the ICB £'000	GHC £'000	GHT £'000	Total £'000
Total Operational Capital	38,853	1,188	11,137	27,133	39,458
IFRS 16 (leases)	8,874	2,561	865	5,880	9,306
National Programmes (diagnostics, Front line digitisation, Mental Health, elective services capacity)	22,820		1,710	13,012	14,722
Other (technical accounting)	335			335	335
Total system CDEL	**70,882**	**3,749**	**13,712**	**46,360**	**63,821**

(Primary Care: GP practices within Gloucestershire, GHC: Gloucestershire Health & Care NHS Foundation Trust, GHT: Gloucestershire Hospitals NHS Foundation Trust)

Gloucestershire Health and Care NHS Foundation Trust: the most significant element of the capital programme is the new community hospital in the Forest of Dean; this will replace Dilke Memorial Hospital and Lydney Community Hospital. Due for completion in 2023/24, this will provide a 24 single bedroom hospital, a purpose-built therapy gym for rehabilitation, plus a Minor Injury and Illness Unit.

Gloucestershire Hospitals NHS Foundation Trust: a significant programme of work has included the continued delivery of projects to improve the emergency department and acute medical care facilities at Gloucestershire Royal Hospital

The balance of operational capital is used to replace and update equipment, including IT, maintain and improve the estate, invest in new IT systems.

The original plan anticipated a number of the national capital programmes, during the year, re-planning against national schemes took place and resulted in a number of these not progressing as per the original plan.

Working in partnership to safeguard our population from abuse and neglect

NHS Gloucestershire Integrated Care Board (ICB) has a statutory duty to put in place appropriate arrangements to safeguard children and adults at risk.

As per the 'Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework' (SAAF), ICBs are responsible in law for the safeguarding elements of the services they commission.

This includes:

- ensuring that the ICB internal safeguarding arrangements are sufficient, and that safeguarding is embedded in practice.
- being assured that the safeguarding arrangements of all commissioned services are appropriate.
- co-operating and providing strategic health leadership within statutory local multiagency safeguarding arrangements. How the ICB supports this statutory duty is described in detail here:
  Gloucestershire Safeguarding Children Partnership Yearly Report
  Gloucestershire Safeguarding Adults Board Annual Report 2022-2023
- securing the expertise of Designated and Named Professionals for Safeguarding adults, children, and children in care.

We set out how we have achieved this in more detail within our published Safeguarding Annual Report: **https://www.nhsglos.nhs.uk/wp-content/uploads/2024/01/NHSGlos-Safeguarding-Annual-Report-22-23.pdf**

This year we have developed a refreshed teamwork plan to reflect our local, regional, and national safeguarding priorities.

This includes our continued work with primary care (including newly delegated services within Pharmacy, Optometry and Dentistry where we are working with ICB colleagues to understand our additional responsibilities alongside the NHSE Central Commissioning Hub), children in care and care leavers, integration of health safeguarding, transition (when a person turns 18 and moves to adult health services) and further work to support adults who have children removed from their care.

We have also contributed to the ICB Joint Forward Plan and outlined our areas of current focus which include:

- undertaking an extensive review of the Unscheduled Care Dataset (Minor Injury Unit and Accident and Emergency safeguarding children data) captured in the **2021/22 Safeguarding annual report** to ensure it is focused, not onerous and meets our collective needs. The Designated Doctor, Safeguarding Children is leading this work (now Safeguarding Children Dataset) to ensure we collect information to inform our work going forwards across all health services. The aim is to make use of wider health safeguarding children and adults' data as appropriate.
- effective succession planning to ensure the ICB meets the statutory requirements for key safeguarding and children in care roles in the future and expand the safeguarding and children in care team to meet statutory Designated and Named Nurse and Doctor resource requirements for our increasing population need.
- embedding learning from adult and children's statutory safeguarding reviews to ensure we prevent further harm to our most at risk of harm. ICB Designated Professionals have developed a combined health action plan to track progress of all health actions resulting from safeguarding adult and children reviews and domestic homicide reviews. We have regular progress meetings, with monitoring via our bimonthly ICB led health safeguarding strategic group. Learning from specific reviews is set in more detail within our safeguarding annual report and disseminated via 7-minute briefings, training and updates, GP safeguarding forums etc.
- involvement in the development of a multi-agency local process for health input and information sharing for new **Anti-Social Behaviour Case panels** to ensure the ICB can comply with their statutory duties in relation to anti-social behaviour. This includes obtaining information to and for GPs. Work is underway to explore the role of the Gloucestershire Health and Care NHS Foundation trust safeguarding team in information sharing with GPs for Multi Agency Public Protection Arrangements (MAPPA) and Multiagency Risk Assessment Conference (MARAC) notifications for either high-

risk domestic abuse or high-risk cases requiring public protection arrangements managed in the community e.g. high-risk offenders.

- our Designated Doctor, Safeguarding Children has led on a Gloucestershire Safeguarding Children Partnership multiagency protocol for Child Protection Medical Examinations. This has been agreed and published, and extensive work is ongoing to implement the protocol with the health services we commission.
- our Designated Nurse and Doctor for Children in Care have continued to lead on various workstreams and priorities for Children In Care (CiC) and Care Leavers, as set out in our **ICB Children In Care annual report** as our care experienced population (young people who are in or have been in care) continues to grow year on year.

The ICB's Safeguarding team is committed to supporting people who use health services to live in safety. Through our work with partners, we are helping to prevent people from experiencing harm due to abuse and neglect. This includes continued working alongside our partners in the Gloucestershire Safeguarding Children Partnership, Safeguarding Adult Board and Community Safety Partnership.

2023 saw the introduction of the Serious Violence (SV) duty, where specified authorities, including the ICB, must work together to prevent and reduce serious violence (set out in the Police, Crime, Sentencing and Courts Act 2022 and accompanying statutory guidance).

The definition of 'serious violence' now includes domestic abuse and sexual offences.

The ICB's Designated Nurse, Safeguarding Adults is our lead for the SV partnership strategy and development work for health. We delivered a domestic abuse update and awareness session at a recent ICB staff meeting, and during 2024 will deliver a more in-depth session.

We are required by NHS England to capture data on incidences of staff reported domestic abuse and we will develop an understanding of the extent of this and the response internally by continuing to raise awareness through internal training, reporting and providing supervision and support to staff and managers in line with our new ICB Domestic Abuse policy.

A sustainable and green NHS

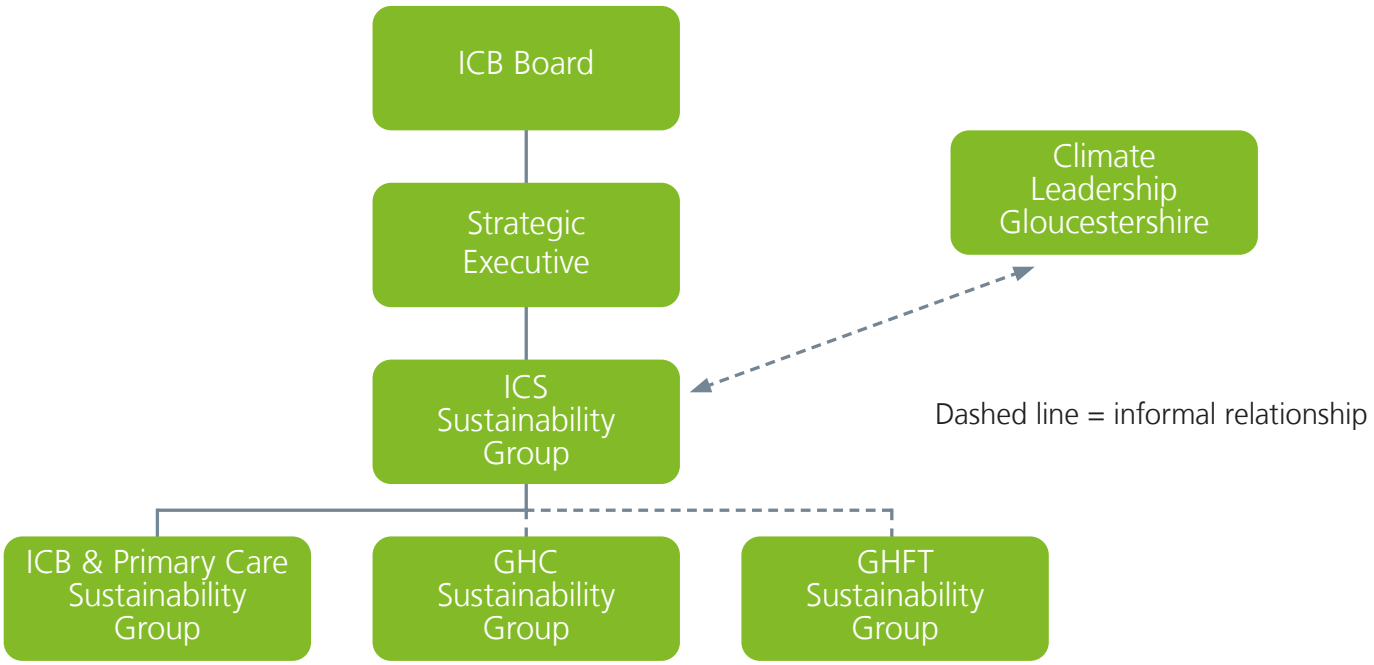
The 'Delivering a net zero NHS' report provides a national-level framework for action on climate change and sustainability.

It is now widely recognised that Climate Change places the biggest impact on human health. NHS Trusts, Primary Care Networks, and ICSs must do all they can to mitigate the effects from an ever-changing climate.

As part of our engagement with GP Practice Patient Participation Groups to support the development of our Primary Care Strategy, patients have identified 'green sustainability' as a priority. A new section has been created on our clinical pathway website, G-Care, Environmental Sustainability in Primary Care, which signposts to the RCGP's Green Impact for Health Toolkit and offers a comprehensive roadmap for carbon reduction in Primary care. To find out more, visit **https://toolkit.sos-uk.org/greenimpact/giforhealth/login**

Every NHS organisation has an essential role to play in meeting this ambition. In Gloucestershire, NHS Gloucestershire Integrated Care Board (ICB) and our partner organisations have been working together to plan how we can meet this NHS ambition together. We have produced a One Gloucestershire Integrated Care System (ICS) Green Plan: **https://www.nhsglos.nhs.uk/about-us/who-we-are-and-what-we-do/publications/**

The governance structure for sustainability is shown below. Membership of the ICS sustainability group is drawn from the ICB, Gloucestershire Health and Care NHS Foundation Trust (GHC), Gloucestershire Hospital NHS Foundation Trust (GHFT) and Gloucestershire County Council, with reporting into Strategic Executives. In addition, the ICB Chief Executive is a member of the Climate Leadership Gloucestershire Board, ensuring the join up between health and Local Authorities within the county.



The ICB's Chief Finance Officer (CFO) takes responsibility for Sustainability at Board level.

Sustainability is seen as key across all programmes within the ICS, with sustainability featuring within a growing range of dedicated meetings, including the Local Health Resilience Partnership (particularly looking at the long-term impacts of climate change - Adaptation) and Estates including Primary Care.

In addition, all Board and Committee papers are required to outline the impact on Sustainability.

Reporting against sustainability within Gloucestershire ICS is developing.

To deliver this shared mission some of our key priorities are:

Priority Areas	*Short term objectives*	*Medium to long term objectives*	*Progress*

Transport & Travel	Each organisation to reduce business mileage by 20%
	Green travel plan
	Cycle to work scheme
		At least 90% of the NHS fleet uses low-emissions engines (including 25% ultra-low emissions)	• Business mileage: reduction achieved against 19/20 baseline
			• Green travel plans in progress aligned to NHS green travel plan
			  • Cycle schemes in place
			  • Lease car scheme in place for either hybrid or fully electric vehicles
			  • Joint programme of work started across the system including GCC with a number of projects focussed on green travel started in Q4 focussed on an EV charging plan, e-bikes, e-cargo bikes

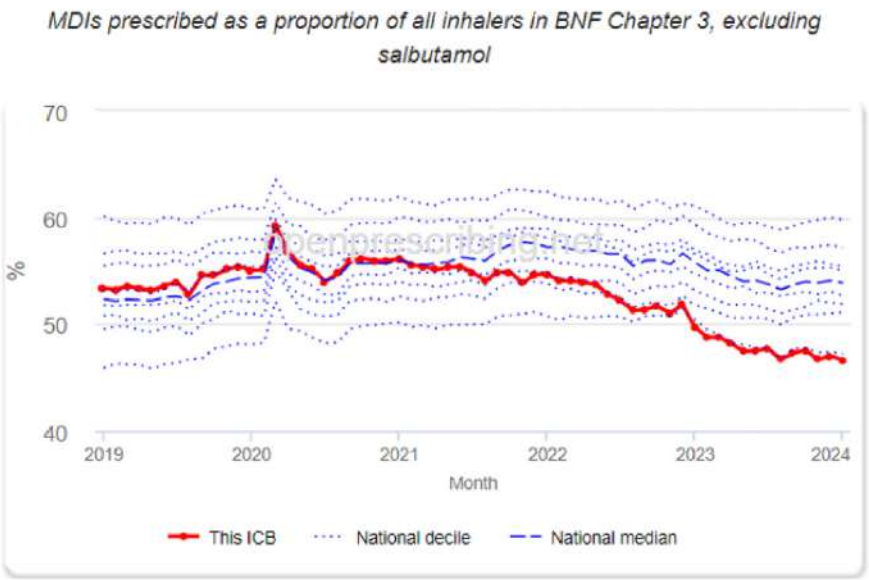
Estates & Facilities	Each organisation purchases 100% of its electricity from renewable sources	Implementation of detailed plans	• Organisations purchase from renewable sources • ICB head quarters move Sept 23, halving office space used • Gloucestershire Health & Care NHSFT: New Forest of Dean Hospital due for completion in 2024, built to be net zero • Salix funded projects at Gloucestershire Hospitals NHSFT in progress, due for completion 2024
Climate Adaptation	Undertake a risk assessment to highlight risks to continuity and resilience of supply Develop a Climate Change Adaption Plan outlining interventions and action to mitigate the risks		Climate adaptation work across Gloucestershire jointly with Local Authority & the NHS
Sustainable models of healthcare	Ability to refer patients from primary care to the nature-based prescribing opportunities in conjunction with the VCSE sector Increase remote consultations Digital literacy programme jointly with GCC to enable better access to digital services by a wider range of the population	Increase access to green space and biodiversity on site Further rollout of virtual wards	• Nature based social prescribing scheme in place • Remote access consultations available for clinicians across the county including primary care • Patient portal in implementation within Gloucestershire Hospitals NHSFT • Digital literacy programme in place jointly with Gloucestershire County Council • Virtual wards being fully rolled out in the year

Medicines and procurement	Reducing the proportion of desflurane to volatile gases used in surgery to 10%. Plans for clinically appropriate prescribing of lower carbon inhalers & how to encourage service users to return their inhalers to pharmacies for appropriate disposal A minimum weighting of 10% of the total score for social value should be applied in all procurement (PPN 06/20)	Reduce meter dose inhalers prescribed by 25% Stop use of single-use plastic cutlery, plates or cups made of expanded polystyrene or oxo degradable plastic 100% of food waste recycled	• Gloucestershire Hospitals NHS FT Reduction in nitrous oxide use • Low carbon inhaler prescribing progressed (see graph below) • All procurements include 10% social value score • Food waste recycling introduced in main kitchens at Gloucestershire Royal Hospital • Programme on reducing inappropriate use of plastic gloves in primary care in progress
Workforce and System Leadership	Every Trust and the ICS to ensure a board member is responsible for their net zero targets and their Green Plan (SC) All GP Practices to sign up to the Green Impact Award Scheme	Communication approach in place to ensure all staff understand the importance of sustainability for the future of health All staff understand that acting sustainably brings co-benefits to health	• in place for all Gloucestershire NHS organisations. For the ICB this is the Chief Finance Officer • 67 practices signed up out of 68 for 2023/24

Within the ICS, the medicines management teams are working to reducing the environmental impacts of medicines (that account for 25% of emissions within the NHS). Work locally is focused on anaesthetic gases and inhalers where emissions occur at the point of use.

Reduction in nitrous oxide use at Cheltenham General and Gloucestershire Royal Hospitals has saved c. 430 t/CO2 per annum. Progress with the work on inhalers is shown below with the ICS having made significant progress in reducing the use of metered dose inhalers which are the single biggest source of carbon emissions from NHS medicines prescribing.

Environmental impact of inhalers - prescribing of non-salbutamol Metered Dose Inhalers



The ICB continues to use a sustainable approach when commissioning healthcare services, considering the social and environmental impact of all its procurement and commissioning activities with sustainability included as a factor within procurements.

Gloucestershire Hospitals NHS Foundation Trust

In November 2022, Gloucestershire Hospitals NHS Foundation Trust (GHFT) launched its Green Plan. This committed the Trust to a range of actions, initially between 2021/2025, but also longer term, which will help the system move forward on our pathway to net zero by 2040.

In February 2023, the Trust was successful in obtaining a second multi million pound grant from the Public Sector Decarbonisation Scheme (PSDS). This new fund is enabling the Tower Block façade to be replaced, together with the installation of triple glazed windows, an additional air source heat pump and upgrading some control systems. These works will contribute to energy efficiency and generate financial and carbon savings (1,389tCO2e tonnes in carbon dioxide equivalent) annually.

The Trust is now implementing a patient portal, this will enable the Trust to provide letters electronically to patients to manage their appointments, there will therefore be carbon savings from a reduction in letters and better use of clinics.

GHFT's programme has also led to a reduction in nitrous oxide use with disconnection of manifolds at Cheltenham General and Gloucestershire Royal, saving c. 430 t/CO2 per annum - this is the equivalent of driving a family car 1.6 million miles or 65 times around the globe.

GHFT has also installed bike repair stations, extended the hours of the shuttle bus and included the 10% weighting on net zero and social value in their tenders.

Gloucestershire Health and Care NHS Foundation Trust

Gloucestershire Health and Care NHS Foundation Trust's (GHC) Green Plan covers 2022-2025. Departments across the Trust have been undertaking projects with the aim of a 25% reduction in emissions by the 2024/25 financial year to reach net zero for our direct emissions by 2040.

In March 2023, the Trust held its annual Better Care Together event and the theme was sustainability. The event was a huge success with colleagues across the organisation, ICB and external organisations in attendance.

The event raised awareness of the importance of the Sustainability agenda and workshops associated with key themes in the Green Plan were held. Learnings from this event will be used in their Green Plan update, which will be published in the 2024/25 financial year.

The GHC total carbon impact for 2022/23 was estimated to be 20,470 tCO2e, the equivalent of a person flying return from London to Hong Kong 5,848 times. This impact is split into two key areas: their direct carbon footprint and their carbon footprint plus.

The Trust's direct carbon footprint covers emissions within the organisation's direct control and they have reduced their direct carbon footprint by 14% since the 2021/22 financial year. This reduction is a result of initiatives such as the introduction of LED lighting.

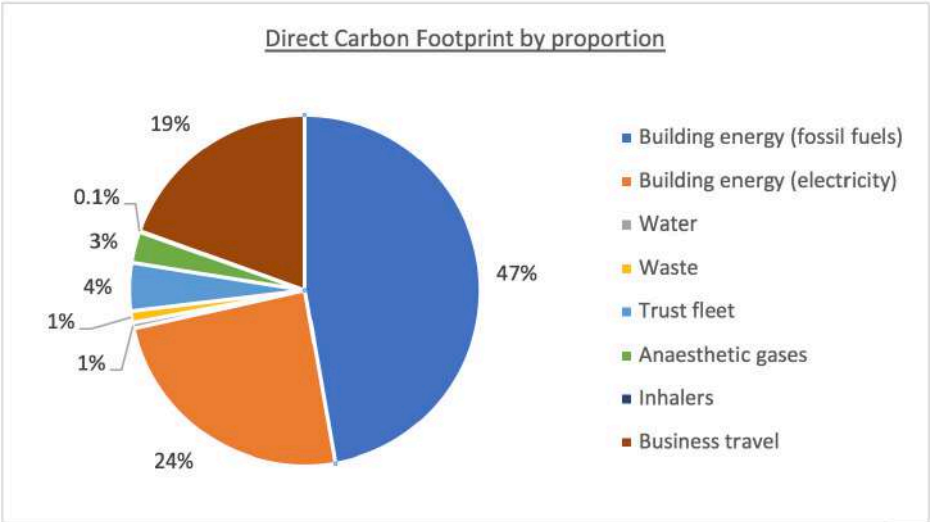


Figure 1: GHC's 2022-2023 direct carbon footprint by proportion

Improving the quality of services

The Health and Social Care Act 2012 S26 (14R) sets out that Integrated Care Boards (ICBs) have a duty to continually improve the quality of services. The System Quality Committee (SQC) has been delegated responsibility on behalf of NHS Gloucestershire Integrated Care Board (ICB) for ensuring these responsibilities are discharged.

Quality and clinical governance have been driven and overseen using the three pillars of Quality - Safety, Effectiveness and Experience through our System Quality Group (SQG) and Quality Committee.

These governance processes aim to highlight good practice, identify gaps and drive improvement. As the ICB develops and matures, so to do our processes. We will take the next six months to review current structures and processes and ensure an iterative approach to focus on key priorities.

Patient Safety

In the previous Annual Report, we drew attention to 10 'Never Events' (a serious incident or error that should be wholly preventable) which had been reported in the system. In that report we set out our intention to work with system partners to reduce these.

Over the last year we have played an active role on project boards and supported with specialist knowledge. As a result of the system improvement work, four Never Events were reported which reflects the hard work of all partners to reduce avoidable harm and improve safety.

The support the ICB has given to providers means that we are in a positive place to transition to the new Patient Safety Incident Response Framework (PSIRF). This new national framework supports our approach to develop and maintain effective systems and processes for responding to, and learning from, patient safety incidents.

The ICB and our main providers transitioned to PSIRF on 1 March 2024. We now have weekly Patient Safety Insight Huddles and a System Safety and Learning Group which meets quarterly. Through these groups we will focus on promoting learning and improvements to patient safety in Gloucestershire. We have also established a new System Mortality Group to enable all partners to hold each other to account and focus on system level information and linking to population health management data, particularly at Primary Care Network level.

Over the last year, we have launched a significant improvement programme around Urgent and Emergency Care. Multiple transformation workstreams are now up and running to help improve performance with an important spotlight on quality and patient safety initiatives. The core areas include admissions avoidance (avoiding the need for a hospital stay where appropriate), prevention, community services, hospital front door services, including a redesign of frailty services, virtual wards, complex discharges and reducing length of stay across the system.

We are mindful to encourage the idea of the whole system, rather than just individual (organisational) quality improvement, which has led to setting joint priorities in areas such as falls and harm which patients may experience as a result of waiting too long.

