

Governing Body

Meeting to be held at 2pm on Thursday 23 May 2019
in the Board Room, Sanger House, Brockworth, Gloucester GL3 4FE

AGENDA

No.	Item	Lead	Recommendation
1	Apologies for absence	Chair	
2	Declarations of interest	Chair	
3	Minutes of the Meeting held on 28 March 2019	Chair	Approval
4	Matters Arising	Chair	Discussion
Statutory Annual Reports – To follow			
5	Final Accounts 2018/19 -Cover-paper - Final Accounts - Letter of Representation	Cath Leech	Approval
6	External Audit – Assurances from Management and those charged with Governance	Cath Leech	Discussion
7	Annual Report 2018/19	Mary Hutton	Discussion
Standing Items and Update Reports			
8	Public Questions	Chair	Information
9	Clinical Chair's Update Report	Andy Seymour	Information
10	Accountable Officer's Update Report	Mary Hutton	Information
11	Performance Report	Cath Leech	Discussion
12	ICS Update Report	Mary Hutton	Discussion

13	Quality Report	Marion Andrews-Evans	Discussion
14	Working Together	Andy Dempsey, Annette Blackstock	Discussion
Items for Approval:			
15	CCG Annual Budget Update 2019/20	Cath Leech	Approval
16	Audit & Risk Committee Annual Report	Colin Greaves	Approval
Items to Note:			
17	Primary Care Commissioning Committee Minutes	Alan Elkin	Information
18	Governance and Quality Committee Minutes	Julie Clatworthy	Information
19	Audit & Risk Committee Minutes	Colin Greaves	Information
20	Any Other Business (AOB)	Chair	
Date and time of next meeting: Thursday 25 th July 2019 at 2pm in Board Room at Sanger House			

**Gloucestershire Clinical Commissioning Group
Governing Body Minutes of the Meeting Held
at 2:00pm on 28 March 2019
Board Room, Sanger House**

Members Present:		
Dr Andy Seymour	AS	Clinical Chair
Mary Hutton	MH	Accountable Officer
Mark Walkingshaw	MW	Deputy Accountable Officer, Director of Commissioning Implementation
Dr Hein Le Roux	HLR	Deputy Clinical Chair
Dr Caroline Bennett	CB	GP Liaison Lead – North Cotswold
Dr Alan Gwynn	AG	GP Liaison Lead – South Cotswold Locality
Colin Greaves	CG	Lay Member, Governance
Alan Elkin	AE	Lay Member, Patient and Public Experience
Cath Leech	CL	Chief Finance Officer
Jo Davies	JD	Lay Member, Patient and Public Experience
Peter Marriner	PM	Lay Member, Business
Julie Clatworthy	JC	Registered Nurse
Dr Lesley Jordan	LJ	Secondary Care Doctor
Sarah Scott	SS	Director of Public Health, GCC
Dr Marion Andrews-Evans	MAE	Director of Nursing and Quality Lead
Dr Sheena Yerburgh	SY	GP Liaison Lead – Shroud and Berkeley Vale
Dr Will Miles	WM	GP Liaison Lead – Cheltenham Locality
Kelly Matthews (<i>Deputising for Ellen Rule</i>)	KM	Deputy Director of Transformation and Service Redesign
Helen Edwards (<i>Deputising for Helen Goodey</i>)	HE	Associate Director of Locality Development and Primary Care

Jeremy Welch	JW	GP Liaison Lead - Tewkesbury, Newton and Staunton
Lawrence Fielder	LF	GP Liaison Lead - Forest of Dean
Will Haynes	WH	GP Liaison Lead - Gloucester Locality
Kim Forey	KF	Director of Integration
In Attendance:		
Gerald Nyamhondoro	GN	Corporate Governance Administrator (taking minutes)
Emma Savage (Agenda Item 5)	ES	Associate Director – Clinical Programmes
Christina Gradowski	CGi	Associate Director of Corporate Affairs
Colin Freeman (Agenda Item 5)	CF	Patient's Story
Dorothy Freeman (Colin Freeman's Spouse) as above	DF	Patient's Story
Graham Mennie (Agenda Item 5)	GM	GP Lead, Clinical Programmes
Helen Smith (Agenda Item 5)	HS	Royal National Institute of Blind People
Becky Parish (Agenda Item 13)	BP	Associate Director Quality Engagement and Experience
Emily Beardshall (Agenda Item 12)	EB	Deputy ICS Programme Director
One member of the public attended the meeting.		

1.	Apologies
1.1	Apologies were noted from Helen Goodey, Margaret Willcox and Ellen Rule.
1.2	The meeting was confirmed as quorate.
2.	Declarations of Interest
2.1	AS disclosed that he had an interest as a partner in the Aspen

	Medical Practice and therefore declared an interest in Agenda Item 10. The Governing Body ruled that there were no decisions being taken at the meeting which would benefit AS, or which would be prejudicial to the CCG's position; therefore AS was not required to remove himself from the meeting or from Agenda Item 10.
3.	Minutes of the Governing Body of the meeting held on 31 January 2019
3.1	Minutes of the Governing Body of the meeting held on 31 January 2019 were approved.
4.	Matters Arising
4.1	26/07/18, Item 4.1: Performance Report – IAPT appointments. AS requested that the data be brought to the next meeting. Actioned. Item closed.
4.2	26/07/18, Item 16.3: A request was made to place Adverse Childhood Experiences on the GSF meeting. The next conference was scheduled for June 2020. Item closed.
4.3	26/07/18, Item 12.1: Operating Plan document. AS advised that this would be considered in a closed session. Item closed.
4.4	26/07/18, Item 15.1: The new Children and Families Partnership Framework. This would be brought to a future development session by SS. CGi was requested to liaise with SS. Item to remain open.
4.5	04/10/18, Item 5:10: Public Health. A Frailty Needs Analysis for the county was being designed and developed, and CGi stated that a paper had been circulated. Jane Haros (JH) confirmed that she would attend a future Governing Body Business Session. She had requested that this be postponed to the latter part of the year September onwards because an evaluation of the service was still in progress. Item closed.

5.	Patient Story
5.1	GM introduced the 'Patient Story'. GM came to the meeting in the company of patient CF and CF's spouse DF. They were also accompanied by HS from the Royal National Institute for the Blind (RNIB).
5.2	GM explained that he had learnt from experience accumulated over the course of his career that conventional eye medical practice was not always the panacea to people living with blindness. GM further explained that his interest in the employment of social tools as health and wellbeing aids developed when he previously saw a patient's life fall apart when traditional medical treatment reached its limit without delivering the desired outcome. GM described how he now subsequently took a more integrated social approach to empower that patient.
5.3	GM stated that his subscribing to social tools as a driver for change in health and social wellbeing resulted in GM sharing his vision with the Eye Health Clinical Care Group which culminated in the creation of a social driven model of care of which CF was a beneficiary.
5.4	CF told his story and explained that about three years before, he had been diagnosed with diabetes and subsequently, during regular eye screening, he was diagnosed with macular degeneration. In addition to these conditions, CF suffered heart and renal problems. The eye condition required regular visits to the eye clinic at Gloucester Royal Hospital for monitoring and to receive regular injections. in order to help prevent total blindness. CF now lived with residual vision.
5.5	Ophthalmology services worked in partnership with the RNIB to provide an integrated health and social wellbeing support for CF. CF stated that he liked reading and loved his independence. His biggest concern was that of not being able to read any more, but through the support of RNIB he now had talking books and a talking version of the Gloucestershire Citizen newspaper. CF concluded his story by

	stating that he was now able to follow the news. He was grateful to the medical professionals and Eye Clinic Liaison Officers (ECLO) who supported his independence.
5.6	As and MH both thanked CF for sharing his story with the Governing Body. MH added that it was encouraging to hear from a patient about the confidence and high regard they had in Ophthalmology services. PM encouraged HS to share the work of the ECLO with the CCG and ICS partners. HS from the RNIB commented that the CCG had been enormously helpful.
5.7	JW emphasised that such a new model and platform described in the 'Patient Story' should get wider publicity. He expressed concern that he as a GP he was not aware of the full scope of this new social model, which evidently produced commendable outcomes as demonstrated in the 'Patient Story'. HS stated that it was important that the ECLOs became integrated into the eye clinics. She added that ECLOs should participate in the creation of referral pathways into services identifying the patients with priority needs.
5.8	WM emphasised that there was a need to further explore the 'Patient Story' and the points raised by HS so as to derive more benefits and a wider range of outcomes for Gloucestershire. AS concurred that there was need for follow-up and the revisiting of the matter.
5.9	<u>RESOLUTION:</u> The Governing Body noted the Patient Story.
	<i>CF, DF, Helen Smith and Graham Mennie left at 14:25pm.</i>
6.	Public Questions
6.1	There were no questions from members of the public.
7.	Clinical Chair's Report

7.1	<u>Primary Care Strategy Report</u>
7.1.1	AS presented the Clinical Chair's report and explained that the county was remodelling from a 16-cluster model to a 14 Primary Care Network (PCN) model. AS added that PCNs were linked to the Long Term Plan (LTP) and Gloucestershire was amongst the market leaders in driving forward development of PCNs. The PCNs would be able to measure their performance through a new national Network Dashboard. AS advised that work was ongoing at practice level to formalise PCNs and identify Clinical Director leads.
7.1.2	AS also stated that the CCG had the responsibility of ensuring that every patient was covered by a PCN. AS explained that PCNs will deliver improved services through a greater skill mix including paramedics, advanced physiotherapists and nurses. AS further stated that PCNs nationally would potentially benefit from a projected estimate of 20,000 or more additional staff by 2023/24.
7.2	<u>Improved Access</u>
7.2.1	AS commended the positive outcomes regarding improved access and he advised that in the nine months since April 2018 there were nearly 84,000 additional appointments across the county with a utilisation rate of up to 85%.
7.3	<u>Workforce</u>
7.3.1	AS outlined the Next Generation GP Scheme. AS explained that the CCG, in collaboration with the GP Training Hub, drove the Next Generation GP Scheme through organising events and inviting high profile speakers such as Nick Harding (Senior Medical Adviser, NHSE) to come to Gloucestershire and address the next generation of GPs.
7.3.2	AS stated that one way to keep GPs informed about all of the opportunities in Gloucestershire was to utilise the Primary Care

	Workforce Centre website, which was being developed by the Primary Care Training Hub (formally CEPN) as an information dissemination platform.
7.4	<u>Care Quality Commission (CQC) Inspections</u>
7.4.1	AS stated that the majority of Gloucestershire GP practices had been given a CQC good rating with four practices rated 'outstanding' and only one 'requiring improvement'.
7.5	<u>RESOLUTION:</u> The Governing Body noted the Clinical Chair's report.
8.	Accountable Officer's Report
8.1	MH presented the Accountable Officer's report and stated that there was an improvement in the way that local health and care services were shaping dementia services. She added that HLR was driving the improvement of dementia services. HM further added that Gloucestershire had a dementia diagnosis rate of 67.4% (above the national target set by NHS England).
8.2	MH stated that the provider for services to unpaid carers in Gloucestershire was changing from Carers Gloucestershire to PeoplePlus starting from 1 April 2019. Further updates would be given in the May 2019 report. MH further stated that the Complex Care at Home Service which had been running in Cheltenham and Gloucester since April 2018 was being extended to the Forest of Dean.
8.3	MH explained that the CCG was offering Cinapsis to GPs and nurse referrers using a new software interface for mobile and fixed devices which supported both urgent and planned care referrals. This new interface was developed in partnership with local GPs to guarantee local relevance and efficacy. The initial phase was rolled out for acute medical referrals and subsequent coverage would be extended to

	other urgent care specialities.
8.4	MH noted that the 'Stop! Think' campaign which was a drive to keep A&E clear for real accidents had been launched in the county. Social media was being harnessed as an aiding tool. MH informed members that the CCG was employing social media in its knowledge dissemination drive and there had been a huge uptake on Facebook. MH also advised members that the National Diabetes Prevention Programme was running well. MH acknowledged the significant pressures on the system and the need to further develop campaign tools.
8.5	MH stated that the Long Term Plan (LTP) set out the CCG's vision for Gloucestershire for the next ten years, and she emphasised the need for involvement of the public in the planning of long term health services. MH suggested that members should actively encourage public participation and come along to engagement events.
8.6	MH advised members that Nick Relph had been appointed as interim Chair of the ICS for the next six months. Part of Nick's role was to make sure that the LTP met Gloucestershire's long term needs.
8.7	<u>RESOLUTION:</u> The Governing Body noted the Accountable Officer's report.
9.	Performance & Finance Report
9.1	MW delivered the performance part of the Performance & Finance report and summarised as follows: <ul style="list-style-type: none"> • The overall improvement in performance during 2018/19 had continued but there continued to be concern in relation to a number of the key NHS Constitution standards. • System 4-hour performance maintained at a rate of 90%. • Acute emergency services in Gloucestershire and Cheltenham came under increased pressure in February.

	<ul style="list-style-type: none"> • Category 1 ambulance performance improved in February with an average time of 6.8 minutes response time, thus meeting the national standard. • Gloucestershire endeavoured to minimise delays in patient discharges from hospitals and community hospitals. February statistics showed a delayed transfer rate of 2.4% and this was within the 3.5% maximum tolerance. This was demonstration of evidence of the commitment of all partners to tackle discharge delays. • Planned Care diagnostic standard showed good performance and achievement of the standard in February. • Cancer performance remained challenging and there was need to continue to redesign aspects of cancer services. Measures taken to reverse poor performance included: <ol style="list-style-type: none"> 1. Stronger drive to improve 2-week performance. 2. Multidisciplinary teams (MDT) to be sited in one office. 3. Running workshops to focus on tertiary referrals. 4. Additional clinics. • Improving Access to Psychological Therapies (IAPT) continued to show improved performance against the agreed trajectories. It was agreed that this should be viewed in the context of a dedicated group of professionals facing high levels of demand. • Continuing Healthcare (CHC) performance remained below the national standard and action was being taken to improve performance.
9.2	<p>MAE explained that the CHC team was working hard to improve performance. They worked in a highly challenging environment and under significant pressure.</p>
9.3	<p>AS expressed concern that maternal smoking at delivery had gone up despite the high level of investment for pregnant women to encourage them to give up smoking. SS agreed to investigate.</p>

	AS also raised concern about the GI cancer breaches.
9.4	JW queried the metrics showing favourable IAPT 6-week performance which he felt was not consistent with his experience. JW commented that his practice had patients waiting longer than 6 weeks, which appeared to undermine the statistics presented. MW asked JW to share the detail of his patients experience with the mental health team so that this could be investigated.
9.5	<p>CL delivered the financial part of the Performance & Finance report and summarised as follows:</p> <ul style="list-style-type: none"> • Gloucestershire CCG was forecasting to achieve the planned in year position of breakeven with a cumulative surplus of £21,465m. • The CCG was forecasting material overspends in CHC. • A prescribing forecast underspend of £2.5m was included within the current forecast. Furthermore, work was ongoing to assess the implications on No Cheaper Stock Obtainable (NCSO), national Category M price increases and recent changes to over the counter prescribing medicines. • All recurrent and non-recurrent reserves had now been utilised to cover recognised pressures and risks; hence additional mitigations would need to be identified to offset further pressures. • The 2018/19 contract value for GHFT was £316.765m. The original contract was a block contract for all points of delivery (POD). A contract variation of £391,000 for the changed musculoskeletal phase 1 & 2 pathways had also been added to the contract.
9.6	<u>Savings Plan</u>
9.6.1	<p>CL outlined the Savings Plan as follows:</p> <ul style="list-style-type: none"> • The 2018/19 Savings Plan totalled £18.602m. Savings

	<p>schemes developed included opportunities identified through conventional benchmarking and national RightCare comparisons.</p> <ul style="list-style-type: none"> • The Savings Plan for 2018/19 covered all the main STP delivery priorities. As at month 11, slippage amounted to 7.1% (£1.320m) of the programme after accounting for actions and mitigations. The main slippage areas were changes to policy (IFR / CBA), Pre-Op Healthy Lifestyles and Out of County contracts. • RightCare was an integral part of the savings programme for 2018/19 with a minimum of 38.7% (£7.2m) of the programme aligned to RightCare. • The development of a savings plan for 2019/20 continued to be progressed with the focus being on impact analysis.
9.7	<u>RESOLUTION:</u> The Governing Body noted the Performance & Finance report.
10.	Quality Report
10.1	MAE delivered the Quality report and defined ‘Serious Incidents and Never Events’. MAE shared information on a ‘Never Event’ which had occurred recently. The event involved wrong site surgery at GHFT. MAE commended CB’s support in investigating and reviewing the matter.
10.2	<p>MAE outlined overall themes identified from ‘Serious Incidents’ (SI) as follows:</p> <ul style="list-style-type: none"> • GHFT SIs appeared to relate to system issues rather than poor care. Themes included delays and missed opportunities. • GCS SIs themes included infection and poor catheter care. The incidents were relatively low, but this was being monitored closely. • At 2g NHS Foundation Trust, the majority of SIs related to self-harm events involving hanging and jumping.

10.3	<p>MAE advised members on recent Patient Advice and Liaison Service (PALS) issues raised by patients. Patients of the Aspen Medical Centre raised a complaint about poor access and responsiveness. MAE added that accessing appointments, prescriptions and excessive waiting times on the telephone were cited as the main problems. MAE further stated that the CQC had been contacted by patients and the above mentioned problems formed part of the CQC recent inspection and a detailed programme of actions had now been implemented.</p>
10.4	<p><u>Infection Control</u></p> <p>MAE outlined that:</p> <ul style="list-style-type: none"> • A review group was set up to monitor the management of Methicillin-Resistant Staphylococcus Aureus (MRSA). The group was led by a Public Health consultant and had a wide representation from health providers. The infection control outcomes were favourable. • Clostridium Difficile Infections (CDI) threshold for the year were 156 cases, and at the time of presenting the report, recorded cases were 173. Hence they were above threshold. 32% of the cases were hospital acquired. Action was being taken to reduce these infections. • E.coli infections had a threshold of 148 cases but recorded infections were 267, thus significantly higher than the set target.
10.5	<p>MAE concluded on infection control by stating that the CCG Flu Plan for the year was more effective than that of the previous year. MAE added that the CCG had started planning for the following year's vaccinations.</p>
10.6	<p>MAE stated that the CQC inspection of GHFT took place in October 2018, followed by another visit in November. MAE advised members that the overall rating for the Trust was 'Good', with 'Responsiveness'</p>

	identified as 'Requiring Improvement' to which GHFT responded by putting in place a Quality Improvement Action Plan.
10.7	MAE explained that GCS had cautioned that they were at risk of failing to meet their improvement target regarding the mandatory training and completion of Personal development Reviews (PDRs). 2g NHS Foundation Trust reported that good progress had been made on the implementation of corrective action in relation to the CQC Action Plan. The CQC informed the Trust that they would be subsequently undertaking a thematic review in respect of restraint, seclusion and segregation.
10.8	MAE stated that care homes and primary care received good CQC ratings. The few gaps identified in some practices had been addressed. AE expressed concern regarding the low uptake of vaccines for measles, mumps and rubella (MMR) and he questioned as to whether employing social media could provide an outreach platform for MMR vaccinations and thus improve uptake.
10.9	MAE explained that the challenge faced in the administration of MMR vaccine lay in that parts of the county population had reservations regarding MMR vaccination. MAE however clarified that the population did not appear to have a similar attitude to other vaccines. The flu vaccine was not associated with a negative perception, but the problem identified was that the working age group was not accessing the flu vaccine.
	<i>Kim Forey joined the meeting at 15:15pm</i>
10.10	LF concurred that there was need to drive through social media, a cultural change targeted at young people. SS suggested that visiting schools to engage young people on matters of health would complement social media.
10.11	<u>RESOLUTION:</u> The Governing Body noted the Quality report.
11.	Integrated Locality Partnerships across Gloucestershire (ILPs)

11.1	HE presented the report and clarified that the CCG Governing Body was being asked to approve the introduction of ILPs across the county from April 2019. HE also explained that the Boards of 2g NHS Foundation Trust and GCS would be asked for approval at their respective meetings.
11.2	HE added that the team were in the process of introducing Integrated Locality Partnerships (ILPs) across the county and already had three pilots running. HE explained that over the last three months there had been significant engagement with the District Council, 2g, GCS and the Health and Wellbeing Board, as well as good interaction with Chief Executives/Directors.
11.3	<p>HE stated that the proposal for ILPs was as follows:</p> <ul style="list-style-type: none"> • Cotswolds encompassing two PCNs; • Forest of Dean with one PCN; • Tewkesbury with one PCN; • Gloucester with four PCNs; • Stroud and Berkeley Vale with three PCNs. • Cheltenham with three PCNs. <p>It was noted that PCNs would help drive the delivery of the Long Term Plan (LTP).</p>
11.4	HE explained that the development of Integrated Locality Partnerships (ILPs) and PCNs would be the mechanism for the delivery of place-based care; underpinning a fundamental shift in the delivery of care in the county. HE emphasised that PCNs and ILPs would constitute the “system architecture” that enabled the delivery of the LTP.
11.5	HE explained the role of ILPs was to bring together ICS partners at a local level to provide the strategic direction and oversight of the PCNs. HE added that this would require the CCG to engage strategically with the council and other public health partners.

	<i>Becky Parish joined the meeting at 15:30pm.</i>
11.6	MH emphasised that the CCG had a huge task of moving the PCN and ILB projects forward in a way that delivered the objectives of the ICS, and this required a calculated steady pace.
11.7	AS advised that primary care had up to 15 May to agree to set up their respective PCNs. AG cautioned that there were practical risks inherent at the implementation stage, regarding the alignment of PCNs interests with those of ICS interests, which should not be underestimated.
11.8	<u>RESOLUTION:</u> The Governing Body approved the introduction of ILPs across the county from April 2019.
12.	Integrated Care System (ICS) Update
12.1	<p>EB delivered the Integrated Care System (ICS) update and summarised as follows:</p> <ul style="list-style-type: none"> • Enabling Active Communities programme was centred on supporting community capacity and working with the voluntary sector. • The development of the Gloucestershire Prevention and Shared Care Plan, led by Public Health, aimed to reduce the health and wellbeing gap. It was designed to recognise that more systematic prevention was critical in order to reduce the overall burden of disease in the population. • Public Health England was in the process of commissioning guidance for workplace wellbeing accreditation schemes. The Gloucestershire scheme being created by the Gloucestershire County Council Public Health team and Healthy Lifestyles was expected to be operational by April 2019. • There was increased focus on Gloucestershire’s Mental Health Trailblazer programme, with detailed proposal to expand

	access to mental health care for children and young people by providing additional support through schools and colleges and reducing waiting times for treatment.
12.2	MH stated that it was necessary to support the redesigning of Gloucestershire Hospitals Trust Outpatient processes and the system will look at the four specialities of Dermatology, Rheumatology, Neurology and Diabetes. The outcome of such support would reduce collective cost pressures and promote realignment with ICS goals.
12.3	<u>RESOLUTION:</u> The Governing Body noted the Integrated Care System (ICS) Update.
13.	An Open Culture: Engagement –Equality - Experience
13.1	BP stated that the report highlighted the work which the CCG undertook toward meeting its general Public Sector Equality Duty through engagement with patients, carers, staff and communities.
13.2	<u>Annual Report</u>
13.2.1	BP summarised that the purpose of the Public Sector Equality Duty (2011) was to: <ul style="list-style-type: none"> • Fight unlawful discrimination, harassment and victimisation • Advance equality of opportunity between people • Foster good relations between people who share a protected characteristic and those who do not.
13.3	<u>Information and Communication</u>
13.3.1	BP stated that the CCG was using its Information Bus to host a frailty roadshow around the county and providing resources to increase knowledge and confidence in managing frailty. BP explained that the frailty roadshows followed identification of specific areas that reflected South Western Ambulance Service Foundation Trust (SWAST) data on highest admission rates for people with frailty could be rephrased

	BP added that the bus was specifically targeting support for people with disabilities and long-term conditions; including their families and friends.
13.4	<p><u>RESOLUTION:</u> The Governing Body:</p> <ul style="list-style-type: none"> • Approved the Open Culture: Engagement, Equality and Experience Annual report of 2018. • Noted the Primary Care report. • Noted the Local Authority Health Profile of 2018. • Noted the Patient Experience report. • Noted the Information and Communication report.
14.	The Governing Body Assurance Framework Report
14.1	CL presented the report and advised that the Quality directorate requested the inclusion of risks Q22 and Q23. Risk Q22 derived from SWAST's identification of a risk in the South West to patients, due to 'call stacking'. This risk was rated as 12 (Amber). Risk Q23 derived from the uncertainty surrounding EU-Exit. There was a risk that some areas of healthcare delivery would be affected. This risk was rated as 12 (Amber).
14.2	CL also stated that the Transformation directorate requested the inclusion of risk T20. CL explained that risk T20 derived from factoring a possible delay in the implementation of changes to pathways, through the Clinical Programme Approach, which could result in failure to deliver the anticipated outcomes. This risk was rated as 12 (Amber).
14.3	CGi advised that risks that were 12 and above were material risks and would be factored into the CCG risk strategic plans. CG added that there was a current risk appetite debate and reflection driven by the need to realign the CCG's risk appetite, with the need for innovation necessary to drive forward better health outcomes.
14.4	<u>RESOLUTION:</u> The Governing Body noted the contents of the Governing Body Assurance Framework report.

15.	Primary Care Commissioning Committee Minutes 29 November 2018
15.1	AE presented the Primary Care Commissioning Committee minutes of the meeting held on Thursday 29 November 2018
15.2	<u>RESOLUTION:</u> The Governing Body noted the contents of the Primary Care Commissioning Committee minutes.
16.	Quality & Governance Committee Minutes 13 December 2018
16.1	JC presented the Quality & Governance Committee minutes of the meeting held on Thursday 13 December 2018.
16.2	<u>RESOLUTION:</u> The Governing Body noted the contents of the Quality & Governance Committee minutes.
17.	Audit & Risk Committee Minutes 11 December 2018
17.1	CG presented the Audit & Risk Committee minutes of the meeting held on Tuesday 11 December 2018
17.2	<u>RESOLUTION:</u> The Governing Body noted the contents of the Audit & Risk Committee minutes.
18.	Any Other Business
18.1	There was no other business to consider.
	The meeting was closed at 16:05 pm
	Date and time of the next meeting: The next meeting will be held at 2:00pm on Thursday 23 May 2019, in the Board Room, Sanger House.