Patient experience

We are always looking to ensure that their services meet the needs of the population. Our local PALS teams are here to support patients and relatives by discussing their experiences and helping to resolve concerns. Our teams are friendly and supportive, and here to listen to you.

The ICB PALS team; which focusses on the local resolution and handling of complaints about primary care (including from July 2023 pharmacy, optometry and dentistry); supports individuals in the following ways:

- Providing confidential information, advice, and support
- Helping to answer health-related questions
- Providing impartial information on a range of issues relating to primary care, community services (e.g. health visiting, community nursing) and hospital services
- Explaining the complaints procedures and how to raise a formal complaint
- Listening to people's suggestions for service improvements
- Offering advice about the NHS and support groups outside the NHS

- In addition to the ICB PALS there are similar services based in the two Gloucestershire NHS Trusts.

PALS teams can be contacted by telephone or email. They can provide an interpreter and/or written translation to support enquiries.

During 2023/24 the ICB PALS Team has received a significant number of enquiries relating to access to NHS Dentistry ;these would previously have been handled by NHS England. In response PALS staff have been meeting monthly with Primary Care Contracting colleagues to ensure up to date information about additional appointments for patients with urgent needs is provided to the general public. For further information visit: **https://www.nhsglos.nhs.uk/have-your-say/your-experience/pals-feedback-and-enquiries/**

Primary care workforce

We have continued to work closely with Primary Care.

Workforce issues are an increasing concern and over the past year the ICB has compiled a new Primary Care Nursing Strategy which aims to support the retention and recruitment of nursing staff. Considerable work has taken place to support preceptorship (structured support for newly registered nurses, midwives and nursing associates) and fellowship offers.

Our Legacy Mentor programme continues to assist nurses working in practices and supports career opportunities across the county. The new strategy offers a real focus on wellbeing, alongside population health management and neighbourhood health.

The ICB is also supporting Primary Care in undertaking a review of how Primary Care and secondary care work together and improve safety whilst managing patient expectations and increasing demand.

Migrant health

Alongside the work with Asylum Seekers living in contingency hotels in Gloucestershire, the ICB Migrant Health team are working extremely hard to support Entitled Persons (EPs) residing in Reception, Staging and Onward Movement (RSOM) sites and Transitional Service Families Accommodation (TSFA) sites in Gloucestershire.

EPs are Afghan nationals who have the legal right to remain in the UK due to their contribution to UK objectives in Afghanistan. This work has taken a collaborative approach with the Ministry of Defence ensuring that the NHS legal obligation for the provision of healthcare is met.

The team continue to work very closely with Gloucestershire GPs and Public Health to provide health screening and GP registrations for vulnerable children and adults achieving minimal disruption to existing health care services.

Infection, Prevention and Control

We have continued to work closely with all our colleagues in Infection Prevention and Control (IPC) benefiting from excellent relationships across organisational boundaries.

Along with continuing COVID outbreaks, we are now seeing infections that we have not seen for many years such as measles, and as a system we respond quickly and effectively for our patients.

The NHS England regional IPC strategy was published this year and we have spent time scoping our Workforce and Training, Governance structures, and our improvement projects in preparation to support us writing a Gloucestershire strategy this coming year. We have established a new Infection Prevention Management Group to support the delivery of our local priorities.

Local Maternity and Neonatal System (LMNS)

The ICB continues to monitor all aspects of Quality in Maternity through our System Quality Group and the System Quality Committee. Our Chief Nursing Officer is the chair of the Local Maternity and Neonatal System (LMNS) which is working to support the local provider after a challenging year including a reinspection of services from the CQC and the continuation of the CQC section 29A notice and inadequate rating.

Through this LMNS partnership working, the provider has a much-improved midwifery vacancy rate, strengthened the leadership team in midwifery and reviewed their governance structures. As a system, we work alongside our NHSE regional colleagues to support improvements and sustainability.

Medicines Optimisation

The ICBs Medicines Optimisation Team continues to support the local implementation of national medicines safety alerts, which during 2023/24 included a systemwide working group on the safe prescribing of Sodium Valproate in females of child bearing age, which received high profile press coverage.

The Medicines Optimisation Team is also actively involved in updating and promoting the use of two locally commissioned, digital prescribing support medicines safety netting systems (Eclipse and Optimise Rx). In the busy primary care healthcare environment, these information systems enable GP practices to proactively identify patients who could benefit from more targeted medication reviews based on digital patient records searches across a wide range of clinical parameters e.g. the ongoing clinical monitoring of anticoagulant prescribing.

The Medicines Optimisation Team continues to promote the principles of best practice prescribing for antimicrobial stewardship aimed at minimising the development of resistance to antibiotics. Updated antibiotics prescribing figures are circulated to all Gloucestershire GP practices with follow up prescribing audits promoted in any higher prescribing practices.

The ICBs overall levels of antibiotic prescribing across Gloucestershire during 2023/24 continued to meet national targets.

Working with people and communities

"We want to build the relationships needed to deliver better health and care across Gloucestershire so we can support people and communities to improve their lives alongside them."

Mary Hutton, Chief Executive, NHS Gloucestershire

Working with people and communities Strategy

Prior to the establishment of One Gloucestershire Integrated Care System and NHS Gloucestershire Integrated Care Board (ICB), we undertook comprehensive public engagement to ask local people the question: "*How do you want to be involved?*" Their answers informed the development of our Working with People and Communities Strategy. **https://www.nhsglos.nhs.uk/have-your-say/working-with-you/strategy-and-insight/**

The approach set out in our strategy ensures we meet the ICB's duty to involve people and communities in our work and supports our legal duties with regards to public involvement as set out in our Constitution.

The ICB has a legal duty under section 14Z45 of the NHS Act 2006 to 'make arrangements' to ensure that individuals to whom services are being or may be provided and their carers/representatives are involved when commissioning services for NHS patients.

To fulfil the public involvement duty, the ICB must seek to involve people and communities in:

- the planning of services.
- the development and consideration of proposals for changes which, if implemented, would have an impact on the manner or range of services.
- decisions which, when implemented, would have such an impact.

The 'we will' statements in the ICB Strategy commit us to:

- being open, honest, and timely in how we communicate and work with local people.
- creating opportunities for people of all ages, diverse-abilities and especially those who are currently under-represented, to be listened to and involved.
- identifying and engaging with people and communities who may be interested (or impacted) by our health and care programmes.
- promoting personalised care and involving unpaid carers and families.
- giving regular feedback on how working with people and communities is making a difference, reinforcing the importance of the 'we listened, we did - and this is what happened' approach.

The ICB strategy adopts the ten principles set out by NHS England for working in partnership with people and communities **https://www.england.nhs.uk/publication/working-in-partnership-with-people-and-communities-statutory-guidance/** but has adapted these into five key areas of focus for us locally:

1. Involving people and communities (see **Accountability**)
2. Involving you
3. Working with people and communities to tackle inequalities
4. Working with Healthwatch Gloucestershire and with voluntary and community organisations and groups
5. Communicating with you.

Involving you

https://getinvolved.glos.nhs.uk/involving-you

One Gloucestershire People's Panel

In 2023, the ICS launched the new One Gloucestershire People's Panel to seek out the opinions of a representative sample of people living and/or accessing services across Gloucestershire. People's Panel members will be sent approximately four surveys per year on a wide range of topics relating to health and wellbeing.

The results from the first survey, which focused on sharing information and using digital technology, have been shared with colleagues and published at **https://getinvolved.glos.nhs.uk/**.This feedback is being used to inform the development of Virtual Wards and the application of digital technology. There was an approximately 40% response rate and a good spread of responses from across all ICS localities (districts).

Surveys

Surveys are one of the more traditional methods we use for gathering insight from people and communities - we also create surveys to obtain feedback from the people who work across the ICS.

During the last year we have co-created numerous surveys which have resulted in plenty of quantitative and qualitative data for analysis. We produce bespoke reports recording the feedback received, which are shared with ICS and ICB programmes and projects.

Some of this work is targeted towards particular communities or patient groups, but other surveys are shared more widely on the public-facing Get Involved in Gloucestershire pages.

Here are just a few examples of surveys we have created this year:

- Supporting End of Life Care - Your experience
- Community Ophthalmic Link - Your views
- Enhanced Access in General Practice - Your views
- NHS75 - A conversation with Staff
- Proud to care Jobseeker Connections Feedback Form
- GetuBetter - Your Experience (24/7 Musculo-skeletal self-management support app)
- St Georges Surgery Patient Participation Group (member recruitment)
- Digital Health and social care apps - Your views
- Accessible Information Standard - Your views
- Know your numbers week - Your experience
- Primary Care Workload (GP survey).

Information Bus

In 2023/24, our Information Bus has had its busiest year yet. Highlights have included:

- Creating ongoing links with the farming industry

- Nurses on Tour, facilitating the training of student nurses
- Blood pressure testing supported by the vaccination and health outreach team at Gloucestershire Health and Care NHS Foundation Trust
- Regular visits to a local Traveller site following extensive insight work to gain trust
- Volunteering opportunities
- Diabetes awareness.

A real effort has been made this year to reach out to people we don't always have the opportunity to engage with, by supporting events at weekends and bank holidays, attending county shows and community events.

Supporting GP practices and Patient Participation Groups (PPG)

We work with practices and PPGs in several ways:

- Supporting the recruitment of new PPG members
- Supporting individual PPGs with information and advice
- Running a Gloucestershire PPG Network of PPG representatives
- Involving PPG representatives in shaping and developing strategies and services.

This year we have supported several practices to recruit members to establish a PPG. In each case lots of people registered with the practices expressed their interest in getting involved.

During PPG Awareness week (31 May–6 June 2023), we made a short film with representatives from PPGs around Gloucestershire. We asked them to describe how they became involved in the PPG at their practice and share their views on some of the benefits such involvement brings. PPGs and practices are now using this film to promote recruitment **https://getinvolved.glos.nhs.uk/ppg-network**

We respond to a wide range of enquiries from practices and PPGs, offering information and advice on engaging effectively with the wider community, and sharing good practice in PPG management and activity.

The PPG Network brings together representatives from PPGs across the county. Members hear about new initiatives and developments; share their experiences and views with NHS teams, to shape and influence the development of strategies and services and seek guidance from, or offer support to, other PPGs.

There are six meetings of the Network a year, which are hybrid so people can attend virtually or in person. We typically have approximately 30 people attending. This year agendas have included:

- Community Mental Health Transformation
- Support for Veterans
- Living Well, Ageing Well Week
- Cancer and Health Inequalities
- NHS Gloucestershire ICB Values and Behaviours
- National GP Survey results
- Office of the Police and Crime Commissioner Domestic Abuse and Sexual Violence Consultation
- Recruitment, selection and retention of staff
- Involvement in the procurement panel for a digital Patient Portal at Gloucestershire Hospitals NHS Foundation Trust
- Healthwatch Gloucestershire project on access to GP services
- Friends and Family Test Quality Improvement project at Gloucestershire Health and Care NHS Foundation Trust.

To involve PPG representatives in shaping and developing strategies and services we regularly share involvement opportunities, surveys, and details of other engagement activities and initiatives with PPG Network members and invite them to get involved and/or to share these opportunities in their communities.

In September 2023, a group of PPG representatives were involved as informal evaluators in the procurement panel for the digital patient portal at GHFT. We have recently recruited a group of PPG representatives to form a Primary Care Strategy Reference Group, which will provide a voice for people who use primary care, and their families and carers, to inform and influence the Primary Care Strategy Group.

Since April 2023, PPG members have also taken part in the following surveys:

- NHS Gloucestershire: Eye health - Community Ophthalmic Link
- Gloucestershire County Council (GCC): Technology Enabled Care
- GCC: Minor Adaptations (Adaptations to your home to help individuals to live safely and independently making everyday tasks easier.
- Healthwatch Gloucestershire: GP access
- Healthwatch Gloucestershire: Social care assessments
- One Gloucestershire: Living well/ageing well survey.

Tackling inequalities

https://getinvolved.glos.nhs.uk/tackling-inequalities

Since starting in role at the beginning of 2022, our ICB Insights Manager has spent time mapping out previously underserved communities, establishing contacts and developing a strategy for building relationships with these groups.

She visits a wide range of communities across Gloucestershire, at least twice a month, without an agenda and often gets involved in the planned activities of the groups, such as crafting, joining exercise classes and serving behind the counter in a local community café in Gloucester.

Open, honest conversations and being seen often has helped establish trust amongst these communities and has begun to reveal interesting concerns and needs relating to health and wellbeing matters. The proactive collection of individual and group experiences is then shared with relevant teams across the ICB and wider system, to ensure this data informs service development, delivery, and evaluation of reducing health inequalities programmes.

Such insights have resulted in a variety of awareness/education events, and other projects across the system; this year Menopause awareness has been a topic requested by women from a number of communities. Additionally, regular visits to the groups allow the Insights Manager to update them on any developments or updates on where conversations are regarding topics raised by the community.

Similarly, when teams across the ICB and wider system require input from these communities to help co-design services to meet their needs, the Insight Manager liaises between them and the communities, providing expertise and advice on how best to engage with the groups and ensuring a feedback mechanism is put in place to maintain the relationships. An example of an output from this work is shared below (see Case Study: Community Health and Wellbeing Day).

Working with local partners

https://getinvolved.glos.nhs.uk/involving-local-healthwatch-and-vcs-partners

Healthwatch Gloucestershire and Patient Stories

Throughout the year, we have continued to receive and act upon reports and patient stories produced by Healthwatch Gloucestershire.

Patient stories are shared with system-wide Clinical Programme Groups to ensure themes are identified and used to inform their work.

In addition, Healthwatch present a Patient Story bi-annually to our ICB Board. This year ICB Board has heard stories ranging from sharing the wellbeing benefits of supporting cooking classes for children from underserved communities to a story demonstrating the importance and impact of opportunistic testing at community-based events, particularly for issues like Hypertension which may have no symptoms.

Get Involved in Research in Gloucestershire

In 2023, we were successful in securing funding from NHS England's Research Engagement Network Team to increase diversity in research locally. We have been working with three local VCSE Organisations: The Friendship Café, Inclusion Gloucestershire, and Music Works as well as University of Gloucestershire, all of which now make up the self-titled: Sharing the Power: Get Involved in Research in Gloucestershire Steering Group.

Through promoting joint learning, skill-sharing and capacity building amongst research partners, people, and communities across the One Gloucestershire Integrated Care System (GICS), our aim is to build upon what we have heard is important to people most impacted by health inequalities about their health and wellbeing and seek to increase their involvement in health and care research.

Acknowledging that communities have previously had mixed experiences of involvement in research, our goal is to work together to build a sustainable and evolving Research Engagement Network reaching all people and communities in Gloucestershire who want to be involved in health and care research.

Integrated Locality Partnerships

We are supporting engagement through our Integrated Locality Partnerships, which bring together representation from community, social care, health, voluntary sector, housing and council organisations.

Sharing Information

https://getinvolved.glos.nhs.uk/communicating-with-you

The ICB has been encouraging inclusive involvement of people and communities who face health inequalities by going to new places where communities naturally gather, tailoring the approach for each community accordingly and sharing opportunities with community leaders.

As part of this work we have recognised that it is crucial that we provide information and support in a way that is understood by, and accessible to, diverse communities.

Accessible Information Standard

The Accessible Information Standard (AIS) sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. Further detail of the work the ICB is leading to promote AIS can be found in Equality, Diversity and Inclusion section below.

Accountability

Involving people and communities (governance)

The ICB believes that working with people and communities is everyone's business not just a handful of people with 'involvement, engagement, experience or communications' in their job title. This ethos supports people across the ICS whose role it is to ensure local people can get involved and that we learn from Insight.

The ICB has a dedicated Engagement and Experience Team. The Team is led by an Associate Director for Engagement and Experience **https://www.nhsglos.nhs.uk/have-your-say/working-with-you/our-team/**

The Engagement and Experience Team is fortunate to have access to a number of tools to support its work, these include survey software (SMART Surveys) **https://www.smartsurvey.co.uk/**, an online participation space: Get Involved in Gloucestershire **https://getinvolved.glos.nhs.uk/** and, for reaching all parts of the county for face-to-face activities, we have the NHS Information Bus **https://www.nhsglos.nhs.uk/have-your-say/working-with-you/information-bus/**

Working with Elected representatives

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

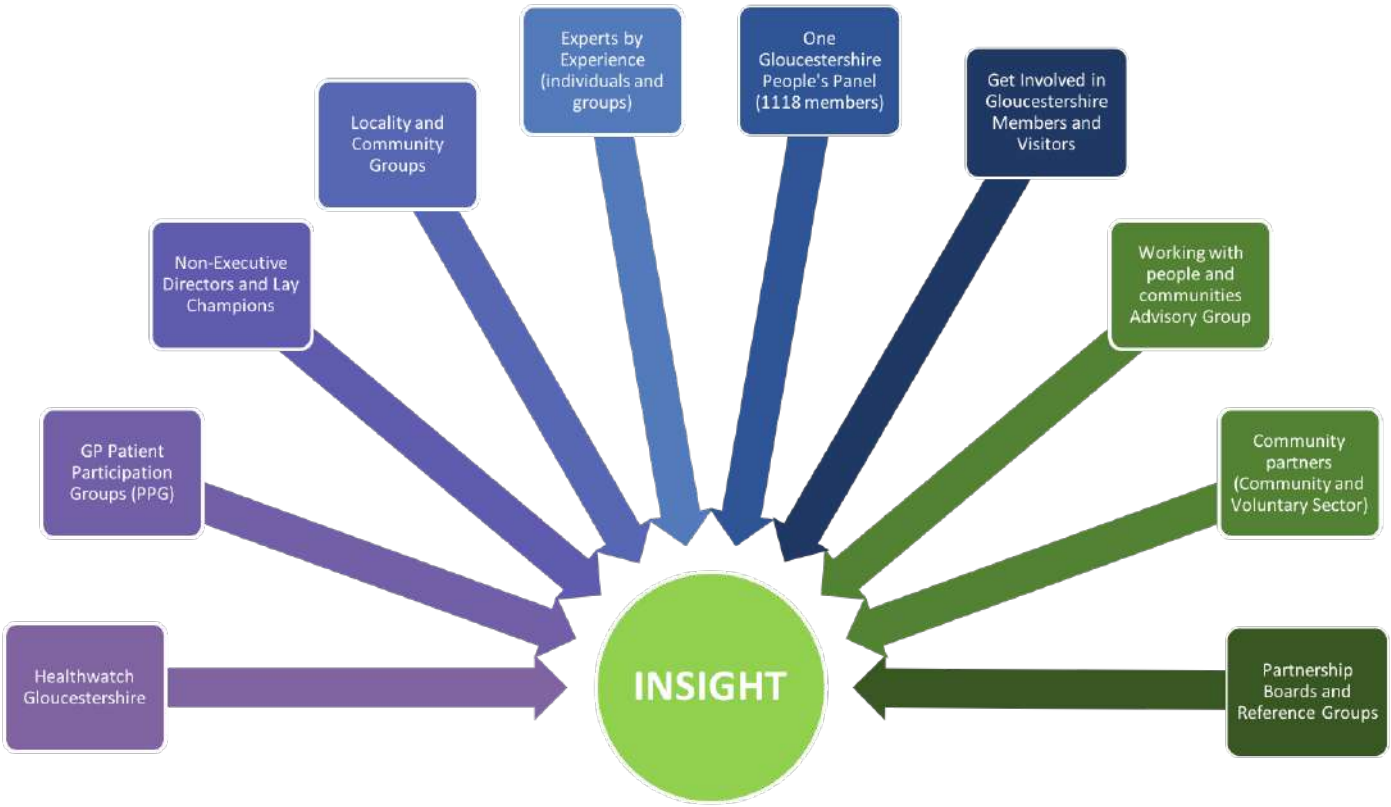
We hold regular briefings with Members of Parliament. We have good working relationships with local and joint OSCs and provide regular updates both in written format and by attending meetings. We take their role of critical friend very seriously. They are an important part of the way we work. When proposed service changes might affect constituents outside of Gloucestershire contact is made with representatives from other areas, information provided and appropriate opportunities to get involved discussed.

Insight

Insight Network

Local people's voices are heard across the One Gloucestershire ICS from the Boardroom to Integrated Locality Partnerships; through facilitated working with groups and 1:1 conversations with individuals. People's and communities' views are considered alongside those of clinicians and managers, when we are planning, developing, procuring, evaluating and monitoring services.

We aim to be clear about what people and communities can and cannot influence, explain where there is scope for local decision making, or where we must follow actions mandated by others. The diagram below illustrates examples of a network which enables insight from local people and communities to be heard within the ICB and ICS-wide to inform planning, commissioning and decision making.



The impact of Insight

We regularly report themes from insight to the ICB System Quality Committee and the Primary Care and Direct Commissioning Committee. The ICB collates and reviews national and locally collected patient experience data. Our prototype Insight Hub on the NHS Futures Platform enables us to collate all our qualitative insight data stored in one place in a shareable format with an intuitive searchable taxonomy developed by Healthwatch England.

We review the information collected by the ICB's Patient Advice and Liaison Service, which also includes details of complaints. We look at Providers' Friends and Family Test results and national survey data.

We look at studies carried out by key community partners such as Healthwatch Gloucestershire (HWG).

Healthwatch Gloucestershire

HWG produces high quality reports focussing on priority areas identified by the HWG Board.

Representatives from the ICB Engagement team meet regularly with the HWG Manager to discuss opportunities for joint working. The ICB contributes financially towards the Healthwatch contract. The additional funding has recently supported the appointment of a dedicated HWG ICS Engagement Officer, whose focus is on understanding how well health and care services join up in the One Gloucestershire Integrated Care System. A priority project for HWG this year has been the production of a report

focussing on access to GP Services. The ICB Insight Manager supported HWG with accessing underserved communities which she has been working with to gain their views of the topic. ICS partners had the opportunity to provide a comprehensive response to this, and all HWG reports.

Insight developments planned in 2024/25

Evaluating what we do

We continue to use traditional Plan, Do, Study, Act (PDSA) cycles to evaluate the effectiveness of Communications and Engagement/Consultation Plans.

We build in mid-point reviews to our planned activities and identify learning for future working. We know we have made a difference if:

- We hear from people that they feel involved, valued and 'what matters' to them is acknowledged, respected and acted upon.
- We see behaviours in all ICS colleagues (staff) that mean working together is part of our culture.

During 2023, we started to explore the 'Theory of Change' model. An effective formative approach to evaluation to enable us to demonstrate the impact of working with people and communities and learn as we develop.

During 2024/25 we plan to work with colleagues across the ICS to review the application of the Working Together Maturity Matrix coproduced with experts by experience by Gloucestershire Health and Care Foundation Trust.

Sharing good practice across the ICS and wider

The Speed of Trust: Focussing resources on Insight has transformed the way we work with underserved communities.