Minutes Approved by Gloucestershire Clinical Commissioning Group
Governing Body:

Signed (Chair):_____ Date:_____

Agenda Item 4

**Governing Body
Matters Arising –May 2019**

Item	Description	Response	Action with	Due Date	Status
<p>26/07/18 Item 15.1</p>	<p>SS described a new Children and Families Partnership Framework that will go out to consultation she will bring to a future development session</p>	<p>For May 2019</p> <p>Per Sarah Scott:</p> <p>I have an action for Governing Body regarding the children and young people’s strategy. I have discussed this with Andy Dempsey, Director of Strategy and Partnerships for Children’s Services and he is reviewing this document before it goes out for public consultation and so it is not the right time to bring this to Governing Body. The Governing Body will be on the list of Boards for the consultation when it happens but in the mean time please close the action.</p>	<p>SS/CGi</p>	<p>May 2019</p>	<p>Open</p>

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Agenda Item 5

Gloucestershire Clinical Commissioning Group Governing Body

Meeting Date	Thursday 23 rd May 2019
Report Title	Review of Audited 2018/19 Annual Accounts
Executive Summary	See page 3.
Key Issues	<p>The accounts (Appendix 1) have been recommended to the Governing Body for approval by the Audit Committee held on 21st May 2019. The submission date for the audited accounts is 9am 29th May 2019.</p> <p>The letter of representation (Appendix 2) from management to the auditors has, also, been reviewed and recommended for approval.</p>
Risk Issues: Original Risk (CxL) Residual Risk (CxL)	<p>C * L - 2 * 3 = 6</p> <p>C * L - 2 * 3 = 6</p>
Management of Conflicts of Interest	No specific conflicts of interest other than those declared at the meeting.
Financial Impact	The CCG needs to ensure that accounts are prepared accurately and in a timely manner to ensure that the financial position for the organisation is understood and that the CCG receives an unqualified audit opinion.
Legal Issues (including NHS Constitution)	Not Applicable.
Impact on Health Inequalities	Not Applicable.
Impact on Equality and Diversity	Not Applicable.
Impact on Sustainable	The are no direct sustainability implications contained within this report

Development	
Patient and Public Involvement	Not applicable
Recommendation	The Governing Body is asked to: <ul style="list-style-type: none"> • approve the CCG's 2018/19 Audited Annual Accounts • approve the letter of representation
Author & Designation	Andrew Beard, Deputy Chief Finance Officer
Sponsoring Director (if not author)	Cath Leech, Chief Finance Officer

Governing Body 23rd May 2019

Review of Audited 2018/19 Annual Accounts

Executive Summary

- The financial position for the year is

	<u>Programme</u>	<u>Running</u>	
	<u>Costs</u>	<u>Costs</u>	<u>Total</u>
	<u>£000s</u>	<u>£000s</u>	<u>£000s</u>
<u>2018/19 In Year Performance</u>			
Allocation	856,540	13,713	870,253
Net Expenditure	856,536	13,712	870,248
In Year Surplus / (Deficit)	<u>4</u>	<u>1</u>	<u>5</u>
Brought Forward Surplus @ 31/3/18			21,465
Carried Forward Surplus @ 31/3/19			<u>21,470</u>

- The CCG has met its financial duties:
 - the CCG has remained within its Running Cost allocation
 - the CCG made a small surplus
- Cash holdings at the end of the year were £9k and total cash drawings were within the Maximum Cash Drawdown limit set by NHS England. This balance is within the allowable limit
- Performance against the Better Payment Practice code shows that the CCG has achieved its 95% target in both value & volume of invoices
- Within the above position, the CCG has provided £550k for retrospective CHC claims and £655k for other provisions relating to potential primary care costs, tax related items and other legal and contractual issues
- The external audit of the accounts is currently underway, to date, no material issues have been raised.
- Wherever possible rounding errors have been eliminated within the Annual Accounts.
- As per the Financial Reporting Manual (FReM), the CCG has removed the analysis of Programme/Admin within notes 3, 5 & 6 of the accounts.

- The main changes to the Annual Accounts since the draft submission are:
 - Revenue recognition policy note added within accounting policies (at note 1.5)
 - Policy note relating to the purchase of goods and services added to accounting policies (at note 1.6)
 - 2017/18 comparator added for exit packages (at note 4.3)
 - Footnotes provided to disclose the limitation on auditor liability and expenditure incurred on non-audit workload (Mental Health Investment Standard review and Place Analytics) at note 5
 - A footnote added to show the balance of historical CHC provisions balances held by NHSE (at note 12)
 - Financial Instruments note re-presented (at note 13)

Review of Audited 2018/19 Annual Accounts

1	Introduction
	The Clinical Commissioning Group has prepared financial statements for the year ended 31 March 2019, in accordance with the National Health Services Act 2006.
	<p>In preparing the financial statements, the Accountable Officer (Chief Officer) is required to comply with the Manual for Accounts issued by the Department of Health and in particular:</p> <ul style="list-style-type: none"> • 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 Manual for Accounts issued by the Department of Health have been followed, and disclose and explain any material departures in the financial statements; and • Prepare the financial statements on a going concern basis.
2	Notes to the accounts
2.1	<p>Surplus (Note 2)</p> <p>The CCG achieved its planned cumulative target surplus of £21.765m and breakeven in-year position for 2018/19. The CCG exceeded this target by £5k.</p>
2.2	<p>Better Payments Practice Code (Note 6)</p> <p>The CCG has a statutory obligation to meet the Better Payments Practice Code (BPPC). This requires the CCG to pay all valid invoices by their due date or within 30 days of receipt of a valid invoice, whichever is later. The target is to achieve 95% compliance.</p> <p>The CCG's performance against the BPPC is shown in Note 6 of the Accounts. Performance is assessed by both the <i>number</i> of invoices paid within target and the <i>value</i> of invoices paid within target. It is also split between NHS invoices and non-NHS invoices.</p> <p>The CCG achieved more than 95% compliance in all categories.</p>
2.3	<p>Trade and other receivables (Note 9)</p> <p>In overall terms, outstanding debts were £7,899k at the end of 2018/19 which represented an increase of £2,232k from 2017/18. This consisted of £3,389k owed to the CCG by NHS organisations and £4,510k from non-NHS organisations which was primarily from Gloucestershire County Council.</p>
2.4	Cash balance (Note 10)

	<p>The CCG has a duty to manage its cash balances held at the end of the financial year. The Cash held at bank as at 31st March 2019 was £9k which means that this duty has been achieved.</p>
2.5	<p>Trade and other payables (Note 11)</p> <p>At the end of the financial year, the CCG had outstanding creditors of £50,642k (£47,188k in 17/18). NHS creditors in total were £9,342k. (£9,686k in 2017/18).</p> <p>Invoices received from non-NHS organisations which remained unpaid at 31 March increased by £1,281k to £5,373k. Furthermore, accruals for costs owing to non-NHS bodies (where invoices had yet to be received) were £33,799k and included £15,347k representing two months of prescribing costs and £6,053k owed to Gloucestershire County Council.</p>
2.6	<p>Provisions (note 12)</p> <p>The total provided for continuing health care (CHC) cases was £915k as at 31 March 2019 (£925k for 2017/18).</p> <p>The CCG also have other provisions of £1,961k. These relate mainly to potential primary care costs regarding practice development and a provision regarding VAT reclaimed on IT Services.</p>
3	<p>Recommendation</p>
	<p>The Governing body is asked to:</p> <ul style="list-style-type: none"> • Approve the Audited 2018/19 Annual Accounts • Approve the letter of representation

Data entered below will be used throughout the workbook:

Entity name:	
This year	2018-19
Last year	2017-18
This year ended	31-March-2019
Last year ended	31-March-2018
This year commencing:	01-April-2018
Last year commencing:	01-April-2017

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

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**Statement of Comprehensive Net Expenditure for the year ended
31 March 2019**

	Note	2018-19 £'000	2017-18 £'000
Income from sale of goods and services	3	(25,429)	(24,449)
Other operating income	3	(4,244)	(3,473)
Total operating income		(29,673)	(27,922)
Staff costs	4	15,114	13,814
Purchase of goods and services	5	882,359	850,808
Depreciation and impairment charges	5	113	99
Provision expense	5	1,095	1,890
Other Operating Expenditure	5	1,240	1,120
Total operating expenditure		899,921	867,731
Total Net Expenditure for the Financial Year		870,248	839,809
Other Comprehensive Expenditure		-	-
Comprehensive Expenditure for the year ended 31st March 2019		870,248	839,809

**Statement of Financial Position as at
31 March 2019**

		2018-19	2017-18
	Note	£'000	£'000
Non-current assets:			
Property, plant and equipment	8	326	369
Total non-current assets		326	369
Current assets:			
Trade and other receivables	9	7,899	5,667
Cash and cash equivalents	10	9	6
Total current assets		7,908	5,673
Total assets		8,234	6,042
Current liabilities			
Trade and other payables	11	(50,642)	(47,188)
Provisions	12	(2,876)	(2,637)
Total current liabilities		(53,518)	(49,825)
Non-Current Assets plus/less Net Current Assets/Liabilities		(45,284)	(43,783)
Non-current liabilities		-	-
Assets less Liabilities		(45,284)	(43,783)
Financed by Taxpayers' Equity			
General fund		(45,284)	(43,783)
Total taxpayers' equity:		(45,284)	(43,783)

The notes on pages 7 to 25 form part of this statement

The financial statements on pages 3 to 6 were approved by the Governing Body on 23rd May 2019 and signed on its behalf by:

Chief Accountable Officer
Mary Hutton

- Annual Accounts 2018-19

**Statement of Changes In Taxpayers Equity for the year ended
31 March 2019**

	2018/19 General fund £'000	2017/18 General fund £'000
Balance at 1 April	(43,783)	(37,933)
Changes in NHS Clinical Commissioning Group taxpayers' equity		
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	(870,248)	(839,809)
Net funding	<u>868,747</u>	<u>833,959</u>
Balance at 31 March	<u>(45,284)</u>	<u>(43,783)</u>

The notes on pages 7 to 25 form part of this statement

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

- Annual Accounts 2018-19

**Statement of Cash Flows for the year ended
31 March 2019**

	Note	2018-19 £'000	2017-18 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(870,248)	(839,809)
Depreciation and amortisation	5	113	99
(Increase)/decrease in trade & other receivables	9	(2,232)	(1,379)
Increase/(decrease) in trade & other payables	11	3,453	6,384
Provisions utilised	12	(855)	(965)
Increase/(decrease) in provisions	12	1,095	1,890
Net Cash Inflow (Outflow) from Operating Activities		(868,674)	(833,779)
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment		(70)	(190)
Net Cash Inflow (Outflow) from Investing Activities		(70)	(190)
Net Cash Inflow (Outflow) before Financing		(868,744)	(833,969)
Cash Flows from Financing Activities			
Net Cash Inflow (Outflow) from Financing Activities		868,747	833,959
Net Increase (Decrease) in Cash & Cash Equivalents	10	3	(11)
Cash & Cash Equivalents at the Beginning of the Financial Year		6	17
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		0	0
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		9	6

The notes on pages 7 to 25 form part of this statement

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2018-19 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on a going concern basis.

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

Where a clinical commissioning group ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

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 Pooled Budgets

NHS Gloucestershire CCG 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. NHS Gloucestershire CCG accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement. This arrangement has not changed in 2018/19

1.4 Critical accounting judgements and key sources of estimation uncertainty

In the application of the clinical commissioning group's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.4.1 Critical accounting judgements in applying accounting policies

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the clinical commissioning group's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

- Lead Commissioning arrangements

Where the CCG is the lead commissioner for service level agreements that include a contribution from Gloucestershire County Council, all figures are shown in gross terms (i.e. the contribution from the local authority is shown within Other Operating Income).

- Better Care Fund

The Better Care Fund (BCF) has been accounted for as an aligned pool in line with other Joint Commissioning Arrangements with the Council.

1.4.2 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

- Partially Completed Spells

Estimates of expenditure relating to such spells have primarily been taken from analysis provided by secondary care providers.

Notes to the financial statements

- **Accruals for delegated co-commissioning of primary care services**

Actual core spend on primary care services relating to Quality and Outcomes Framework (QOF) and national enhanced services are issued in arrears and, therefore, the annual estimate is based on forecast information derived from National primary care monitoring database and historical trends.

- **Accruals for Prescribing/Home Oxygen costs**

Primary care prescribing information is received from the Business Services Authority who process prescription items to reimburse and remunerate pharmacy contractors and provide information on the cost of drugs prescribed by primary care prescribers. Actual prescribing information is issued in arrears and, therefore, the annual estimate is based on forecast information issued by the NHS Business Services Authority.

- **Provisions recognised as at 31st March 2019**

The provision for continuing healthcare has been calculated by taking those claims outstanding at 31 March 2019 which had not previously been notified to NHS England. An assessment of the estimated/potential financial value is then made and a likelihood factor applied (based on previous experience). Other provisions have been calculated from estimates which have been influenced by the known factors affecting each issue as at the balance sheet date.

- **Secondary Healthcare service costs**

Secondary Healthcare activity information is collected on a national system "Secondary Users System" (SUS). This data is subsequently imported into a local contract management system. Secondary Healthcare providers are paid in year for activity which has been carried out and which is due under the contract terms. However, the final year end activity for which the CCG will be charged will not be available until June, therefore estimates of the activity has been provided based on the information from the contract monitoring system and providers themselves. The estimated creditor for the final month of the year is included within Trade and Other Payables.

1.5 Revenue

The transition to IFRS 15 has been completed in accordance with paragraph C3 (b) of the Standard, applying the Standard retrospectively recognising the cumulative effects at the date of initial application. This transition is not material

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

1.6 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.

Expenses and liabilities in respect of grants are recognised when the clinical commissioning group has a present legal or constructive obligation, which occurs when all of the conditions attached to the payment have been met.

1.7 Property, Plant & Equipment

1.7.1 Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the clinical commissioning group;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Notes to the financial statements

1.7.2 Measurement

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.7.3 Subsequent Expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised.

Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.7.4 Depreciation, Amortisation & Impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the clinical commissioning group expects to obtain economic benefits or service potential from the asset. This is specific to the clinical commissioning group and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

At each reporting period end, the clinical commissioning group checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.8 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Notes to the financial statements

1.8.1 The Clinical Commissioning Group as Lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the clinical commissioning group's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.9 Cash & Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the clinical commissioning group's cash management.

1.10 Provisions

Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the clinical commissioning group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount has not been discounted due to the immaterial impact on the accounts given the short term nature of the CCG provisions

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

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

1.11 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the clinical commissioning group pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with clinical

1.12 Financial Assets

Financial assets are recognised when the clinical commissioning group becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified as loans and receivables

1.13 Financial Liabilities

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

1.14 Other Financial Liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

Notes to the financial statements

1.15 Value Added Tax

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

1.16 Losses & Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the clinical commissioning group not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.17 Accounting Standards That Have Been Issued But Have Not Yet Been Adopted

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2018-19. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2019-20, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

The application of the Standards as revised would not have a material impact on the accounts for 2018-19, were they applied in that year.

Better Care Fund

The Better Care Fund (BCF) is a joint arrangement with the Gloucestershire County Council and has been classified as an aligned budget for accounting purposes. This arrangement has not changed during 2018/19

During 2018/19 the BCF was constituted of 42 separate schemes of which

- Gloucestershire CCG took the commissioning lead on 29 schemes
- Gloucestershire County Council took the commissioning lead on 12 schemes (one of which relied on a shared funding contribution from the CCG)
- One scheme (Reablement in Ashley House and the Kingham Unit) was jointly commissioned and has been deemed to be under the joint control of both organisations. The risks and rewards are shared on an equal basis and is not material financially. In 2018/19 the CCG planned for costs of £546.5k of a total service cost of £1,093k; representing 2.5% of the total BCF planned spend of £43,557k.

In 2018/19, Gloucestershire County Council received funding related to the Improved Better Care Fund (iBCF) which covered a number of additional schemes where the CCG is involved in partnership working with the local authority.

2 Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).

NHS Clinical Commissioning Group performance against those duties was as follows:

	See below	NHS Act 2006 Section	2018-19 Target	2018-19 Performance	Met (Y/N)?	2017-18 Target	2017-18 Performance	Met (Y/N)?
Expenditure not to exceed income	2.1	223H (1)	899,926	899,921	Yes	872,249	867,731	Yes
Capital resource use does not exceed the amount specified in Directions	2.2	223I (2)	70	70	Yes	70	70	Yes
Revenue resource use does not exceed the amount specified in Directions	2.1	223I (3)	870,253	870,248	Yes	844,327	839,809	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	2.2	223J (1)	0	0	Yes	0	0	Yes
Revenue resource use on specified matter(s) does	2.3	223J (2)	0	0	Yes	0	0	Yes
Revenue administration resource use does not exceed the amount specified in Directions	2.4	223J (3)	13,713	13,712	Yes	13,602	13,539	Yes

2.1/2.2 Performance against Resource limit

	2018-19			2017-18		
	Revenue £000	Capital £000	Total £000	Revenue £000	Capital £000	Total £000
Notified Resource Limit	870,253	70	870,323	844,327	70	844,397
Total Other operating revenue	29,673		29,673	27,922		27,922
Total Income	899,926	70	899,996	872,249	70	872,319
Employee benefits	15,114		15,114	13,814		13,814
Operating costs	884,807	70	884,877	853,917	70	853,987
Total Expenditure	899,921	70	899,991	867,731	70	867,801
In year Surplus/(Deficit) spend	5	0	5	4,518	0	4,518
Cumulative surplus brought forward at 1 April	21,767		21,767	17,551		17,551
Cumulative surplus drawn down during the financial year	(302)		(302)	(302)		(302)
Cumulative surplus carried forward at 31 March	21,470	0	21,470	21,767	0	21,767

The overall notified resource limit above includes specific funding for Primary Care Delegated Co-Commissioning of £81.161m (2017/18: £79.980m).

3 Other Operating Revenue

	2018-19 Total £'000	2017-18 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	342	306
Non-patient care services to other bodies	25,087	24,143
Other Contract income	-	-
Total Income from sale of goods and services	<u>25,429</u>	<u>24,449</u>
Other operating income		
Charitable and other contributions to revenue expenditure: NHS	-	-
Charitable and other contributions to revenue expenditure: non-NHS	461	492
Non cash apprenticeship training grants revenue	4	1
Other non contract revenue	3,779	2,980
Total Other operating income	<u>4,244</u>	<u>3,473</u>
Total Operating Income	<u>29,673</u>	<u>27,922</u>

The increase in other non contract revenue relates to charges made to NHS England for national programmes in Cancer and Estates and Capital Projects including Estates and Technology Transformation Fund (ETTF) Projects

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

The majority of Income from sales of goods and services (Contracts) under IFRS15 above relate to contracts with Gloucestershire County Council, the timing of the income for contracts are over a period of time

There is no impact on either the Statement of Comprehensive Net Expenditure or the Statement of Financial Position relating to the effect of the application of IFRS15 on current year closing balances.

4. Employee benefits and staff numbers

4.1 Employee benefits

	2018-19			2017-18		
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits						
Salaries and wages	11,434	789	12,223	10,340	933	11,273
Social security costs	1,212	0	1,212	1,105	0	1,105
Employer Contributions to NHS Pension scheme	1,535	0	1,535	1,393	0	1,393
Other pension costs	3	0	3	0	0	0
Apprenticeship Levy	50	0	50	43	0	43
Termination benefits	91	0	91	0	0	0
Gross employee benefits expenditure	14,325	789	15,114	12,881	933	13,814
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	0	0	0	0
Total - Net admin employee benefits including capitalised costs	14,325	789	15,114	12,881	933	13,814
Less: Employee costs capitalised	0	0	0	0	0	0
Net employee benefits excluding capitalised costs	14,325	789	15,114	12,881	933	13,814

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4.2 Average number of people employed

	2018-19			2017-18		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	271	20	291	239	24	263

4.3 Exit packages agreed in the financial year

	2018-19		2017-18	
	Compulsory Redundancies Number	£	Compulsory Redundancies Number	£
Less than £10,000	2	6,522	-	-
£25,001 to £50,000	1	30,092	-	-
£50,001 to £100,000	1	54,133	-	-
Total	4	90,747	-	-

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Agenda for Change terms and conditions of service.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

4.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health 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 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

4.4.2 Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

For 2018-19, employers' contributions of £1,721k were payable to the NHS Pensions Scheme (2017-18: £1,393k) were payable to the NHS Pension Scheme at the rate of 14.38% of pensionable pay. The scheme's actuary reviews employer contributions, usually every four years and now based on HMT Valuation Directions, following a full scheme valuation. These costs are included in the NHS pension line of note 11.

5. Operating expenses

	2018-19 Total £'000	2017-18 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	3,670	3,629
Services from foundation trusts	457,691	442,809
Services from other NHS trusts	107,115	105,525
Services from Other WGA bodies	5	-
Purchase of healthcare from non-NHS bodies	116,405	102,979
Purchase of social care	6,376	5,197
Prescribing costs	88,453	93,499
GPMS/APMS and PCTMS	89,333	86,057
Supplies and services – clinical	1,678	1,630
Supplies and services – general	1,354	1,393
Consultancy services	613	317
Establishment	6,211	3,861
Transport	74	72
Premises	1,704	1,689
Audit fees *	63	63
Other professional fees	646	1,028
Legal fees	103	145
Education, training and conferences	865	914
Total Purchase of goods and services	<u>882,359</u>	<u>850,808</u>
Depreciation and impairment charges		
Depreciation	113	99
Total Depreciation and impairment charges	<u>113</u>	<u>99</u>
Provision expense		
Provisions	1,095	1,890
Total Provision expense	<u>1,095</u>	<u>1,890</u>
Other Operating Expenditure		
Chair and Non Executive Members	724	620
Grants to Other bodies	414	433
Research and development (excluding staff costs)	36	60
Non cash apprenticeship training grants	4	1
Other expenditure	62	7
Total Other Operating Expenditure	<u>1,240</u>	<u>1,120</u>
Total operating expenditure	<u>884,807</u>	<u>853,917</u>

Included within operating expenditure are additional audit fees relating to the following:

- £10k for audit services relating to the Mental Health Investment Standard's for 18/19 which is due to be submitted by September 2019
- £5k for a population health management system

* In Accordance with SI 2008 no 489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, there is no limitation of auditor liability in respect of death or personal injury, fraud or fraudulent misrepresentation by it or its employees. In all other instances a total aggregate limit of £2m applies. The fee shown is inclusive of VAT, the net amount paid is £52k

6 Better Payment Practice Code

Measure of compliance	2018-19 Number	2018-19 £'000	2017-18 Number	2017-18 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	13,937	86,620	12,898	71,486
Total Non-NHS Trade Invoices paid within target	13,664	84,980	12,696	70,715
Percentage of Non-NHS Trade invoices paid within target	98.04%	98.11%	98.43%	98.92%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	3,959	565,090	3,808	546,596
Total NHS Trade Invoices Paid within target	3,888	564,720	3,736	546,299
Percentage of NHS Trade Invoices paid within target	98.21%	99.93%	98.11%	99.95%

7. Operating Leases

7.1 As lessee

The CCG occupies property owned and managed by NHS Property Services Limited. In 2014/15, a transitional occupancy rent based on annual property cost allocations was agreed. However, in 2016/17, such property moved to market rent valuation and additional funding was received by the CCG to offset any increased cost of implementing this policy. This is reflected in Note 7.1.1.

While our arrangements with NHS Property Services Limited fall within the definition of operating leases, the rental charge for future years has not yet been agreed. Consequently, this note does not include future minimum lease payments for these arrangements.

Other lease costs in prior years relate to photocopiers.

Under delegated co-commissioning of primary care services arrangements, NHS Gloucestershire CCG has entered into certain financial arrangements involving the use of GP premises. These have been considered under:

IAS 17 Leases

SIC 27 Evaluating the substance of transactions involving the legal form of a lease

IFRIC 4 Determining whether an arrangement contains a lease.

The CCG has determined that these are operating leases that must be recognised, but, as there is no defined term in the arrangements entered into, it is not possible to analyse the arrangements over financial years. The financial value included in operating expenses is £5.7m

7.1.1 Payments recognised as an Expense

	Buildings £'000	Other £'000	Total £'000
2018-19			
Payments recognised as an expense			
Minimum lease payments	1,332	5	1,337
Total	1,332	5	1,337
2017-18			
Payments recognised as an expense			
Minimum lease payments	1,350	5	1,355
Total	1,350	5	1,355

8 Property, plant and equipment

8.1 Asset summary by year

	2018-19			2017-18		
	Transport equipment £'000	Information technology £'000	Total £'000	Transport equipment £'000	Information technology £'000	Total £'000
Cost or valuation at 01 April	81	1,063	1,144	81	993	1,074
Additions purchased	0	70	70	0	70	70
Cost/Valuation at 31 March	81	1,133	1,214	81	1,063	1,144
Depreciation 01 April	81	694	775	81	595	676
Charged during the year	0	113	113	0	99	99
Depreciation at 31 March	81	807	888	81	694	775
Net Book Value at 31 March	0	326	326	0	369	369
Purchased	0	326	326	0	369	369
Total at 31 March	0	326	326	0	369	369
Asset financing:						
Owned	0	326	326	0	369	369
Total at 31 March	0	326	326	0	369	369

8.2 Cost or valuation of fully depreciated assets

The cost or valuation of fully depreciated assets still in use was as follows:

	2018-19 £'000	2017-18 £'000
Transport equipment	81	81
Information technology	505	505
Total	586	586

8.3 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Transport equipment	0	0
Information technology	1	5

9 Trade and other receivables

	Current 2018-19 £'000	Current 2017-18 £'000
NHS receivables: Revenue	2,113	1,263
NHS prepayments	23	25
NHS accrued income	386	1,174
NHS Non Contract trade receivable (i.e pass through funding)	867	-
Non-NHS and Other WGA receivables: Revenue	1,199	803
Non-NHS and Other WGA prepayments	651	445
Non-NHS and Other WGA accrued income	1,856	1,890
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	389	-
Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)	346	-
Expected credit loss allowance-receivables	(57)	(57)
VAT	114	113
Other receivables and accruals	12	12
Total Trade & other receivables	7,899	5,667
Non current receivables	-	-
Total current and non current	7,899	5,667
Included above:		
Prepaid pensions contributions	-	-

9.1 Receivables past their due date but not impaired

	2018-19			2017/18
	DHSC Group Bodies	£'000 Non DHSC Group Bodies	All Receivables	£000s All receivables prior year
By up to three months	687	404	1,091	382
By three to six months	-	59	59	219
By more than six months	17	14	31	23
Total	704	477	1,181	624

9.2 Non-Current: capital analysis

	2018-19 £'000	2017-18 £'000
Capital revenue	70	70
Capital expenditure	(70)	(70)

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10 Cash and cash equivalents

	2018-19 £'000	2017-18 £'000
Balance at 01 April 2018	6	17
Net change in year	3	(11)
Balance at 31 March 2019	9	6
Made up of:		
Cash with the Government Banking Service	9	6
Cash in hand	0	0
Cash and cash equivalents as in statement of financial position	9	6
Balance at 31 March 2019	9	6

11 Trade and other payables

	2018-19 £'000	2017-18 £'000
NHS payables: Revenue	4,201	6,282
NHS payables: Capital	70	70
NHS accruals	5,071	3,334
Non-NHS and Other WGA payables: Revenue	5,373	4,092
Non-NHS and Other WGA accruals	33,799	31,346
Non-NHS and Other WGA deferred income	2	115
Social security costs	210	178
Tax	176	145
Other payables and accruals	1,740	1,626
Total Current Trade & Other Payables	50,642	47,188
Non current	-	-
Total current and non-current Trade & Other Payables	50,642	47,188

Other payables include £1,120k of outstanding pension contributions at 31 March 2019 (2017/18: £1,079k)

12 Provisions

	2018-19 £'000	2017-18 £'000
Current		
Continuing care	915	925
Other	1,961	1,712
Total	2,876	2,637
Non current	0	0
Total current and non-current	2,876	2,637

	2018-19			2017-18		
	Continuing Care £'000	Other £'000	Total £'000	Continuing Care £'000	Other £'000	Total £'000
Balance at 01 April	925	1,712	2,637	800	912	1,712
Arising during the year	550	655	1,205	950	940	1,890
Utilised during the year	(560)	(295)	(855)	(825)	(140)	(965)
Reversed unused	0	(111)	(111)	0	0	0
Unwinding of discount	0	0	0	0	0	0
Change in discount rate	0	0	0	0	0	0
Balance at 31 March	915	1,961	2,876	925	1,712	2,637
Expected timing of cash flows:						
Within one year	915	1,961	2,876	925	1,712	2,637
Between one and five years	0	0	0	0	0	0
After five years	0	0	0	0	0	0
Balance at 31 March	915	1,961	2,876	925	1,712	2,637

The continuing care provision of £915k (2017-18: £925k) is for costs expected to be incurred in relation to backdated claims received by the CCG since 1st April 2013 for NHS England hold a provision for all backdated claims received prior to 1 April 2013 which totals £1,816k (2017-18: £2,515k)

The claims outstanding at 31 March 2019 are expected to be paid within the 2019/20 financial year

Provisions made under the 'Other' category relates to potential primary care costs regarding practice development, tax related items and other legal and contractual issues

Legal claims are calculated from the number of claims currently lodged with the NHS Resolution and the probabilities provided by them.

13 Financial instruments

13.1 Financial risk management

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

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

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

13.1.1 Currency risk

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

13.1.2 Interest rate risk

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

13.1.3 Credit risk

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

13.1.4 Liquidity risk

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

13.1.5 Financial Instruments

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

13.2 Impact of Application of IFRS 9 on financial assets at 1 April 2018

	Cash And Cash Equivalents	Trade and other receivables - NHSE bodies	Trade and other receivables - other DHSC	Trade and other receivables - external	Other financial assets	Total
	£000s	£000s	£000s	£000s	£000s	£000s
Classification under IAS 39 as at 31st March 2018						
Financial Assets held at Amortised cost	6	1,315	2,087	1,728	12	5,142
Total at 31st March 2018	6	1,315	2,087	1,728	12	5,142
Classification under IFRS 9 as at 1st April 2018						
Financial Assets measured at amortised cost	6	1,315	2,087	1,728	12	5,142
Total at 1st April 2018	6	1,315	2,087	1,728	12	5,142
Change in carrying amount	-	-	-	-	-	-

13.3 Financial assets

	Financial Assets measured at amortised cost 2018-19 £'000	Equity Instruments designated at FVOCI 2018-19 £'000	Total 2018-19 £'000
Trade and other receivables with NHSE bodies	806	-	806
Trade and other receivables with other DHSC group bodies	4,321	-	4,321
Trade and other receivables with external bodies	2,030	-	2,030
Other financial assets	12	-	12
Cash and cash equivalents	9	-	9
Total at 31 March 2019	7,178	-	7,178

13.4 Movement in loss allowances due to application of IFRS 9

	Trade and other receivables -NHSE bodies	Trade and other receivables - other DHSC group bodies	Trade and other receivables - external	Other financial assets	Total
	£000s	£000s	£000s	£000s	£000s
Impairment and provisions allowances under IAS 39 as at 31st March 2018					
Financial Assets held at Amortised cost (ie the 1718 Closing Provision)	-	-	(57)	-	(57)
Total at 31st March 2018	-	-	(57)	-	(57)
Loss allowance under IFRS 9 as at 1st April 2018					
Financial Assets measured at amortised cost	-	-	(57)	-	(57)
Total at 1st April 2018	-	-	(57)	-	(57)
Change in loss allowance arising from application of IFRS 9	-	-	-	-	-

13.5 Impact of Application of IFRS 9 on financial Liabilities at 1 April 2018

	Trade and other payables - NHSE bodies	Trade and other payables - other DHSC group bodies	Trade and other payables - external	Other borrowings (including finance lease obligations)	Other financial liabilities	Total
		£000s	£000s	£000s	£000s	£000s
Classification under IAS 39 as at 31st March 2018						
Financial Liabilities held at Amortised cost	426	21,918	22,770	-	1,637	46,325
Total at 31st March 2018	426	21,918	22,770	-	1,637	46,325
Classification under IFRS 9 as at 1st April 2018						
Financial Liabilities measured at amortised cost	426	21,918	22,770	-	1,637	46,325
Total at 1st April 2018	426	21,918	22,770	-	1,637	46,325
Change in carrying amount	-	-	-	-	-	-

13.6 Financial liabilities

	Financial Liabilities measured at amortised cost	Equity Instruments designated at FVOCI	Total
	2018-19	2018-19	2018-19
	£'000	£'000	£'000
Trade and other payables with NHSE bodies	1,062	-	1,062
Trade and other payables with other DHSC group bodies	24,211	-	24,211
Trade and other payables with external bodies	23,242	-	23,242
Other financial liabilities	1,740	-	1,740
Total at 31 March 2019	50,255	-	50,255

14 Operating Segments

The CCG and consolidated group consider that they have only one segment: commissioning of healthcare services. NHS Gloucestershire CCG presents its regular reports to the Governing Body (designated as the organisations Chief Operating Decision Maker) in this

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 CCG, with Gloucestershire County Council, who are the lead commissioner for the service.

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

	2018-19	2017-18
	£000	£000
Income	(3,461)	(3,359)
Expenditure	3,461	3,359

16 Losses and special payments

16.1 Losses

The total number of NHS clinical commissioning group losses and special payments cases, and their total value, was as follows:

	Total Number of Cases 2018-19	Total Value of Cases 2018-19	Total Number of Cases 2017-18	Total Value of Cases 2017-18
	Number	£'000	Number	£'000
Administrative write-offs	0	0	1	0
Total	0	0	1	0

16.2 Special payments

	Total Number of Cases 2018-19	Total Value of Cases 2018-19	Total Number of Cases 2017-18	Total Value of Cases 2017-18
	Number	£'000	Number	£'000
Ex Gratia Payments	2	1	0	0
Total	2	1	0	0

17 Events after the end of the reporting period

There are no events to report after the end of the reporting period.

18 Related party transactions

During the year, with the exception of those listed below, none of the Department of Health Ministers, clinical commissioning group Governing Body members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with the clinical commissioning group.

	2018/19 Payments to Related Party				2017/18 Payments to Related Party			
	Payments under delegated co-commissioning arrangements £000	Drugs reimbursed £000	Other payments £000	Total Payments £000	Payments under delegated co-commissioning arrangements £000	Drugs reimbursed £000	Other payments £000	Total Payments £000
Dr Caroline Bennett (CCG Member/GP Locality Lead) <i>Partner - Cotswold Medical Practice</i>	1,486	711	187	2,384	1,394	720	183	2,297
Dr William Haynes (CCG Member/GP Locality Lead) <i>Partner - Hadwen Medical Practice</i>	2,213	95	367	2,675	1,863	86	336	2,285
Dr Hein Le Roux (CCG Member/Deputy Clinical Chair) <i>Phoenix Surgery(17/18) and Churchdown Surgery (18/19)</i>	1,842	63	186	2,091	1,458	124	124	1,706
Dr Andrew Seymour (CCG Deputy Clinical Chair until 30/4/17; Clinical Chair from 01/05/17) <i>Partner - Aspen Medical Practice*</i>	3,903	125	554	4,582	1,351	56	112	1,519
Dr Jeremy Welch (CCG Member/GP Locality Lead) <i>Partner - Mythe Medical Practice</i>	1,584	88	169	1,841	1,515	69	166	1,750
Dr Will Miles (CCG Member/GP Locality Lead from 01/04/18) <i>GP Partner - The Portland Practice</i>	1,559	66	140	1,765	-	-	-	-
Dr Alan Gwynn (CCG Member/GP Locality Lead from 01/04/17) <i>GP Partner - Cirencester Health Group</i>	1,005	43	56	1,104	761	28	69	858
Dr Sheena Yerburch (CCG Member/GP Locality Lead from 01/04/17) <i>GP Partner - Prices Mill</i>	1,050	34	125	1,209	1,001	24	119	1,144
Dr Lawrence Fielder (CCG Member/GP Locality Lead from 01/06/17) <i>GP Partner - Brunston</i>	743	369	65	1,177	747	350	56	1,153
Dr Lesley Jordan - Secondary Care Doctor advisor to the CCG (from 03/07/17) <i>Royal United Hospital Bath NHS Foundation Trust</i>	-	-	31	31	-	-	11	11

* Dr Andrew Seymour's Practice has merged with three others as of 1st April 2018 which explains the significant variation in payments between the years

The Department of Health is regarded as a related party. During the year the clinical commissioning group has had a significant number of material transactions with entities for which the Department is

- NHS England;
- NHS Foundation Trusts;
- NHS Trusts;
- NHS Litigation Authority; and,
- NHS Business Services Authority.

Mr Colin Greaves (a lay member and Audit Committee Chair at the CCG) has been a Council of Governors member of Gloucestershire Hospitals NHS FT since October 2016.

Ellen Rule (Director of Transformation and Service redesign) is a member of the NICE Technology Appraisal Committee

Julie Clatworthy (Governing Body Registered Nurse) is a standing member of the Quality Standards Advisory Committee at NICE

In addition, the clinical commissioning group has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have The clinical commissioning group has also received revenue payments from a number of charitable funds.

Payments to primary care contractors, under devolved commissioning arrangements, are governed by the Primary Care Commissioning Committee (PCCC) which is a formal sub-committee of the Governing Body.

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

17th May 2019

Sanger House
5220 Valiant Court
Gloucester Business Park
Brockworth
Gloucester
GL3 4FE

Tel: 0300 421

Email:

Dear Alex

NHS Gloucestershire CCG Financial Statements for the year ended 31 March 2019

This representation letter is provided in connection with the audit of the financial statements of NHS Gloucestershire CCG for the year ended 31 March 2019 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with International Financial Reporting Standards and the Department of Health and Social Care Group Accounting Manual 2018-19.

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

Financial Statements

- i. As CCG Governing Body members, we have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated 6 December 2017, for the preparation of the financial statements in accordance with the Department of Health and Social Care Group Accounting Manual 2018-19 (GAM) and International Financial Reporting Standards which give a true and fair view in accordance therewith.
- ii. We have fulfilled our responsibilities for ensuring that expenditure and income are applied for the purposes intended by Parliament and that the financial transactions in the financial statements conform to the authorities which govern them.
- iii. We have complied with the requirements of all statutory directions affecting the CCG and these matters have been appropriately reflected and disclosed in the financial statements.
- iv. The CCG has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance. There has been no non-compliance with requirements of the Care Quality Commission or other regulatory authorities that could have a material effect on the financial statements in the event of non-compliance.

- v. We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud.
- vi. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
- vii. We are satisfied that the material judgements used in the preparation of the financial statements are soundly based, in accordance with International Financial Reporting Standards and the GAM, and adequately disclosed in the financial statements. There are no other material judgements that need to be disclosed.
- viii. Except as disclosed in the financial statements:
 - a) there are no unrecorded liabilities, actual or contingent
 - b) none of the assets of the CCG has been assigned, pledged or mortgaged
 - c) there are no material prior year charges or credits, nor exceptional or non-recurring items requiring separate disclosure.
- ix. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards and the GAM.
- x. All events subsequent to the date of the financial statements and for which International Financial Reporting Standards and the GAM require adjustment or disclosure have been adjusted or disclosed.
- xi. The financial statements are free of material misstatements, including omissions.
- xii. In calculating the amount of expenditure to be recognised in the financial statements from other NHS organisations we have applied judgement, where appropriate, to reflect the appropriate amount of expenditure expected to be incurred by the CCG in accordance with the International Financial Reporting Standards and the GAM.
- xiii. Actual or possible litigation and claims have been accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards and the GAM.
- xiv. We acknowledge our responsibility to participate in the Department of Health and Social Care's agreement of balances exercise and have followed the requisite guidance and directions to do so. We are satisfied that the balances calculated for the CCG ensure the financial statements and consolidation schedules are free from material misstatement, including the impact of any disagreements.
- xv. We have no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.

- xvi. We confirm that the financial statements have been properly considered and approved by an appropriate body in accordance with the CCG constitution.

Information Provided

- xvii. We have provided you with:
- a) access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
 - b) additional information that you have requested from us for the purpose of your audit; and
 - c) unrestricted access to persons within the CCG from whom you determined it necessary to obtain audit evidence.
- xviii. We have communicated to you all deficiencies in internal control of which management is aware.
- xix. All transactions have been recorded in the accounting records and are reflected in the financial statements.
- xx. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- xxi. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the CCG and involves:
- a) management;
 - b) employees who have significant roles in internal control; or
 - c) others where the fraud could have a material effect on the financial statements.
- xxii. We have disclosed to you all our knowledge of any allegations of fraud, or suspected fraud, affecting the CCG's financial statements communicated by employees, former employees, regulators or others.
- xxiii. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.
- xxiv. We have disclosed to you the identity of all of the CCG's related parties and all the related party relationships and transactions of which we are aware.
- xxv. We have disclosed to you all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

Annual Report

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

Governance Statement

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

Approval

The approval of this letter of representation was minuted by the CCG's Governing Body at its meeting on 23rd May 2019.

Yours faithfully

Name.....

Position.....

Date.....

Name.....

Position.....

Date.....

Signed on behalf of the Governing Body

Additional written representations from management or those charged with governance

The general letter of representation includes all written representations that are required to be made by management or those charged with governance for every audit.

In addition to the required representations, other ISAs (UK) require the auditor to request written representations when certain factors or situations are triggered. These ISAs and the representations are included in section 1 below.

The auditor may also determine it is necessary to obtain one or more written representations to support other audit evidence relevant to the financial statements or one or more specific assertions in the financial statements. Section 2 includes some examples of such representations.

1 Representations required by other ISAs where applicable

ISA 570.16(e) Going concern

Where events or conditions have been identified that may cast significant doubt on the entity's ability to continue as a going concern (irrespective of whether a material uncertainty exists) the auditor should request specific representations from management and, where appropriate, those charged with governance regarding their plans for future actions and the feasibility of these plans.

ISA 570.A20 Going concern

There may be situations where it is appropriate to obtain specific representations beyond those required by ISA 570.16(e) in support of audit evidence obtained regarding management's plans for future actions in relation to its going concern assessment and the feasibility of those plans.

ISA 710.9 Comparative information

The auditor should request specific representations from management about any restatement made to correct a material misstatement in prior period financial statements that affect the comparative information.

2 Other representations

ISA 580.A10 Written representations [Financial Statements]

Where relevant the auditor may want to request other representations about the following:

- whether the selection and application of accounting policies are appropriate;
- whether matters such as the following have been recognised, measured, presented or disclosed in accordance with the applicable financial reporting framework:
 - Plans or intentions that may affect the carrying value or classification of assets and liabilities;
 - Liabilities, both actual and contingent;
 - Title to, or control over, assets, the liens or encumbrances on assets, and assets pledged as collateral;
 - Aspects of laws, regulations and contractual agreements that may affect the financial statements, including non-compliance.

ISA 580.A12-A13 Written representations [Specific Assertions]

The auditor may consider it necessary to request that management provide written representations in other areas of the financial statements such as:

- likely outcomes of litigation or uncertain situations
- representations concerning transactions which involve the application of specific areas of PAYE/NI, VAT or other corporate taxes eg casual labour
- any further areas of completeness or judgement
- any other areas where representations are necessary to provide adequate audit evidence.

Agenda Item 6

Governing Body

Meeting Date	Thursday 23rd May 2019
Title	External Audit - Assurances from Management and those charged with Governance
Executive Summary	The attached documents have been provided to the external auditors by the Chief Finance Officer and Chair of the Audit Committee in order to provide additional assurances to the auditors in relation to their assessment of the final accounts.
Key Issues	The documents provide assurances regarding the governance and internal control processes operated by the CCG.
Risk Issues: Original Risk Residual Risk	None.
Financial Impact	None.
Legal Issues (including NHS Constitution)	None.
Impact on Health Inequalities	None.
Impact on Equality and Diversity	None.
Impact on Sustainable Development	None.
Patient and Public Involvement	Not applicable.
Recommendation	The Governing Body is requested to note these documents.
Author	Cath Leech
Designation	Chief Finance Officer

Response from Audit Committee Chair

Fraud risk assessment

Auditor Question	Response
Has the CCG assessed the risk of material misstatement in the financial statements due to fraud?	Yes – the Local Counter Fraud Officer risk assesses the possibility of fraud within the CCG. The Counter Fraud officer then provides regular reports to management and the Audit & Risk Committee.
What are the results of this process?	The risk has been assessed as low.
What processes does the CCG have in place to identify and respond to risks of fraud?	The CCG has a contract for a local counter fraud service and the Local Counter Fraud Officer operates in accordance with national guidelines. There is a counter fraud plan which looks at preventative measures, staff awareness raising sessions and undertakes pro-active and reactive counter fraud work.
Have any specific fraud risks, or areas with a high risk of fraud, been identified and what has been done to mitigate these risks?	No areas of specific fraud risk, or areas with a high risk of fraud, have been identified. The mitigation of these risks is through the risk assessment and the control processes that management has in place.
Are internal controls, including segregation of duties, in place and operating effectively?	Relevant duties are segregated within the CCG, and these are defined within procedures, job descriptions and access controls. Some duties are also carried out by the CSU or by SBS under contract. As regards internal controls, they are operating effectively as reported by management to the Audit & Risk Committee. The Audit & Risk Committee gains its assurance on internal controls from the internal auditors. There is a rolling programme of internal audits with audit frequency set out in a plan. In addition, any areas where risk is deemed to have changed maybe audited more frequently and new areas are included within the plan.
If not, where are the risk areas and what mitigating actions have been taken?	Not applicable.
Are there any areas where there is a potential for override of controls or inappropriate influence over the financial reporting process (for example because of undue pressure to achieve financial targets)?	This is always possible, but the internal controls are such that it is unlikely. Moreover, the monthly reporting on finance matters at CCG Business Sessions, chaired by the Lay Member for Business, mitigates this risk. These meetings are attended by Governing Body members who have access to the information.
Are there any areas where there is a potential for misreporting?	Yes – but the internal controls that are in place mean that any such misreporting would be readily apparent. The coding structure for the ledger also supports correct coding for accounts purposes.
How does the Audit Committee exercise oversight over management's processes for	By challenging management and gaining assurance from the reports by the Local

identifying and responding to risks of fraud?	Counter Fraud Officer and the internal auditors; these are submitted to each Audit Committee and the Counter Fraud Officer attends the Audit & Risk Committee.
What arrangements are in place to report fraud issues and risks to the Audit Committee?	Fraud issues and risks are reported to the Audit & Risk Committee by the Local Fraud Officer and are brought to the Governing Body's attention by the minutes of the Audit & Risk Committee meetings. However, if there are significant and time critical issues, these would be reported directly to the Governing Body.
How does the CCG communicate and encourage ethical behaviour of its staff and contractors?	Ethical behaviour is communicated and encouraged through policy directives and training. The CCG recently organised a Staff Day and the vision and values of the organisation were covered, which in part ensures that core values are understood by staff.
How does the Audit Committee encourage staff to report their concerns about fraud?	Members of staff are encouraged to report their concerns about fraud through the normal management structure as laid down in the CCG's policies; these include contact details for both the local counter fraud team and the national service. Members of staff with concerns over fraud are able to consult lay and executive members. In addition, there is a Freedom to Speak Up policy and procedure.
Have any significant issues been reported?	No not that I am aware.
Are you aware of any related party relationships or transactions that could give rise to risks of fraud?	No - the CCG has policies and procedures in place to ensure that declarations of interest are in place and updated regularly for governing body members, senior managers and also those involved in procurements. These policies and procedures have been reviewed and updated using national guidance since the CCG has taken on delegated responsibility for primary care and continue to be updated as new guidance is released. Declarations for Governing Body members and staff are in place and there is a process to ensure regular updating.
Are you aware of any instances of actual, suspected or alleged, fraud, either within the CCG as a whole or within specific departments since 1 April 2018?	Counter fraud service have conducted investigations into: <ul style="list-style-type: none"> - Employees working whilst sick - Patient & prescription - Primary care allegation

Law and regulations

Auditor Question	Response
What arrangements does the CCG have in place	The CCG's Constitution provides guidance on

<p>to prevent and detect non-compliance with laws and regulations?</p>	<p>statutory and regulatory matters. The Associate Director for Corporate Governance is the lead officer for providing guidance on non-compliance with laws and regulations. If necessary she has access to advice from Bevan Brittan solicitors. As regards briefing the Governing Body, members information is made available at Governing Body Business Sessions or, if necessary, through Governing Body meetings</p>
<p>How does management gain assurance that all relevant laws and regulations have been complied with?</p>	<p>Advice and guidance on laws and regulations is provided by a number of sources: NHS Local Area Team, HFMA and the Associate Director for Corporate Governance. Management gains assurance that all relevant laws and regulations have been complied with by: adherence to the CCG's policies and procedures; the challenges from the Audit & Risk Committee; and the reports by the internal and external auditors.</p>
<p>How is the Audit Committee provided with assurance that all relevant laws and regulations have been complied with?</p>	<p>The Audit & Risk Committee receives its assurance that all relevant laws and regulations have been complied with from: the Associate Director for Corporate Governance; the Local Counter Fraud Officer; and the internal and external auditors.</p>
<p>Have there been any instances of non-compliance or suspected non-compliance with law and regulation since 1 April 2018?</p>	<p>I am not aware of any instances of non-compliance, or suspected non-compliance, with laws or regulations since 1 April 2018.</p>
<p>What arrangements does the CCG have in place to identify, evaluate and account for litigation or claims?</p>	<p>The Associate Director for Corporate Governance is the lead officer for dealing with litigation and claims. Assessing claims would form part of the risk management process and this would include financial risk. The CCG has liability insurance with NHSLA.</p>
<p>Is there any actual or potential litigation or claims that would affect the financial statements?</p>	<p>I am not aware of any actual or potential litigations or claims that would affect the financial statements.</p>
<p>Have there been any reports from other regulatory bodies, such as HM Revenues and Customs, which indicate non-compliance?</p>	<p>I am not aware of any reports from other regulatory bodies, which indicate non-compliance.</p>

Responses from Management

Auditor question	Response
<p>What do you regard as the key events or issues that will have a significant impact on the financial statements for 2018/19?</p>	<p>Primary care commissioning is now embedded into the systems and processes for the CCG but remains a significant element of the organisation and it's focus, particularly with the move to Primary Care Networks. In terms of key financial pressures for the year, the NCSO issue has been a pressure, however, lower than 2017/18; this pressure has been managed in year.</p> <p>The CCG's main contract for acute services is with Gloucestershire Hospitals NHSFT, the Trust has had significant issue since December 2016. Key impacts have been on performance and coding and counting activity, both these areas have been improved in 2018/19 and the CCG has worked closely with the Trust to understand and help manage the position including recovery.</p> <p>Continuing Health Care has been a pressure this year with a number of cases relating to learning difficulties being assessed, this pressure has been managed in year.</p>
<p>Have you considered the appropriateness of the accounting policies adopted by the CCG? Have there been any events or transactions that may cause you to change or adopt new accounting policies?</p>	<p>The CCG has reviewed the updated accounting policies issued by NHS England and will be adopting these policies; minor amendments will be made to the national policies to reflect local circumstances (e.g., key sources of estimation uncertainty). These policies will be presented to the CCG's Audit Committee as part of the annual accounts. There are no events or transactions to date that have necessitated a change to accounting policies</p>
<p>Are you aware of any changes to the CCG's regulatory environment that may have a significant impact on the CCG's financial statements?</p>	<p>We are not aware of any changes that would significantly impact on the CCG's financial statements.</p>
<p>How would you assess the quality of the CCG's internal control processes?</p>	<p>The CCG has a contract for internal audit services; 2018/19 is the first year where the new internal audit contract has been in place. The internal auditors have carried out a risk based assessment to inform their internal audit plan; this included conversations with the CFO and their knowledge of working with other CCGs. Issues identified are not felt to impact significantly on the CCG's control environment. The CCG took on primary care co-commissioning in 2015/16 and has been included within the plan each year since then.</p> <p>The internal audit plan and all completed reviews have been brought to the Audit Committee.</p> <p>The CCG also has a counter fraud service, any outcomes from investigations are fed into the organisation to ensure that any changes to internal controls required are implemented. Summary reports are brought to the CCG audit committee.</p> <p>The CCG has reviewed it's policy and processes for conflicts of interest and the internal auditors have also reviewed the CCG's processes and no significant areas have been identified from this review.</p>
<p>How would you assess the process for reviewing the effectiveness of internal control?</p>	<p>The CCG has a contract for internal audit which is one of the key sources of assurance on internal controls. The internal audit plan is based on risk assessments of the organisation. This plan, and it's basis, is reviewed by the CCG's Audit Committee. Internal audit reports are brought to the CCG's Audit Committee once complete. Updates on</p>

	<p>the recommendations as to whether they have been implemented are brought back to the Audit Committee. Any matters that come up during the year that highlight potential issues with internal controls are reviewed and actions taken where controls could be strengthened.</p>
<p>How do the CCG's risk management processes link to financial reporting?</p>	<p>Identified risks from each Directorate and projects feed into the CCG's risk management process and register, these include an assessment of financial as well as other risks. The risks identified through this route as well as usual budget/contract review processes are included in the financial position on a monthly basis. The risk register is reviewed by Core team on a monthly basis and is presented to each Audit and Risk Committee meeting.</p>
<p>How would you assess the CCG's arrangements for identifying and responding to the risk of fraud?</p>	<p>The CCG has a contract for counter fraud services. The plan for these services was developed using the latest guidance from NHS Protect and the prior year CCG plan as well as knowledge of the CCG's business at the start of the year. The plan, and associated contract, includes proactive work as well as investigative work. The plan and progress against this are brought to each audit committee. The CCG has a whistleblowing policy and a named executive lead for counter fraud. The counter fraud lead has access to the Audit Committee Chair. The Counter Fraud Service has existing links to other equivalent services and is developing these further, these links are being used to ensure that areas of risk identified elsewhere are reviewed in Gloucestershire.</p> <p>The CCG has made counter fraud updates part of mandatory training for all staff. This consists of face to face update sessions with the local counter fraud team. This means that staff are aware of the types of fraud that can be committed and also who and how to contact to report potential fraud</p>
<p>What has been the outcome of these arrangements so far this year?</p>	<p>Counter fraud – a number of small investigations this year, closure of the case relating to the PHB. Pro-active work with all CCG teams to ensure that all staff are aware of counter fraud services, each session tailored to the team involved including fraud month. Some additional work on invoices in addition to the NFI work.</p>
<p>What have you determined to be the classes of accounts, transactions and disclosures most at risk to fraud?</p>	<p>The most significant areas of potential fraud for the CCG in 2018/19 have been deemed to be around the procurement of services, performance against contract and personal health budgets.</p>
<p>Are you aware of any whistle blowing potential or complaints by potential whistle blowers? If so, what has been your response?</p>	<p>No, not aware of any potential complaints or actual complaints by whistleblowers.</p>
<p>Have any reports been made under the Bribery Act?</p>	<p>No</p>
<p>As a management team, how do you communicate risk issues (including fraud) to those charged with governance?</p>	<p>The CCG has a risk management framework which feeds into the CCG assurance framework; these cover all aspects of the CCG's business. The risk register and assurance framework are reviewed monthly by core team (minutes are circulated to the Governing Body) and reported to the Audit and Risk Committee; minutes from this meeting go to the Governing Body. The assurance framework is</p>

	reported to the Governing Body.
As a management team, how do you communicate to staff and employees your views on business practices and ethical behaviour?	The CCG has policies covering ethical behaviour and codes of conduct. These policies are approved by the Governing Body and are published on the CCG's intranet. New policies or changes to existing policies are notified to staff through the monthly team brief. Ethical behaviour is communicated and encouraged through policy directives and training and also through leading by example.
What are your policies and procedures for identifying, assessing and accounting for litigation and claims?	The Associate Director for Corporate Governance is the lead for dealing with litigation and claims and is named within the Detailed Scheme of Delegation. Assessing claims forms part of the risk management process and this would include financial risk. The CCG is has liability insurance with the NHSLA
Is there any use of financial instruments, including derivatives?	No
Are you aware of any significant transaction outside the normal course of business?	No
Are you aware of any changes in circumstances that would lead to impairment of non-current assets?	No
Are you aware of any guarantee contracts?	No
Are you aware of allegations of fraud, errors, or other irregularities during the period?	Counter fraud service investigations into: <ul style="list-style-type: none"> - Employee & employment - Working whilst sick - Patient & prescription - Primary care allegation
Are you aware of any instances of non-compliance with laws or regulations or is the CCG on notice of any such possible instances of non-compliance?	Not aware of any non compliance with laws or regulations.
Have there been any examinations, investigations or inquiries by any licensing or authorising bodies or the tax and customs authorities?	2017/18: HMRC notification to the CCG that they wish to carry out a check of employer records in relation to "office holders". Information provided Q1 2018/19 – no further action
Are you aware of any transactions, events and conditions (or changes in these) that may give rise to recognition or disclosure of significant accounting estimates that require significant judgement?	No
Where the financial statements include amounts based on significant estimates, how have the accounting estimates been made, what is the nature of the data used, and the degree of estimate uncertainty inherent in the estimate?	The basis of amounts based on significant estimates is detailed in the CCG's accounting policies. These previously have included: Provisions Contingencies Accruals for prescribing costs Secondary healthcare service costs Partially completed spells Valuation assumptions for property, plant Elements of the primary care budget
Are you aware of the existence of loss contingencies and/or un-asserted claims that may affect the financial statements?	No
Has the management team carried out an assessment of the going	Yes, the CCG believes that preparation of the accounts on