The examples given in this Report and the longer case studies on **Get Involved in Gloucestershire** demonstrate the value of taking time to work with people and communities; such as working with the Afro-Caribbean Community-led Engagement Group in Gloucester City to organise a health day for the community, offering information on a range of conditions and services. We have a phrase we often use when we are discussing our approach, we didn't invent it so we can take the credit for its originality: "*we aim to work whenever we can at The Speed of Trust.*"

We do acknowledge that, where emergency situations arise, such as the potential closure of a GP practice at short notice, that this aspiration is not always possible. However, we hope that in circumstances where we do have to act quickly, that we have put in some groundwork previously with people and communities in the area or with identifiable groups who access a particular service, so that we can call upon positive established relationships at short notice to ensure relevant voices are heard and responded to.

Equality, Diversity and Inclusion

NHS Gloucestershire ICB 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) has developed appropriate and sensitive methods to facilitate the involvement of people from diverse communities.

We support people to get involved by:

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

Examples of engagement activities, which demonstrate our commitment to working with our diverse communities across the county, can be found in Working with People and Communities section above.

Accountability

The Public Sector Equality Duty (2011) requires the ICB 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.

Equality Impact Assessment

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

Equality Delivery System (EDS)

The NHS Equality Delivery System (EDS) is an accountable improvement tool for NHS organisations in England. It comprises eleven outcomes spread across three domains:

- Commissioned or provided services
- Workforce health and well-being
- Inclusive leadership.

Outcomes are evaluated, scored, and rated using available evidence and are designed to provide assurance or point to the need for improvement.

Completion of the EDS, and the creation of interventions and action plans in response to the EDS findings, can contribute to NHS system and provider organisations achieving delivery on the CORE20PLUS5 approach, the five Health Inequalities Priorities set out in Operational Planning Guidance.

Across Gloucestershire we have agreed that we will collaborate on a review of Commissioned or Provided services for the 2023/24 review and each organisation will review its own progress on Workforce health and wellbeing and Inclusive Leadership.

We have collated evidence to support our achievements against each of the Domains and have engaged with staff networks, the ICB Working with People & Communities Advisory Group (WPACG) and the Maternity & Neonatal Voices Partnership (MNVP) to review the information and independently assess our performance.

Although we have identified good practice and improved our scoring when compared to last year's assessment, we are committed to further improvement over the next 12 months.

Areas for development include:

- Work to refine our organisational Equality Objectives; developing an action plan and infrastructure which enables us to monitor and evaluate progress towards meeting these objectives.
- Explore how we share detailed information about our local population and their health needs, through published data sets and Equality Impact Assessments.
- Improve the visibility of our workforce data, including our plans to address inequity identified through the Workforce Race Equality Standard, Workforce Disability Standard and gender pay gap.

Accessibility

We are committed to ensuring that our services respond to people's communication and accessibility needs.

Accessible Information Standard

The Accessible Information Standard (AIS) sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

All organisations that provide NHS care and/or publicly-funded adult social care are legally required to follow the Accessible Information Standard see: **https://extranet.nhsglos.nhs.uk/accessible-information-standard/**

We were aware from both patient/carer and staff feedback that compliance with the AIS could be improved across all health and care services in Gloucestershire. Whilst statutory organisations need to audit current practice and seek to improve awareness and compliance with the standard, we recognised the need to inform and empower those people the Standard aims to support.

The ICB Engagement Team coordinated an Accessible Information Standard Programme Group chaired by a Lay representative and with a wide membership across One Gloucestershire and voluntary and community sector partners.

The aim of the group has been to take a creative and proactive approach to informing and empowering people to initiate and actively participate in discussions with health and care professionals about their communication support needs.

Membership:

- Forest Sensory Services
- Gloucestershire Deaf Association
- Gloucestershire Health & Care NHS Foundation Trust
- Gloucestershire Hospitals NHS Foundation Trust
- Inclusion Gloucestershire
- Insight Gloucestershire
- NHS Gloucestershire
- Sight Loss Council.

Working with voluntary sector and other ICS partners we have developed training materials, including a short film, to increase awareness of the Accessible Information Standard amongst staff and contractor groups and improve compliance.

Tackling health inequalities

Health equity is realised when every individual has a fair opportunity to achieve their full health potential.

Differences in health status, access to care, treatment, and outcomes between individuals and across populations that are systemic, avoidable, predictable and unjust are often referred to as health inequalities. These differences occur between people or groups due to social, geographical, biological, or other factors. They result in people who are worst off missing out on life chances, experiencing poorer health and having shorter lives.

Health inequalities are everyone's business and work to achieve health equity is embedded across all programmes and areas, ensuring we meet our commitment to delivering high-quality health care and helping people in Gloucestershire, whatever their circumstances, live healthier (and happier) lives.

We have appointed two Senior Responsible Officers (SROs) for health inequalities who have a remit to ensure that everyone within our system is aware of our commitment to tackling the health inequalities agenda across the One Gloucestershire Integrated Care System.

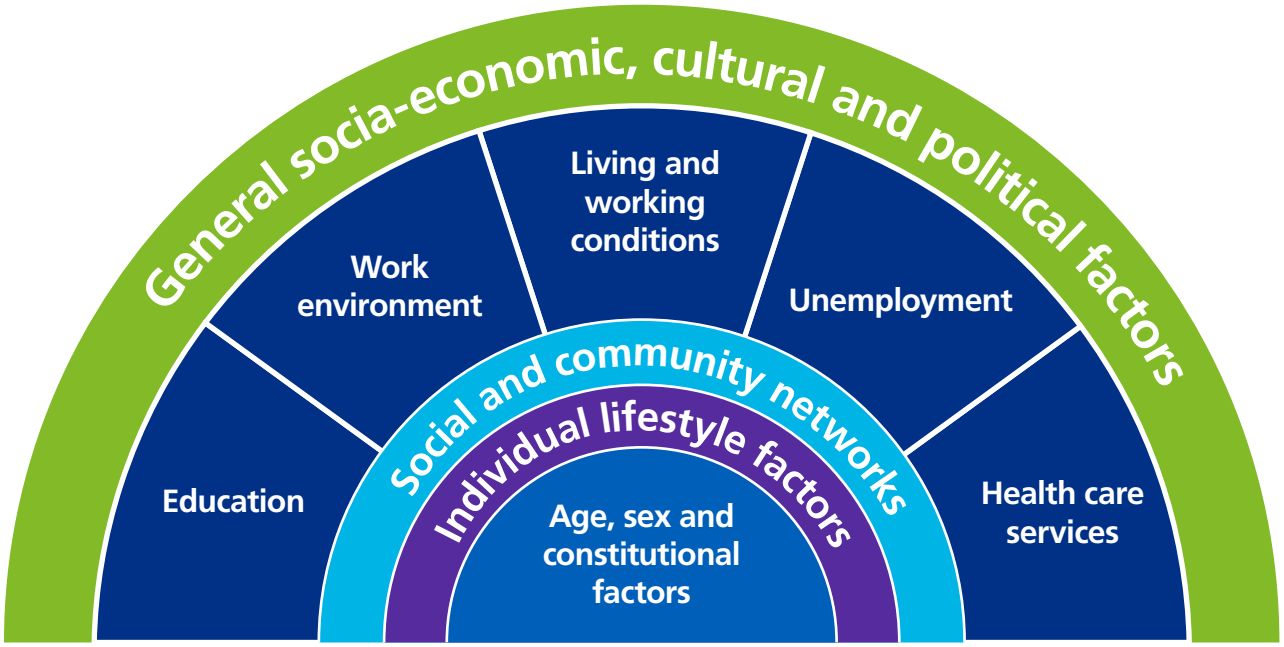
Our approach to health inequalities

We have developed a framework setting out our approach to tackling health inequalities. There are three pillars to the framework:

A. Contributory activity

Our health is influenced by our physiological characteristics, health behaviours and lifestyles, our social and community networks and our physical, social and economic situations (the wider determinants of health).

We are working to positively influence the social, economic and environmental conditions in which people live.



What are we doing?

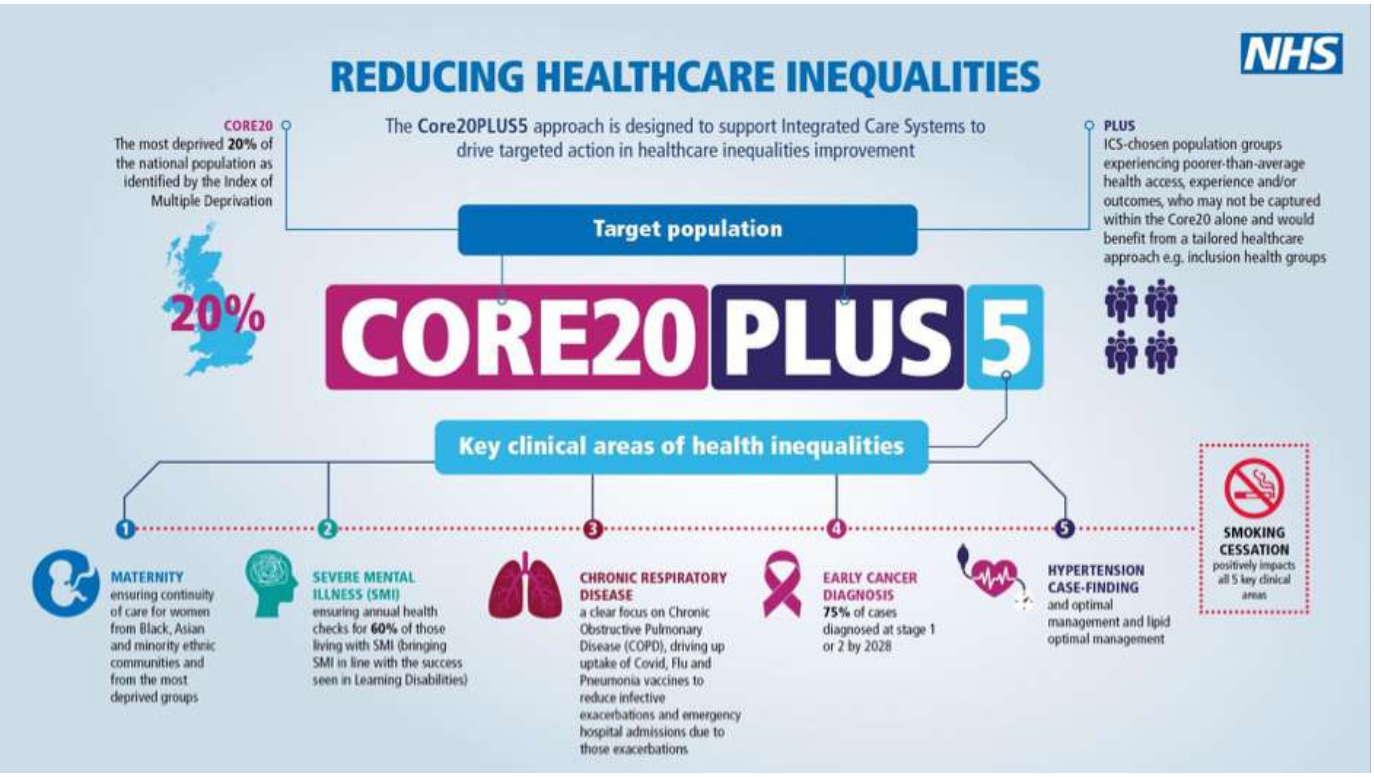
- A local VCSE organisation we provide funding to, Gloucester Community Building Collective, places 'community builders' in the most deprived areas in Gloucester City to work alongside communities, helping them helping them to build on their existing strengths to address some of the social issues that arise when communities lack connection, such as setting up an activity, getting fit, cooking together or improving their local park.
- We have been developing an anchor organisation approach. An anchor organisation is a large, public sector organisation that is unlikely to relocate and has a significant stake in a geographical area. There are five areas of focus where these organisations can make a difference: employ people, buy goods and services locally, manage our land and buildings for community benefit, minimise our impact on the environment and form partnerships.
- We contributed to the first Gloucestershire Health Inequalities and Employment Summit that brought together organisations whose purpose is to support people who are, or are at risk of, becoming unemployed or economically inactive.
- We worked with research and VCSE partners, such as the National Institute for Health and Care Research, the Clinical Research Network (CRN) and the University of Gloucestershire, to deliver a project aimed at more proactively engaging with people and communities in health research with a specific focus on those impacted by health inequalities.
- We have established a number of multi-agency partnerships, such as the Gloucestershire Housing Partnership, the Gloucestershire Strategic Migration Partnership, and the Complex Homelessness Partnership Support Service, which focus on developing and improving services to meet the needs of inclusion health groups (population groups experiencing poorer-than-average health access, experience and/or outcomes).
- We are working to understand the characteristics and needs of people in inclusion health groups, for example, we carried out a housing needs assessment for Gypsies and Travellers, which showed the need for an expansion and improvement of existing sites, as well as alternative suitable places for them to live.

B. Targeted interventions to improve health and remove barriers

We are working to raise the overall health of the Gloucestershire population whilst targeting additional resources on people who are more likely to have difficulties accessing services or experience poorer quality care due to their specific needs.

We are doing this by prioritising delivery of the national **Core20PLUS5** initiative through the work of our transformation programmes. We are prioritising:

- the 31 most deprived areas of our county
- work on race relations while considering a wider range of inclusion health groups who are more likely to experience poorer-than-average health access, experience and/or outcomes
- improving outcomes across key clinical areas.



What are we doing?

- Inner City Gloucester Primary Care Network (PCN) is taking a targeted approach to helping patients quit smoking who are less likely to access support due to language barriers. They have employed a Polish, Czech and Slovak speaking Stop Smoking Advisor.
- Maternity Support Workers have been recruited to support areas of high deprivation and non-English speaking communities, providing safeguarding support, increased antenatal education and ensuring access to interpreters and translated resources.
- Acute Respiratory Infection Hubs have been established in two Primary Care Networks in our two main city areas of deprivation, Gloucester and Cheltenham.
- We are developing integrated and accessible services for inclusion health groups, for example, the Gloucestershire Strategic Housing Partnership has supported the creation of a Homelessness Specialist Nurse role in Gloucestershire Hospital NHS Foundation Trust's Safeguarding Team to support homeless Emergency Department attenders.
- We have a dedicated Insights Manager who focusses on equality, diversity and inclusion, working with underserved communities across the county. This year, she and ICB colleagues have worked in partnership with the All Nations Community Centre in Gloucester City to deliver health and wellbeing talks for the Black community on prostate cancer and diabetes prevention and remission. Following the success of these events, members of the Afro-Caribbean Community-led Engagement Group asked to organise a health day for the community, offering information on a range of conditions and services, similar to an event they had seen in Bristol. At the ICB, various teams and Clinical Programme Groups expressed an interest in having a stall on the day and to being involved in exploring how best to engage with and hear the voice of people from the Black community, to help inform and shape future work and service delivery that suits the needs of the community. The idea of a market stall approach was suggested, allowing a range of teams to share information, advice, service updates and most importantly to hear what matters to the community, all in one space. Together with the Afro-Caribbean Community-led Engagement Group, representatives of each team who wanted a stall, planned the delivery of the day, which was called the Community Health and Wellbeing Day. Approximately 100 people attended on the day, including several unfamiliar faces and several men, who are often hard to engage with. The Afro-Caribbean Community-led Engagement Group were particularly pleased with the reception.

C. Improving the equity of mainstream service delivery

We are helping to lead and coordinate work towards making mainstream services more accessible for those who experience health inequalities and providing more support to those who need it. This includes a focus on improving data quality and completeness, and how we assess improvements in access, experience and outcomes for different population groups.

What are we doing?

- We've developed a **Prevention and Health Inequalities Hub**, an online compendium of information and resources across the Integrated Care System (ICS) to support staff in understanding health inequalities and what action they can take within their roles.
- We routinely and robustly consider health inequalities as part of service development through the application of the organisational Equality and Engagement Impact Assessment (EEIA), ensuring that we comply with the requirements of the Public Sector Equality Duty (Equality Act 2010). Our EEIAs include consideration of Digital exclusion and the needs of inclusion health groups, as well as those with protected characteristics.
- We've established Digital Hubs in each Gloucestershire district, offering free, tailored support via specially trained Community Builders with the aim of increasing digital inclusion across Gloucestershire.
- We are working with the public, private and VCSE sectors to develop a common vision for digital inclusion in Gloucestershire and to look at ways of bringing resources to VCSE organisations to support individuals and communities.
- We are prioritising improving the health and wellbeing of groups of people, whilst reducing health inequalities, by applying a Population Health Management (PHM) approach, using data to plan and deliver targeted care to those who are most at risk of ill-health. We are committed to embedding this approach into business as usual across the system.

Understanding impact

Our ambition is to collect evidence of action and progress on reducing health inequalities across our county, ensuring that we do more for our most disadvantaged groups. We are already looking at ways to monitor variation in service uptake and to report on the impact of inequalities in different areas of the health and care system.

We are also developing a system outcomes dashboard to identify progress on reducing inequalities in healthy life expectancy between those living in the most deprived and most affluent parts of Gloucestershire.

We have commenced an annual review of health inequalities, in line with the **NHS England Statement on Health Inequalities**, to enable us to identify groups at risk of poor access to healthcare, poor experiences of healthcare services, or outcomes from it, and deliver targeted action to reduce healthcare inequalities. The full report will be available in late May 2024.

Vaccination uptake

Although overall vaccination rates in the county are amongst the highest in the country, there is wide variation in uptake across Gloucestershire. This review of health inequalities has highlighted several areas of focus and this is one of them.

This review of health inequalities has highlighted several areas of focus, such as the wide variation in vaccine uptake across the county.

People from Black or Black British-Caribbean communities are more likely to be eligible for the COVID-19 vaccination but are less likely to have taken up the offer. This is despite the efforts of the vaccination outreach teams who have implemented a number of initiatives to improve uptake, such as community-based pop-up health events and visiting community settings such as cafes, libraries, and food banks.

Early cancer diagnosis

We want to ensure timely diagnosis of cancers at stages 1 or 2 for our whole population, including those in our most deprived communities and with ethnic minority backgrounds. We are therefore developing a cancer health inequalities toolkit to identify the drivers of later diagnosis.

We are rolling out targeted Lung Cancer Health Checks for people with a risk of lung cancer in our most deprived area. We also continue to expand public awareness campaigns for different cancer types, speaking with communities to understand how to best break down any barriers that are preventing people from attending screening or appointments to discuss concerning symptoms.

Hypertension case-finding and management

Hypertension (raised blood pressure) is a condition that disproportionately affects some ethnic groups.

In Gloucestershire, people from Black communities who have hypertension are less likely to achieve target blood pressures.

We want to focus on finding people with hypertension (high blood pressure), allowing early intervention to reduce the risk of heart attacks and stroke. We have recruited cardiovascular disease (CVD) champions to support GP practices in identifying patients with hypertension. We are also supporting people at the highest risk of developing hypertension to help them lower their risk and, where necessary, identify the condition as quickly as possible.

What will we do with this information?

The insights from our annual review of health inequalities will be fed into the work of our Clinical Programme Groups and other work programmes. It will be used to drive and shape improvement in the provision of good quality services and in reducing inequalities.

Health & wellbeing Strategy

In Gloucestershire we have a strong history of partnership working.

The Gloucestershire Health and Wellbeing Board is responsible for overseeing the development and delivery of the Joint **Health and Wellbeing Strategy for 2019 – 2030** which aims to improve the lives of people in Gloucestershire through a focus on prevention and addressing wider determinants of health to achieve the strategy's vision - 'Gloucestershire is a place where everyone can live well, be healthy and thrive'.

Whilst the people of Gloucestershire are generally healthy when compared nationally, we know there is a great deal of variation, influenced by a wide range of factors. Evidence suggests that as little as 10% of someone's health and wellbeing is linked to health care - it's our environment, jobs, food, transport, houses, education, and our friends, families and local communities that affect our health and wellbeing most.

The Health and Wellbeing Board have worked together to implement the Health and Wellbeing strategy over the last five years focused on those areas where a collective, system wide approach can help to improve the health and wellbeing of the population of Gloucestershire.

Developing Our Partnership Approach

Whilst we have been operating as an Integrated Care System since 2018, our joint working was deepened by the development of the Integrated Care Partnership (ICP) under the Health and Care Act 2022. An Integrated Care Partnership is a joint committee that brings together a broad alliance of organisations concerned with improving the health, care, and wellbeing of its population.

Our Integrated Care Partnership is referred to as the One Gloucestershire Health and Wellbeing Partnership. It has a statutory responsibility under the Act to produce an Integrated Care Strategy.

In Gloucestershire, our healthcare and local authority boundaries are aligned, allowing a clear synergy between the work of the Health and Wellbeing Board (HWB) and the Health and Wellbeing Partnership (HWP). The groups share the same Chair and largely the same membership, as well as a joint Secretariat to align agenda planning.

Both the HWB and HWP include representation from the district councils, Healthwatch Gloucestershire, the Voluntary, Community and Social Enterprise (VCSE) sector, social care providers, police, in addition to Gloucestershire County Council, NHS Gloucestershire Integrated Care Board (ICB) and NHS Trust colleagues.

The membership seeks to ensure system-wide involvement and collaboration to create genuine partnership working. The ICB is an active and contributing partner to the work of both the HWB and HWP.

The One Gloucestershire Integrated Care Strategy

In addition to aligning the work of the HWB and HWP, we have sought to develop strategic alignment across our shared agendas, enabling partners to identify further opportunities to work together.

A comprehensive Interim Integrated Care Strategy encompassing the work we do across our system was developed in 2022. This work was led by the Chair of both the One Gloucestershire HWB and HWP, Councillor Carole Alloway Martin, and all partner members were involved in its development.

The strategy sets the blueprint for how our health and care organisations, staff, VCSE sector, and our people and communities, can work together to achieve the common goal of making Gloucestershire the healthiest place to live and work, championing equity in life chances and the best health and care outcomes for all.