<p>concern basis for preparing the financial statements? What was the outcome of that assessment?</p>	<p>a going concern is an appropriate basis. The latest NHSE guidance has been used in carrying out this review. There are no events or circumstances that cast significant doubt on the organisation's ability to continue as a going concern</p>
<p>Management is required to consider whether there are any material uncertainties that cast doubt on the CCG's ability to continue as a business. What is the process for undertaking a rigorous assessment of going concern? Is the process carried out proportionate in nature and depth to the level of financial risk and complexity of the organisation and its operations? How will you ensure that all available information is considered when concluding the organisation is a going concern at the date the financial statements are approved?</p>	<p>Review undertaken, considering the following:</p> <ul style="list-style-type: none"> • Accounting manual & key changes • Internal audit reports & plan • CCG risk management process • Counter fraud reports & plans • Monthly financial & performance reporting internally and to NHSE • CCG operational plan • NHSE meetings & conversations <p>Paper to May Audit & Risk Committee with the outcome of the review.</p>
<p>Can you provide details of those solicitors utilised by the CCG during the year. Please indicate where they are working on open litigation or contingencies from prior years?</p>	<p>Bevan Brittan Capsticks</p>
<p>Can you provide details of other advisors consulted during the year and the issue on which they were consulted?</p>	<p>VAT advisors have carried out VAT reviews on VAT returns and on contracts.</p>
<p>Have any of the CCG's service providers reported any items of fraud, non-compliance with laws and regulations or uncorrected misstatements which would affect the financial statements?</p>	<p>No</p>

Agenda Item 7

Governing Body

Meeting Date	Thursday 23 May 2019
Report Title	Annual Report 2018/19
Executive Summary	<p>This paper presents the 2018/19 Annual Report to the Governing Body.</p> <p>The Report highlights many of the achievements delivered by the CCG, member practices and system partners during the year.</p> <p>It also reflects the challenges and opportunities facing the CCG, the wider health and social care community (ICS) and partnership plans to:</p> <ul style="list-style-type: none"> • support healthy, active communities • ensure greater integration of services • develop support and services in the person's own home and community (through primary care networks) • ensure high quality, specialist hospital services are available when needed and; • ensure services are sustainable - making best use of the resources available.
Key Issues	<p>The CCG's objective is to produce a best practice report.</p> <p>It contains a news highlights summary and all statutory reports in line with the Department of Health Group Accounting Manual 2018/19 and NHS England Annual Reporting guidance.</p> <p>The draft version of the Report received high levels of assurance on initial submission to NHS England in April.</p>

	<p>The CCG will produce a limited hard copy quantity of the Annual Report for distribution to strategic stakeholders and will send a communication and web link to wider community partners.</p> <p>News highlights within the Annual Report form an integral part of CCG and ICS promotional plans.</p> <p>This includes an annual review video project (10 one minute films) which will be communicated through a variety of channels, including paid for social media, traditional media and a new-look ICS community partner/public e-bulletin.</p>
Risk Issues: Original Risk (CxL) Residual Risk (CxL)	The publication includes details of identified risks.
Management of Conflicts of Interest	This process is described in the Annual Governance Statement.
Financial Impact	The Annual Report will also contain the Annual Accounts when published.
Legal Issues (including NHS Constitution)	The CCG has produced a full Annual Report in line with the Department of Health Group Accounting Manual 2018/19 and NHS England Annual Reporting guidance.
Impact on Health Inequalities	The Report promotes the partnership approach to tackling health inequalities.
Impact on Equality and Diversity	The Report sets out the CCG's approach to promoting Equality and Diversity with links to comprehensive information on the CCG website.
Impact on Sustainable Development	<p>There will be a limited print run of the full Annual Report and Accounts with wider distribution through web links.</p> <p>The Report includes a Sustainable Development section within the Performance Report.</p>

Patient and Public Involvement	The Report includes a summary of the CCG's engagement activities.
Recommendation	The Governing Body is asked to receive the Annual Report 2018/19, subject to any final opinion from the auditors.
Author	Anthony Dallimore
Designation	Associate Director, Communications
Sponsoring Director (if not author)	Mary Hutton, Accountable Officer

Agenda Item 9

Governing Body meeting

Meeting date	23 May 2019
Title	Clinical Chair's Report
Executive Summary	This report provides a summary of key issues and updates arising during March and April 2019 for the Clinical Chair.
Key Issues	<p>Key topics for this report:</p> <ul style="list-style-type: none"> • Primary Care Strategy progress including the new Primary Care Networks and Integrated Locality Partnerships • Improved Access • Workforce • Digital First Primary Care • Care Quality Commission Inspections and mergers • Meetings April and May 2019
Conflicts of Interest	None.
Risk Issues: Original Risk	None.
Financial Impact	None.
Legal Issues (including NHS Constitution)	None.
Impact on Health Inequalities	None.
Impact on Equality and Diversity	
Impact on Sustainable Development	None.
Patient and Public Involvement	None.
Recommendation	This report is presented for information and Governing Body members are requested to note the contents.
Author	Andy Seymour
Designation	Clinical Chair

Agenda Item 9

Governing Body

23 May 2019

Clinical Chair's Report

1. Primary Care Strategy progress

- 1.1 Primary Care Networks (PCNs) represent a fundamental development of our Integrated Care System (ICS). A number of important documents and clarifications have recently been released by NHS England. Practices within their Primary Care Networks are currently discussing how they will work together under a Mandated Network Agreement (with over 100 clauses and seven associated schedules) to deliver a new Network Contract Direct Enhanced Service (DES) from 1 July 2019.
- 1.2 Following slight re-organisation we are expecting fourteen PCNs in the county with 100% population coverage. Clinical Directors are currently being nominated within each PCN and part of these individuals role will be interfacing with the CCG and the ICS. PCNs are currently working with partner organisations to make sure community and mental health staff are integrated well with PCNs. In addition, PCNs are considering their future workforce requirements, building on the considerable progress we have already made in Gloucestershire, which will best enable them, with ICS partners, to deliver the specifications contained with the new contract.
- 1.3 There is also a raft of digital changes (see section 4) including the launch of the NHS App, and for all practices to make at least 25% of all appointments available for online booking. Additionally all newly registered patients will be given online access to their full record by July this year. Video consultation needs to be available by April 2021 for all patients.
- 1.4 The Primary Care and Localities Directorate is working through all of the implications of the new GP contract framework and has developed project

planning and scheduling to ensure all deliverables are captured and planned accordingly. The Primary Care Network Development group met for its second monthly meeting in the first week of May.

- 1.5 Part of our system architecture to deliver place based care in Gloucestershire, is the introduction across the county of Integrated Locality Partnerships (ILPs). The CCG's Governing Body approved the roll out of six ILPs at our meeting in March as did the Boards of 2g NHS Foundation Trust and Gloucestershire Care Services. A Place Based Development Group comprising senior leaders from organisations across the county is currently in the process of planning the new ILPs and we have been working with Chief Executives of districts to understand current partnership structures and how ILPs will work with them.
- 1.6 Work on implementing the GP Forward View continues. The Care Navigation project, mentioned in by last report, has commenced with workshops in North Cotswold and Cheltenham Central PCNs; the objective of which was to choose the services to be signposted to and to meet providers and discuss access criteria. The project team, including clinical lead Dr Olesya Atkinson, is currently developing Care Navigation templates to be utilised on the two clinical systems used by the practices.

2. Improved Access

- 2.1 In the year since the start of April 2018 in excess of 100,000 (101,632) additional Improved Access appointments were made available across Gloucestershire. Greatest availability was in March this year when 11,183 appointments were offered to patients across the county, with an utilisation rate of 85%.

3. Workforce

- 3.1 Approximately 35 early career GPs are taking part in the Next Generation GP scheme. Inspirational national speakers have included Dr's Robert Varnam, Nick Harding, Professor Simon Gregory and Dr Joanna Bayley. A Question and Answers panel of local leaders took place on the 2nd of May featuring Dr's Sophia Sandford, Sam Kuok, Hein Le Roux and I.

Sessions have been interactive and enjoyable, as early career GPs are empowered to explore and talk through opportunities available to them. There was also discussion on how to tackle challenges which they may face as leaders. Sharing both professional and personal journeys has been valued by participants with evaluations of the session showing positive results. Three out of the five sessions have taken place, with future sessions booked for the evenings of the 12 of June and the 9 of July. These will include a visit from NHS England's Primary Care senior GP team, an Arctic Explorer GP and a 'Strengths Finder' diagnostic session for GPs; the latter is where GPs will understand more about their skills and strengths and how to build on them for the future.

- 3.2 Two working groups will focus on the changes in the Primary Care Network GP Contract to support the implementation of changes linked to the contract – including the introduction of the new roles in primary care – Social Prescribing link workers, Physiotherapists, Clinical pharmacists, Physician Associates and Paramedics. Discussions are taking place at ICS level to understand the pipeline of staff coming through these roles, including Health Education England (HEE) and providers.

4 Digital First Primary Care

- 4.1 In February 2019 we completed a procurement exercise for a new standardised practice website system. Silicon Practice Ltd, with their FootFall product, was chosen as the preferred supplier. Pre implementation work has been completed and we are now in the process of mobilising the new websites across the county. It is anticipated the new websites will ease the administrative burden for practices, by supporting care navigation and signposting, offering self-help and allowing secure electronic communication between patients and the practice. Currently 44 practices have expressed interest in adopting the new website, with 8 having already upgraded.
- 4.2 We are currently running a small scale pilot to monitor and evaluate the benefits to general practice of an online symptom checking and triage system. The Doctorlink system from Medvivo Group Ltd was procured for

the Gloucestershire pilot. The system is currently live in 5 practices and we are working to improve patient adoption, to gain the necessary information to conduct a thorough assessment of the system. This intelligence will directly inform our future commissioning intentions and Primary Care Digital Strategy.

- 4.3 The NHS App has been available to Gloucestershire Practices from March, with all practices expected to be connected by the end of June. NHS Digital has planned a national promotion campaign for September 2019. We are currently undertaking a due diligence process to understand what steps are required by general practice to prepare for patient adoption and utilisation of the App.

5. Care Quality Commission (CQC) Inspections and mergers

- 5.1 Only one CQC report has been published since my last update. In total 67 Gloucestershire Practices are rated as “good”, 4 are rated “outstanding” and three “require improvement”.
- 5.2 Phoenix and Romney House contractually merged their practices with effect from 1 April bringing the total number of General Practices in Gloucestershire to 74.

6. Meetings

- Friday 29 March – NHS Long Term Plan Community Partner Engagement Events – Sanger House.
- Monday 1 April – Practice Visit to The Chipping Surgery, Wotton Under Edge
- Tuesday 2 April – PCN Development Support Offer event – London
- Wednesday 4 April – ICS Executive, Sanger House
- Wednesday 4 April – ICS Reducing Clinical Variation/Clinical Reference Group, Sanger House
- Monday 8 April – Update meeting with Mark Pietroni
- Wednesday 10 April – Roundtable: Legislative changes to NHS procurement event, London

- Thursday 18 April – ICS CEO’s meeting, Sanger House
- Tuesday 30 April – ICS Board, Dowty Sports and Social Club
- Thursday 2 May – ICS Executive, Sanger House
- Thursday 2 May – Next Generation GP Scheme, Sanger House
- Tuesday 7 May – Meeting with Roger Wilson, Shire Hall
- Thursday 9 May – Senior GP’s meeting, Aspen Centre
- Thursday 9 May – LMC Main meeting, Farmers Club
- Friday 10 May – KPMG UK visit, Shire Hall
- Tuesday 14 May – Urgent and Emergency Care Summit, Sanger House
- Tuesday 14 May – ICS Strategic Stakeholder Group, Bowden Hall Hotel
- Tuesday 21 May – Health & Care Scrutiny Committee, Shire Hall
- Tuesday 21 May – Health Chairs meeting, Shire Hall.

7. **Recommendation**

The Governing Body is asked to note the contents of this report.

Governing Body

Governing Body Meeting Date	Thursday 23 May 2018
Title	Accountable Officer's Report
Executive Summary	This report provides an update on some of the key programmes and initiatives within the CCG during April and May 2019. To note for this report items about quality issues appear in a dedicated report included in each Governing Body meeting and will no longer feature in the AO's report.
Key Issues	<p>Key topics for this report:</p> <ul style="list-style-type: none"> • Pain and pain prescribing • ESCAPE-Pain • Gloucestershire National Diabetes Prevention Programme (NDPP) • Dermatology Training Day • Improving Outpatient Services • Adult Carers Support Services • Young Carers Contract • The Better Care Fund: Housing, Health and Care • Frailty Service • Therapy programme - a special show from budding Magicians. <p>Meetings attended in April and May.</p>
Conflicts of Interest	None.
Risk Issues: Original Risk	None.
Financial Impact	None.
Legal Issues (including NHS Constitution)	None.
Impact on Health Inequalities	None.
Impact on Equality and Diversity	None.
Impact on Sustainable	None.

Development	
Patient and Public Involvement	None.
Recommendation	This report is presented for information and Governing Body members are requested to note the contents.
Author	Mary Hutton
Designation	Accountable Officer

Accountable Officer's Report

23 May 2019

The following report provides an update on some of the key areas of the CCG's work during the last two months, since the last report on 28 March 2019.

1. **Pain and pain prescribing: Gloucestershire's Living Well with Pain Programme**
- 1.1 Long-term pain is prevalent and disabling. There are no treatments that are highly effective in reducing pain and this can lead to frustration for people with pain and their healthcare providers. Opioid prescribing for pain is the subject of international concern. Many of the commonly used medicines for pain can be harmful to patients, and there is little evidence to support their use in successfully treating pain. In the UK, prescribing for opioids and other painkillers had been on the rise, but most recent data suggests that the rise in prescribing may be levelling off.
- 1.2 Gloucestershire's Living Well with Pain Programme aims to make Gloucestershire the best place to live for services designed to protect patients from the harms of pain treatments. A programme of educational activity and service redesign supports a better shared understanding of pain and ensures that people with pain do not have the additional burden of harms from treatments that are not helping their symptoms. By ensuring that only those who benefit are prescribed painkillers, we have reduced spending on these drugs in the CCG by over £750K in the last year; money that is invested in other patient services.
- 1.3 The Living Well with Pain Programme aims to change the emphasis away from medical treatments towards ways that improve quality of life such as exercise, healthy living and social engagement, which help to practically improve the lives of pain sufferers.

2. **ESCAPE-Pain**

- 2.1 ESCAPE Pain (Enabling Self-management and Coping with Arthritic Pain using Exercise) is a rehabilitation programme for people with chronic joint pain. The programme integrates educational self-management and coping strategies with an exercise regimen that is individualised for each participant. It helps people understand their condition, teaches simple mechanisms for self-management and takes them through a progressive exercise programme, with the aim of coping with pain and reduced mobility. While at the same time "demedicalising" Osteoarthritis (OA).
- 2.2 ESCAPE-Pain training has been accredited by the Chartered Institute for the Management of Sport and Physical Activity. It now forms part of their Skills Development Partner network. The programme was also mentioned in the NHS Long Term Plan (January 2019).
- 2.3 In Gloucestershire, there is an established ESCAPE-Pain programme based at Leisure @ Cheltenham which has been running since early 2017, and in Gloucester (since May 2018) based at the Oxstalls Campus.
- 2.4 With the two existing Gloucestershire programmes now well established, Cirencester has been identified as the next area which would benefit from ESCAPE Pain. The CCG will be working in close partnership with the WEAHSN (West of England Academic Health Science Network) and will be funding the use of an exercise studio for one year. The studio at Cirencester Leisure Centre can accommodate 15 participants on each course. It is anticipated that 90 participants would benefit from ESCAPE Pain.
- 2.5 In return for this commitment, the CCG will be closely involved in the evaluation of the Cirencester scheme. It is anticipated that the local evaluation will show positive and lasting benefits to peoples' lives and a reduction in GP appointments.

3. Gloucestershire National Diabetes Prevention Programme (NDPP)

- 3.1 The NDPP is now fully operating in Gloucester, Cheltenham, Forest of Dean and nearly all of Stroud and Berkley Vale practices. Tewkesbury and the Cotswold districts are to follow shortly. To date there have been 3,074 referrals to the NDPP with 57% of patients taking up the offer to go onto the free programme. From those patients who have completed the programme to date, we know that 45% have a Body Mass Index over 30 (defined as 'obese'), and after 6 months the mean weight loss is 4kg.
- 3.2 As part of the NHS 10 Year NHS Long Term Plan the NDPP will now be funded for an additional 3 years up to August 2022. Due to this service extension, the CCG has undertaken a re-procurement exercise working closely with Public Health colleagues and our GP Clinical Lead. This was a competitive process with three providers wanting to work in Gloucestershire.
- 3.3 The CCG has selected ICS Health & Wellbeing to be Gloucestershire's new NDPP service provider taking over from Living Well Taking Control (LWTC) LLP in August 2019. ICS Health and Wellbeing have a lot of experience of successfully delivering the NDPP in other parts of the country. Service transition planning between NHS England, the CCG, LTWC and ICS Health & Wellbeing will commence in May 2019 to ensure patients have a smooth transition to the new provider in August 2019.

4. Dermatology Training Day

- 4.1 Gloucestershire CCG in conjunction with Gloucestershire Hospitals NHS Foundation Trust (GHFT) and our CCG GP clinical lead are working together to move towards a *virtual* model for dermatology. The aim is for clinicians in primary and secondary care to work together towards a virtual model of rapid diagnosis of skin conditions,

particularly skin lesions, and deliver the most appropriate treatment, in the right place and at the right time.

- 4.2 In order to support this, the CCG held a dermatology training day on 7 March 2019 for GPs to learn how to identify skin lesions and included an opportunity to learn how to use a dermatoscope to take high quality images with a smartphone, and access rapid specialist advice from a dermatology consultant. The training day was well received with over 50 GPs attending the day. 96% of those who attended the training rated it very useful.
- 4.3 Gloucestershire CCG has also provided additional dermatoscopes to those practices that do not already have one, along with universal adaptors for all practices. This will enable the dermatoscopes to be used with smartphones as well as traditional cameras. The practices that were provided with dermatoscopes on this occasion have been approached for their feedback. From responses received so far, GPs are feeling more confident in diagnosing skin lesions and many referrals to hospitals have already been saved.
- 4.4 The aim now is to continue to support GPs to move towards a virtual model. We have recently launched on our G-care website a new educational resources section and dermoscopy quiz to reinforce some of the learning from the training day. A further training day is being planned for October 2019.

5. **Improving Outpatient Services**

- 5.1 NHS England has recognised Gloucestershire ICS as an exemplar for its outpatient redesign work. As a result NHSE has allocated Gloucestershire ICS additional funding to help us develop our outpatient plans and share our learning with other Integrated Care Systems across the country.
- 5.2 Attain Management Consultancy started working with Gloucestershire health and care professionals at the end of April. Attain specialises in working with the NHS and local authorities on planning and redesign

work. They have been appointed by the Gloucestershire ICS to undertake a short piece of work with ICS partners to create a refreshed outpatient improvement plan that builds on and enhances our existing work.

5.3 The project is focusing on streamlining processes, so that waste can be eliminated, and resources maximised and by ensuring staff and patients get a better experience. This will be achieved by:

- Completing a review of hospital systems and processes covering: referral vetting and triage, clinic booking, scheduling, patient communication, clinic preparation, patient check in and clinic management and closure.
- Identifying and implementing examples of national best practice and evidence based solutions which can be easily replicated in Gloucestershire for:
 - New demand/referral management.
 - Reducing follow ups.
 - Increasing non-face to face appointments.
 - Improving outpatient productivity, efficiency and value for money.
 - Improving patient and staff experience both inside and outside clinics.
 - Making the best use of digital technology.
- Implementing a full range of options in initially four specialties namely diabetes, neurology, rheumatology and dermatology. This will create new approaches and plans that can be used across all remaining specialties in the future.

6. **Adult Carers Support Services**

6.1 In the March report I reported that PeoplePlus the new provider of the adult carers' support contract would take over the contract on 1 April

2019. The new contract is now in place and will provide:-

- Information, advice and guidance.
- Carers assessment and support planning, including contingency planning.
- Carers Emergency Scheme.
- Carers Breaks.
- Hospital and GP Liaison.
- Carers' Voice.
- Positive Caring education and training sessions.
- Skills development, employment and training opportunities.
- Carers emotional support and counselling.
- Peer support and support groups.
- Carers Partnership Board.

6.2 The new service is called The Gloucestershire Carers Hub and is based in Gloucester City centre (off Northgate Street). The information, advice and guidance service operates from The Carers Hub. However, the majority of support will be delivered in the community with key workers responsible for specific local areas.

6.3 All providers worked together with Gloucestershire County Council and CCG to ensure services for carers were uninterrupted and the transfer was as smooth as possible. For example, many staff have transferred across, so their skills and experience will not be lost, and, from a carers perspective, the telephone number has transferred so it is the same number to call. Throughout April, staff have been calling carers, to introduce themselves and answer any immediate queries or

concerns carers may have.

6.4 During Carers Week (10-14 June) The Carers Hub will be running a range of events across the county to publicise the range of services they offer. Plans are also taking shape to launch a new Carers Partnership Board at the end of June. Nick Relph has agreed to chair the Partnership Board through the first year so that he can help us continue to raise the profile of carers across the health and care system, in his current role as the Interim ICS Chair.

7. **Young Carers Contract**

7.1 Support for young carers and young adult carers aged 8 to 24 years will continue to be provided by Gloucestershire Young Carers (GYC). Working in partnership with the statutory and voluntary agencies across the county, GYC will work to identify young carers and young adult carers. GYC will provide a range of support, appropriate to need, aiming to ensure that young carers and young adult carers have the same educational, health and well-being and life chances as their peers. The voice of young carers and young adult carers will remain at the core of the charity's work.

7.2 The work will include:-

- Assessment and support planning.
- Information advice and guidance to young carers and their families, and professionals working with young carers.
- Direct support through group and one to one interventions.
- Participation opportunities for young carers and young adult carers to influence services.
- Opportunities for breaks.
- Specialist dedicated service for young adult carers (aged 16 to 24).

8. **The Better Care Fund: Housing, Health and Care**

8.1 The Joint Housing Action Plan has generated a number of new projects across the county. We have worked closely with district council and voluntary and community sector colleagues to progress projects.

8.2 **Falls pick up service**

8.2.1 The CCG has been working with South West Ambulance Service to introduce a pick-up service for people who have fallen, but not sustained an injury. This is provided by Community First Responders (CFRs). Following a successful pilot which led to a significant reduction in ambulance conveyance, further CFRs are being recruited and trained and the service will be available to 80% of people in the county from 1 June 2019.

8.2.2 A programme of improvements for park homes began in April. Two contractors have been appointed to work across the county and offer insulation to park home residents. As well as a reduction of up to 50% in heating bills, the improvements are expected to reduce damp and condensation, improve the appearance of the property and reduce the carbon footprint. Data has shown park home residents have a higher rate of hospital admissions. They also have more of certain long term condition than residents of other accommodation. The insulation programme is expected to improve residents' health and wellbeing by keeping people warm and well.

8.2.3 A joint bid was made to the Rough Sleepers Initiative fund to support the work of the county's homelessness coordinator. The bid was successful. Meaning that a total of £108,000 was awarded to the county. This will provide three additional full time outreach workers, doubling the size of the team, and will also provide funding to help people find accommodation and move in. The latest national data from the Social Impact Bonds (SIB) (to support entrenched rough sleepers) shows Gloucestershire has the highest number of

successful outcomes for clients accessing accommodation, out of all the SIBs across the country.

9. **Frailty services**

9.1 The Frailty Assessment Service continues to develop; a key part of the service is ensuring nursing homes only call an ambulance when necessary. Rapid Response is utilising the Improved Better Care funding to expand their current work of education within nursing homes. Homes are being supported to understand and use the National Early Warning Score to recognise the deteriorating patient and as a result, where appropriate, utilise rapid response in the first instance. The outcome of this work is being closely monitored. Rapid Response is currently working with 15 homes (to date) with a roll-out plan in place. The roll-out is being used to develop a dataset that will help us to identify homes who are frequent users of ambulance services. Further work is being undertaken with the Care Home Support Team to see how residential homes can be included in this work.

10. **Social Prescribing Therapy programme**

10.1 The CCG's Social Prescribing Team has teamed up with Breathe Arts Health Research on a new scheme called Breathe Magic Intensive Therapy Programme which is aimed at young people.

10.2 An Easter Camp for local children aged between 7 and 18 years old affected by hemiplegia and quadriplegia was organised. Hemiplegia is a weakness on one side of the body, usually caused by a brain injury at birth. Quadriplegia is where both sides are affected. In either case this weakness can make everyday tasks, such as tying shoelaces or opening food packets, very difficult for these young people, which later in life may make it more difficult for them to live independently.

10.3 Seven local children have been involved in the first phase of the programme which uses specially chosen magic tricks to help children

with the conditions. The programme is taught by professional Magic Circle magicians and occupational therapists, the programme offers 60 hours of one to one therapy over a 10 day camp, where Breathe combine the learning of carefully chosen magic tricks with a focus on everyday activities such as cutting up food, or crafts.

10.3 The aim is to significantly improve the young peoples' hand function, social interaction, confidence and independence over the course of the programme and it works. The camp which started in Gloucestershire on 8 April finished with a special Magic Show involving the young people on Thursday evening (18 April) at the Parabola Arts Centre, Cheltenham Ladies College.

10.4 The fundraising effort was spearheaded by Gloucester businessman Trevor Thorn, whose son Ashton attended a Breathe Magic Intensive Therapy programme in 2017. Ashton has seen such great gains from attending the programme that his Dad encouraged 12 local businesses to fundraise to support other young people like Ashton from the South West area. We are very grateful to all those businesses that so generously contributed to the scheme, which has been a tremendous success.

11. **Meetings**

A summary of meetings I have attended over the past couple of months.

29 Mar	Practice Visit – Cirencester Health Group
1 Apr	Practice Visit – The Chipping Surgery
3 Apr	Respiratory Integration Staff Engagement Event
4 Apr	ICS Executive Board
9 Apr	Practice Visit – Stroud Valleys Family Practice
10 Apr	Enable Active Communities Meeting
11 Apr	Governing Body Business Session

16 Apr	Gloucestershire Q4 Quality of Leadership Meeting
18 Apr	ICS CEO Board Meeting
24 Apr	Local Workforce Action Board (LWAB)
25 Apr	Governing Body business Session
26 Apr	Meeting with David Drew MP
26 Apr	Associate Director of Commissioning Interviews
30 Apr	ICS Board
01 May	Joint Commissioning Partnership Executive (JCPE) Meeting
02 May	ICS Executive Board
02 May	New Models of Care Board (NMOC)
02 May	Gloucestershire ICS "One Place" Review Meeting
07 May	Audit Committee
08 May	STP Leaders Group Meeting, Taunton
08 May	Joint Outpatients Board
09 May	Governing Body Business Session
14 May	Health & Wellbeing Board Strategy Steering Group
14 May	ICS Strategic Stakeholder Group Meeting
15 May	Private Roundtable Discussion, London
16 May	ICS CEO Board Meeting
21 May	Health & Care Scrutiny Committee (HOCSC)
22 May	HFMA/FFF Summit, London
24 May	South West CEO Forum, Taunton
28 May	ICS Board Meeting

28 May	GCS/CCG Strategic Board Meeting
29 May	Health & Wellbeing and Industrial Strategies Meeting
31 May	ReSPECT Project Board Meeting, Bristol

12. Recommendation

The Governing Body is asked to note the contents of this report.