Our vision

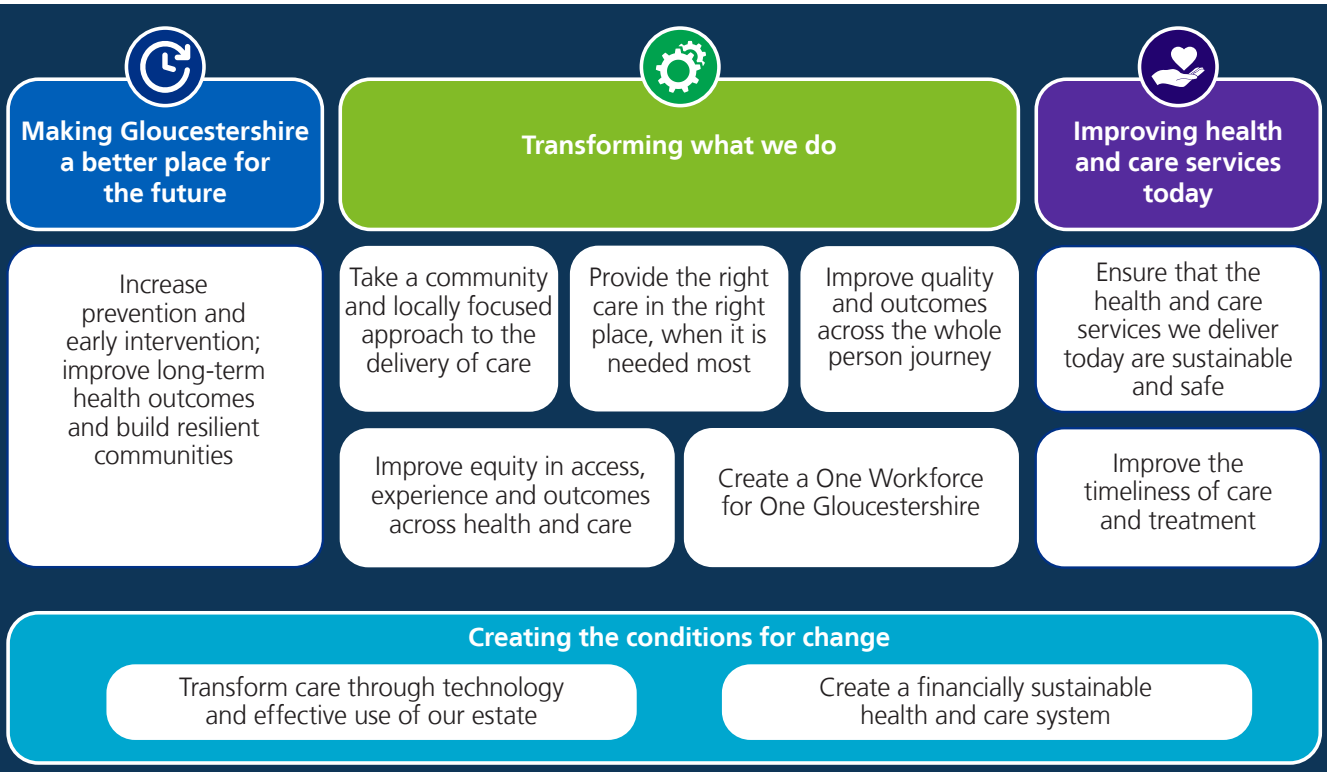
Making Gloucestershire the healthiest place to live and work - championing equity in life chances and the best health and care outcomes for all

We will do this by:

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

This strategy built on the work already in place across Gloucestershire, whilst recognising that working in a formalised partnership allows for greater ambition, aligning this with the ongoing work of the HWB. To help structure the priorities going forward, the Interim Integrated Care Strategy has three overarching pillars:

- **Making Gloucestershire a better place for the future** – focused on prevention and early intervention, this pillar focuses on the seven priorities in the Joint Gloucestershire Health and Wellbeing strategy: physical activity, healthy lifestyles, adverse childhood experiences, housing, mental wellbeing, loneliness, and social isolation, and 'best start in life'.
- **Transforming what we do** - supporting prevention at a local level, joining up services closer to home, reducing differences in people's experience, access to care and health outcomes and a One Gloucestershire approach to developing our workforce - ensuring services can access the skills and people they need.
- **Improving health and care services today** - improving access to care and reducing waiting times for appointments, treatment and operations, improvements in urgent and emergency care and supporting people's mental health.



Progress in delivering the Gloucestershire Joint Health and Wellbeing Strategy

We are almost five years into the delivery of the 10-year Joint Health and Wellbeing Strategy and are taking the opportunity to reflect on progress to date and look forward to the next five years.

Over the first five years of the strategy, ICB colleagues have been central to its delivery, acting as representatives and sponsors for several priority areas alongside colleagues from Gloucestershire County Council, the district councils, VCSE, and the wider system.

Examples of work across the seven strategic priorities in the Health and Wellbeing Strategy include:

- system wide collaboration on the county's We Can Move strategy which aims to address system wide barriers using evidence-based and behaviour change approaches to encourage physical activity and tackle inequalities in sport and physical activity.
- joint working on initiatives to improve mental health and wellbeing across the life course via forums such as the Mental Health and Wellbeing Partnership Board and Suicide Prevention partnership.
- joint working with communities to build on community assets and support individuals to access community based support to improve wellbeing and reduce loneliness and social isolation (for example social prescribing).
- joint working between commissioners to develop a more integrated, flexible, and person-centred approach to providing weight management support in the county.
- bringing partners together via the Children and Young People's Wellbeing Coalition to take forward work to deliver the 'Best Start in Life' strategic priority.
- working with the Strategic Housing Partnership to promote health and wellbeing through improvements in the quality, affordability, and availability of housing with a particular focus on vulnerable individuals and groups.

We fully expect joint system working on the Health and Wellbeing Strategy to continue and deepen, particularly given the impetus provided by the alignment with the ICP strategy and the opportunity this provides to take an integrated approach to achieving our ambitions across the health and care system.

Exemplar Themes

Within the Interim Integrated Care Strategy three exemplar themes were identified for partners to unite around: blood pressure, employment, and smoking. Working together we have sought to create greater impact across these themes and explore innovative community-based approaches with a particular focus on achieving health equity, by tackling unequal outcomes, access, and experience.

Work to date has included:

- Securing partnership funding to support exemplar themes initiatives and projects.
- Mapping how priorities and projects within Integrated Locality Partnerships and Primary Care Networks align with exemplar themes to identify opportunities to build on existing good work.
- A collective approach to exploring data has generated greater insights into missing and high blood pressure for our population.
- Know Your Numbers campaign to deliver blood pressure checks in community settings.
- VCSE Community Hub blood pressure project commenced with an ambition of completing over 1,200 blood pressure checks over 12 months.
- The first Gloucestershire Health Inequalities and Employment Summit that bought together organisations whose purpose is to support people who are or are at risk of becoming unemployed or economically inactive.
- An Employment Alliance established with representation from across the system to progress collaborative actions on employment.
- Audit of Health and Wellbeing Partners on smoking cessation activities within organisations to understand areas of good practice.

In 2024/25 we will:

- Complete further community insights research with seldom heard communities.
- Hold participatory and collaborative events around the exemplar themes led by VCSE partners, to facilitate discussions, idea generation, and problem-solving in a creative and inclusive manner, with the aim of developing further projects with VCSE partners.
- Create further opportunities for joint working through mapping provision, sharing information and moving support further upstream to focus on prevention.
- Undertake further work with Integrated Locality Partnerships to identify opportunities to address health inequalities through aligning locally around the exemplar themes.
- Leverage our collective size and scale through an anchor organisations' approach to create positive impact on the exemplar themes including the development of sustainable approaches to offer blood pressure checks to our collective workforce of over 28,000.

Working Locally

When people have good social support networks, are involved and included in their communities and are valued for their contribution, they experience better health.

Across the Integrated Care System, we are investing in local communities, and ensuring local people are involved in the decisions about what matters to them. In 2023/24 we continued to prioritise investment into local communities through funding such as the 'Strengthening Local Communities Grant'.

A key part of this is building relationships and supporting the development and voice of the Voluntary, Community and Social Enterprise (VCSE) sector, working locally to build resilient communities.

We continue to prioritise support for people to take an active role in their own health and wellbeing, with a focus on prioritising prevention and early intervention in areas such as: improving weight management through initiatives such as 'We Can Move', Gloucestershire's whole system approach and social movement for physical activity, with projects that aim to address system wide issues, using evidence-based and behaviour change approaches to tackling inequalities in sport and physical activity.

Strengthening Local Communities – Grant Funding

Since 2021 we have invested £2.5m into local communities to draw on the skills, knowledge and assets of local communities. Over 50 initiatives have been delivered as well as 35 micro-projects across our 6 Integrated Locality Partnerships in the county.

In 2023/24, local communities have chosen to focus on areas such as improving children and young people's mental health, addressing pre-diabetes or supporting people who live with frailty or dementia. Time is spent on developing trust and relationships between partners and local communities - it is not just what we do but how we work together that is important.

What are we doing next?

- Continuing to build and foster relationships with local communities and the VCSE.
- Continuing to fund local prevention initiatives in our local communities.
- Remodelling the Community Wellbeing Service in the County to help improve community health and wellbeing in 24/25.
- Expanding tobacco dependency support into settings such as mental health inpatients in 24/25.
- Developing a Social Value Policy to evaluate long-term impact on outcomes.

Continuing the Development of Our System Working

As system partners working across the Health and Wellbeing Board and Health and Wellbeing Partnership, we are adopting a continuous improvement approach; not only delivering across our shared priorities, but also taking opportunities to reflect and learn. This includes challenging ourselves to understand the barriers to good partnership working in the delivery of both the Interim Integrated Care Strategy and the Joint Health and Wellbeing Strategy.

As noted previously, we are 5 years into the 10-year Health and Wellbeing strategy we have commenced a mid-strategy review, engaging with all partners to review progress to date and look ahead to 2030.

The Integrated Care Partnership recently carried out a survey of all members to understand how well the partnership is working after 12 months of implementing the Interim Integrated Care Strategy together.

Partners have identified that the collaboration across the system has developed over the last year and are keen to continue to work together to implement the agreed strategic direction. This is now informing further development work to help move from 'good to great'. Themes identified include how we continue to build on the strength of relationships and commitment, and the importance of system integration. Next steps include mapping partner and ICP priorities to further inform alignment and support shared action.

Mary Hutton

Chief Executive Officer

June 2024

Corporate Governance report

Accountability Report - Corporate Governance Report

1 March 2023 – 31 March 2024

The Corporate Governance report outlines the composition and organisation of NHS Gloucestershire Integrated Care Board (ICB) governance structures and how they support the achievement of the ICB objectives.

It comprises the:

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

Members' report

The ICB is responsible for planning and commissioning health services for a local population of 680,000. The ICB was authorised on 1st July 2022 in accordance with the Health Act 2006 (as amended see s.1I), and operates in line with its Constitution. The ICB has a Board that comprises 17 members including Executive Directors, Non-executive Directors and Partner members. The Board is chaired by Dame Gill Morgan.

Member profiles

For a list of ICB members and their records of attendance at ICB meetings see page 7 of this Governance Statement (below).

Member's Profiles can be viewed on the ICB's website. It should be noted that during the financial year 2023/2024 two new Non-Executive Directors joined the ICB as Chairs of the Primary Care and Direct Commissioning Committee and the People Committee and Remuneration Committee.

Register of Interests

The ICB maintains a Register of Interests in line with its Standards of Business Conduct Policy and details set out within its Constitution.

The **Register of Interests** is updated on a quarterly basis and posted on the ICB's website on a bi-annual basis. The Registers of Interests related to ICB members is included in the papers of the ICB Board meeting which is held on a bi-monthly basis. At each sub-committee of the Board a register of interests pertaining to committee members is included in the papers. There are registers of interest for Board members, ICB staff (those in AFC Band 8A and above), along with registers detailing any gifts and hospitality received. They are available on the ICB's website see **here**.

In addition, at the start of each meeting of the ICB Board and sub-committee meetings, members are required to declare any conflicts of interests in relation to the items on the agenda and discussion is held around about how any conflicts should be handled and this is formally recorded in the minutes. The procedures for declaring conflicts of interests are detailed in the ICB's Standards of Business Conduct Policy updated in July 2022 see **here**.

Personal data related incidents

There were no personal data related incidents that took place during the financial year 2023-24 that were reported to the Information Commissioner's Office (ICO).

Modern Slavery Act

The ICB fully supports the Government's objectives to eradicate modern slavery and human trafficking and meets the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

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

Statement of Accounting/Accountable Officer's Responsibilities

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed Mary Hutton as the ICB Chief Executive to be the Accountable Officer of NHS Gloucestershire ICB.

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

- The propriety and regularity of the public finances for which the Accountable Officer is answerable
- For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Integrated Care Board and enable them to ensure that the accounts comply with the requirements of the Accounts Direction)
- For safeguarding the Integrated Care Board's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities)
- The relevant responsibilities of accounting officers under Managing Public Money
- Ensuring the ICB exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section14R of the National Health Service Act 2006 (as amended))
- Ensuring that the ICB complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).

Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction.

The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Integrated Commissioning Board and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

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

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

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS Gloucestershire's ICB auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Mary Hutton

Chief Executive Officer

June 2024

Governance Statement

Introduction and context

NHS Gloucestershire Integrated Care Board is a body corporate established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended).

NHS Gloucestershire ICB's (GICB) statutory functions are set out under the National Health Service Act 2006 (as amended).

The ICB's general function is arranging the provision of services for persons for the purposes of the health service in England. The ICB is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.

Between 1 April 2023 and 31 March 2024, the Integrated Care Board was not subject to any directions from NHS England issued under Section 14Z61 of the National Health Service Act 2006 (as amended).

The ICB was established on 1 July 2022 and held its inaugural meeting on that day approving:

- The appointment of the Chief Executive, Executive Directors, Non-executive directors and partner members of the ICB Board.
- The ICB governance and committee structure.
- The core governance documentation to enable the ICB to operate efficiently and effectively within the scope of its legal responsibilities including the Scheme of Reservation and Delegation (SoRD). This is described in the Governance Handbook **here**.

Scope of responsibility

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

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

Governance arrangements and effectiveness

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

The ICB's Constitution which incorporates the Standing Orders establishes the core purposes (strategic aims) and values of the ICB. The ICB and ICS core purposes are:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

The functions of the ICB and purpose of the One Gloucestershire ICS are defined in the ICS Design Framework as detailed in s.1.1.5ii of the Constitution. In addition to the four key strategic aims, the 168 statutory functions, duties and powers of CCG's were conferred to ICBs as per the Health Act 2006 (as amended).

The Constitution outlines the governance structure of the organisation and details the role and responsibilities of the Board of the ICB, its members and sub-committees.

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

The ICB's overarching governance arrangements are set out in its Constitution and the ICB's **Governance Handbook** which explains the powers reserved to the Board of the ICB and those powers that have been delegated to the board sub-committees, executive directors, chief executive and chief financial officer.

Governance Review Advisory Report

The ICB uses its Internal Audit function to independently audit its governance arrangements and check compliance with legislative requirements and public sector good practice. In June 2023 Internal Audit reported on its findings of the Governance Review (advisory report) that was undertaken of the ICB after 9 months of operation.

The purpose of the advisory work was to review the ICB's governance infrastructure, including the Integrated Care Partnership and the Board effectiveness to ensure there are robust processes for identifying and monitoring finance, operational and governance matters within the existing committee structures.

The report and recommendations were considered by the Audit Committee at its June 2023 meeting. Overall, the report was positive and contained a number of recommendations for improving the governance structure and processes including an annual review of committee effectiveness, establishing a skills matrix for board and executive members, ensuring the BAF objectives are refreshed and succinct and reviewing the membership and frequency of committee meetings amongst other key areas.

During the year, the Governance Team has been working with senior colleagues to implement those recommendations. By the year end March 2024, all of the recommendations have been implemented.

ICB Board - Meetings

The Board is chaired by Dame Gill Morgan. The Board met on 8 occasions from 1 April 2023 to 31 March 2024, of those meetings 2 were extraordinary Board meetings. All of the Board meetings were quorate.

During the year, the Board received the following reports:

- Patient Story at each meeting
- Chief Executive report with a roundup of contemporary initiatives and schemes
- Urgent and Emergency Care reports at each meeting, including the Public facing Winter Plan in November 2023
- Board Assurance Framework at quarterly intervals
- BDO Internal Auditors - ICB Governance Review
- Integrated Performance Report covering performance standards, quality, workforce and finance at each meeting
- Clinical Programmes Group overview and update
- All Age Mental Health and Neurodiversity presentation
- The Joint Forward Plan updates given throughout the year
- Minutes of the board sub-committees.

From 1 April 2023 to 31 March 2024 the Board approved the following:

- ICS Digital Strategy
- One Gloucestershire People Strategy
- To go out to tender for a new Health and Social Care Framework of community services for 6 + 2 years

- Interim Procurement Strategy
- Equality Delivery System and Public Sector Equality Duty report and plan
- Joint Forward Plan and Operational Plan 2024/2025
- The ICB Budgets for 2024/25
- Delivery plan for recovering access to primary care
- Changes to Board sub-committee Terms of Reference.

This was an unusual year for the ICB with the requirement to complete annual accounts and annual reports for both the CCG (months 1-3) and ICB (months 4-12). At its June Board meeting the ICB Board approved:

- Annual Accounts CCG 01/04/2022 - 30/06/2023
- Annual Accounts ICB 01/07/2022 - 31/03/2023.

The Board also received the Emergency Preparedness Resilience and Response (EPRR) Assurance 2023/24 at its November 2023 meeting; and noted that the process had been completed by NHS Gloucestershire ICB in fulfilment of the NHSEI National EPRR Core Standards assurance process. The Board report detailed where the standards had been met and the improvements that needed to be made

ICB Board papers are published on the ICB's website and can be found **here**.

Audit Committee

The Audit Committee is responsible for the oversight of financial assurance covering the system of internal controls, counter fraud arrangements and review of all internal and external audit reports. The committee has no executive members and entirely comprises non-executive members from both the ICB and Integrated Care System (ICS).

The committee is also responsible for assuring the organisation's risk management arrangements, providing assurance to the Board that risk structures, processes and practices are robust and embedded throughout the organisation. The committee receives regular reports on risk management, copies of the Corporate Risk Register (CRR) and the Board Assurance Framework (BAF).

The committee met 5 times from 1 April 2023 - 31 March 2024. The committee was quorate on each occasion. The committee is chaired by Julie Soutter, Non-Executive Director. The membership of the committee and attendance at each meeting can be found **here**.

During the period 1 April 2023 - 31 March 2024, the committee reviewed a number of internal audit reports undertaken by BDO including action plans, relating to the following service areas:

- Conflicts of Interests report
- Data Security and Protection Toolkit Follow up report
- Cyber Security Advisory report
- Cyber Security reporting (Advisory)
- Key Financial Systems report
- Contract & Procurement Pipeline Management Report.

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

- Counter Fraud reports
- Declarations of Interests including the gifts and hospitality registers
- ICS Savings/Solutions report
- Risk Management reports including (Corporate Risk Register and Board Assurance Framework)
- Procurement Decisions
- Waivers of Standing Orders report

- Service Auditors reports
- Aged Debtor report
- Engagement of Internal and External Auditors for Non Audit Work policy was approved
- Digital Clinical Safety Policy was approved.

The System Quality Committee

The System Quality Committee is chaired by Professor Jane Cummings, Non-executive Director and is responsible for providing the ICB with assurance that it is delivering its functions that secure continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Act (2022). This includes reducing inequalities in the quality of care.

The committee is also responsible for reviewing and scrutinising clinical risks, as well as governance matters covering clinical quality policies. The membership of the committee and attendance at each meeting can be found **here**.

During the period 1 April 2023 to 31 March 2024, the committee met 6 times and was quorate on each occasion. The committee received the following reports:

- Gloucestershire System Quality Report
- GP Survey Results 2023
- Adult Social Care Update
- Gloucestershire Joint Annual Report for Children in Care 2022-2023
- Annual Safeguarding Report 2022/2023
- System PSIRF Policy and Plan documents
- Quality Committee risk reports
- Provider Quality reports (Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care Foundation Trust, Primary Care Quality Report etc.)

The System Quality Committee approved a range of policies that had been updated:

- Joint Working with the Pharmaceutical Industry Policy
- Serious Incident Policy
- Adult Safeguarding Policy
- Business Continuity Policy
- Clinical Records Management
- ICB Complaints & Feedback Policy
- Effective Clinical Commissioning policies
- Non-Emergency Patient Transport Policy
- Digital Clinical Safety Policy
- Multi Agency Mental Capacity Act Policy
- Personal Health Budgets Policy.

Primary Care & Direct Commissioning Committee (PCDC)

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

The committee's jurisdiction was expanded beyond primary care services to cover the contracting, commissioning and performance of community pharmacy, optometry and dental services from 1st April 2023.

The committee was chaired by Colin Greaves, Non-executive Director up until October 2023 and is now chaired by Ayesha Janjua, Non-executive Director. The membership of the committee and attendance at each meeting can be found here.

During the period 1 April 2023 to 31st March 2024, the committee met on 8 occasions including 2 extraordinary committee meetings. Meetings were quorate on each occasion.

The committee received the following reports:

- Primary Care Quality reports
- Primary Care Delegated Finance Report
- Primary Care Contracts Report
- Primary Care Workforce Report
- Highlight report for the Primary Care Strategy and the Primary Care Network Directly Enhanced Services (DES)
- ICS Transformational Highlight Report on Integrated Locality Partnerships
- Delivery plan for recovering access to primary care
- PCDC Committee Risk reports
- Primary Care Strategy and PCN DES Programme Plan including Pharmacy, Optometry and Dental Services
- Community Pharmacy Integration in Gloucestershire
- Gloucestershire Dental Strategy & updates
- The GP Patient Survey (GPPS) Findings.

The committee approved:

- Application to merge from Acorn Practice and Walnut Tree Practice
- The proposals contained in the Report of the Business Case for a new Hucclecote surgery
- Application from Yorkley and Bream Surgery to change Practice Area
- Application from White House Surgery to close the Branch Surgery at Blockley
- Application to merge from Coleford Family Doctors and Brunston & Lydbrook Surgery
- Application to merge Regent Street Surgery and High Street Medical Centre
- Application from Brockworth Surgery to change Practice Area.

Primary Care and Direct Commissioning Committee meeting papers are available on the ICB's website **here**.

People Committee

The People Committee is responsible for reviewing the One Gloucestershire People Strategy, to receive assurance that a robust approach to workforce planning, supply and resourcing is in place across the ICS, as well as system wide HR and Organisational Development initiatives and projects that meet the agreed ICS HR/OD/Workforce priorities.

The committee was previously chaired by Clive Lewis (NED), Professor Jane Cummings (NED) on an interim basis until the appointment of Karen Clements (NED) in January 2024.

During the period 1 April 2023 to 31 March 2024 the People Committee met on 4 occasions. The meeting was quorate on each occasion. Committee attendance can be found here.

The committee received the following reports:

- People Function Summary Report at each meeting
- Workforce Intelligence and Programme Highlight Report at each meeting

- Workforce Metrics Report at each meeting
- Primary Care workforce analysis
- Workforce Risk Register at each meeting
- Deep Dive Workforce Retention Report
- Deep Dive Agency Spend Report
- Careers and Engagement Provision Report
- Arts and Health and Wellbeing Centre presentation
- National Workforce Plan
- One Gloucestershire People Strategy
- ICS Partners and ICB Staff Survey Results 2022
- Workforce Race Equality Standard and Workforce Disability Standard Reports for 2022
- ICS Partners and ICB Staff Survey Results 2023 (February 2023)
- Equality, Diversity and Inclusion Report including WRES Action-planning across the ICS.