Governing Body meeting

Governing Body Meeting Date	23 May 2019
Title	Finance and Performance Report
Executive Summary	The bi-monthly finance and performance report has been submitted to the Governing Body covering a review of 2018/19 performance and M12 finance.
Key Issues	<p>This report covers the following key elements:</p> <p>1.0 Scorecard</p> <p>2.0 Executive Summary</p> <ul style="list-style-type: none"> 2.1 Leadership 2.2 Better Care 2.3 Sustainability 2.4 Better Health <p>3.0 Better Care</p> <ul style="list-style-type: none"> 3.1 Constitution updates reported by exception <p>4.0 Leadership</p> <ul style="list-style-type: none"> 4.1 Measurement <p>5.0 Sustainability</p> <ul style="list-style-type: none"> 5.1 Resource Limit 5.2 Acute Contracts 5.3 Community 5.4 Prescribing 5.5 Mental Health 5.6 Primary Care 5.7 CHC 5.8 Other 5.9 Savings Plan 5.10 Savings forecast delivery 5.11 Risks & Mitigations 5.12 Cash drawdown 5.13 BPPC performance 5.14 Income & Expenditure.
Risk Issues: Original Risk	The key risks are detailed within the report

Residual Risk	
Financial Impact	See slides 40-58
Legal Issues (including NHS Constitution)	N/a
Impact on Health Inequalities	N/a
Impact on Equality and Diversity	N/a
Impact on Sustainable Development	N/a
Patient and Public Involvement	N/a
Recommendation	The Governing Body is asked discuss and note the Finance and Performance Report
Author	Katharine Doherty
Designation	Performance Manager
Sponsoring Director (if not author)	Mark Walkingshaw – Deputy Accountable Officer Cath Leech - Chief Financial Officer

CCG Monthly Performance
Report
May 2019

Contents

This document is a highlight report which is presented to give the CCG Governing Body an overview of current CCG and provider performance across a range of national priorities and local standards.

Whilst inevitably this report focuses on areas of concern it should be noted that Gloucestershire is currently achieving the majority of the local and national performance standards.

1.0 Scorecard

2.0 Executive Summary

- 2.1 Leadership
- 2.2 Better Care
- 2.3 Sustainability
- 2.4 Better Health

3.0 Better Care

- 3.1 Performance updates – 2018/19 review

4.0 Leadership

- 4.1 Measurement

5.0 Sustainability

- 5.1 Resource Limit
- 5.2 Acute Contracts
- 5.3 Community
- 5.4 Prescribing
- 5.5 Mental Health
- 5.6 Primary Care
- 5.7 CHC
- 5.8 Other
- 5.9 Savings Plan
- 5.10 Savings forecast delivery
- 5.11 Risks & Mitigations
- 5.12 Cash drawdown
- 5.13 BPPC performance
- 5.14 Income & Expenditure

1.0 Scorecard: CCG Performance Overview



2.1 Executive Summary – Leadership

Green

This domain assesses the quality of the CCG's leadership, the quality of its plans, how the CCG works with its partners, and the governance arrangements that the CCG has in place to ensure it acts with probity, for example in managing conflicts of interest.

2.1.1 Staff engagement : Robust culture and Leadership Sustainability (OD Plan)

2.1.2 Probity and Corporate Governance: Full governance compliance

2.1.3 Effectiveness of working relationships in the local system: Effectiveness of working relationships in the local system

2.1.4 Quality of CCG leadership: Review of the effectiveness of culture, leadership sustainability and an oversight of quality assurance.

2.2 Executive Summary – Better Care

Amber

This domain focuses on care redesign, performance of constitutional standards, and outcomes, including in important clinical areas.		Overall Rating
2.2.1	Planned Care	●
2.2.2	Unscheduled Care	●
2.2.23	Cancer	●
2.2.4	Mental Health	●
2.2.4	Learning disability	●
2.2.5	Maternity	●

2.3 Executive Summary - Sustainability

Green

This domain looks at how the CCG is remaining in financial balance, and is securing good value for patients and the public from the money it spends		Rating
2.3.1	Year to date surplus variance to plan (%)	●
2.3.2	Forecast surplus to plan (%variance)	●
2.3.3	Forecast running costs in comparison to running cost allocation (%)	●
2.3.4	Forecast savings delivery in comparison to plan (%)	●
2.3.5	Year to date BPPC performance in comparison to 95% target (%)	●
2.3.6	Cash drawdown in line with planned profile (%)	●
2.3.7	Forecast capital spend in comparison to plan (%)	●

2.4 Executive Summary – Better Health (1 of 2)

Green

These indicators show the latest known position from nationally available data

This section looks at how the CCG is contributing towards improving the health and wellbeing of its population, and bending the demand curve.	Current CCG Performance				
	Period	National	Glos CCG	What is good?	Trend
Smoking: Maternal smoking at delivery: The percentage of women who were smokers at the time of delivery, out of the number of maternities	Q3 18/19	10.5%	12.1%	Low %	<i>Up from last quarter (-)</i>
Child Obesity: Number of children in Year 6 (aged 10-11 years) classified as overweight or obese in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England as a proportion of all children measured.	2017/2018	34.3%	32.1%	Low %	<i>Up from last year (-)</i>
Diabetes: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children: The percentage of diabetes patients that have achieved all 3 of the NICE-recommended treatment targets – <i>New indicators being measured for 2017/18</i>	2016/2017	39.7%	36.4%	High %	<i>No change</i>
Personalisation and choice: Indicators relating to utilisation of NHS e-referral service to enable choice at first routine elective referral.	Dec 2018	80%	66%	High %	<i>Up from last month (+)</i>

2.4 Executive Summary – Better Health (2 of 2)

Green

These indicators show the latest known position from nationally available data

This section looks at how the CCG is contributing towards improving the health and wellbeing of its population, and bending the demand curve.	Current CCG Performance				
	Period	National	Glos CCG	What is Good?	Local Trend
Personal health budgets Per 100k population	Q1 18/19	48	57.8	High rate	<i>Lower than Q4 (-)expected due to methodology</i>
Percentage of deaths which take place in hospital	2017/ 2018	45.9%	39.6%	Low %	<i>Lower than 2016/17 (+)</i>
People with a long-term condition feeling supported to manage their condition(s).	2017/ 2018	59.6%	64.1%	High %	<i>Lower than 2016/17 (-)</i>
Health inequalities: Inequality in avoidable emergency admissions for chronic ambulatory care sensitive conditions – <i>indicator not updated</i>	Q3 17/18	1992.07	1889.33	Low rate	<i>Indicator not updated – to be retired</i>
Appropriate prescribing: Prescribing of broad spectrum antibiotics in primary care (co-amoxiclav, cephalosporins, and quinolones as a percentage of total antibiotics prescribed)	12 months to July 2018	8.7%	9.3%	<10%	<i>No change</i>
Carers: Quality of life of carers <i>Indicator methodology has been updated for 2018</i>	2018	tbc	63.5%	High %	<i>No data</i>

3.0 Performance Dashboard – Year end position 2018/19

Amber

Unscheduled Care	4 Hour A&E March (System)	4 Hour A&E March (GHFT)	Category 1 Ambulance March 19 (Gloucestershire)	Category 1 Ambulance YEAR TO DATE (Gloucestershire)	Delayed Transfers of Care (DToC) March19 (GHFT)
	91.0%	87.1%	6.8 mins	7.4 mins	3.13%

Planned Care	RTT Incomplete <18 weeks March 2019	Diagnostics >6 weeks March 18 (Gloucestershire patients) (GHFT)	Diagnostics >6 weeks (YEAR TO DATE) (Gloucestershire patients) (GHFT).		
	80.9% (GCCG) 79.9% (GHFT)	1.1% (all)	0.5% (GHFT)	1.1% (all)	0.6% (GHFT)

Cancer Dashboard (March 2019)	2 Week Waits	2 Week Waits Breast	31 Day 1 st Treatment	31 Day Waits Surgery	31 Day Waits Drugs	31 Day Waits Radiotherapy	62 Day GP Referral	62 Day Screening	62 Day Upgrade
	94.8%	95.9%	92.6%	96.4%	100%	100%	79.0%	100%	77.3%
	95.3%	95.6%	91.9%	96.5%	100%	97.2%	76.0%	100%	72.7%

IAPT (YEAR TO DATE) March 2019	Access (target 16.65%)	Recovery (target 50%)
	16.88%	6%

Dementia Diagnosis March 2019	Estimated Diagnosis Rate (Target 66.7%)
	68.1%

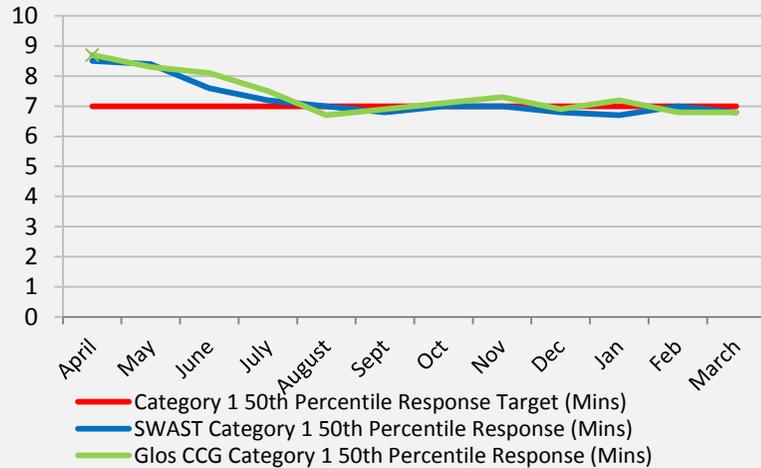
Performance Summary 2018/19 (GCCG unless indicated)

Measure	Target	2017/18	2018/19
4 Hour performance (System)	>95% (90% local target) patients seen and treated/discharged within 4 hours	91.0%	92.8%
4 Hour performance (GHFT)	>95% (90% local target) patients seen and treated/discharged within 4 hours	86.7%	89.6%
Category 1 Response	<7 minute average response time for life threatening incidents	10.0 mins	7.4 mins
DToC (GHFT)	<3.5% delay rate for occupied beds	2.9%	3.3%
DToC (2G)	<3.5% rate delay rate for occupied beds	3.0%	2.3%
DToC(GCS)	<3.5% rate delay rate for occupied beds	5.9%	1.4%
Diagnostics	<1% patients waiting more than 6 weeks	2.5%	1.1%
Cancer 2ww	>93% patients seen within 2 weeks of referral	82.7%	90.1%
Cancer 62 days	>85% diagnosed patients commence treatment within 62 days of referral	74.6%	74.5%
IAPT (access)	>17% estimated population in need of psychological therapy accessing service (Q4)	13.32%	17.44%
IAPT (recovery)	>50% patients completing psychological therapy achieving recovery	50%	52%
Dementia Diagnosis	>66.7% estimated population with dementia receiving a formal diagnosis (end of year comparison)	67%	68.1%
CHC (28 day assessment)	>80% patients receiving full assessment within 28 days of referral	29%	35%
CHC location of assessment	>85% assessments taking place outside of acute hospital settings	99%	100%
RTT	>92% patients on incomplete RTT pathways waiting less than 18 weeks	NA	80.9%
RTT – long waits	Zero tolerance of patients waiting more than 52 weeks on RTT pathways	102 total	91 total

3.1 System Overview Unscheduled Care

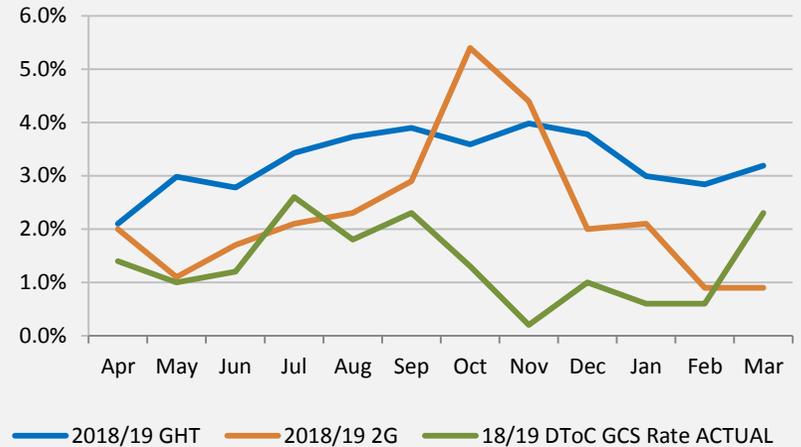
Ambulance – Category 1

SWAST Ambulance Cat. 1 Reponse 2018/19



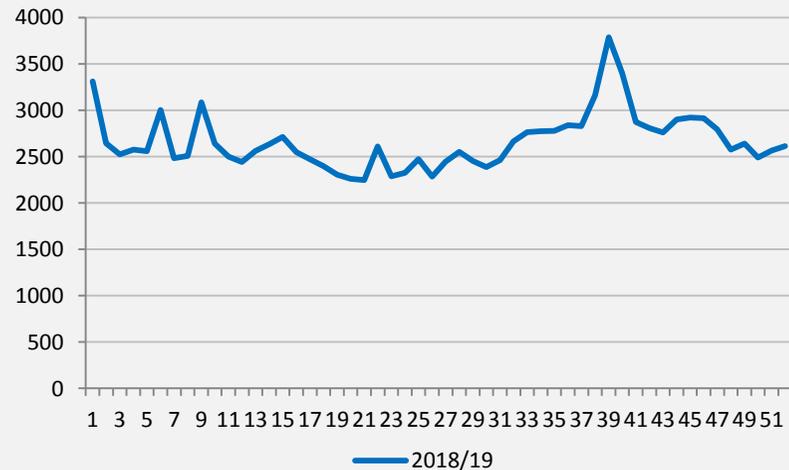
Delayed Transfers of Care

DTOC - GHT, GCS, 2G - 2018/19



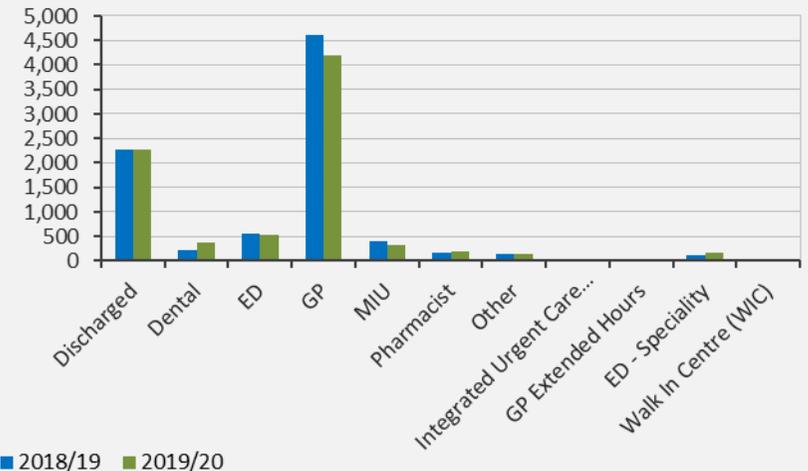
111 Call Volume

111 - Number of calls - 2018/19



111 Disposition

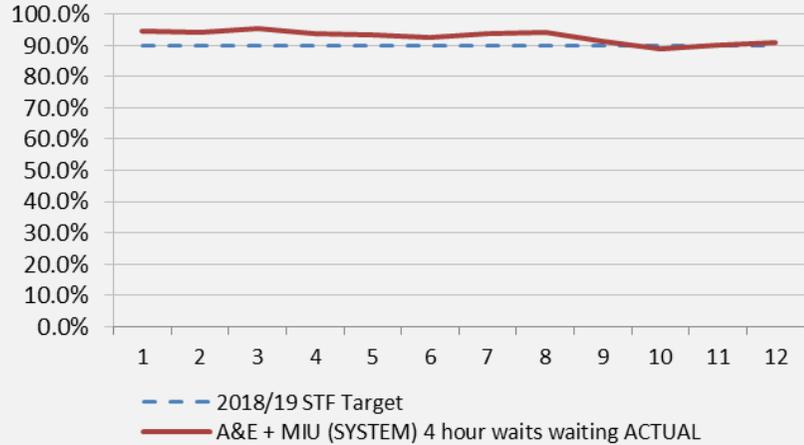
111 Outcome of contact 2018/19 to 2019/20 (Week 3)



3.1 System Overview Unscheduled Care

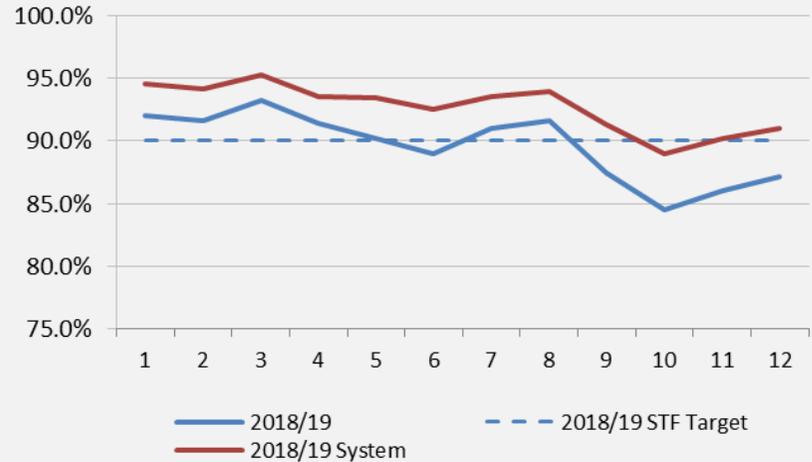
System A&E 4 hr Performance

System 4 hour performance (YTD)



GHFT A&E 4 Hour Performance

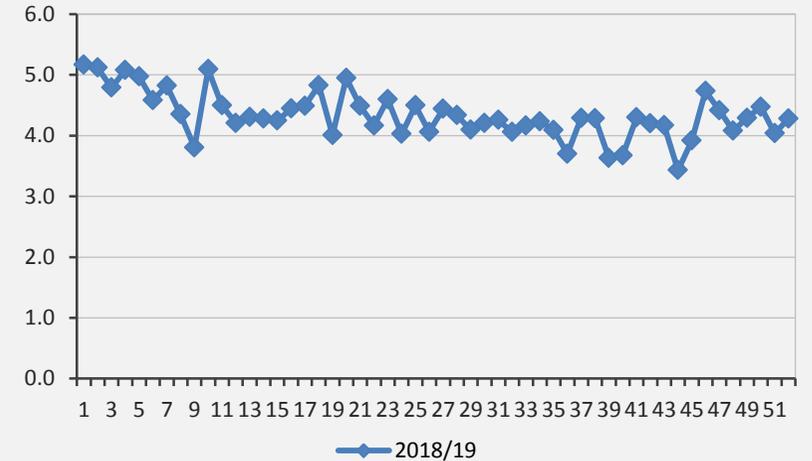
A&E 4 Hour - System compared to Type 1



GCS average Length of Stay

GHFT average Length of Stay

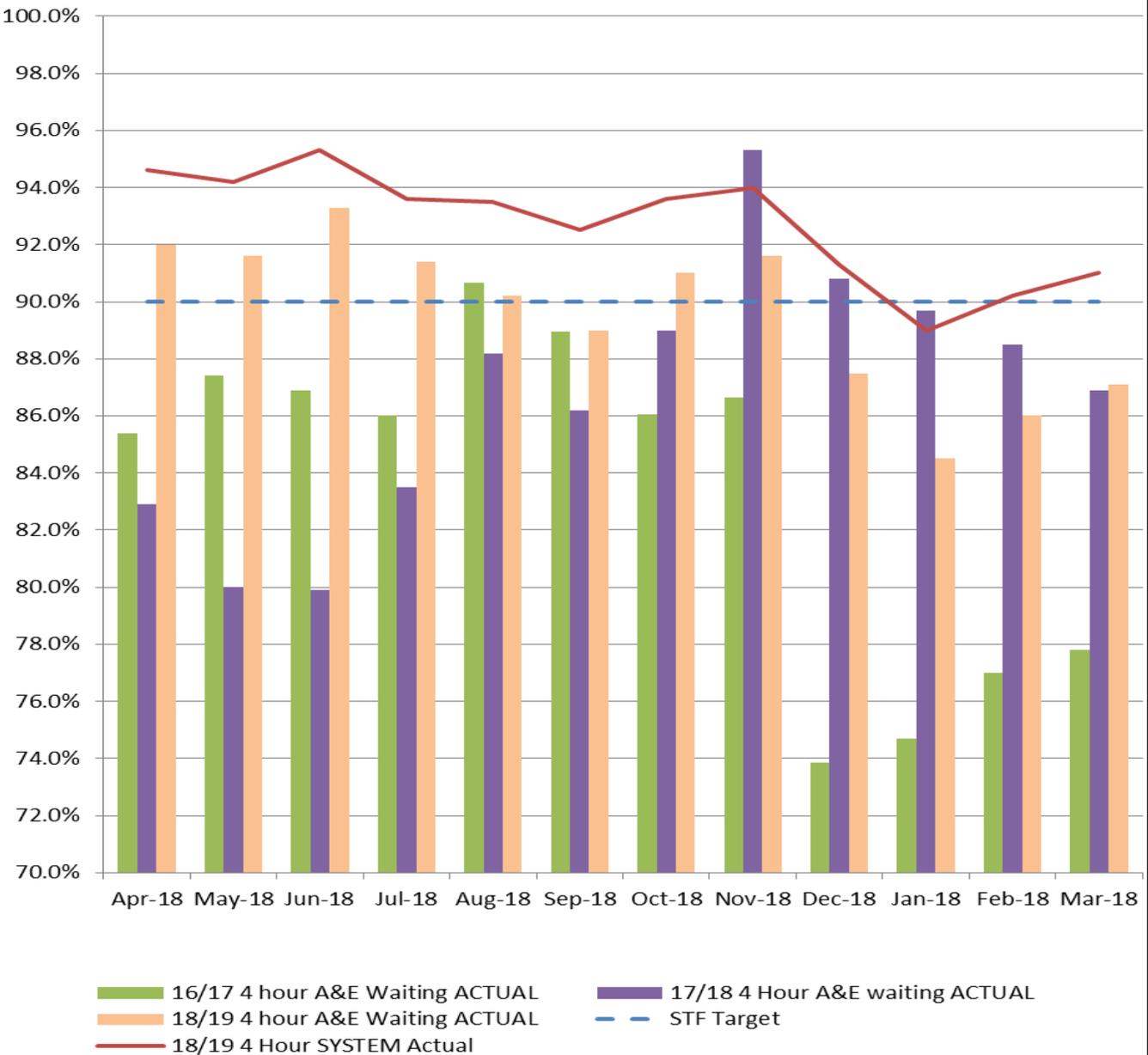
GHT Average LOS - 2018/19



GCS data currently incorrect – awaiting resolution

3.1 Unscheduled Care – 4 hour A&E

Green



Top Line Messages:

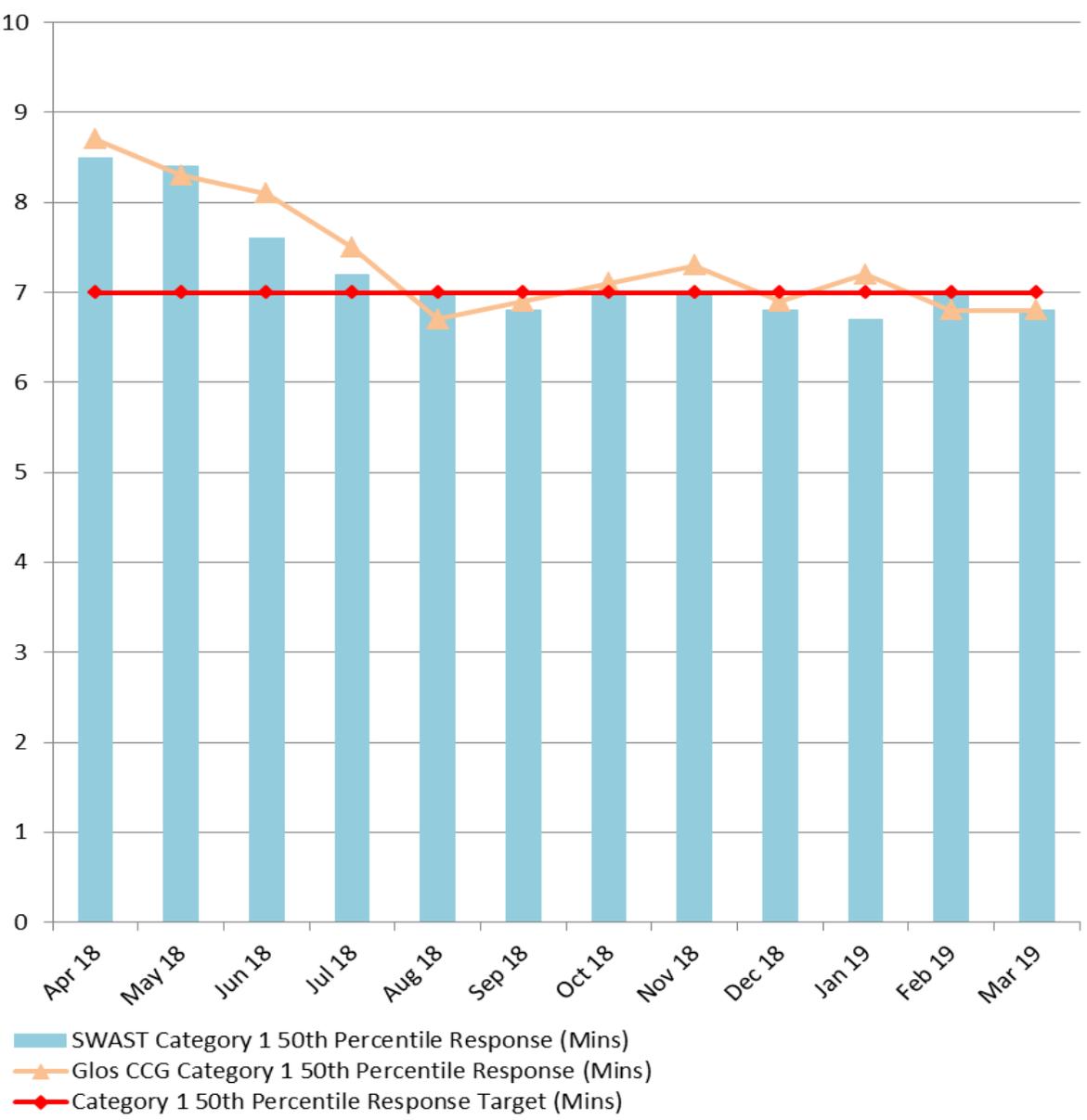
System performance against the 4 hour target across 2018/19 was 92.8%. This reflects performance of 89.6% at GHFT (GRH and CGH) and 99% at GCS (MIUs).

Nationally 4 Hour performance has been challenging throughout 2018/19 across most systems, however through system working Gloucestershire has managed to remain in the top third of acute trusts (36/136 acute trust areas), and is the 8th highest performing STP area out of 42 nationally across Q4 2018/19.

For 2019/20, Gloucestershire has committed to maintaining the countywide performance of at least 90% across the year. A chief executive summit has been scheduled for May 2019 to discuss management of ED demand and onward care across the system.