The committee approved the following ICB policies:

- Domestic Abuse Policy
- Social Media Policy
- Lone Working Policy
- Reasonable Adjustments Policy, Health Passport and Guidance
- Zero Tolerance of Abuse of NHS Staff Policy
- Freedom to Speak Up Policy
- Physical Activity at Work Policy
- Secondment Policy.

System Resources Committee

The System Resources Committee is chaired by Professor Joanna Coast, Non-Executive Director of System Resources; and is responsible for contributing to the overall delivery of the ICB objectives by providing oversight and assurance to the Board for matters relating to system resources allocation, performance against strategic plans and financial performance.

The committee is responsible for helping improve population heath and healthcare, oversee the collective management of resources and performance at system, place-based and organisational levels; contributing to the System Oversight Framework. The membership of the committee and attendance at each meeting can be found **here**.

During the period 1 April 2023 to 31 March 2024 the committee met 6 times and was quorate on each occasion. The Committee received the following reports:

- Integrated Performance Report at each meeting
- IPR Metrics Report at each meeting
- ICS Finance Report at each meeting
- Approach to planning including the Joint Forward Plan, Operational Plan and Medium Term Financial Plan
- Value Definition and Principles - Allocative Efficiency & Technical Efficiency
- Pharmacy, Optometry and Dental Services Budget
- Capital Financial Framework

- Health Economics Board Development Session
- Urgent and Emergency Care Benefits Realisation and Savings Report
- Investment Reviews and Next Steps.

The System Resources Committee is also responsible for the review and recording of several strategic risks, identified and delegated by the Integrated Care Board.

Remuneration Committee

The Remuneration Committee determines and approves the remuneration, fees and other allowances for ICB employees (specifically, very senior managers, Non-executive directors).

The membership of the committee and attendance at each meeting can be found **here**.

The Remuneration Committee was chaired by Professor Jane Cummings Non-executive Director (on an interim basis for those meetings held in 2023) until the appointment of Karen Clements (NED) holding the people brief. The committee met on 4 occasions from 1 April 2023 to 31 March 2024 and was quorate at each meeting.

The full Remuneration Report can be found within the ICB Annual Report and Accounts.

UK Corporate Governance Code

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

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

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

The ICB has followed guidance issued by NHS England on the role and powers of integrated care boards and employs experienced and well qualified staff. Legal advice and the views of the NHS England South West have been sought to obtain clarification and interpretation of laws, regulations and guidance, where appropriate.

Discharge of Statutory Functions

NHS Gloucestershire ICB has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that the ICB is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

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

Risk management arrangements and effectiveness

During the autumn of 2023 work was undertaken to refresh and update the ICB's approach to risk management and align the Board Assurance Framework to include the three core pillars in the ICS Strategy, the key strategic objectives and priorities for 2023-2024.

The strategic objectives and priorities for the ICB/ICS were agreed early in the year by ICS partners. The new format for the BAF which included a summary overview of the risks was presented to the Board at its November meeting and there is a process of reporting improvements. Additionally, the Corporate Risk Register's format and reporting has been updated and improved with visual highlight reports made available to the Audit Committee and sub-committees of the Board.

The ICB has a Risk Management Framework and Strategy inclusive of the ICB's Risk Appetite which provides a systematic approach to:

- Risk identification, their cause and effect
- How risks are managed
- Creating and developing risk mitigation plans
- The likelihood of occurrence and impact
- Risk rating - escalation and de-escalation process.

The ICB's Risk Management Strategy outlines the vision and objectives of the organisation's risk management system; the strategy embodies 8 key principles to achieve effective risk management: (Integrated, Structured and Comprehensive, Customised, Inclusive, Dynamic, Informed, Audience-appropriate and Always improving).

The Framework incorporates the organisations approach to working collaboratively with system partner to develop system wide strategic risks incorporated into the Board Assurance Framework and an agreed statement on the ICB's Risk Appetite.

Work has taken place on embedding this risk management approach in all business activities and processes of the ICB, ensuring that a risk aware culture is embraced throughout the organisation There is an inclusive approach to risk management involving ICS partners contributing to the development of the ICB BAF through the identification of strategic risks and the involvement of the Strategic Executive, Operational Executive and directorate teams and risk leads.

The Risk Management training and support is provided by the Governance Team on a monthly basis to risk leads and directorates and reinforces this systematic approach to identifying, managing and reporting risks as well as assessing the impact and occurrence of risk. Training has more recently focused on understanding the Audit Committee feedback on strategic risks. and new risk register format. During the meetings a formal presentation and glossary of risk terms have been shared with the 9 Directorate risk leads and sub-teams. This has taken place over the past three months of the financial year.

Reporting & Assurance

The reporting schedule for the BAF and corporate risk register is as follows:

- **The Board** receives the Assurance Framework comprising system wide risks at every other formal meeting of the Board. The BAF includes high rated risks which should be rated 15 and above.
- **The Audit Committee** receives a report on the medium, high and significant risks at every meeting i.e. the Corporate Risk Register (12+ rating) and the BAF (15+rating).
- **The Quality Committee** receives a report showing all risks relating to Quality including safeguarding and patient safety as well as Emergency Planning Resilience and Response (EPRR) at each meeting. The BAF strategic risks on quality and EPRR are also included.
- **The System Resources Committee** receives a risk report showing risks relating to performance and finance at each meeting. The BAF strategic risks on health inequalities, recovery, financial sustainability and capital are also reported.
- **The Primary Care and Direct Commissioning committee** receives a risk report showing all risks relating to primary care at each meeting. The BAF strategic risk on primary care sustainability and resilience is also reported.
- **The People Committee** receives a risk report showing all risks relating to HR/OD and workforce at each meeting. This also includes the strategic BAF risks on workforce and Equality, Diversity and Inclusion.
- **The Operational Executive** receives bi-monthly CRR and BAF reports. The scheduling of the reports is aligned with the Board and other committee meetings.

- **Strategic Executive** receives the Board Assurance Framework on a bi-monthly basis. The Strategic Executive comprises ICS partners and is the monthly forum for partners to discuss and agree key operational and strategic issues including agreeing strategic risks affecting the system
- **Operational Groups** (for example Primary Care Operational Group) receive reports for risks relating to their respective areas.

The Board has a duty to assure itself that the organisation has properly identified the risks it faces, and that it has processes and controls in place to mitigate those risks and the impact they have on the organisation and its stakeholders.

The Board receives assurance reports from its sub-committees on the controls and mitigation plans in place to manage significant and high rated risks, reported through the minutes of meetings with a specific Assurance Report provided by the Chair of the Audit Committee following each meeting. Overall assurance reports from committees are included in the Integrated Performance Report which is submitted to the Board on a bi-monthly basis.

Capacity to Handle Risk

During the early part of 2023/24, following a survey of Directorate risk leads, a decision was made to change the risk system to gain greater flexibility, capture additional information and become more accessible by risk leads.

The Governance Team meets with risk leads on a monthly basis to discuss their directorate risk register and provide timely support and advice. Risks are transferred to a Corporate Risk Register and high rated risks 12 or more are reported to the Audit Committee and Operational Executive.

The Governance Team ensures that risk reports are made available to the Strategic Executive, all board sub-committees and the ICB Board in a cyclical manner. All of these forums include ICS partners who are involved in risk discussions.

Key risks identified in 2023/24

There were a number of high-level strategic risks reported in 2023/24 to the ICB Board via the Board Assurance Framework.

The strategic risks identified were aligned to the ICS three pillars, strategic objectives and key priorities for 2023/24 which had been agreed with system partners and focused on key priority areas such as urgent care, workforce, the recovery of services, cyber security and financial balance, amongst others. It should be noted that the ICB/ICS BAF is correlated with our ICS partners BAFs and relevant risks included.

As of the 31 March 2024, there were 48 risks in total on the ICB Corporate Risk Register, with 33 red rated risks at 15 and above.

As of the 31 March 2024, there were 13 risks on the BAF, i.e. approximately 6 were currently red rated risks at 16 and above and 7 were amber rated risks at 12. The following risks were rated as RED high risks:

BAF 2. People & Culture: Failure to provide a compassionate working culture, with the right levels of capacity, capability, training and development and well-being provision that enables us to recruit and retain staff to fully deliver our strategic plans. Current risk rating 16 (Red)

BAF 6: Primary Care: Risk of instability and resilience in primary care due to increasing costs and financial risk to delivery of core services. This is alongside high workload with increasing patient demand and reporting requirements as well as existing workforce and estates pressures.

BAF 9. Financial Sustainability: Insufficient resources to meet the delivery our strategic priorities which ensure financial sustainability and deliver improvements in value for money and productivity. Current risk rated as 16 (red).

BAF 10. Estates: The estates infrastructure of the ICS and insufficient resources hinder our ability to provide a safe and sustainable estate and replacement programmes for equipment and digital infrastructure enabling deliver of high quality care.

BAF 11. EPRR: Failure to meet the minimum occupational standards for EPRR and Business Continuity. Current risk rating 16 (Red).

BAF 12. Cyber Security: Failure to detect Cyber Security threats and attacks which could result in serious consequences for operating the business of the ICS. Current risk rating 20 (Red).

There are two risks where the original risk rating was over 15 (Red) and with the risk mitigations plans in place these have been reduced:

BAF 4. Quality Risk: The risk is that the ICB fails to assure safe and effective care delivery and identify opportunities to improve quality and outcomes across the system for patients. Current risk rating 10 (Amber) previously 15 (Red).

BAF 5. Urgent Care: Risk that the ICB fails to deliver and/or sustain performance and improvement in Urgent and Emergency Care. Current risk rating 12 (Amber) previously 16 (Red).

The outstanding risks in place on 31 March 2024 are carried over into the new financial year and will continue to be managed within the Risk Management Framework described within this statement..

Other sources of assurance

Internal Control Framework

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

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness. See the Risk Management Strategy and Policy **here**.

Conflicts of interest management

The revised statutory guidance on managing conflicts of interest for CCGs (published 16 June 2017) required organisations to undertake an annual internal audit of conflicts of interest management.

However, in November 2022, NHS England issued guidance whereby, ICB's are required to undertake a self-assessment of the register of interests and management of conflicts of interests to comply with the new section of the NHS Act 2006 (as amended).

Conflicts of interest process

The ICB follows a robust process for managing conflicts of interest (CoI) ensuring that staff are made aware from initial appointment and throughout their employment they are required to register their interests on an annual basis. All staff and members of the Board are required to undertake this annual process irrespective if there have been any changes to their interests.

The electronic CoI system, Civica Declare emails staff as soon as they are appointed and repeatedly emails them requiring their interests to be declared until this has been completed; line managers are also emailed to notify them that they have interests to review and accept/ decline. The electronic email notification system provides constant reminders to staff and managers that interests must be declared annually.

Conflicts of Interests IA Report 2023/24

A detailed review of conflicts of interest was undertaken by internal auditors at the beginning of 2023. The assessment was 'substantial assurance' for design and substantial for operational effectiveness. There were no recommendations to implement.

The report identified a number of areas of good practice. Those identified areas of good practice continue to be in place and are updated as follows:

- A suite of policies for declarations of interest and the management of conflicts
- The staff handbook was further updated in August 2023 which provides guidance on declaring interests and refers to the policies available **Staff Induction and Handbook : Intranet – NHS Gloucestershire (nhsglos.nhs.uk)**

- The CoI training modules have been updated. The new module 1 CoI training is available on the ConsultOD platform. Staff are given guidance on completing the modules via the Staff Briefing and the Learning and Development Policy lists the full range of Mandatory and Statutory training that staff are required to comply with, including CoI.
- There is a standing agenda item at each Board and sub-committee meetings requiring members to declare any relevant interests in connection with the agenda items.
- The ICB maintains accurate and timely registers, including Gifts and Hospitality.
- The ICB provides tailored CoI training sessions to directorates which aims to inform on scenarios where conflicts may arise and to target members who have not declared mitigatory actions in sufficient detail.
- New conflicts of interests training tailored to those staff members and NEDs involved in the procurement of services has been delivered by the Commissioning Support Unit (CSU). Refresher training has been made available to staff during the year as requested and required.
- The staff induction checklist incorporates details of declaring interests while working at the ICB.
- The corporate induction includes a presentation on Governance including information about declaring interests and how to report the offer of gifts and or hospitality.

Data Quality

Board members of the ICB consider data quality to be an integral part of its system of internal controls in order that it can assess both the effectiveness and performance of the organisation and its contracted services. There have been no significant concerns about data quality reported in 2023/24.

Information Governance

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

As part of the annual Data Security and Protection Toolkit submission, a comprehensive assessment of information security was undertaken; further assurance has been provided by the ICB's internal auditors who reviewed the submission.

The effectiveness of these measures is reported to, and monitored by, the Data Security and Awareness Working Group and the Audit Committee. This includes details of any personal data related serious incidents, the ICB's annual data security toolkit assessment and reports of other data security incidents and audit reviews.

In 2023/2024, the ICB made a toolkit submission that met the Data Security and Protection standards.

In compliance with the NHS Digital Information Governance Toolkit, the ICB ensured that all key information security risks are monitored and controlled. This is via its informatics providers: South, Central and West Commissioning Support Unit (CSU) and Countywide IT Services who ensure that the ICB operates secure information networks and systems. New systems and processes are assessed by governance and information security staff at the point of design or procurement, and appropriate safeguards to minimise risk are put in place.

The ICB has a robust process for recording and managing incidents which are monitored by the CSU's governance team with input from Data and Information Security experts as required.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information.

We have established an information governance management framework and have developed data security and protection processes and procedures in line with the Data Security and Protection toolkit.

We have ensured all staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities.

For those members of staff in specialist information governance roles within the ICB, there is bespoke training provided on an annual basis i.e. for the Caldicott Guardian, Senior Information Risk Owner (SIRO) and the Data Protection Officer (DPO).

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the ICB, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

There are processes in place for incident reporting and investigation of serious incidents which are reported via to the Data Security and Protection Group that meets on a monthly basis. Information risk assessment and management procedures are in place and a programme to ensure that a fully embedded information risk culture throughout the organisation against identified risks.

Business Critical Models

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

Third party assurances

The ICB works in close partnership with Gloucestershire County Council to manage both the Better Care Fund and other partnership budgets. The arrangement is governed by a Section 75 agreement. On 26 January 2023, the Board of the ICB gave approval for the ICB to extend the Section 75 Agreement with Gloucestershire County Council from 1 April 2023 to 31 March 2025.

Control Issues

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

Service Auditor Reports

The ICB relies on a number of third parties to provide services, these include human resources and payroll services, payments to GPs, dentist, optometrists 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/are in the process been received by the organisation for 2023/24.

NHS Shared Business Services: Finance and Accounting Services: an unqualified opinion was given.
The Electronic Staff Record Service: an unqualified opinion was given.
NHS Business Services Authority: Prescription Payments: an unqualified opinion was given.
Capita Primary Care Support Services: one control exception was found.
Calculating Quality Reporting Service (CQRS) National: an unqualified opinion was given.
NHS Business Services Authority: Dental Payments Process System: an unqualified opinion was given.
The ICB has compensating controls in place to mitigate any increased areas of risk.

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

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

- There are procurement processes to which the ICB adheres. There is a scheme of delegation which ensures that financial controls are in place across the organisation. The roles of the accountable and delegated committees and groups are shown within this report.
- The ICB Board receives a report from the Chief Finance Officer at each of its Public Board meetings through the Integrated Finance and Performance Report on a bi-monthly basis and an update on finance at the Board Development sessions where required.
- The Audit Committee receives regular reports on financial governance, monitors the Internal Audit programme and reviews the draft and final annual accounts.
- The ICB has a programme of Internal Audits that provides assurance to the Board and Executive Team of the effectiveness of its internal controls and processes.
- The ICB 's annual accounts are reviewed by the Audit Committee and audited by our external auditors.

Following completion of the planned audit work our external auditors will issue an independent and objective opinion on the ICB's arrangements for securing economy, efficiency and effectiveness in the use of resources.

Delegation of functions

The ICB has a defined Scheme of Reservation and Delegation (SoRD) as well as a Detailed Financial Delegation document which is a supplement to the Standing Financial Instructions.

These documents were approved by the ICB Board on 1 July 2022.

The SoRD identifies which functions are reserved for the Board and which are delegated for discharge across the ICB in line with effective use of resources and risk management processes. In support of this, the ICB has a Detailed Scheme of Delegation which identifies what financial responsibilities the following levels of authority have:

- Level 1 - Board of the ICB
- Level 2 - Chief Executive Officer (Accountable Officer)
- Level 3 - Chief Finance Officer
- Level 4 - Other Directors
- Level 5 - Budget holders, in accordance with specific levels of authority granted to individuals
- Level 6 - all other office holders.

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

The Board receives minutes from the Primary Care & Direct Commissioning Committee ensuring they are meeting their delegated duties for Primary Care and POD services and that conflicts of interests are being effectively managed.

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

Counter fraud arrangements

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

The ICB's Counter Fraud Service is provided by the Gloucestershire Shared Service for NHS (GSS). GSS employs a team of three accredited Local Counter Fraud Specialists who provide the full range of Counter Fraud functions.

The Head of Counter Fraud meets regularly with the Chief Finance Officer to discuss progress against the Action Plan and areas of potential risk. During the period 1 April 2023 to 31 March 2024, regular reports and updates were given to the Audit Committee on:

- Counter Fraud Annual report
- Counter Fraud, Bribery and Corruption work-plan
- Counter Fraud Progress reports
- Counter Fraud Outcome Metrics
- Counter fraud Alerts
- National counter fraud initiative
- Counter Fraud training (face to face and e-learning)
- Current Cases and Proactive Counter Fraud Work.

Counter Fraud deliver face to face training to all staff as a part of the ICB 's Statutory and Mandatory Training Policy. This training is delivered via the Corporate Induction Day and team and directorate meetings.

The Counter Fraud Service provide a monthly face to face drop-in service for ICB staff which is advertised in the electronic Staff Bulletin. All staff are required to complete their annual e-learning module on counter fraud in addition to face-to-face counter fraud training.

The Deputy Head of Counter Fraud attends all Audit Committee meetings to provide both a written and verbal update on progress against the Counter Fraud Annual Plan and counter fraud initiatives.

Head of Internal Audit Opinion

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

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

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

Overall, we are able to provide **Moderate Assurance** that there is a sound system of internal controls, designed to meet the ICB's objectives, that controls are being applied consistently across various services.

In forming our view we have taken into account that:

- The ICB has delivered (subject to external audit) a break-even income and expenditure financial position for the year April 2023 to March 2024
- The ICB has displayed strong controls in relation to the key financial systems and dental commissioning
- The ICB has continued to develop and enhance its mechanisms to ensure appropriate assurance and oversight arrangements are in place to demonstrate the monitoring of its strategy and documentation within the Board Assurance Framework. This has included the work on risks and assurances across the ICS
- Good progress has been made during the year with the implementation of the actions arising from our audit work.

Report Issued	Recommendations & Significance			Overall Report Conclusions	
	H	M	L	Design	Operational Effectiveness
DS&P Toolkit	0	5	2	Moderate	Moderate
Primary Care Commissioning - Dental Arrangements	0	0	0	Substantial	Substantial
Key Financial Systems	0	0	1	Substantial	Substantial
ICS Cyber Security	0	6	4	Moderate	Moderate
Equality, Diversity & Inclusion	0	0	0	n/a	n/a
ICS Cross Health Economy/ Transformation Programmes	Audit in progress				
Personal Health Budgets	2	1	0	Moderate	Moderate
Business Continuity & Emergency Planning	0	4	1	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 Integrated Care board who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me.

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

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

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

- the Board;
- the Audit Committee;
- The Quality Committee; and
- Internal Audit.

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

Conclusion

No significant internal control issues have been identified during the period 1st April 2023 -31st March 2024.

Mary Hutton

Chief Executive Officer

June 2024

Remuneration and staff report

Remuneration and staff report

Remuneration report

The Remuneration Committee makes decisions about the remuneration, fees and allowances for board members of the ICB, and other senior staff employed outside agenda for change terms and conditions, who are appointed by, or who provide, services to the ICB.

Details on the Remuneration Committee are shown within the Governance report including membership and number of meetings. Full details of the remuneration paid to the ICB board members and senior employees are provided within the Remuneration Report included herein, together with their pension entitlements.

Senior Managers Remuneration Report

For 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 Integrated Care Board (ICB). This means those who influence the decisions of the organisation as a whole rather than the decisions of individual directorates or departments.

Such persons will include Non-executive directors and partner members of the ICB board. It is the Remuneration Committee that decides the reward packages of Executive Directors of the ICB. Information on the Remuneration Committee can be found in the Governance Statement.

Remuneration Policy

The policy on remuneration of senior managers has been set using national guidance issued by NHS England, ICB Executive Pay Ranges and Guidance version 1.0 (17 March 2022); guidance for Non-executive Directors (NEDs) pay was also made available in 2021 and updated in 2022 to assist ICBs determine remuneration for NEDs. The ICB does not have a policy for performance related pay for its senior managers.

Senior Manager Contracts

Senior officer appointments to the ICB are consistent with the employment policies of the ICB. Where appropriate, duration of contracts is determined by the needs of the business. Notice periods take account of statutory requirements and terms previously established by the NHS very senior managers' pay framework. Liability in the event of early termination is in accordance with the NHS Agenda for Change terms and conditions handbook. Further guidance is also provided by NHS England on the termination and reengagement of senior managers. They also include any additional pension benefit accrued to 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

Gloucestershire ICB employed a headcount staff of 470 equating to 399.5 WTEs as at the 31 March 2024.

These figures include all permanent staff, those on short-term contracts, but exclusive of staff employed on bank contracts.

The ICB has a well-structured HR service with the Commissioning Support Unit's People Resource function providing transactional and employee relations HR services.

The ICB has an internal HR team with a Director of People, Culture and Engagement leading the service with responsibility for HR strategy and organisational development, and the Associate Director of Corporate Affairs providing operational support working closely with the CSU People Resource Team and ICS HR/OD partners.

Governance arrangements for HR

The reporting structure for HR and workforce reports is through the People Committee which was

established on 1 July 2022. The Chair of the committee is Karen Clements, Non-executive Director and the executive lead is Tracey Cox, Director of People, Culture and Engagement.

The People Committee has responsibility for the oversight and scrutiny of the effectiveness of the ICS People Function including the governance structure and the development of an ICS People strategy and plan.

The Committee routinely receives reports on the ICS workforce profile covering Gloucestershire demographics, numbers of staff employed in health and care roles, key workforce demographics (age, ethnicity, gender, disability etc) as well as workforce vacancies and sickness rates.

The People Committee has received reports on the One Gloucestershire Workforce Delivery Plan; System wide Recruitment and Retention report; System wide reports on the Workforce Race Equality Standard (WRES)/Racial Disparity Ratio and Workforce Disability Equality Standard (WDES) and staff survey reports as well as many other HR/OD topics.

The People Committee also approves all ICB HR policies (see Governance Statement for more detail).

The Staff Side Partnership (SPF) has an important role providing staff feedback and input to the development of ICB HR plans, policies, staff events and the staff survey.

Health and wellbeing is included on every agenda as well as Equality, Diversity and Inclusion. The committee meets on approximately 10 occasions during the year and is co-chaired by the Staff Side Representative for the ICB and the Director of People, Culture and Engagement. Each directorate has one or more SPF representatives who attend the meeting along with HR/OD colleagues and the Health and Wellbeing lead and the Health and Safety Representative for the ICB.

From 1 July 2022 through to 31 March 2024, there has been good representation from staff at the SPF (previously known as JSCC) meetings noting that staff reps have found the forum important to staff engagement.

The main focus of the SPF meetings during the beginning of the financial year (April to September 2023) was the move of the ICB from its Sanger House headquarters to Shire Hall in Gloucester City. Other key topics that the SPF has been engaged with is the development of the Freedom to Speak Up Policy and raising awareness of the Guardians role across the ICB, equality and diversity reports particularly the Public Sector Equality Duty/Equality Delivery System 2, staff survey reports and actions, as well as health and wellbeing initiatives and projects.

Staff survey results 2023

The ICB took part in the national staff survey in 2023 and received early in 2024 a suite of reports including a full and detailed report of the findings which were benchmarked against other ICBs; and a summary report of the 7 People Promises along with the additional two themes on staff engagement and morale.

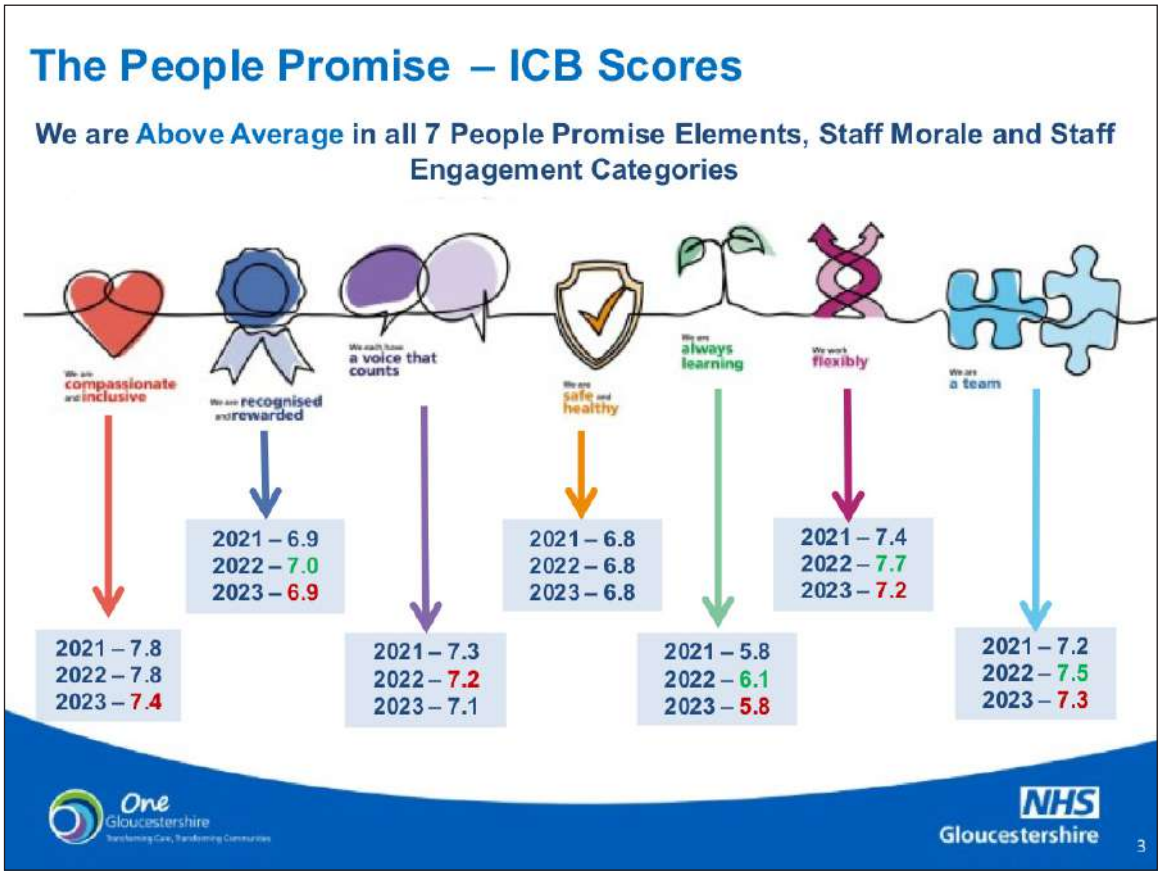
In addition, detailed directorate reports providing a breakdown of the results were provided.

This was the fifth year that the ICB took part in the national survey with benchmark data available from 2019 on key themes.

A total of 341 questionnaires were completed by ICB staff, representing 77% of the workforce; this compared well with other ICBs with a 72% median score. There was an increase in participation rates compared to 2022 where 74% workforce responded to the survey. Much of this can be attributable to early communications out to staff before the staff survey was launched, as well as timely messaging throughout the survey period.

The national reports provide an overview of the 7 people promises and 2 additional themes detailing where Gloucestershire ICB scored in terms of the best, worst and average compared to other ICBs.

In the seven people promise elements, NHS Gloucestershire ICB scored above the average for ICBs and close to the best in several elements. The ICB also scored above average on the two additional themes (staff engagement and morale) which compared well to other ICBs and close to the 'best' ICBs. See graphic opposite:



It should be noted that that trend data shows that while the ICB did score above average in comparison with other ICBs, there was a dip in scores compared to previous years, this was also evident in other ICBs.

Overall, the ICB performed well compared to other ICBs and improved its score from 2022 in a number of key areas. For the second year running, NHS Gloucestershire ICB was the top for recommending the organisation as a place to work with 75% of our staff responding positively to this question.

A summary of some of the key highlights are given below.

Above average scores include:

- **92%** feel trusted to do their job.
- **88%** enjoy working with their team colleagues.
- **87%** feel they can talk openly about flexible working with their manager.
- **84%** agree that their immediate manager takes a positive interest in their health and wellbeing.
- **83%** of colleagues have managers that work with them to understand problems. This was **7%** above average.
- **82%** are offered challenging work.
- **82%** receive the respect they deserve at work.
- **78%** believe the ICB takes positive action on health and well-being.
- **77%** have opportunities to improve their knowledge.
- **77%** believe their organisation helps them achieve a balance between work and home life.
- **77%** agree that care of patients and service users is the organisation's top priority.
- **79%** agree that the people they work with show appreciation to one another. This is **7%** above the average.

There were a number of areas where the ICB needs to improve including:

- Tackling bullying and harassment from patients, their families, colleagues and managers as well as better support to disabled staff on reasonable adjustments.
- A greater awareness and profile of our Freedom to Speak Up Guardians and ensuring that staff are aware of the ICB policy on FTSU and its procedures to safeguard those who raise concerns.
- Developing our approach to appraisals and linking this to a career progression framework.
- More work to expand our health and wellbeing offer to staff.

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

The ICB has developed a Staff Survey Action Plan focusing on the key improvement themes from the 2023 survey including addressing stress and burnout through enhanced wellbeing support provided to staff.

There will be a focus on creating a H&WB calendar of activities linked to Equality, Diversity and Inclusion (ED&I) days and events.

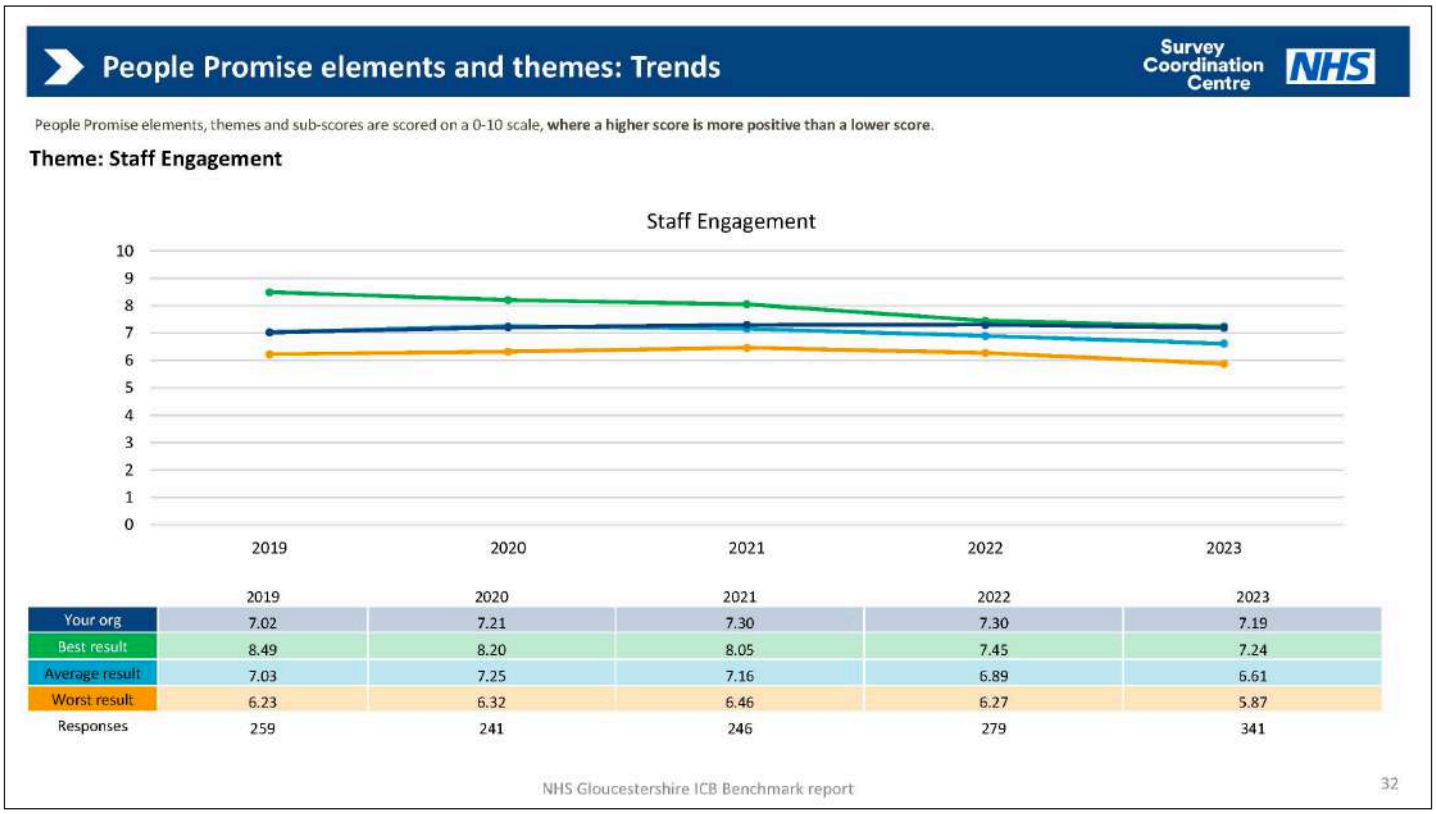
There will also be a focus on specific areas of wellbeing such as Musculoskeletal health promoting physical activity and breaks between meetings as well as continuing with staff health-checks.

There are plans for wellbeing seminars and events which will focus on Bowel Cancer, Dementia Awareness, Carers Support and activity clubs such as craft and music for staff.

The Staff Survey results and action plan are reported to the People Committee, which monitor the implementation of the actions.

Staff Engagement - Staff Survey benchmark data

The ICB scored above average in relation to questions about staff engagement in the 2023 Staff Survey. Benchmark data show the ICB was close to the 'best' performing ICBs but there has been a dip in results from 2022 and may be reflected in the move from Sanger House to Shire Hall just prior to the Staff Survey, when staff were getting used to working and engaging in the new offices.



	2019	2020	2021	2022	2023
Your org	7.02	7.21	7.30	7.30	7.19
Best result	8.49	8.20	8.05	7.45	7.24
Average result	7.03	7.25	7.16	6.89	6.61
Worst result	6.23	6.32	6.46	6.27	5.87
Responses	259	241	246	279	341

It is evident that as we continue to work in a hybrid manner combining on site and home working staff engagement has been made more challenging. However, we have used technology to reach many more staff in more flexible ways such as, organising hybrid staff meetings using MS Teams and recording those meetings and uploading them to the intranet to be viewed at a time convenient to staff. A summary of staff engagement activities is given below:

- Monthly hybrid Staff Meetings hosted by the Chair and Chief Executive, which is supported by a written Team Brief e-bulletin which is then distributed after the meeting.
- Weekly staff communications sent out each Friday providing the latest updates to staff.
- Monthly Team Directorate meetings.
- The Staff Award scheme to recognise staff who go the extra mile.
- Senior Managers development session which has to date focussed on compassionate leadership and the ICB values and behaviour framework.
- Equality, diversity and inclusion training provided to staff and senior managers.
- Lunch and learn sessions run by staff and the HR team to share their work and learning with other staff members including; ESR self service – managing sickness absence, booking annual leave on ESR, safeguarding training, training on bullying and harassment as well as managing grievances and a session on neurodiversity amongst other topics.
- The ICB intranet holds information on all team briefs, policies, procedures and other information.
- The ICB Executive Team meets with senior managers on a monthly basis.
- Managers hold regular one-to-one meetings with staff and a robust appraisal system ensures that staff work towards clearly defined personal objectives which are supported with learning, training and development opportunities.

Staff Wellbeing

The ICB has a dedicated Health and Wellbeing lead employed for 2 days a week who provides practical resources and events to support staff wellbeing including setting up the ICB Wellbeing Champions. There are 15 Wellbeing Champions who represent the 9 directorates within the ICB.

Health Champions support colleague's mental health and wellbeing through:

- Organising social events and activities (both in-person and virtual).
- Setting up a safe space for people to voice mental health concerns.
- Directing colleagues to resources to help them work from home safely and healthily.
- Introducing initiatives for keeping colleagues engaged and healthy, including setting up work sports teams or crafting sessions.
- Keeping teams informed of upcoming events and sending links to Wellbeing sessions.

The wellbeing programme for 2023/24 included a continuation of the focus on reducing stress, improving health and mental health; this included organising a Women's Health day on 18 October 2023, a Physiotherapy session to tackle MSK problems in the workplace, continuation of health checks as well as the spotlight on mental health through updates and articles provided by the Employee Assistance Programme.

During 2023, several training sessions were provided on health and wellbeing for managers to help them better support staff.

The ICB provides an Occupational Health Service and Employee Assistance Programme and funds the Gloucestershire Wellbeing Line which provides staff with counselling and support. The ICB was awarded the Gloucestershire Healthy Workplaces Advanced Award in 2022 building on our accreditation of the Healthy Workplaces Foundation Award in 2021.

Staffing policies

The ICB, like other NHS employers, has a host of HR policies, user guides, forms and resources.

Policies are formally reviewed both by the Executive Management Team and the Staff Partnership Forum (SPF) before being approved by the relevant ICB Committee. Over the past 12 months, a number of HR policies have been reviewed and updated please see the Governance Statement for full details of policies that have been approved.

Sickness absence data

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

Sickness absence is managed in a supportive and effective manner by ICB managers, with professional advice and support from ConsultHR, Occupational Health and Care First (Employee Assistance Programme) and the Gloucestershire Wellbeing Line.

The ICB's approach to managing sickness absence is governed by a clear HR policy 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. The manager is advised to have a supportive conversation with the staff member.

Monthly Sickness Absence Rates for English NHS bodies – December 2023	5.51%
Monthly Sickness Absence Rate for NHS Gloucestershire Integrated Care Board – December 2023	2.37%
Monthly Sickness Absence Rate for NHS Gloucestershire Integrated Care Board - Average for 2023-24	2.51%

The figures above are provided by NHS Digital and can be found on the following website:
www.digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

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

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

In 2023, after discussion with staff side colleagues, a decision was made to change the name of the Joint Staff -Side Consultative Committee (JSCC) to the Staff Partnership Forum (SPF) in line with convention and our system partners.

A SPF Agreement was developed and agreed, which set out how the forum would operate and the joint chairing of the SPF by the Chair of Staff Side (TU Rep) and the Director of People, Culture and Engagement.

The ICB provides dedicated TU facilities and time for the Chair of Staff Side to fulfil her role which equated to one and half days per month during 2023/2024.

Equality, Diversity and Inclusion

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

The ICB has an Equality, Diversity and Inclusion statement:

"We are committed to providing a working environment which is inclusive of all staff. We aim, and are continually working to eliminate, any disadvantage based on age, disability, marriage, civil partnership,

race, culture, religion or belief, lack of religion or belief, sex, gender identity, sexual orientation, pregnancy, maternity or any other minority characteristics".

Following on from the annual WRES, WDES and Gender Pay reports, an integrated action plan covering the full range of actions was produced to monitor the implementation of the many ED&I initiatives and schemes. The ICB has worked with system partners on a range of ED&I programmes, which ICB staff have participated in including:

- Flourish scheme based on the national 'stepping up' programme available to ethnic minority staff, disabled staff and LGBTQ+.
- The Reciprocal Mentoring programme.
- Allyship Programme.

In addition, the ICB has undertaken some bespoke schemes for ICB staff including:

- ED&I training commissioned for all managers and staff.
- Support for the BAME Staff Network within the ICB and support offered to staff to develop other staff networks.
- Participated in the 10,000 Black Interns scheme in 2023/24 placing one intern within the ICB during that year with a further 3 interns joining the ICB in 2024/25.

In February 2024, Internal Auditors BDO undertook an advisory review of the ICB approach to ED&I. The report provided an assessment of the ICB's key strengths on ED&I and where further improvements were required.

In summary the key strengths were:

- The action plans for the WRES, WDES and GPG were Specific, Measurable, Achievable, Realistic and Time Bound (SMART) and had assigned action owners.
- Key EDI schemes had evaluations and feedback from these have informed future actions.
- The People Committee has good oversight of ED&I priorities and actions.
- The ICB is sharing good practice and removing duplication of efforts among system partners.
- Best practice on schemes from outside the system have also been shared and work is ongoing to investigate what schemes could be reproduced in the system to produce effective outcomes.

There were a range of recommended improvements which are summarised below.

- Making the Freedom to Speak Up Training mandatory.
- Reporting Freedom to Speak Up data and themes to the Board/sub-committees.
- Monitoring the inclusion of the mandatory ED&I objective in staff / board members' objectives.
- Coordinated approach to data analysis across the system to improve the identification of trends and linking different metrics to improve the understanding of what initiatives work.

Many of the improvement actions were underway before the publication of the report or are being implemented post completion of the BDO report.

The ICB's progress on advancing our work within ED&I is explained in detail within the report made to the ICB Board at its meeting on 27 March 2024. The Public Sector Equality Duty and Equality Delivery System 2 can be found on the ICB website here: **https://www.nhsglos.nhs.uk/about-us/how-we-meet-our-duties/equality-and-diversity/**

As part of our system wide work on ED&I, we have been working with system partners to prioritise key actions which will make a difference to the way we recruit, retain and support staff from diverse backgrounds.

During the year 2024/25, we will focus on developing a new recruitment policy and procedures, work on developing the careers of staff with protected characteristics; and as a system, review best practice on how to tackle bullying and harassment in the workplace, so we can implement what works.

Equalities monitoring

Disability (as at 31 March 2024)

Disability Flag	Headcount	%	FTE
No	405	86.17	349.91
Not Declared	53	11.28	40.63
Yes	12	2.55	8.97
Grand Total	**470**	**100.00**	**399.51**

Gender (as at 31 March 2024)

Gender	Headcount	%	FTE
Female	349	74.3	290.61
Male	121	25.7	108.90
Total	**470**	**100.0**	**399.51**

Ethnicity as at 31 March 2024

Ethnic Group	Headcount	%	FTE
A White - British	379	80.64%	327.12
B White - Irish	4	0.85%	4.00
C White - Any other White background	7	1.49%	4.77
C3 White Unspecified	1	0.21%	1.00
CA White English	8	1.70%	8.00
CC White Welsh	1	0.21%	1.00
CP White Polish	1	0.21%	0.60
CY White Other European	1	0.21%	1.00
D Mixed - White & Black Caribbean	3	0.64%	3.00
F Mixed - White & Asian	1	0.21%	0.67
G Mixed - Any other mixed background	1	0.21%	1.00
H Asian or Asian British - Indian	15	3.19%	12.66
J Asian or Asian British - Pakistani	2	0.43%	1.18
K Asian or Asian British - Bangladeshi	2	0.43%	1.40
L Asian or Asian British - Any other Asian background	3	0.64%	1.80
LF Asian Tamil	1	0.21%	0.80
M Black or Black British - Caribbean	3	0.64%	2.20
N Black or Black British - African	4	0.85%	4.00
R Chinese	3	0.64%	2.24
S Any Other Ethnic Group	1	0.21%	0.80
SC Filipino	1	0.21%	1.00
SE Other Specified	1	0.21%	0.32
Z Not Stated	27	5.74%	18.94
Grand Total	**470**	**100.00%**	**399.51**

Age Band as at 31 March 2024

Age Band	Headcount	%	FTE
<20	5	1.06	4.00
21-25	17	3.62	17.00
26-30	38	8.09	36.49
31-35	42	8.94	37.17
36-40	57	12.13	49.12
41-45	71	15.11	57.89
46-50	53	11.28	45.64
51-55	66	14.04	55.95
56-60	73	15.53	61.05
61-65	35	7.45	27.56
66-70	11	2.34	6.65
>71 Years	2	0.43	1.00
Grand Total	**470**	**100.00**	**399.51**

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 working environment for people, where their health and safety is valued, and in doing this we continue to work closely with our landlord and security management teams at Shire Hall.

Our security management and facilities management services are provided by Gloucestershire County Council (GCC) as part of our lease agreement and FM Service Level Agreement.

The Director of People, Culture and Engagement is the Health and Safety Lead for the organisation. The Associate Director of Corporate Affairs along with the ICB Reception Team meet with the GCC FM team on a quarterly basis to discuss health and safety related to the occupancy of offices in Shire Hall.

The ICB follows GCC's policies and procedures on fire safety and evacuations, first aid, waste disposal, water and PAT testing along with all other health and safety matters. These procedures are set out in the Shire Hall Handbook which accompanies the ICB Staff Handbook. Both documents are made available to all our staff via the intranet.