3.2 Unscheduled Care – Category 1 Ambulance

Amber

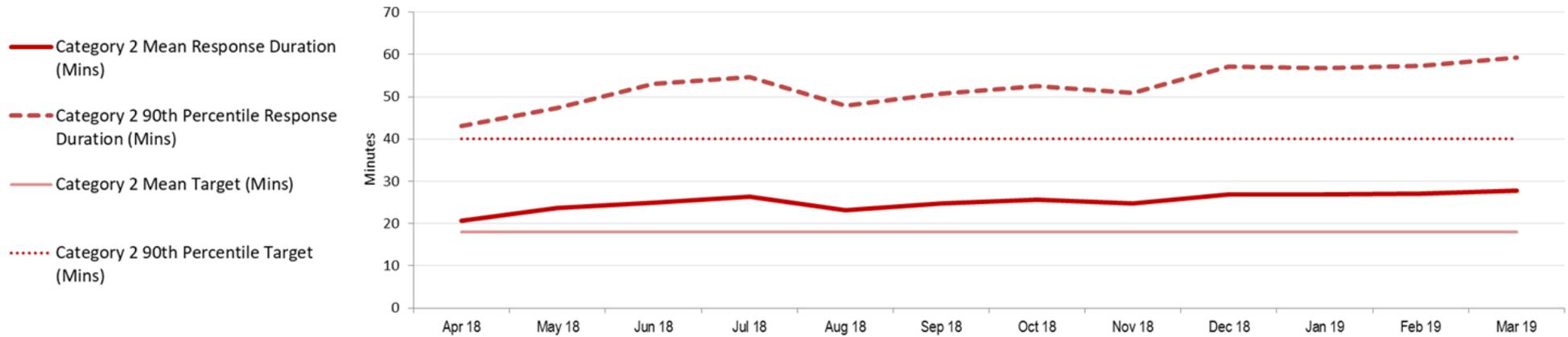


Top Line Messages:

Gloucestershire performance in Category 1 for 2018/19 has averaged 7.4 minutes. Performance has been relatively consistent around the 7 minute target since August 2018.

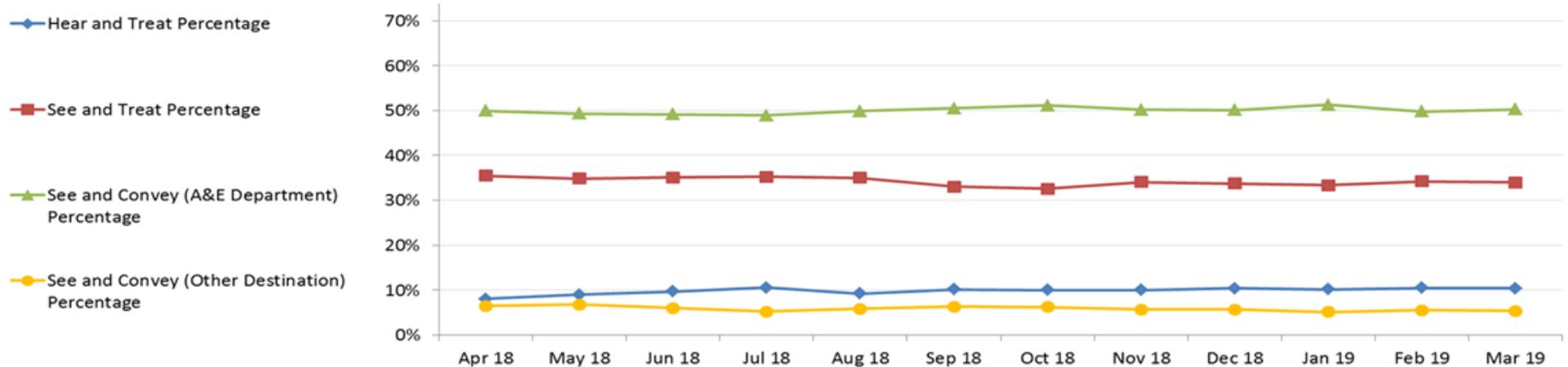
SWAST Performance across all geographical areas (South West) was 7 minutes in February, achieving the national target (YTD performance across South West is 7.3 minutes). The system has invested in improving the Category 1 performance, which has resulted in much more stable achievement across the South West.

3.2 Unscheduled Care – Ambulance Category 2 and Outcomes



Category 2 performance has been more challenging across the year, with the 18 minute target average response time missed all year. Commissioners across the South West are aiming to focus on this target throughout 2019/20, in conjunction with overall demand management to reduce the pressure on the ambulance service.

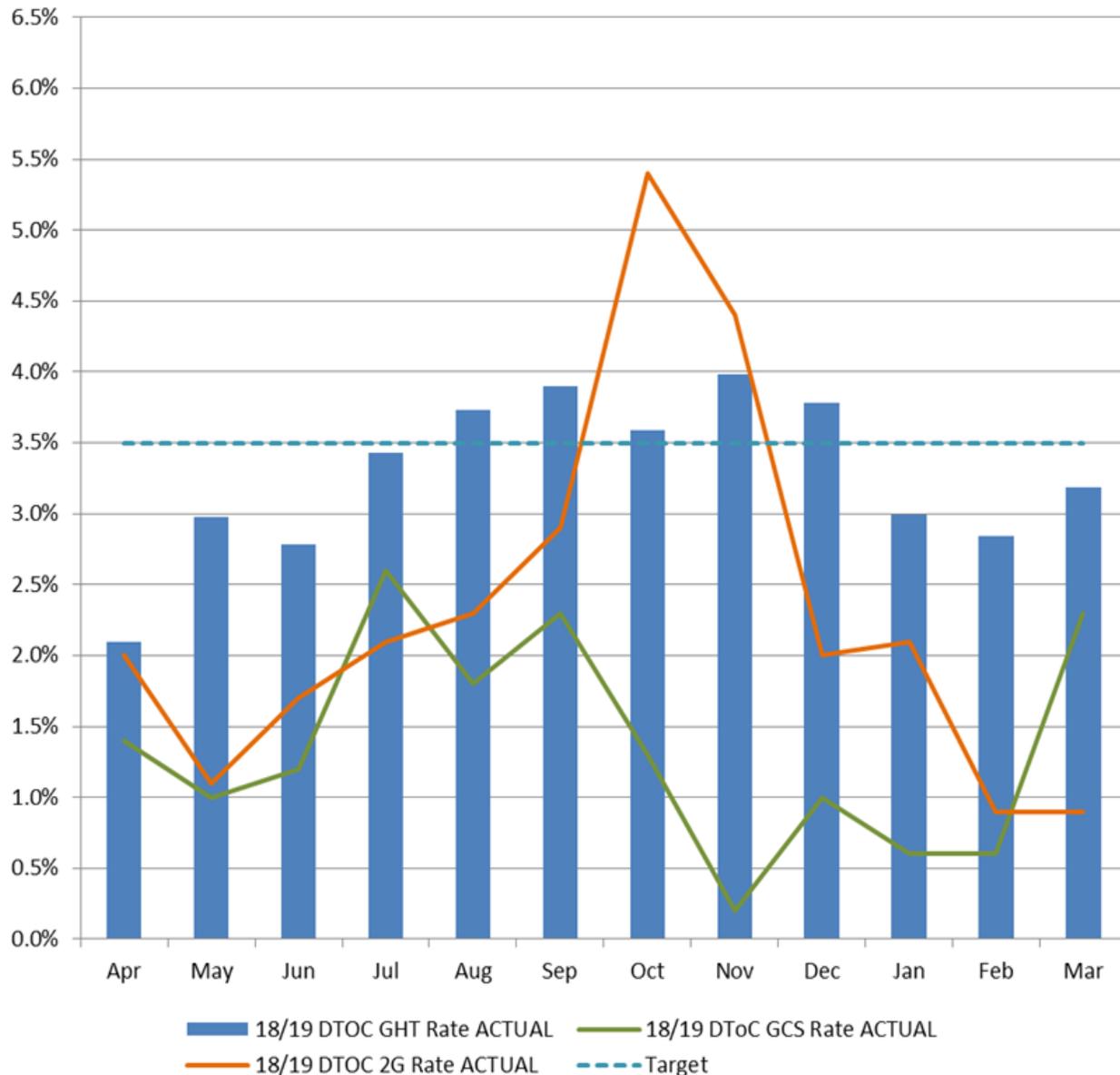
Incident Outcome



Outcomes to incidents remain fairly stable month-to-month, with conveyance to ED at 50%. Gloucestershire will be taking part in a pilot programme to evaluate the role of nurse paramedics, which will be live from summer 2019/20. It is anticipated that these roles will help to increase the rate of “See and Treat” dispositions across the service.

3.21 Unscheduled Care – Delayed Transfers of Care

Green



Top Line Messages:

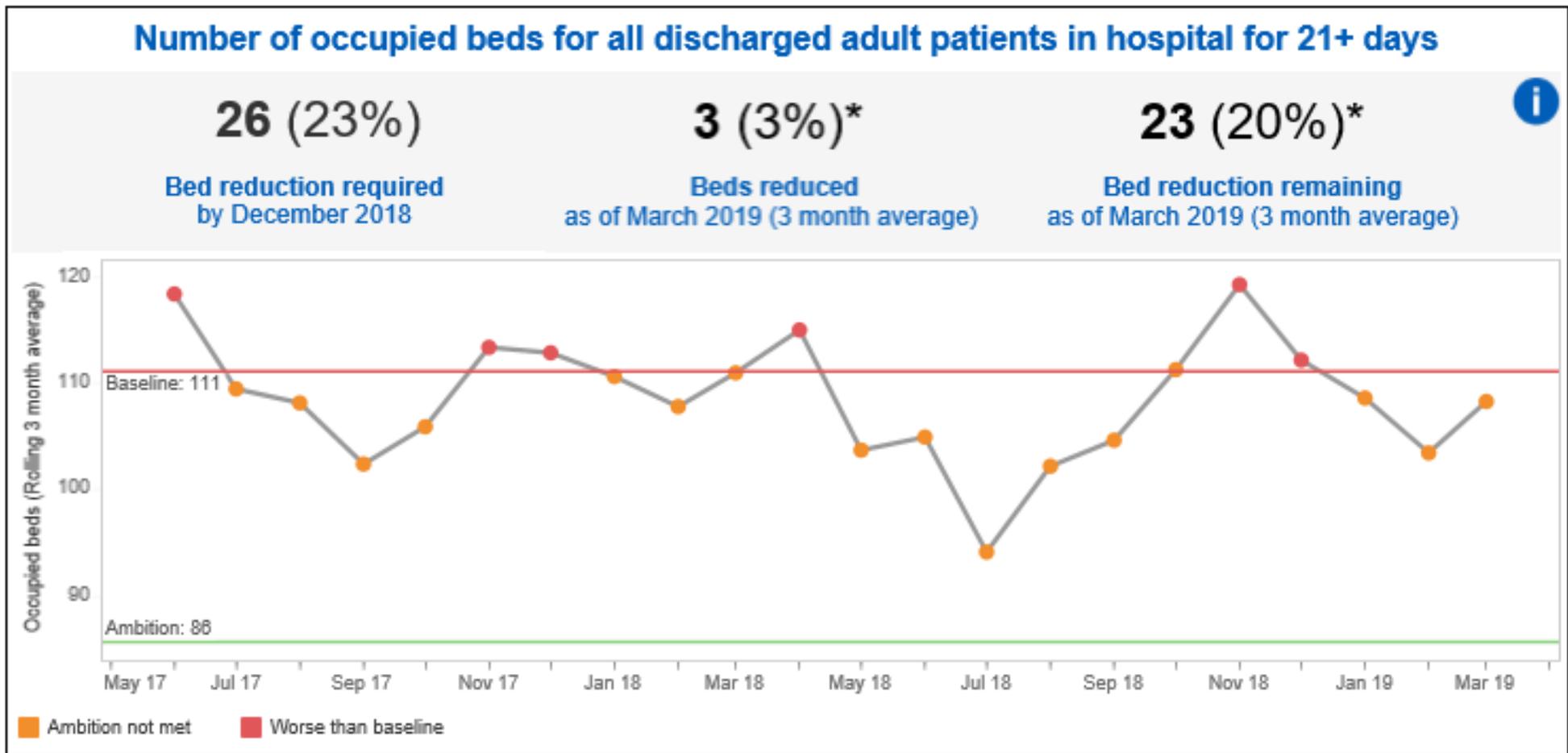
DToC rates across the 3 main providers have improved on performance throughout 2017/18 in both GCS and 2G, achieving the national target of less than 3.5% bed days occupied by delayed patients throughout 2018/19 at GCS, and for the majority of the year at 2G.

2G increases in the DToC rate were particularly the result of significant delays in finding suitable placements for complex patients with advanced dementia. This shortage of specialist care has also been highlighted by GHFT throughout the year.

While GHFT performance has remained below the 3.5% target on average (achieving 3.3% over the whole of 2018/19), the DToC rate has been above the 3.5% threshold several times across 2018/19. GHFT have put considerable effort into managing delays to discharge and reducing long stays in the acute hospital, with a work stream focussing on length of stay, system flow and discharge now well established. In particular, 2018/19 has seen a significant improvement in time lost to delays in brokerage – which was the main source of delays in 2017/18.

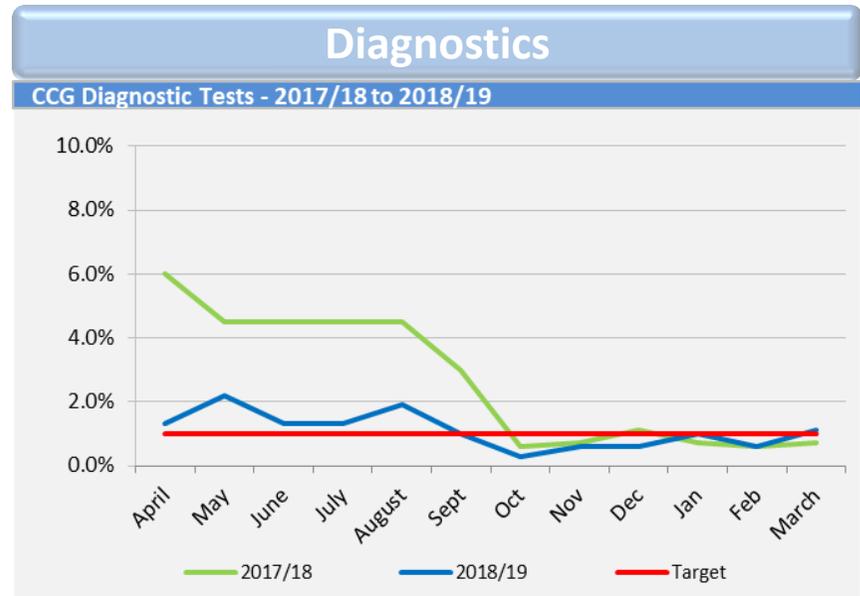
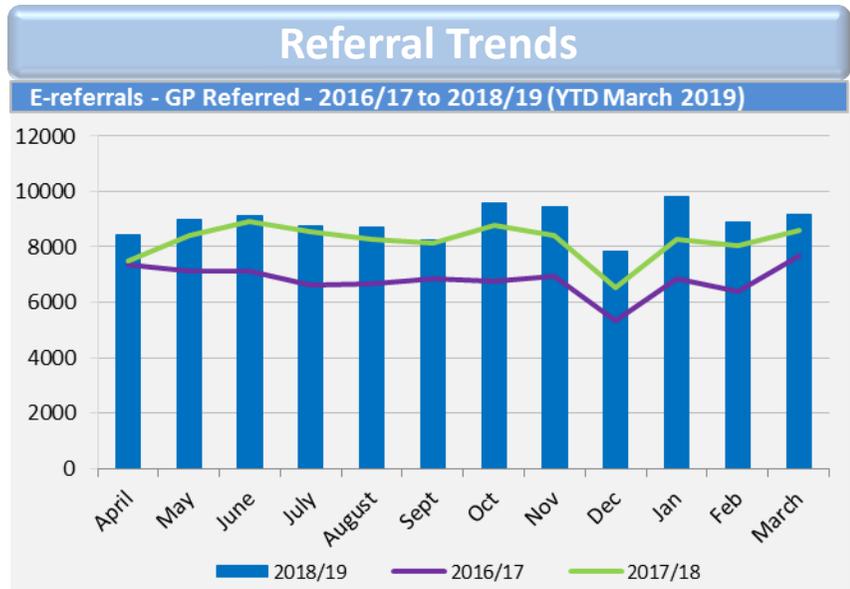
3.21 Long Stay (>21 day LoS)

Long stay (defined as those staying in hospital for greater than 21 day periods) patients continue to be a focus for the system and national regulators. GHFT performance against the 21 day LoS target across 2018/19 has been variable across the year, however the baseline for this target has been difficult to recreate locally and is subject to further discussion with NHSE/I; this target remains ambitious given our starting point.

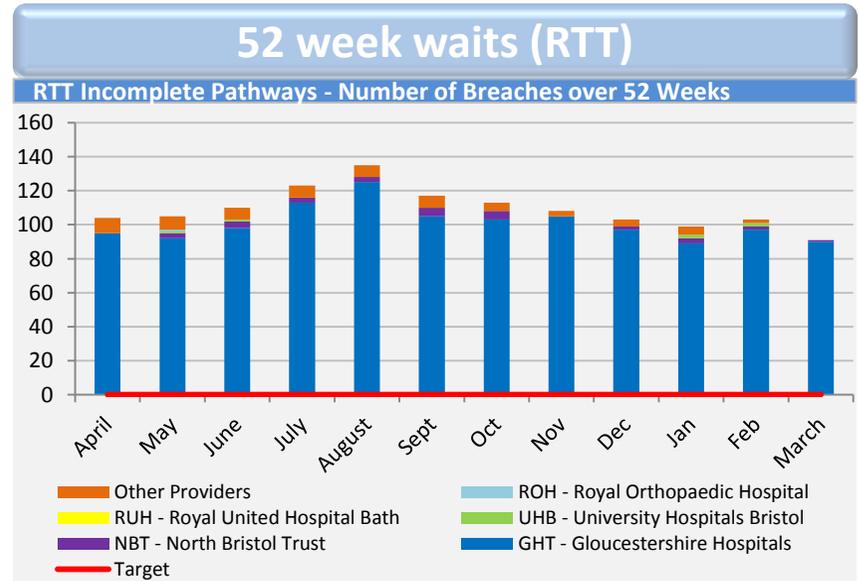
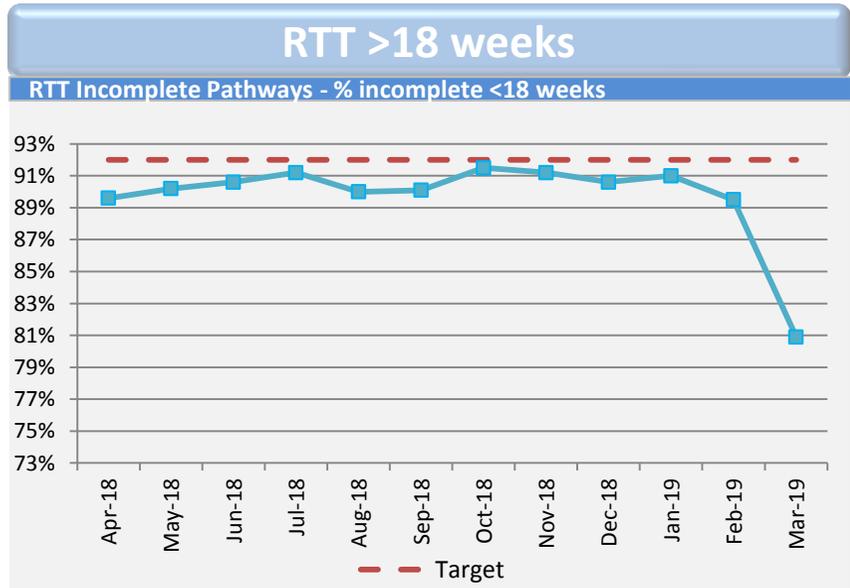


the baseline for this target and the reporting arrangements going forward.

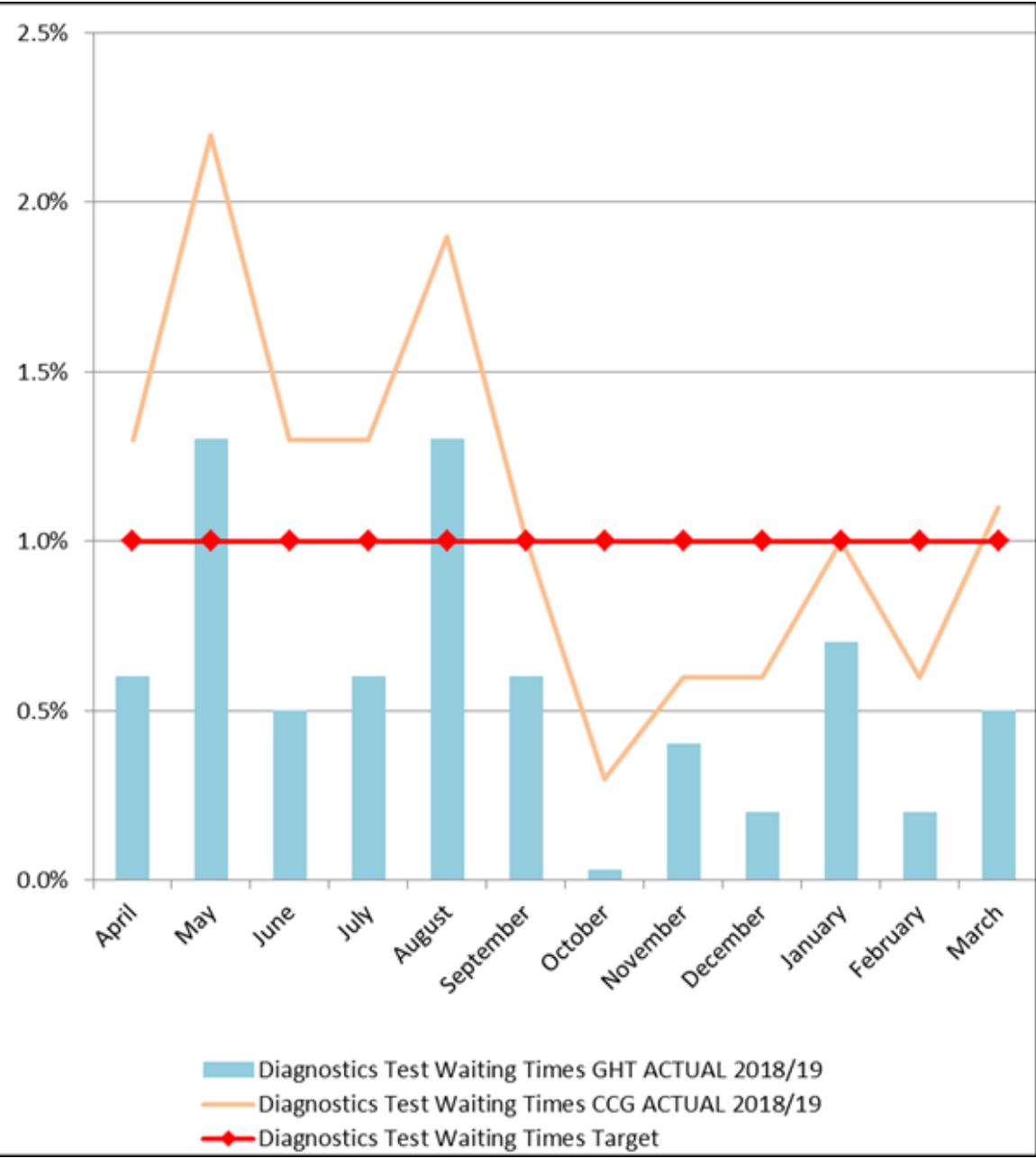
3.3 System Overview - Planned Care:



NB – eRS only includes all referral activity from 4th June 2018 (paper switch off date)



3.4 Planned Care – Diagnostics >6 weeks



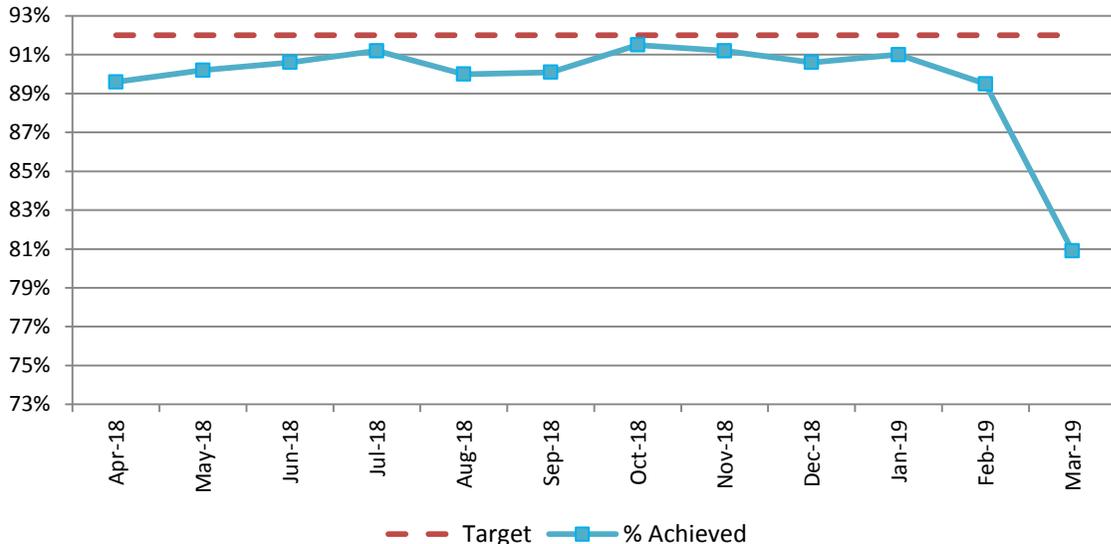
Top Line Messages:

Overall, performance against the national diagnostic target (>1% patients waiting more than 6 weeks for a diagnostic test) has improved on 2017/18 throughout 2018/19. While the full year performance for GCCG was 1.1% (and so just above the threshold), this is a significant improvement on 2017/18's performance of 2.5%. GHFT have shown particularly good performance across most of the year, meeting the target overall at 0.6%, and rising above 1% in only 2 months of the year (May and August).

March performance against the Diagnostic test standard dropped slightly for GCCG on February performance with a total of 107 over 6 week breaches, of which 37 were at GHFT. Despite being only just above the 1% target at 1.1%, Non-obstetric ultrasound was responsible for the majority of the over 6 week breaches, with 47 of the total breaches for March occurring for this test. Of these, 12 breaches occurred at GHFT and 34 at GP Care (1 breach was at Brighton and Sussex).

3.4 RTT

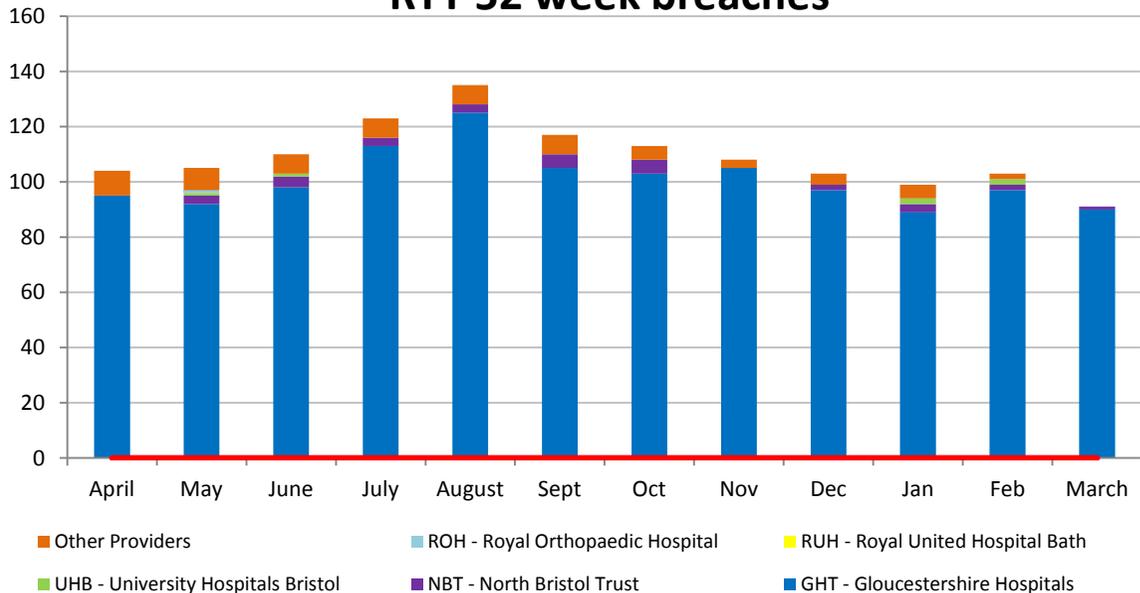
% Achieved (< 18 Weeks)



Top Line Messages:

GHFT have submitted RTT data nationally for the first time since 2016. March 2019 data shows that GHFT incomplete pathways (>18 weeks) stands at 79.9%, with the CCG performance at 80.9% due to the position at OOC providers. For the PSF trajectory submitted nationally, GHFT have committed to eliminating the 52 week backlog by July 2019 and to a 3% improvement in RTT performance over 2019/20. *Note: RTT performance shows OOC position only until March 2019. CCG performance against the RTT standard was 86.1% (however this includes March GHFT data). 2018/19 OOC performance was 90.4%.*

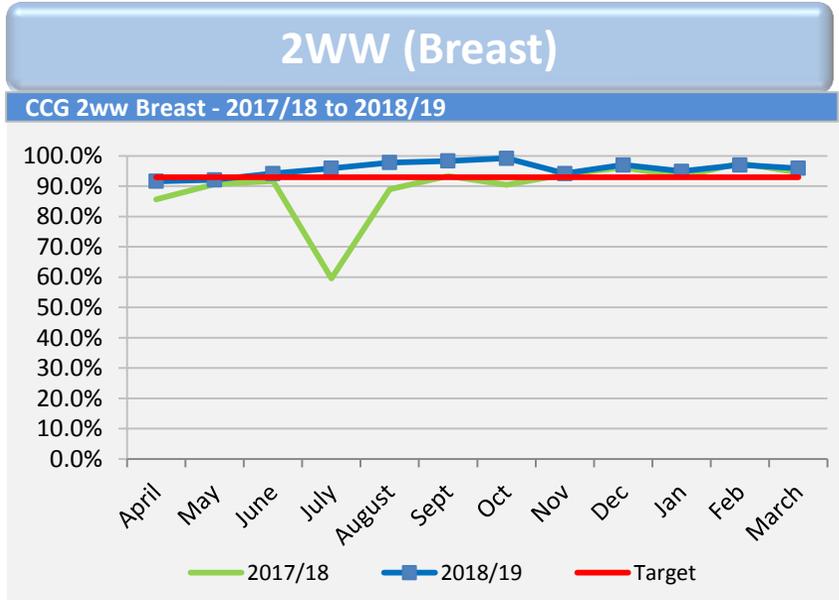
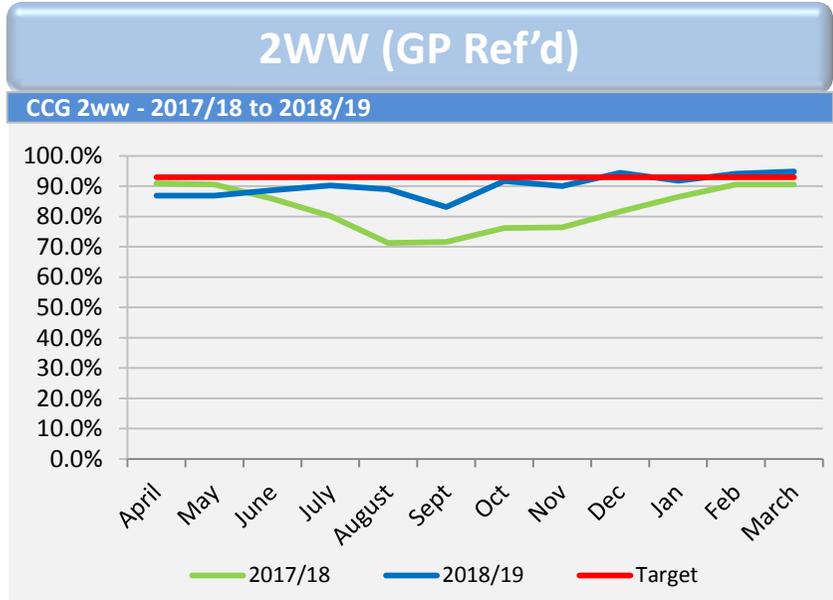
RTT 52 week breaches



There were 91 52 week breaches in March for the CCG – 90 of which occurred at GHFT. Out of County >52 week performance has improved significantly, with only 1 >52 week breach reported in March (in Urology at North Bristol Trust). From April 2019, the Department of Health have stipulated that all >52 week breaches will be subject to a £5000 mandatory fine, which will be split between commissioner and provider.

3.5 System Overview Cancer: 2018/19

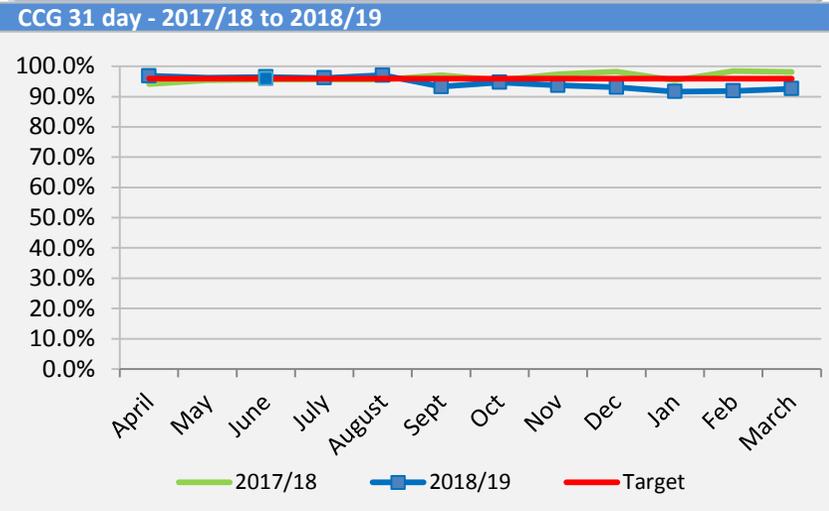
Amber



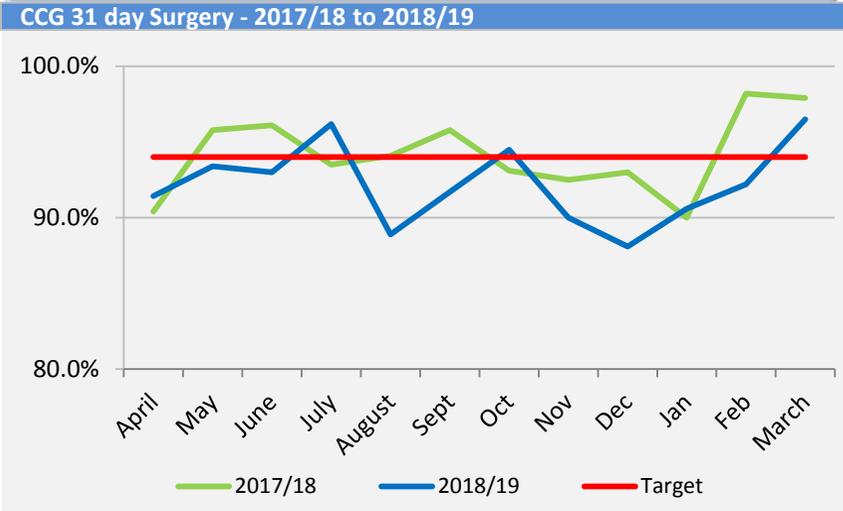
3.5 System Overview Cancer: 2018/19

Green

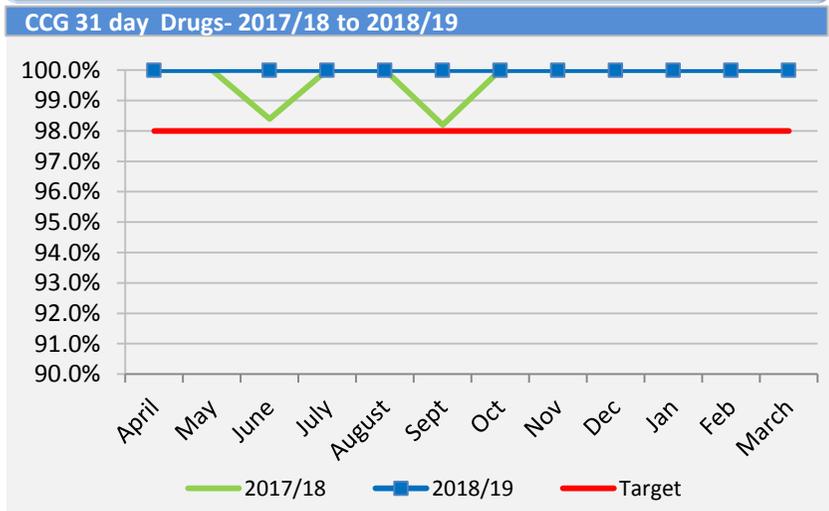
31 day



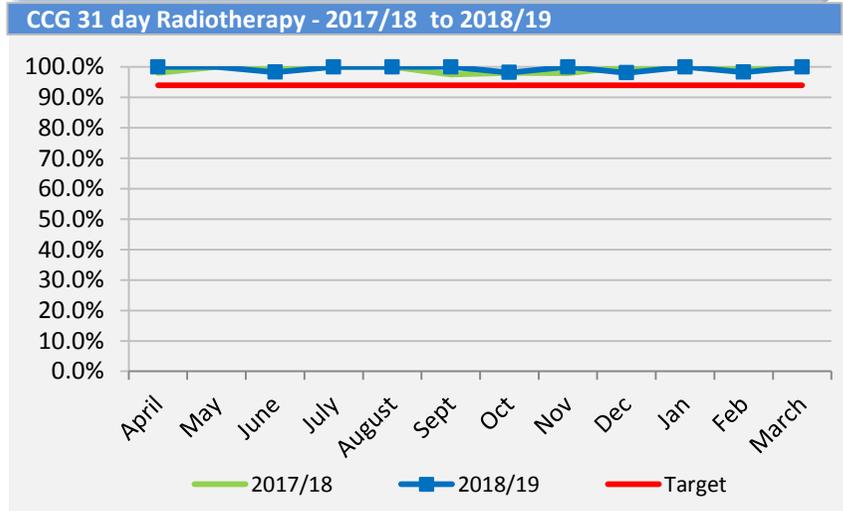
31 day subsequent treatm't: Surgery



31 day subsequent treatm't: Drugs



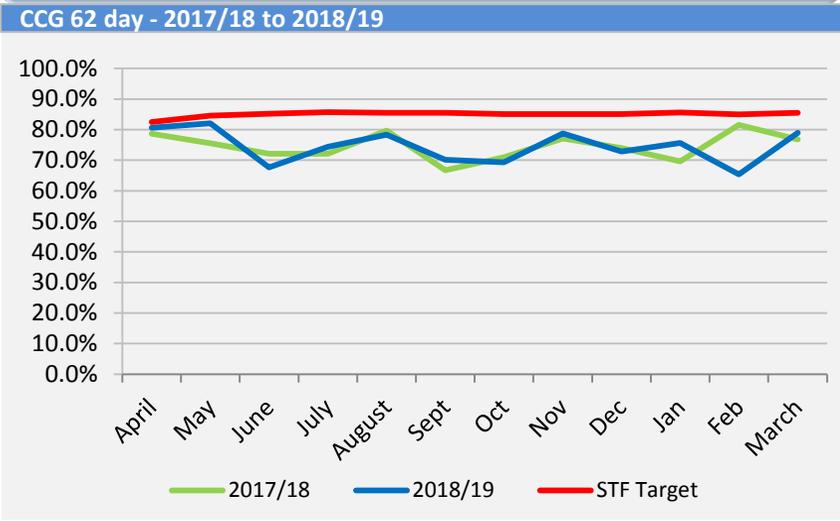
31 day subsequent treatm't: Radiotherapy



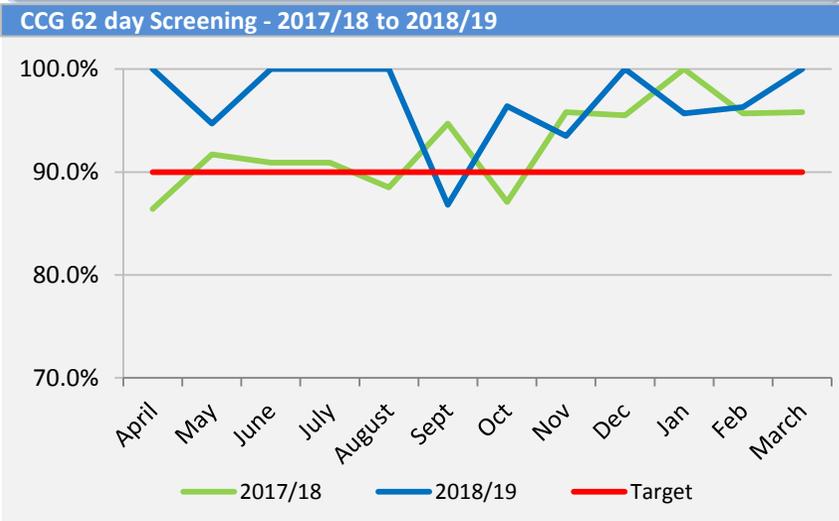
3.5 System Overview Cancer: 2018/19

Red

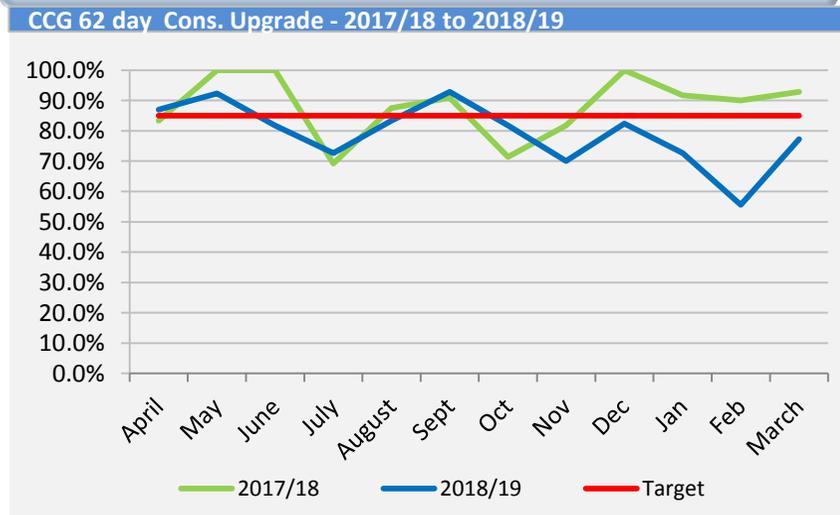
62 day: GP referral



62 day: Screening



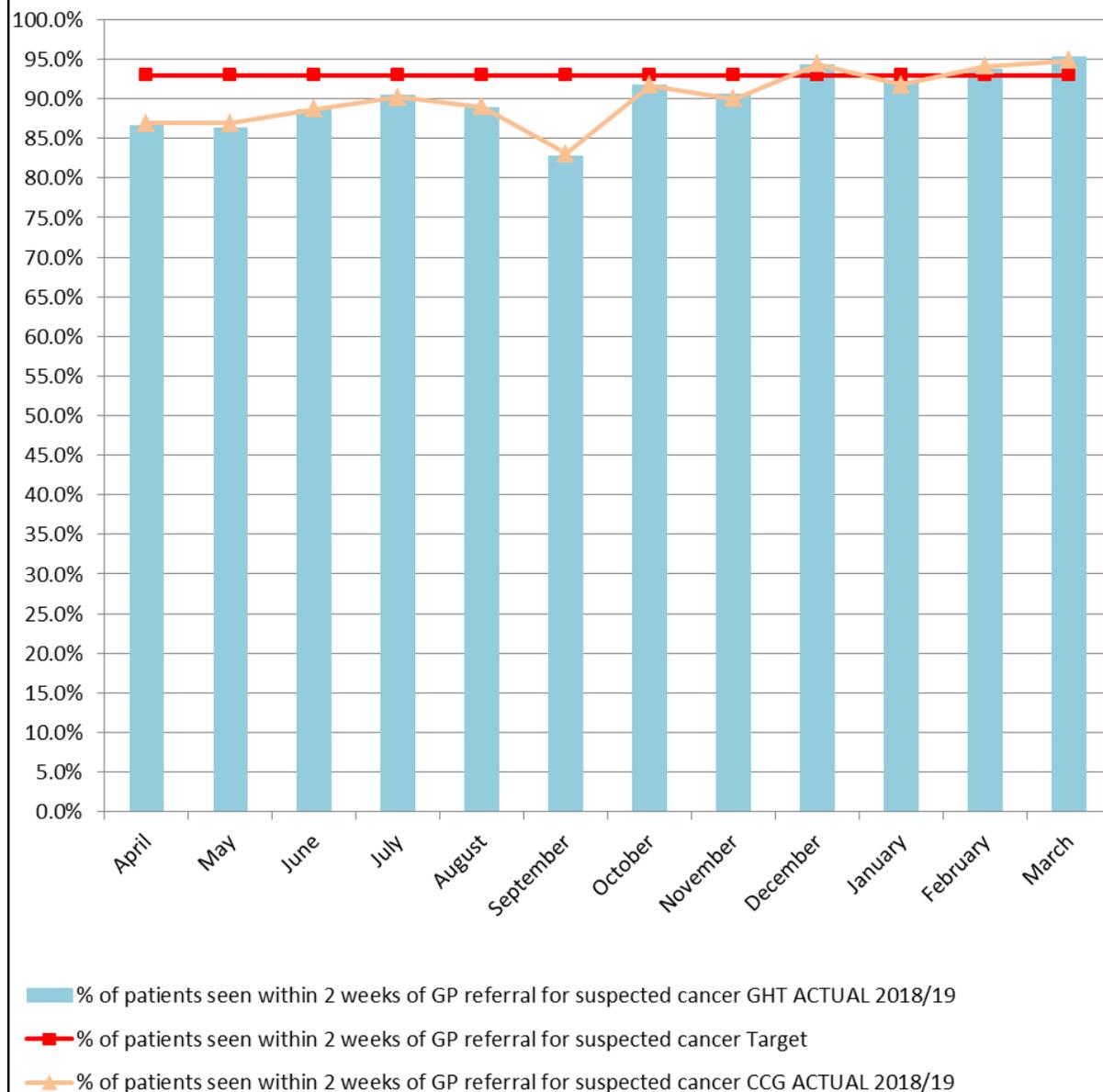
62 day: Consultant Upgrade



3.6 Cancer – 2 week waits

Amber

Cancer 2 week wait



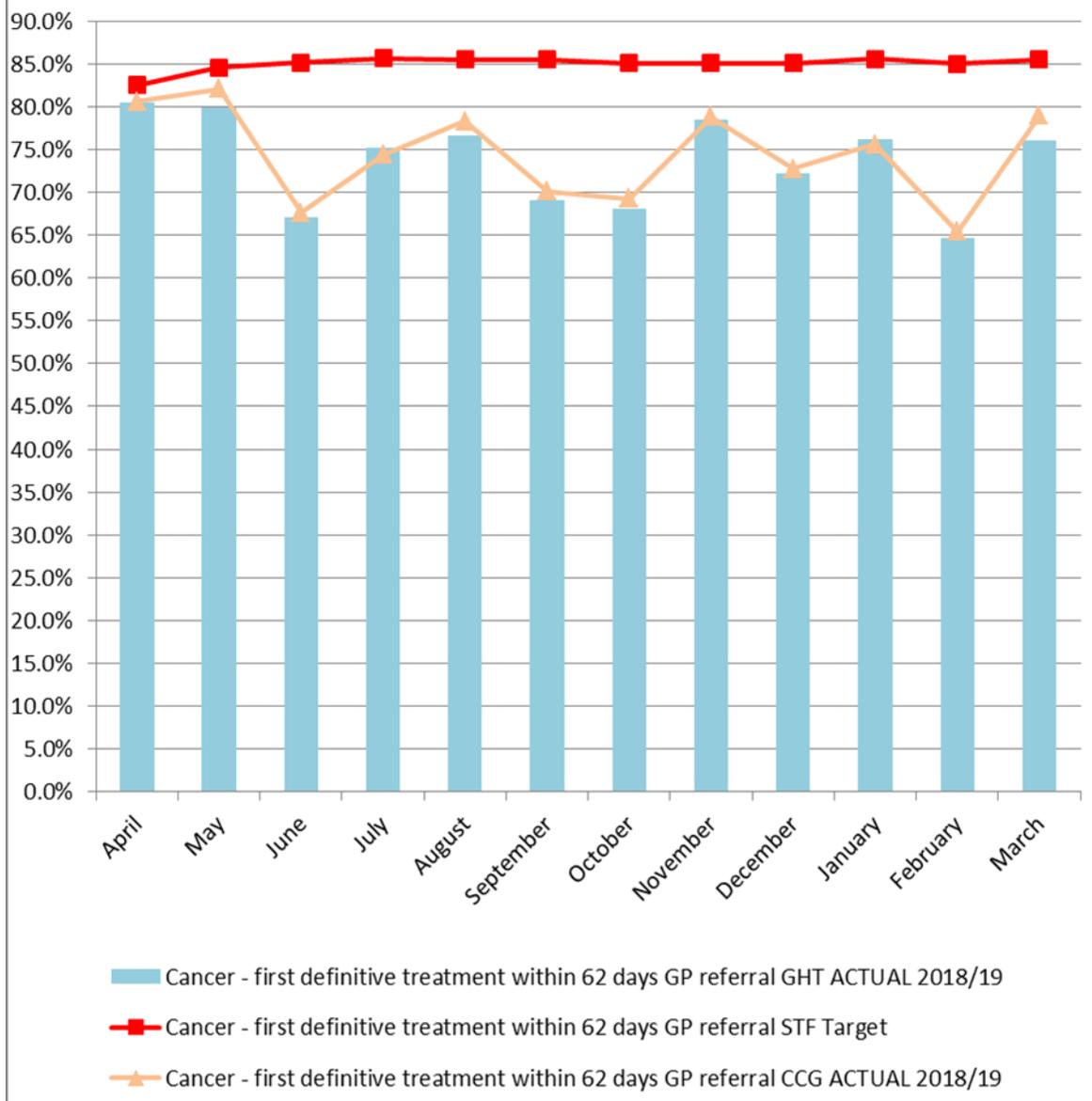
Top Line Messages:

In March 2019, 2 week wait performance was 94.8% (CCG) and GHFT performance at 95.3% - the best performance seen all year. The 2 week wait target was met by all specialties except Lower GI, Upper GI and Gynaecology however all the specialties were within 5% of the 93% target. Year-end position for cancer performance has seen an improvement on 2017/18 for 2 week waits (both at CCG and Trust level) with GCCG performance for the year at 90.1% (2017/18 performance was 82.7%).

GHFT have improved processes and rigour around bookings for 2ww, and introduced 7 day polling range into some services to drive appointments. Capacity breaches have reduced at the trust over the year. With the cancer CPG, significant work has been carried out to produce new 2ww referral forms and patient letters. As overall breach numbers have declined, a higher proportion of these have been attributable to patient choice.

3.7 Cancer – 62 days

Cancer 62 day



Top Line Messages:

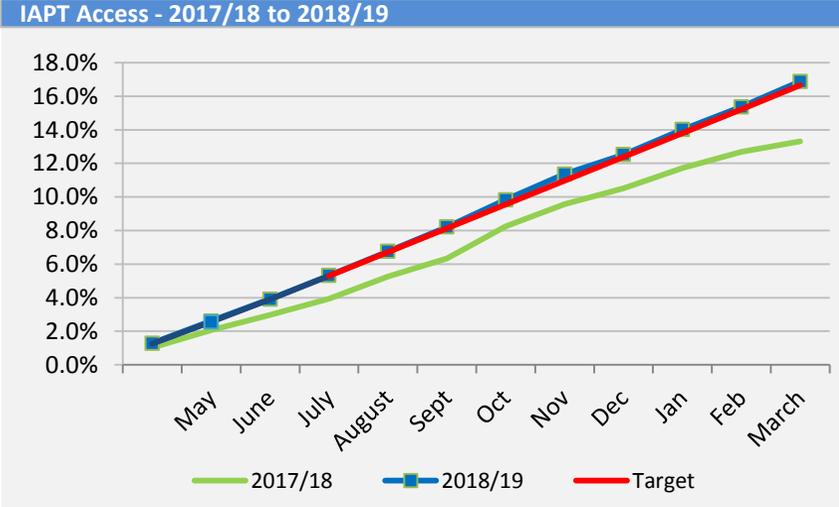
2018/19 62 day performance was 74.5% overall (73.6% for GHFT). 62 day treatment performance has remained stable since 2016, with no significant improvement seen across overall performance. If Urology is excluded from the overall 62 day performance, average performance is much closer to the 85% target, however does not rise high enough to reliably meet this target even if Urology performance is brought up to the national average of 65%.

GHFT have committed to meeting the 85% target (as an average of all specialties) by September 2019 – in order for this to be sustainably met, additional work will likely be required to reduce the backlog of patients waiting over 104 and 62 days for treatment (resulting in drops in performance while this is carried out). March 2019 performance was 79%, with 35 breaches mostly in Urology (25 breaches). There were 16 >104 day waits for cancer treatment for Gloucestershire patients reported in March, all were first seen at GHFT. 15 of these patients were Urology patients, and 1 Gynaecology patient.