Fair Pay (audited)

The annualised range of remuneration for 2023/24 is £25.15k to £189.26k (2022-23 (9m) £17.4 to £180.1k)

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

The banded remuneration of the highest paid member of the Governing Body in the ICB in the financial year was £185k - £190k (£180k - £185k in 2022/23 (9m)) 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

2023-24	25th Percentile	Median	75th Percentile
Total remuneration (£)	£35,392	£45,996	£58,972
Pay ratio information	5.35:1	4.11:1	3.21:1
2022-23 (9m)	**25th Percentile**	**Median**	**75th Percentile**
Total remuneration (£)	£33,706	£41,659	£56,164
Pay ratio information	5.41:1	4.38:1	3.25:1

* All Remuneration relates to Salary only. There have been no performance related pay or bonuses.

The average percentage change for the ICB as a whole has seen a 4.6%/£2,357 increase in 23/24. There has been no change in the highest paid directors remuneration in 23/24.

In 2023/24 no employee received remuneration in excess of the governing body. Total remuneration includes salary, non-consolidated performance-related pay, benefits in kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer of pensions.

Off Payroll Engagements

For all off-payroll engagements as of 31 March 2024, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2023	6
Of which, the number that have existed:	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	1
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	5

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 2023 and 31 March 2024, for more than £245 per day and that last longer than six months:

	Number
Number of temporary off payroll workers engaged between 1 July 2022 and 31 March 2023:	6
Of which:	
Number Not Subject to off-payroll legislation	0
Number Subject to off payroll legislation and determined as in-scope of IR35	6
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 2023 and 31 March 2024:

	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.	24

Remuneration Report for NHS Gloucestershire ICB 2023-24 (audited)

	2023/24						
Name & Title	Salary (bands of £5,000)	Expense Payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	Sub-total (band of bands)	All Pension Related Benefits (bands of £2,500) *	Total (bands of £5,000)
Dame Gill Morgan, Chair	65-70	0	0	0	65-70	0	65-70
Mary Hutton, Chief Executive	190-195	0	0	0	190-195	0	190-195
Ellen Rule, Deputy CEO/Director of Strategy and Transformation	155-160	0	0	0	155-160	0	155-160
Cath Leech, Chief Finance Officer	145-150	0	0	0	145-150	22.5-25	170-175
Mark Walkingshaw, Director of Operational Planning & Performance	140-145	0	0	0	140-145	0	140-145
Helen Goodey, Director of Primary Care & Place [1]	110-115	0	0	0	110-115	0	110-115
Dr Marion Andrews-Evans, Chief Nursing Officer (to 31st December 2023)	110-115	0	0	0	110-115	0	110-115
Marie Crofts (Yvonne), Chief Nursing Officer (from 1st January 2024)	35-40	0	0	0	35-40	280-282.5	315-320
Benedict Leigh, Director of Integrated Commissioning [2]	45-50	0	0	0	45-50	0	45-50
Tracey Cox, Director of People, Culture and Engagement	145-150	0	0	0	145-150	0	145-150
Dr Paul Atkinson, Chief Clinical Information Officer	135-140	0	0	0	135-140	0	135-140
Dr Andy Seymour, Chief Medical Officer (to 15th December 2023)	85-90	0	0	0	85-90	0	85-90
Dr Ananthakrishnan Raghuram, Chief Medical Officer (From 18th December 2023)	35-40	0	0	0	35-40	0	35-40
Professor Joanna Coast, Non Executive Director System Resources	10-15	0	0	0	10-15	0	10-15
Professor Jane Cummings CBE RN, Non Executive Director System Quality	15-20	0	0	0	15-20	0	15-20
Julie Soutter, Non Executive Director Audit	15-20	0	0	0	15-20	0	15-20
Dr Olesya Atkinson, Primary Medical Services (Primary Care Network perspective)	15-20	0	0	0	15-20	0	15-20
Dr Jo Bayley, Primary Medical Services (Primary Care Network perspective) [4]	15-20	0	0	0	15-20	0	15-20
Clive Lewis OBE DL, Non Executive Director People and Remuneration (to 22nd May 2024)	0-5	0	0	0	0-5	0	0-5
Karen Clements, Non Executive Director, People and Remuneration (From 1st January 2024)	0-5	0	0	0	0-5	0	0-5
Colin Greaves, Non Executive Director, Primary Care and Direct Commissioning (To 31st October 2023)	5-10	0	0	0	5-10	0	5-10
Ayesha Janjua, Non Executive Director, Primary Care and Direct Commissioning (From 1st December 2023)	5-10	0	0	0	5-10	0	5-10

*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 are new in post or may have changed schemes in previous years this distorts the calculations.

[1]Remuneration relates to Work for Gloucestershre ICB. Non disclosed remuneration for role at Gloucestershire Care and Health NHSFT. Total remuneration received is within band (140-145)

[2]Remuneration relates to Work for Gloucestershre ICB. Employed by Gloucestershire County Council and recharged to Gloucestershire ICB

[3]Employed By G Doc Ltd and recharged to Gloucestershire ICB.

The Board includes representatives of system partners within Gloucestershire Integrated Care System. This includes the Chief Executive of Gloucestershire Hospital NHS Foundation Trust and the Chief Executive of Gloucestershire Health and Care NHS Foundation Trust who are funded by their respective organisations.

Remuneration Report for NHS Gloucestershire ICB 2022-23 (9m) (audited)

	2022/23 (9m)						
Name & Title	Salary (bands of £5,000)	Expense Payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	Sub-total (band of bands)	All Pension Related Benefits (bands of £2,500) *	Total (bands of £5,000)
Dame Gill Morgan, Chair	45-50	0	0	0	45-50	0	45-50
Mary Hutton, Chief Executive	135-140	0	0	0	135-140	0	135-140
Ellen Rule, Deputy CEO/Director of Strategy and Transformation	115-120	0	0	0	115-120	0	320-325
Cath Leech, Chief Finance Officer	105-110	0	0	0	105-110	2.5-5	105-110
Mark Walkingshaw, Director of Operational Planning & Performance	95-100	0	0	0	95-100	0	95-100
Helen Goodey, Director of Primary Care & Place [1]	80-85	0	0	0	80-85	197.5-200	275-280
Dr Marion Andrews-Evans, Chief Nursing Officer	105-110	0	0	0	105-110	0	105-110
Kim Forey, Director of Integrated Commissioning [2]	45-50	0	0	0	45-50	25-27.5	70-75
Tracey Cox, Director of People, Culture and Engagement [3]	95-100	0	0	0	95-100	27.5-30	125-130
Dr Paul Atkinson, Chief Clinical Information Officer	100-105	0	0	0	100-105	47.5-50	150-155
Dr Andy Seymour, Chief Medical Officer	110-115	0	0	0	110-115	15-17.5	125-130
Professor Joanna Coast, Non Executive Director System Resources	5-10	0	0	0	5-10	0	5-10
Professor Jane Cummings CBE RN, Non Executive Director System Quality	10-15	0	0	0	10-15	0	10-15
Colin Greaves OBE, Non Executive Director Primary Care & Direct Commissioning	10-15	0	0	0	10-15	0	10-15
Clive Lewis OBE DL, Non Executive Director Remuneration	10-15	0	0	0	10-15	0	10-15
Julie Soutter, Non Executive Director Audit	10-15	0	0	0	10-15	0	10-15
Dr Olesya Atkinson, Primary Medical Services (Primary Care Network perspective)	15-20	0	0	0	15-20	0	15-20
Dr Jo Bayley, Primary Medical Services (Primary Care Network perspective) [4]	10-15	0	0	0	10-15	0	10-15

*These figures are purely the benefits accruing to senior managers from membership of the NHS Pensions Scheme.

These are the aggregate input amounts, calculated using the method set out in section 229 of the Finance Act 2004(1). Para 10(1)(e)(ii)(cc) of sch8 of 2013/1981 (update to the Finance Act 2004):

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

[1] Remuneration relates to Work for Gloucestershre ICB. Non disclosed remuneration for role at Gloucestershire Care and Health NHSFT. Total remuneration received is within band (100-105)

[2]Remuneration relates to Work for Gloucestershre ICB. Non disclosed remuneration for role at Gloucestershire County Council. Total remuneration received is within band (90-95)

[3]Remuneration relates to Work for Gloucestershire ICB. Employment is with NHS Banes, Swindon & Wiltshire ICB and costs are recharged.

[4]Employed By G Doc Ltd and recharged to Gloucestershire ICB.

The Board includes representatives of system partners within Gloucestershire Integrated Care System. This includes the Chief Executive of Gloucestershire Hospital NHS Foundation Trust and the Chief Executive of Gloucestershire Health and Care NHS Foundation Trust who are funded by their respective organisations.

Pensions Report 2023-24 (audited)

Name & Title	2023/24							
	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2023 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000)	Cash Equivalent Transfer Value at 1 July 2022	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023	Employers contribution to stakeholder pension
Tracey Cox, Director of People, Culture and Engagement	0-0	27.5-30	60-65	175-180	1,236	125	508	22
Dr Paul Atkinson, Chief Clinical Information Officer	0-0	20-22.5	20-25	45-50	273	81	1,047	20
Marie Crofts (Yvonne), Chief Nursing Officer (from 1st January 2024)	2.5-5	15-17.5	65-70	205-210	1,251	400	920	5
Cath Leech, Chief Finance Officer	0-0	40-42.5	55-60	160-165	1,047	234	466	19
Dr Ananthakrishnan Raghuram, Chief Medical Officer (From 18th December 2023)	0-0	0-0	70-75	190-195	1,687	0	1,013	5
Ellen Rule, Deputy CEO/Director of Strategy and Transformation	0-0	15-17.5	25-30	75-80	433	28	101	8
Mark Walkingshaw, Director of Operational Planning & Performance	0-0	20-22.5	50-55	140-145	1,013	33	101	20
Helen Goodey, Director of Primary Care & Place	0-0	0-2.5	35-40	95-100	920	33	0	20

Pensions Report 2022-23 (9m) (audited)

Name & Title	2022/23 (9m)							
	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2023 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000)	Cash Equivalent Transfer Value at 1 July 2022	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023	Employers contribution to stakeholder pension
Dr Andrew Seymour, Medical Director	0-2.5	0	20-25	45-50	470	19	508	8
Cath Leech, Chief Finance Officer	0-2.5	0	50-55	105-110	1,007	16	1,047	2
Helen Goodey, Diretor of Primary Care and Locality Development	7.5-10	20-25	45-50	85-90	700	197	920	10
Kim Forey, Director of Integration	0-2.5	0	25-30	0	416	28	466	13
Mark Walkingshaw, Deputy Accountable Officer/Director Of Commissioning Implementation	0-2.5	0	50-55	110-115	978	3	1,013	10
Paul Atkinson, Chief Clinical Information Officer	2.5-5	2.5-5	20-25	20-25	226	28	273	15
Tracey Cox, Director of People, Culture and Engagement [1]	0-2.5	0	65-70	130-135	1,161	33	1,236	15
Ellen Rule, Director of Transformation and Service Redesign	Ellen rule has has opted out of the NHS pension scheme							
Mary Hutton, Chief Executive	Mary Hutton has has opted out of the NHS pension scheme							
Dr Marion Andrews-Evans – Executive Nurse & Quality Lead	Dr Andrews-Evans has opted out of the NHS pension scheme							

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 (or other allowable beneficiary'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.

Real Increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Staff Numbers

Average Contracted WTE of Staff Groupings by Occupational Code (excluding Off Payroll engagements only)	23/24			22/23 (9m)		
	Male	Female	Total	Male	Female	Total
Governing Body members	0	1	1	2	1	3
Executive Directors	3	6	9	1	6	7
Senior Manager G0 (Band 8D and Above)	7	6	13	6	8	14
Manager G1 (Band 8A, 8B, 8C)	24	37	61	24	33	57
Clerical and Admininstrative G2 (Band 7 and Below)	57	163	220	53	160	213
Nursing, midwifery and health visiting staff	3	5	8	1	3	4
Medical and dental staff	5	47	52	6	41	47
Scientific, therapeutic and technical staff	6	22	28	6	22	28
Sub Totals	**105**	**287**	**392**	**99**	**274**	**373**
Grand Total		**392**			**373**	

Staff profile (audited)

The profile of staff within the ICB, based on the average number of Whole Time Equivalent contracted in 2023-24, is as presented in the table below. This is referred to in note 4 of the Annual Accounts.

Avg No WTE contracted (including Directors & Off Payroll engagements)	23/24			22/23 (9m)		
	Director	Other Ee	Total	Director	Other Ee	Total
total Staff	9	391	**400**	7	372	**379**
of which:						
Perm	9	334	**343**	7	320	**327**
Other	0	57	**57**	0	52	**52**
of which:						
Male	3	107	**110**	1	102	**103**
Female	6	284	**290**	6	270	**276**

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

	23/24			22/23 (9m)		
	Directors £'000	Other Ees £'000	Total £'000	Directors £'000	Other Ees £'000	Total £'000
total Staff Costs	1,653	18,640	**20,293**	1,163	13,589	**14,752**
of which:						
permanent	1,653	18,069	**19,722**	1,163	12,848	**14,011**
other	-	571	**571**	-	741	**741**

Employee benefits and staff numbers (audited)

	23/24			22/23 (9m)		
	Total	Permanent Employees	Other	Total	Permanent Employees	Other
	£'000	£'000	£'000	£'000	£'000	£'000
Employee Benefits						
Salaries and Wages	20,293	19,722	571	14,752	14,011	741
Social Security Costs	2,329	2,325	4	1,513	1,513	0
Employer Contributions to NHS Pension scheme	3,757	3,749	8	2,479	2,479	0
Other Pension Costs	6	6	0	6	6	0
Apprenticeship Levy	105	105	0	52	52	0
Termination Benefits	0	0	0	0	0	0
Gross employee benefits expenditure	**26,490**	**25,907**	**583**	**18,802**	**18,061**	**741**
Total – Net admin employee benefits including capitalised costs	**26,490**	**25,907**	**583**	**18,802**	**18,061**	**741**
Less: Employee costs capitalised	0	0	0	0	0	0
Net employee benefits excluding capitalised costs	**26,490**	**25,907**	**583**	**18,802**	**18,061**	**741**

- There were no significant increases in staff groups in 2023/24
- There has been no significant awards made to past senior managers in 2023/24
- There has been no compensation on early retirement or for loss of office in 2023/24
- There has been no payments to past directors in 2023/24
- Six staff on Very Senior Manager contracts earn in excess of £150,000 pa on a pro rata basis.

Exit Packages (subject to audit)

Exit Package cost band (inc.any special payment element	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Whole numbers only	**£s**	**Whole numbers only**	**£s**	**Whole numbers only**	**£s**	**Whole numbers only**	**£s**
Less than £10,000	0	£0.00	0	£0.00	0	£0.00	0	£0.00
£10,000 - £25,000	0	£0.00	2	£40,428.18	2	£40,428.18	0	£0.00
£25,001 - £50,000	0	£0.00	0	£0.00	0	£0.00	0	£0.00
£50,001 - £100,000	0	£0.00	0	£0.00	0	£0.00	0	£0.00
£100,001 - £150,000	0	£0.00	0	£0.00	0	£0.00	0	£0.00
£150,001 - £200,000	0	£0.00	0	£0.00	0	£0.00	0	£0.00
> £200,001	0	£0.00	0	£0.00	0	£0.00	0	£0.00
TOTALS	**0**	**£0.00**	**2**	**£40,428.18**	**2**	**£40,428.18**	**0**	**£0.00**

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

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

Analysis of other departures

	Agreements	Total Value of Agreements
	Number	£000s
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice *	2	40
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval **	0	0
TOTAL	**2**	**40**

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 4.4 which will be the number of individuals.

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

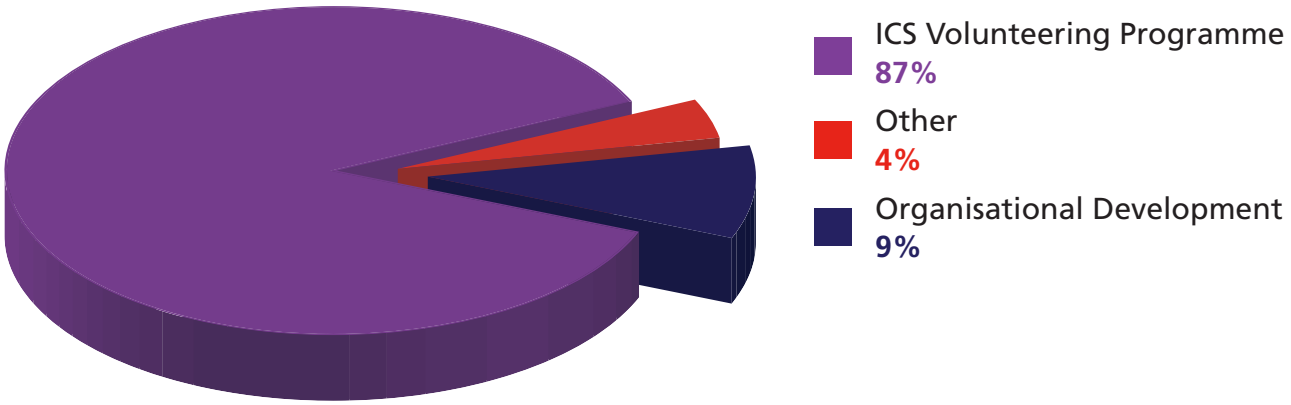
**includes any non-contractual severance payment made following judicial mediation, and 0 relating to non-contractual payments in lieu of notice

0 non contractual payments (£0) were made to individuals where the payment value was more than 12 months' of their annual salary.

The Remuneration Report includes disclosure of exit packages payable to individuals named in that Report.

Consultancy

Consultancy costs of £165k in 2023-24 were spent in the following areas:



External Audit

The ICB's external auditors are Grant Thornton UK LLP. The cost of the annual statutory audit for the period 1st April 2023 to 31st March 2024 Financial Statements was £228k. The ICB has also provided for an additional audit service from Grant Thornton of a Mental Health Investment Standard (MHIS) audit totalling £42k..

Parliamentary Accountability and Audit Report

NHS Gloucestershire ICB is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts and fees and charges are included as notes in the Financial Statements of this report. An audit certificate and report is also included in this Annual Report.

Mary Hutton

Chief Executive Officer

June 2024

The financial statements

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

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of NHS Gloucestershire Integrated Care Board (the 'ICB') for the period ended 31 March 2024, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of Schedule 1B of the National Health Service Act 2006, as amended by the Health and Care Act 2022 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the ICB as at 31 March 2024 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 2023-24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006, as amended by the Health and Care Act 2022.

Basis for opinion

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

Conclusions relating to going concern

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

In our evaluation of the Accountable Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2023-24 that the ICB's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services currently provided by the ICB. In doing so we have had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the ICB and the ICB's disclosures over the going concern period.

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

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

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

Other information

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

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

We have nothing to report in this regard.

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

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Governance Statement does not comply with the requirements of the Department of Health and Social Care Group Accounting Manual 2023-24 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 2023-24; 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 period for which the financial statements are prepared is consistent with the financial statements.

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

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

Matters on which we are required to report by exception

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

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the ICB, or an officer of the ICB, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or

is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or

- we make a written recommendation to the ICB under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

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

Responsibilities of the Accountable Officer

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

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the ICB and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as amended by the Health and Care Act 2022 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24).
- We enquired of management and the audit committee, concerning the ICB's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the audit committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the ICB's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and the occurrence and accuracy of non contracted expenditure and the existence of the associated payable. .We determined that the principal risks were in relation to:

  - Unusual journals (including journals posted by senior management and material post year end journals).
  - Manipulation of expenditure recognition using journals close to and after year end;
  - Deliberate over recognition of expenditure in order to meet agreed year end targets
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;.
  - journal entry testing, with a focus on unusual journals as defined above;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of the recognition of year-end manual expenditure accruals and related payable balances;
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members, including management override of controls through fraudulent journal postings and year end expenditure recognition. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the ICB operates
  - understanding of the legal and regulatory requirements specific to the ICB including:
    - the provisions of the applicable legislation
    - NHS England’s rules and related guidance
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The ICB’s operations, including the nature of its other operating revenue and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The ICB's control environment, including the policies and procedures implemented by the ICB to ensure compliance with the requirements of the financial reporting framework**.**

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

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

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

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the period ended 31 March 2024.

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

Responsibilities of the Accountable Officer

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

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

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

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

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

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

Report on other legal and regulatory requirements – Certificate

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

Use of our report

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

accept or assume responsibility to anyone other than the ICB and the members of the Governing Body of the ICB as a body, for our audit work, for this report, or for the opinions we have formed.

Grace Hawkins, Key Audit Partner

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

Bristol

27 June 2024

ANNUAL ACCOUNTS

Completed in accordance with the DH Group Accounting Manual 2023/24 and NHS England SharePoint Finance Guidance Library

Mary Hutton

Accountable Officer

26 June 2024

Data entered below will be used throughout the workbook:

Entity name:	NHS Gloucestershire ICB
	2023/24
Last year	2022/23 (9 Months)
This year ended	31-March-2024
Last year ended	31-March-2023
This year commencing:	01-April-2023
Last year commencing:	01-July-2022

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

Please review and adjust to local reporting requirements

Page Number

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Statement of Comprehensive Net Expenditure for the year ended 31 March 2024

	Note	2023/24 12 Months £'000	2022/23 9 Months £'000
Income from sale of goods and services	3	(53,604)	(25,368)
Other operating income	3	(110)	(2,288)
Total operating income		**(53,714)**	**(27,656)**
Staff costs	4	26,490	18,803
Purchase of goods and services	5	1,373,670	937,411
Depreciation and impairment charges	5	435	427
Provision expense	5	1,005	1,071
Other Operating Expenditure	5	746	459
Total operating expenditure		**1,402,346**	**958,171**
Finance Expense		50	4
Net Operating Expenditure		**1,348,682**	**930,519**
Other Comprehensive Expenditure		-	-
Comprehensive Expenditure for the period		**1,348,682**	**930,519**

Statement of Financial Position for the year ended 31 March 2024

	Note	Closing Balances 31/03/2024 £'000	Closing Balances 31/03/2023 £'000
Non-current assets:			
Right-of-use assets	8	2,412	285
Current assets:			
Trade and other receivables	9	13,706	6,984
Cash and cash equivalents	10	59	7
Total current assets		**13,765**	**6,991**
Total assets		**16,177**	**7,276**
Current liabilities			
Trade and other payables	11	(64,622)	(76,235)
Lease Liabilities	8	(213)	(286)
Provisions	12	(4,698)	(4,840)
Total current liabilities		**(69,533)**	**(81,362)**
Non-Current Assets plus/less Net Current Assets/Liabilities		**(53,356)**	**(74,086)**
Non-current liabilities			
Lease Liabilities	8	(2,118)	-
Provisions	12	(110)	
Total Non-Current Liabilities		**(2,228)**	**-**
Assets less Liabilities		**(55,584)**	**(74,086)**
Financed by Taxpayers' Equity			
General fund		(55,584)	(74,086)
Total taxpayers' equity:		**(55,584)**	**(74,086)**

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

The financial statements on pages 3 to 22 were approved by the Board on 26th June and signed on its behalf by:

Chief Executive Officer

Statement of Changes In Taxpayers Equity for the year ended 31 March 2024

	2023/24 (12 Months) General fund £'000	2022/23 (9 Months) General fund £'000
Changes in taxpayers' equity for 2023/24		
Balance at 01 April	(74,086)	0
Balance transferred from CCGs to ICBs under Modified Absorption accounting.	0	(51,706)
Changes in NHS Integrated Commissioning Board taxpayers' equity for 2023/24		
Net operating expenditure for the financial year	(1,348,682)	(930,519)
Net funding	1,367,184	908,140
Balance at 31 March	**(55,584)**	**(74,086)**

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

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

Statement of Cash Flows for the year ended 31 March 2024

	Note	2023/24 (12 Months) £'000	2022/23 (9 Months) £'000
Cash Flows from Operating Activities			
Net expenditure for the financial year		(1,348,682)	(930,519)
Depreciation and amortisation	5	435	427
Interest Received/(Paid)		50	4
(Increase)/decrease in trade & other receivables	9	(6,723)	(421)
Increase/(decrease) in trade & other payables	11	(11,614)	23,498
Provisions utilised	12	(1,147)	(1,783)
Increase/(decrease) in provisions	12	1,005	1,071
Net Cash Inflow (Outflow) from Operating Activities		**(1,366,676)**	**(907,722)**
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment		0	0
Net Cash Inflow (Outflow) from Investing Activities		**0**	**0**
Net Cash Inflow (Outflow) before Financing		**(1,366,676)**	**(907,722)**
Cash Flows from Financing Activities			
Grant in Aid Funding Received		1,367,185	908,140
Repayment of lease liabilities		(457)	(431)
Net Cash Inflow (Outflow) from Financing Activities		**1,366,728**	**907,709**
Net Increase (Decrease) in Cash & Cash Equivalents	10	**52**	**(14)**
Cash & Cash Equivalents at the Beginning of the Financial Year		**7**	**0**
Transfer under modified absorption 1 July 2022		0	21
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Period		**59**	**7**

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

Notes to the financial statements

Accounting Policies

NHS England has directed that the financial statements of Integrated Care Boards (ICBS) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2023-24 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Integrated Care Boards, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 **Going Concern**

These accounts have been prepared on a going concern basis.
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.
The financial statements for ICBs are prepared on a Going Concern basis as they will continue to provide the services in the future.

1.2 **Accounting Convention**

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

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

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

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 ICB has entered into a pooled budget arrangement with Gloucestershire County Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for integrated community equipment services and note 15 provides details of the income and expenditure.
The pool is hosted by Gloucestershire County Council. The ICB accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

1.5 **Operating Segments**

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

Notes to the financial statements

1.6 Revenue

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

The main source of funding for the ICBs 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 2023/24 of £1,348,682k (9 Mths 2022/23 of £930,519k) is funded by in year revenue resource allocations from NHS England. The revenue resource allocation is accounted for by crediting the general fund, but this funding is only drawn down from NHS England and accounted for, to meet payments as they fall due. The total funding credited to the general fund during the year was equal to the revenue resource allocation (see Statement of Changes to Taxpayers Equity on page 5).

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

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

1.7 Employee Benefits

1.7.1 Short-term Employee Benefits

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

1.7.2 Retirement Benefit Costs

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

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

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

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

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

1.8 Other Expenses

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

1.9 Grants Payable

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

1.10 **Leases**

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

1.10.1 **The ICB as Lessee**

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

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

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

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

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 - Leases if they meet the definition of a lease in all aspects apart from containing 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 ICB's cash management.

1.12 **Provisions**

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

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

Notes to the financial statements

1.13 **Non-clinical Risk Pooling**

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

1.14 **Financial Assets**

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

1.14.1 **Financial Assets at Amortised cost**

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

1.15 **Financial Liabilities**

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

1.16 **Value Added Tax**

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

1.17 **Losses & Special Payments**

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

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

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

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

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

1.18.2 **Sources of estimation uncertainty**

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

1.19 **Gifts**

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

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

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

● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted.

2 Financial performance targets

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

	2023/24 (12 Months)		Met	2022/23 (9 Months)		Met
	Target	Performance	(Y/N)	Target	Performance	(Y/N)
	£'000	£'000		£'000	£'000	
Expenditure not to exceed income	1,423,379	1,402,396	Yes	978,980	958,176	Yes
Capital resource use does not exceed the amount specified in Directions	2,586	2,561	Yes	33	0	Yes
Revenue resource use does not exceed the amount specified in Directions	1,348,775	1,348,682	Yes	937,386	930,519	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	Yes	0	0	Yes
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	Yes	0	0	Yes
Revenue administration resource use does not exceed the amount specified in Directions	13,802	12,674	Yes	10,684	10,199	Yes

2.1 Performance against Resource limit	**2023/24 (12 Months)**		**2022/23 (9 Months)**	
	Revenue £000	**Capital £000**	**Revenue £000**	**Capital £000**
Notified Resource Limit	1,348,775	2,586	937,386	0
Total Other operating revenue	53,714		27,656	
Total Income	**1,402,489**	2,586	**965,042**	0
Employee benefits	26,490		18,803	
Operating costs	1,375,906	2,561	939,372	0
Total Expenditure	**1,402,396**	2,561	**958,176**	0
In Period Surplus	**93**	**25**	**6,866**	**0**
ICB Cumulative surplus brought forward	20,804		13,938	
Additional notified cumulative surplus brought forward	86		-	
Notified cumulative surplus brought forward	20,890		13,938	
In period surplus	93		6,866	
Cumulative surplus carried forward at 31 March	**20,983**		**20,804**	

The overall notified resource limit above includes specific funding for Primary Care Delegated Co-Commissioning of £120.763m (£83.779m for the 9 months of 22/23)
There is specific funding for delegated commissioning of pharmaceutical, general ophthalmic services and dentistry (POD) of £53.597m (£0 for the 9 months of 22/23)

Gloucestershire CCG ceased to exist on 30th June 2022, the prior period for these accounts is therefore a nine month period.

3. Other Operating Income

	2023/24 (12 Months) Total £'000	2022/23 (9 Months) Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	**1,099**	**1,472**
Non-patient care services to other bodies [1]	**37,866**	**23,161**
Prescription fees and charges [2]	**7,596**	**-**
Dental fees and charges [2]	**6,100**	**-**
Other Contract income	**943**	**735**
Total Income from sale of goods and services	**53,604**	**25,368**
Other operating income		
Charitable and other contributions to revenue expenditure: non-NHS	**-**	**-**
Non cash apprenticeship training grants revenue	**79**	**49**
Other non contract revenue	**31**	**2,239**
Total Other operating income	**110**	**2,288**
Total Operating Income	**53,714**	**27,656**

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

[2] From the 1st April 2023 responsibility for commissioning pharmaceutical, general ophthalmic services and dentistry (POD) in Gloucestershire was delegated from NHSE to ICB's. In the South West region, a shared service POD hub based in Somerset ICB is used by individual delegated ICB's to action transactions.

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

	2023-24 (12 Months)			2022-23 (9 Months)		
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits						
Salaries and wages	**19,722**	**571**	**20,293**	**14,011**	**741**	**14,752**
Social security costs	**2,325**	**4**	**2,329**	**1,513**	**-**	**1,513**
Employer Contributions to NHS Pension scheme	**3,749**	**8**	**3,756**	**2,479**	**-**	**2,479**
Other pension costs	**6**	**-**	**6**	**6**	**-**	**6**
Apprenticeship Levy	**105**	**-**	**105**	**52**	**-**	**52**
Termination benefits	**-**	**-**	**-**	**-**	**-**	**-**
Gross employee benefits expenditure	**25,907**	**583**	**26,490**	**18,062**	**741**	**18,803**
Less recoveries in respect of employee benefits (note 4.1.2)	**-**	**-**	**-**	**-**	**-**	**-**
Total - Net admin employee benefits including capitalised costs	**25,907**	**583**	**26,490**	**18,062**	**741**	**18,803**
Less: Employee costs capitalised	**-**	**-**	**-**	**-**	**-**	**-**
Net employee benefits excluding capitalised costs	**25,907**	**583**	**26,490**	**18,062**	**741**	**18,803**

The ICB provided for 5 days of staff untaken annual leave at 31st March 2024. This equated to £453k (£438k 22/23) and is included in staff costs

4.2 Average number of people employed

	2023-24 (12 Months)			2022-23 (9 Months)		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**343**	**57**	**400**	327	52	379

4.3 Exit packages agreed in the financial year

	2023-24 (12 Months) Other agreed departures	
	Number	£
Less than £10,000	-	-
£10,001 to £25,000	2	40,373
£25,001 to £50,000	-	-
£50,001 to £100,000	-	-
£100,001 to £150,000	-	-
£150,001 to £200,000	-	-
Over £200,001	-	-
Total	**2**	**40,373**

Analysis of Other Agreed Departures

	2023-24 (12 Months) Other agreed departures	
	Number	£
Voluntary redundancies including early retirement contractual costs	-	-
Mutually agreed resignations (MARS) contractual costs	-	-
Early retirements in the efficiency of the service contractual costs	-	-
Contractual payments in lieu of notice	2	40,373
Exit payments following Employment Tribunals or court orders	-	-
Non-contractual payments requiring HMT approval*	-	-
Total	**2**	**40,373**

There were no Exit Packages in the 9 months for 2022/23

4.4 Pension costs

Past and present employees are covered by the provisions of the 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 the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. 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 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 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 Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and 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 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

5. Operating expenses

	2023/24 (12 Months) Total £'000	2022/23 (9 Months) Total £'000
Purchase of goods and services		
Services from other ICBs and NHS England	2,048	1,766
Services from foundation trusts	845,101	589,417
Services from other NHS trusts	15,861	11,821
Services from Other WGA bodies	9	3
Purchase of healthcare from non-NHS bodies	173,488	130,355
Purchase of social care	10,520	9,006
General Dental services and personal dental services [1]	21,868	-
Prescribing costs	112,924	81,501
Pharmaceutical services [1]	21,728	-
General Ophthalmic services [1]	5,913	-
GPMS/APMS and PCTMS	135,936	91,342
Supplies and services – clinical	1,308	1,162
Supplies and services – general	13,208	8,451
Consultancy services	165	552
Establishment	6,755	6,067
Transport	87	40
Premises	1,791	1,253
Audit fees [2]	228	210
Audit Other professional services [3]	42	18
Other professional fees	832	1,355
Legal fees	302	188
Education, training and conferences	3,477	2,855
Non cash apprenticeship training grants	79	49
Total Purchase of goods and services	**1,373,670**	**937,411**
Depreciation and impairment charges		
Depreciation - Right of Use Asset	435	427
Total Depreciation and impairment charges	**435**	**427**
Provision expense		
Provisions	1,005	1,071
Total Provision expense	**1,005**	**1,071**
Other Operating Expenditure		
Chair and Non Executive Members	191	161
Grants to Other bodies	495	270
Research and development (excluding staff costs)	36	0
Other expenditure	24	28
Total Other Operating Expenditure	**746**	**459**
Total operating expenditure	**1,375,856**	**939,368**

[1] From the 1st April 2023 responsibility for commissioning pharmaceutical, general opthalmic services and dentistry (POD) in Gloucestershire was delegated from NHSE to ICB's. In the South West region, a shared service POD hub based in Somerset ICB is used by individual delegated ICB's to action transactions.

[2] In Accordance with SI 2008 no 489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, there is no limitation of auditor liability in respect of death or personal injury, fraud or fraudulent misrepresentation by it or its employees. In all other instances a total aggregate limit of £1m applies. The external audit fee is £228,240; representing a net spend of £190,200 together with irrecoverable VAT of £38,040.

[3] Mental Health Investment Standard (MHIS) work was completed in 2023/24 in relation to the 2022/23 MHIS for both the ICB and predecessor CCG. The value of this work is £35,000 (£42,000 inclusive of VAT)

6. Transfer by absorption

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

	2023/24 (12 Months)			2022/23 (9 Months)		
	Total £'000	NHS England Parent Entities £'000	NHS England Group Entities (non parent) £'000	Total £'000	NHS England Parent Entities £'000	NHS England Group Entities (non parent) £'000
Transfer of Right of Use assets	-		-	713		713
Transfer of cash and cash equivalents	-		-	21		21
Transfer of receivables	-		-	6,563		6,563
Transfer of payables	-		-	(52,738)		(52,738)
Transfer of provisions	-		-	(5,552)		(5,552)
Transfer of Right Of Use liabilities	-		-	(713)		(713)
Net loss on transfers by absorption	**-**		**-**	**(51,706)**		**(51,706)**

There were no transfers by absorption in 2023/24. The transfers in 2022/23 relate to the creation of the creation of Gloucestershire ICB. Gloucestershire ICB was established with effect from 1 July 2022 by NHS England and Gloucestershire Clinical Commissioning Group was dissolved 30 June 2022

7.1 Better Payment Practice Code

	2023/24 (12 Months)		2022/23 (9 Months)	
	Number	£'000	Number	£'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	10,954	125,484	8,535	79,078
Total Non-NHS Trade Invoices paid within target	10,465	120,385	8,190	77,309
Percentage of Non-NHS Trade invoices paid within target	**95.54%**	**95.94%**	**95.96%**	**97.76%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	823	805,044	689	593,273
Total NHS Trade Invoices Paid within target	793	804,468	683	593,284
Percentage of NHS Trade Invoices paid within target	**96.35%**	**99.93%**	**99.13%**	**100.00%**

8. Leases

8.1 Right of Use Assets

The Right of use assets relate to the ICB's office accommodation. The ICB's new lease commenced in September 2023.

	2023/24 (12 Months)			2022/23 (9 Months)
	Land	**Buildings excluding dwellings**	**Total**	Buildings excluding dwellings
	£'000	**£'000**	**£'000**	£'000
Cost or valuation at 01 April	-	856	**856**	-
Transfer under modified absorption	-	-	**-**	856
Additions	455	2,106	**2,561**	
Disposals on expiry of lease term	-	(856)	**(856)**	
Cost/Valuation at 31 March	**455**	**2,106**	**2,561**	856
Depreciation 01 April	-	570	**570**	-
Transfer under modified absorption	-	-	**-**	143
Charged during the year	27	408	**435**	428
Disposals on expiry of lease term	-	(856)	**(856)**	
Depreciation at 31 March	**27**	**122**	**149**	571
Net Book Value at 31 March	**428**	**1,984**	**2,412**	285

8.2 Lease Liabilities

2023/24	**2023/24 (12 Months) £'000**	**2022/23 (9 Months) £'000**
Lease liabilities at 01 April 2023	(286)	-
Transfer under modified absorption	-	(714)
Additions	(2,451)	-
Interest expense	(50)	(4)
Repayment of lease liabilities (capital and interest)	457	431
other	-	-
Lease liabilities at 31 March 2024	**(2,331)**	**(286)**

8.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	2023/24 (12 Months)	**2022/23 (9 Months)**
	£'000	**£'000**
Within one year	(291)	(287)
Between one and five years	(1,164)	-
After five years	(1,285)	-
Balance at 31 March	**(2,740)**	**(287)**
Effect of discounting	410	1
Included in:		
Current lease liabilities	(213)	(286)
Non-current lease liabilities	(2,118)	-
Balance at 31 March	**(2,331)**	**(286)**

The Lease liability is leased from Gloucestershire County Council

8.4 Amounts recognised in Statement of Comprehensive Net Expenditure

	2023/24 (12 Months) £'000	2022/23 (9 Months) £'000
Depreciation expense on right-of-use assets	435	427
Interest expense on lease liabilities	50	4

8.5 Amounts recognised in Statement of Cash Flows

	2023/24 (12 Months) £'000	2022/23 (9 Months) £'000
Total cash outflow on leases under IFRS 16	457	431

9 Trade and other receivables

	Closing Balance 31/03/2024 £'000	Closing Balance 31/03/2023 £'000
NHS receivables: Revenue	840	2,528
NHS accrued income	4,692	350
Non-NHS and Other WGA receivables: Revenue	427	689
Non-NHS and Other WGA prepayments	402	1,598
Non-NHS and Other WGA accrued income	1,427	1,475
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	5,372	-
Expected credit loss allowance-receivables	(57)	(57)
VAT	603	399
Other receivables and accruals	0	2
Total Trade & other receivables	**13,706**	**6,984**
Total current and non current	**13,706**	**6,984**

9.1 Receivables past their due date but not impaired

	31/03/2024		31/03/2023	
	DHSC Group Bodies £'000	Non DHSC Group Bodies £'000	DHSC Group Bodies £'000	Non DHSC Group Bodies £'000
By up to three months	38	127	984	276
By three to six months	-	3	-	7
By more than six months	-	49	-	24
Total	**38**	**179**	**984**	**307**

10 Cash and cash equivalents

	2023/24 (12 Months) £'000	2022/23 (9 Months) £'000
Balance at 01 April	7	-
Balance on transfer under modified absorption		21
Net change in year	52	(14)
Balance at 31 March	**59**	**7**
Made up of:		
Cash with the Government Banking Service	59	7
Cash and cash equivalents as in statement of financial position	**59**	**7**
Balance at 31 March	**59**	**7**

11 Trade and other payables	Closing Balance 31/03/2024 £'000	Closing Balance 31/03/2023 £'000
NHS payables: Revenue	**3,054**	883
NHS accruals	**656**	13,344
Non-NHS and Other WGA payables: Revenue	**6,013**	12,681
Non-NHS and Other WGA accruals	**50,334**	43,255
Non-NHS and Other WGA deferred income	**-**	1,703
Social security costs	**282**	277
Tax	**275**	272
Other payables and accruals	**4,008**	3,820
Total Trade & Other Payables	**64,622**	**76,235**
Total current and non-current	**64,622**	**76,235**

Other payables include £1,656k outstanding pension contributions at 31st March 2024 (£1,289k at 31st March 2023)

12 Provisions

	Closing Balance 2023-24	Closing Balance 2022-23
Current	**£'000**	**£'000**
Continuing care	975	975
Other	3,688	3,830
Legal Claims	35	35
Total	**4,698**	**4,840**
Non Current		
Other	110	-
Total current and non-current	**4,808**	**4,840**

	2023/24 (12 Months)				2022/23 (9 Months)			
	Continuing Care	**Other**	**Legal Claims**	**Total**	Continuing Care	Other	Legal Claims	Total
	£'000	**£'000**	**£'000**	**£'000**	£'000	£'000	£'000	£'000
Balance transferred at 01 July	**976**	**3,830**	**35**	**4,840**	873	3,388	1,291	5,552
Arising during the year	488	769	-	**1,257**	262	1,551	35	1,848
Utilised during the year	(489)	(659)	-	**(1,147)**	(160)	(709)	(914)	(1,783)
Reversed unused	-	(142)	-	**(142)**	-	(400)	(377)	(777)
Balance at 31 March	**975**	**3,798**	**35**	**4,808**	975	3,830	35	4,840
Expected timing of cash flows:								
Within one year	975	3,688	35	**4,698**	975	3,830	35	4,840
Between one and five years	-	-	-	**-**	-	-	-	-
After five years	-	110	-	**110**	-	-	-	-
Balance at 31 March	**975**	**3,798**	**35**	**4,808**	975	3,830	35	4,840

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

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

The claims outstanding at 31 March 2024 are expected to be paid within the 2024/25 financial year.

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

- an increase in the provision relating to practices following a review of increasing risks in this area.
- a reversal of provisions relating to a potential primary care development issue

13 Financial instruments

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

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

13.1.1 Currency risk

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

13.1.2 Interest rate risk

The Integrated Care Board 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 Integrated Care Board therefore has low exposure to interest rate fluctuations.

13.1.3 Credit risk

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

13.1.4 Liquidity risk

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

13.1.5 Financial Instruments

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

13.2 Financial assets

	Financial Assets measured at amortised cost 2023/24 (12 Months) £'000	Financial Assets measured at amortised cost 2022/23 (9 Months) £'000
Trade and other receivables with NHSE bodies	1,028	2,717
Trade and other receivables with other DHSC group bodies	5,313	1,497
Trade and other receivables with external bodies	6,418	830
Other financial assets	-	-
Cash and cash equivalents	59	7
Total at 31 March 2024	**12,818**	**5,051**

13.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2023/24 (12 Months) £'000	Financial Liabilities measured at amortised cost 2022/23 (9 Months) £'000
Trade and other payables with NHSE bodies	366	736
Trade and other payables with other DHSC group bodies	3,412	13,505
Trade and other payables with external bodies	62,164	59,591
Total at 31 March 2024	**65,942**	**73,832**

14 Operating Segments

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

15 Pooled budgets

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

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

	2023/24 (12 Months) £000	2022/23 (9 Months) £000
Income	(5,087)	(3,593)
Expenditure	5,087	3,593

16 Losses and special payments

16.1 Losses

There were two losses incurred by NHS Gloucestershire in 2023/24 totalling £1k. This relates to a small staff overpayment and a book keeping loss.

16.2 Special Payments

There were no special payments in 2023/24.

17 Events after the end of the reporting period

There are no events after the end of the reporting period

18 Related party transactions

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

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

The ICB has a number of Non Executive members, one of these members, Ayesha Janjua, works for NHS Arden and Gem Commissioning Support Unit. Arden and Gem carry out some work with BDO LLP who are the ICB's internal auditors, The ICB has taken steps to ensure that any conflicts of interest are managed and Ayesha Janjua does not sit on the ICB Audit Committee or have any involvement in the internal audit contract. The amount payable to BDO LLP in 23/24 is £68,400 on an accruals basis. There was no expenditure with Arden and Gem.
The ICB Board includes Partner Member who are jointly nominated by the NHS Foundation Trusts and Primary Care which provide services for the purposes of the health service within the ICB's area. The relevant trusts are Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Health and Care NHS Foundation Trust and South Western Ambulance Service NHS Foundation Trust. As such, the Chairs and Chief Executives of Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care NHS Foundation Trust sit on the ICB Board and the Chair of South Western Ambulance Service NHS Foundation Trust. In addition, Gloucestershire primary care providers have nominated two representatives, Dr Oleysa Atkinson (GP partner at Berkeley Place Surgery, Cheltenham) as Board Participant and Dr Jo Bayley (works for G-Doc primary care provider) as Partner Member.

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

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

The Declaration of Interest register can be found on our website.

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