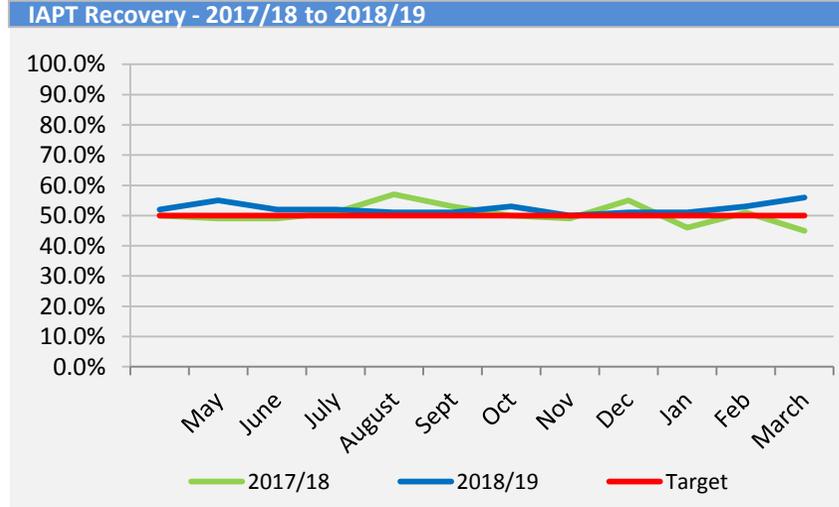
3.8 System Overview: Mental Health - IAPT

Green

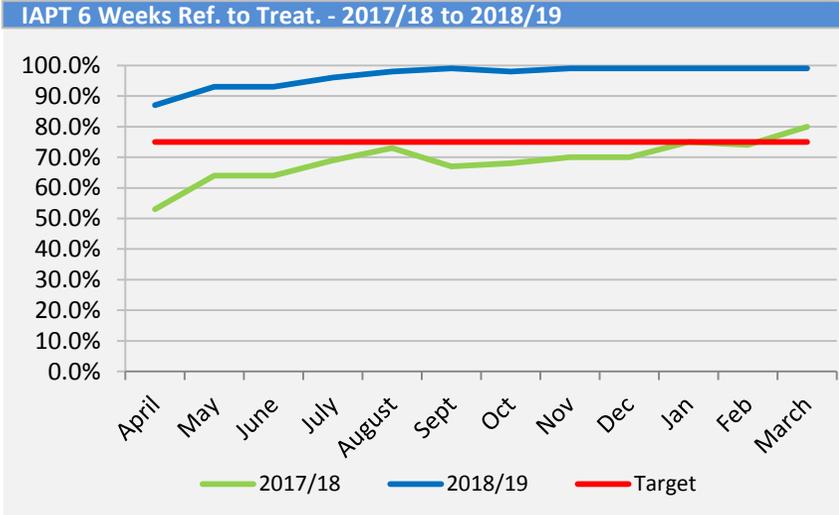
Access



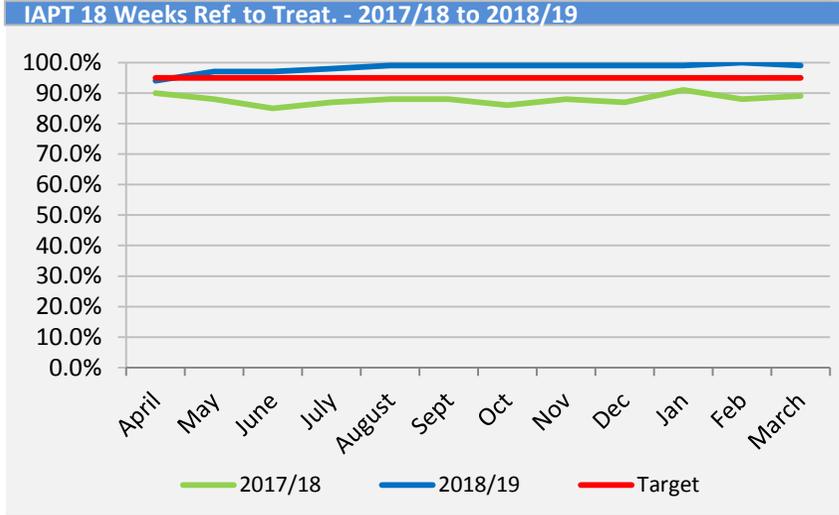
Recovery



Referral to Treatment - 6 wks



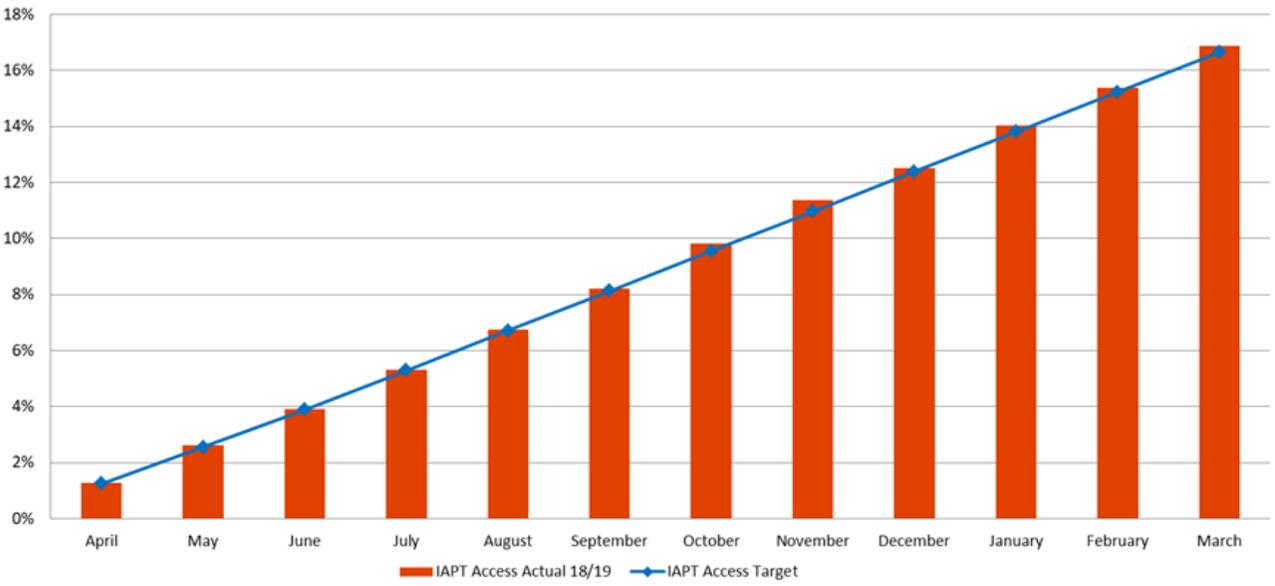
Referral to Treatment - 18 wks



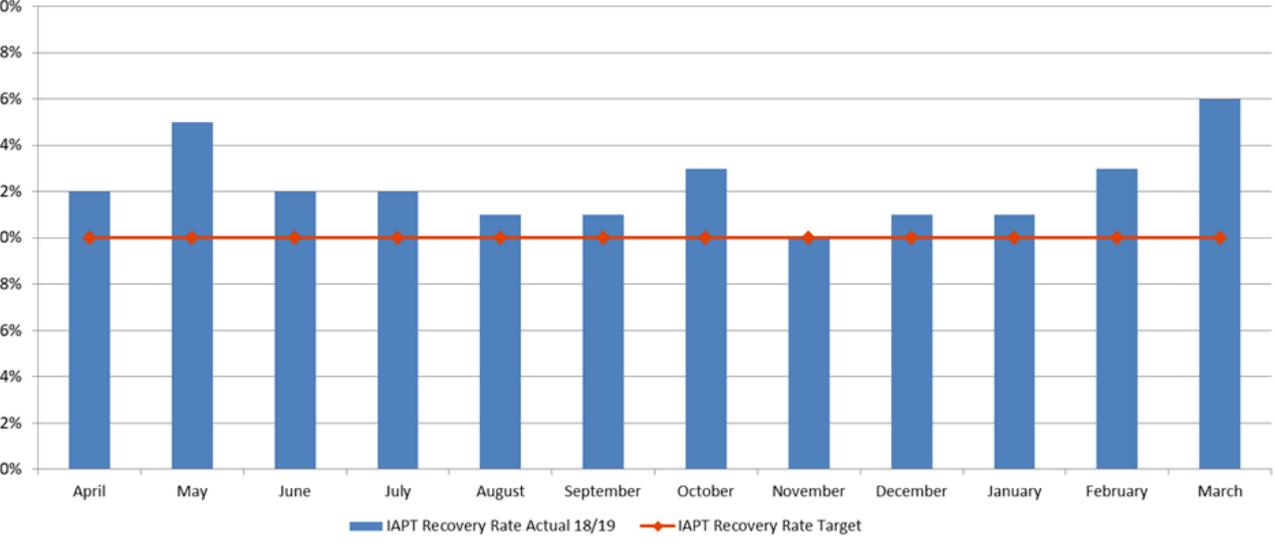
3.8 Mental Health - IAPT

Green

Improving Access to Psychological Therapies (IAPT) Access Rate



Improving Access to Psychological Therapies (IAPT) Recovery Rate



Top Line Messages:

The IAPT access target aims to ensure that increasing numbers of people estimated to require psychological therapy are accessing appropriate services. In Gloucestershire, this number is estimated to be 68,655 people, and there is a national expectation that in 2018/19 19% of these people should have had access to services. Gloucestershire had a local target of 17%, which was achieved for Q4 of 2018/19, agreed due to a change in methodology in how access had been defined previously, and to assist in the management of reducing a large number of patients waiting for second appointments within the service (“in-stage” waits).

Recovery performance has been excellent throughout the year, with the 50% target being met in each month. February performance was 53% and YTD performance is 52% patients moving to recovery following intervention by an IAPT service.

3.8 IAPT RTT and impact of in-stage waits

Amber

While RTT has performed above target for both treatment within 6 and 18 weeks of referral throughout 2018/19, the change in recording methodology and the reclassification of assessment appointment to assessment / treatment appointments moves the majority of the waiting list to in stage waiting for a second treatment appointment. This has led to a significant increase in the “in stage” waiting list which 2G are addressing. The national target is that no more than 10% of patients wait more than 90 days for a second appointment. 2G performance to this target is shown below for 2018/19:

Monthly	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
First To Second Treatment Over 90 days	46%	59%	60%	50%	53%	50%	52%	40%	31%	28%	29%	30%
Plan	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%

In order to reduce the number of patients subject to in-stage waits, the access rate will be held at 17% for Q1 and Q2 of 2019/20, this will allow the service to focus on treating patients already awaiting treatment. The profile for waiting times greater than 6 weeks in 2019/20 is shown below:

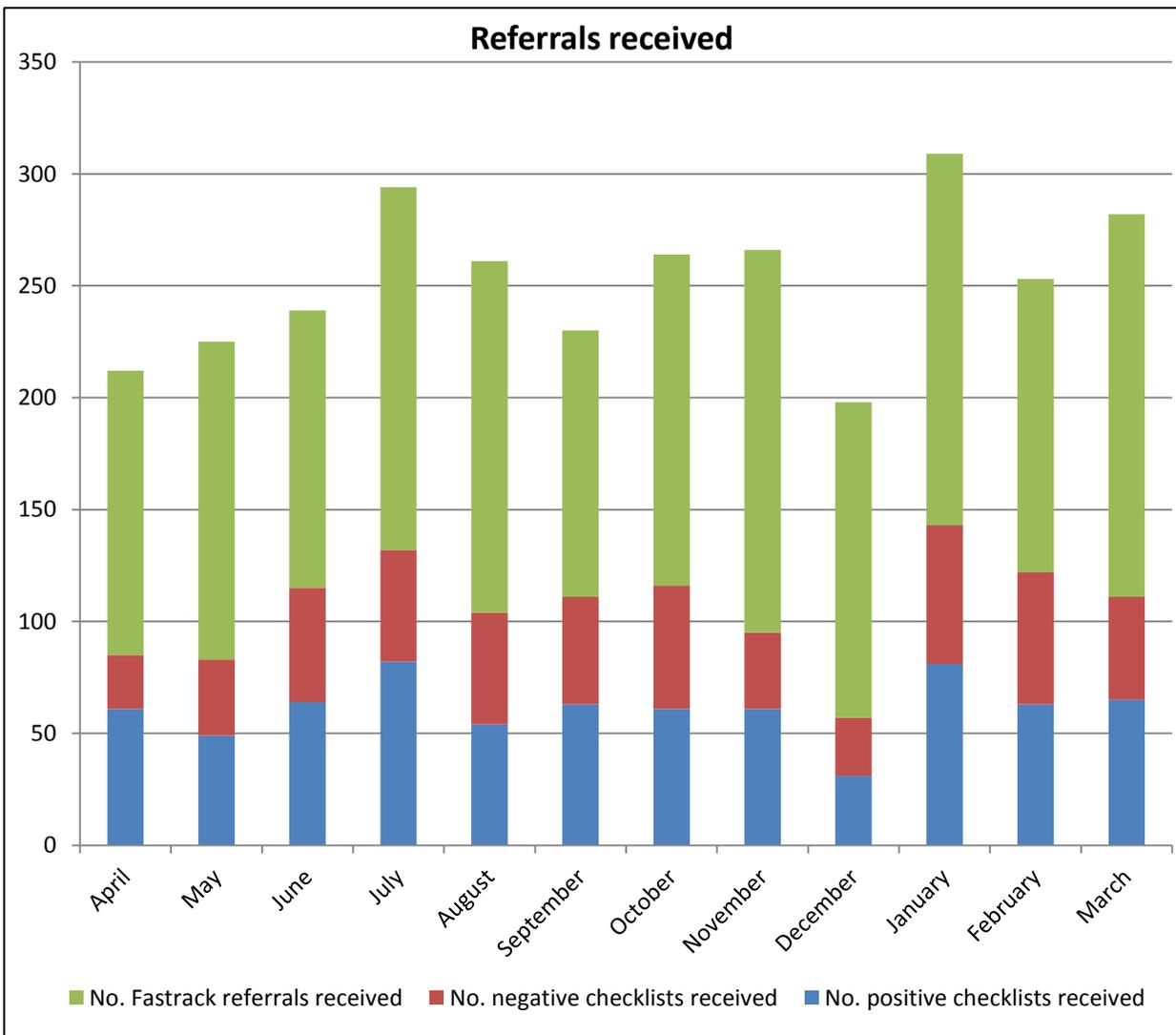
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	
— Waiting List Plan > 6 Weeks	1659	1469	1616	1538	1440	1682	1717	1465	1229	1109	888	626	465	330	194	73	0	0	0	0	0	0	0	0	0
— Waiting List Forecast > 6 Weeks	1659	1469	1616	1538	1440	1682	1717	1559	1642	1472	1352	1122	1010	857	753	623	525	410	378	350	327	308	292	284	

Beyond Q1 and Q2, GCCG and 2G have agreed a trajectory that will bring the core IAPT access up to 19% by the end of the financial year. An LTC service will also be developed, focussing on pulmonary and cardiac rehab patients in the first instance, which is expected to increase access by 1.5%, leading to a total of 20.5%.

This will be below the national expectation of 22% access in 2019/20, however will ensure the service is able to clear the in stage waits and continue to provide a high quality service for patients. The LTC service was initially modelled to increase access by the full 3% additionally required; however funding was reduced in the prioritisation process, leading to the reduction in the access trajectory.

3.9 Continuing Health Care – Referrals

Green



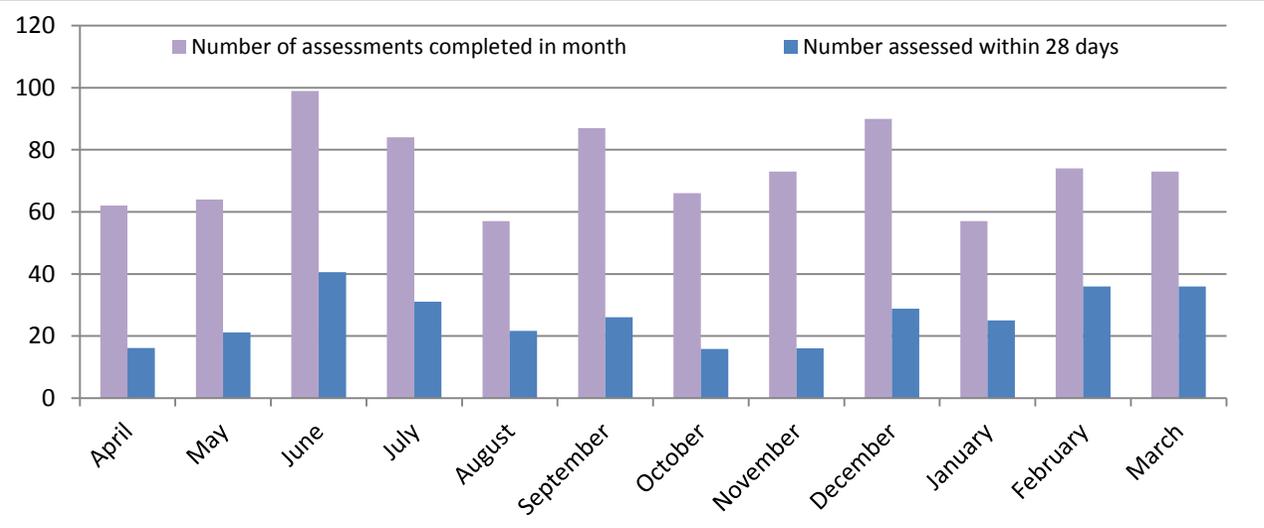
The CHC team continue to perform very well against the site of assessment target, with 100% compliance with assessments not to be carried out in an acute setting over 2018/19.

Referral volume has been steadily increasing in recent months, though the number of positive checklists received remains relatively stable, with a yearly average of 61/month.

The CHC team restructure undertaken in Jan 2019 shifted the focus of the nursing team to initial assessments. The CHC Team Leads are actively monitoring Nurse Assessor caseloads with target of 1.5 assessments per week completed.

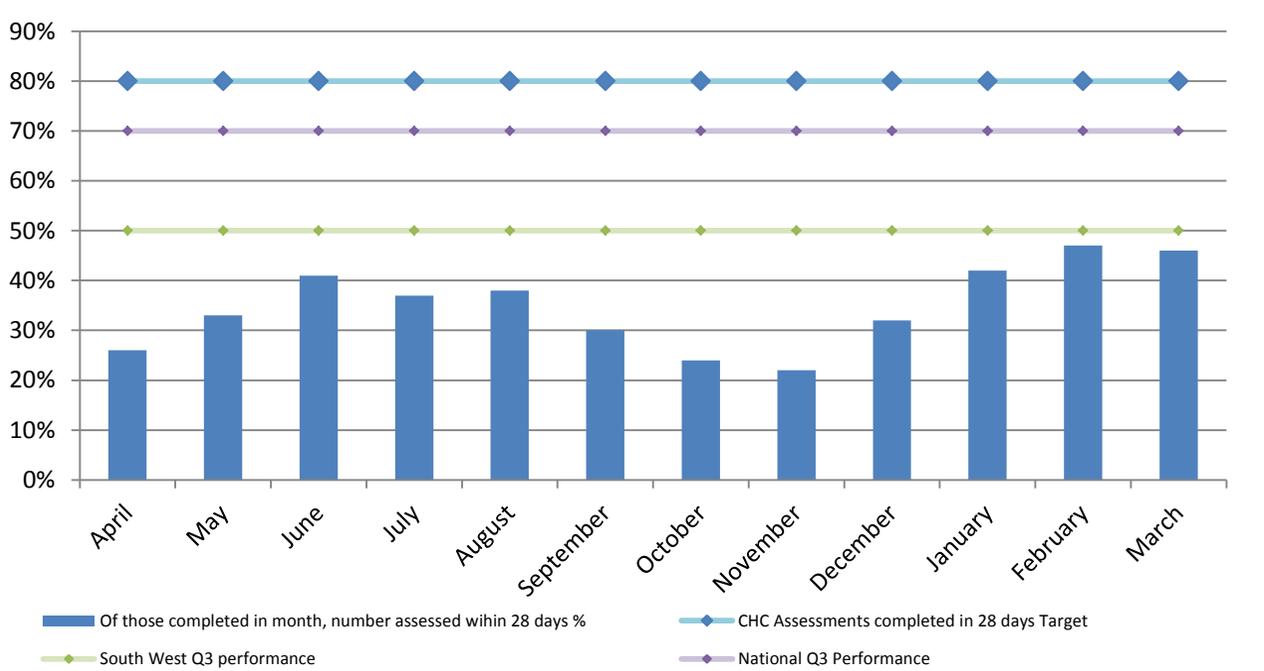
3.9 Continuing Health Care

CHC Assessments completed in 28 days



Top Line Messages:

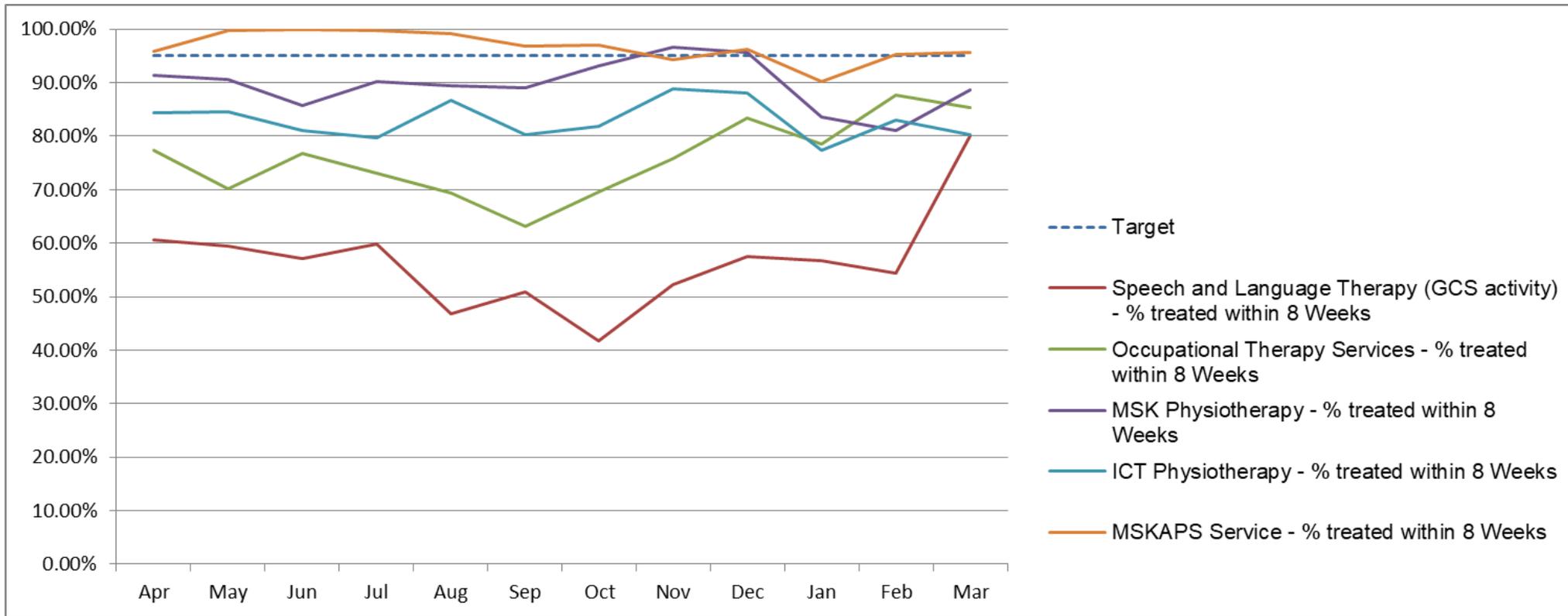
Performance against the 28 day assessment target has been steadily improving throughout 2018/19. The number of assessments completed in 28 days has risen from 64 in Q3 (28%) to 95 in Q4 (44%) Outstanding assessments exceeding 28 days have fallen from 107 in Q3 to 86 in Q4 with 40 of these exceeding 12 weeks (30 exceeding 12 weeks and 10 exceeding 26 weeks).



The cases exceeding 12 weeks are predominantly LD cases with all 10 of those exceeding 26 weeks being LD patients. Additional agency LD nurses have been engaged to help reduce this backlog in Q1 2019/20.

3.10 Gloucestershire Care Services Performance

RTT

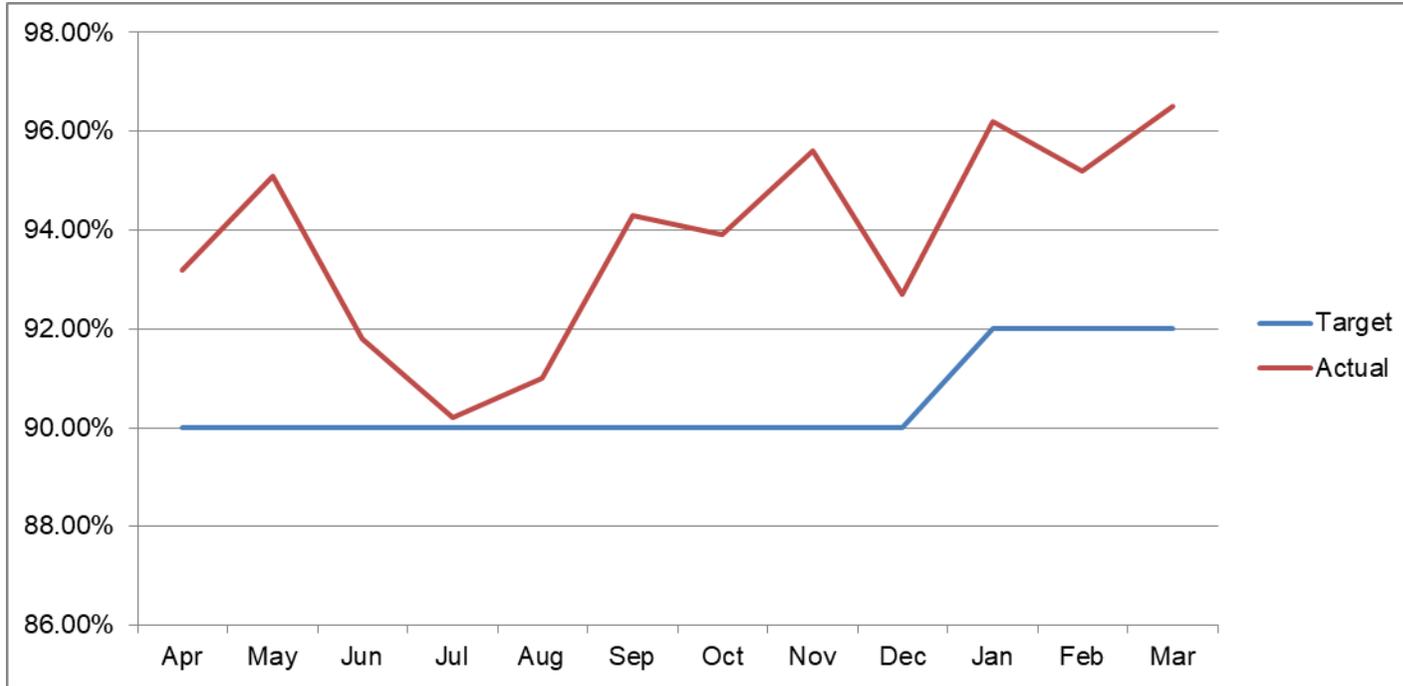


RTT has been a focus for GCCG and GCS throughout the year, with several services showing deterioration in 2017/18 performance (e.g. Occupational Therapy, SALT, Physiotherapy). GCS has been working on capacity planning and balancing of resource across the different localities to improve this, and OT and SALT in particular have improved in the latter part of 2018/19.

Work is continuing around the definition of the community and acute SALT provision, to ensure that community performance can be maintained in a more sustainable manner, and this will be a priority for 2019/20.

3.10 Gloucestershire Care Services Performance

Community Hospital Bed Occupancy and Community Emergency Care



Community Hospital bed occupancy has been maintained at a more sustainable level throughout the year, though has seen an increase in Q4. Average number of delayed patients in any month has not risen above 3 (a significant improvement on the 11 average of 2017/18).

Care provision at home has been supported throughout the year by the Rapid Response and Complex Care at Home services, both of which are providing an alternative to ED attendance and admission:

- 95% of Rapid Response contacts are for 'step up' referrals.
- 5% of referrals are received from acute and community hospitals.
- 19% of referrals to Rapid Response result in onward referral to GHFT with the majority (17% of referrals) being admitted.

3.11 Performance – Patient Experience

Amber

FFT March 2019

Organisation	Service	Response rate	% recommend	% not recommend	National response rate	National % recommend	National % not recommend	change to last month*
GHFT	A&E	17.7%	82.7%	11.5%	12.3%	86%	8%	similar
GHFT	Outpatient	10.3%	93.1%	2.8%	NA	94%	3%	similar
GHFT	Inpatient	23.6%	91.5%	4.4%	24%	96%	2%	better
Primary Care	GP practices	NA	90.3%	6.5%	NA	89%	6%	similar
GCS	Community	18.4%	92.0%	2.2%	NA	94%	2%	worse
2G	Mental Health	NA	NA	NA	NA	90%	3%	NA

**over 1% difference to previous month*

Quality Review

Quality is reviewed by the Quality and Governance committee, with a particular focus on Primary Care quality at the primary care commissioning committee (PCCC).

Provider quality is monitored through individual clinical quality review groups.

Quality reporting provided to governing body bi-monthly highlights any particular initiatives or publications of interest to the board. FFT test results are provided for information as part of the performance report monthly.

National Review of FFT

Options for potential changes to the current FFT have been submitted to NHSE Chief Executive, Simon Stevens, for his consideration. When a decision has been made, NHSE will notify chief executives of trusts, primary care professional bodies and CCGs immediately by email so they have sight of any changes that will need to be implemented later in the year. The email will ask them to cascade the information to patient experience and quality leads. Revised guidance will then follow as soon as possible – it is anticipated this will be during May 2019 as there are publishing restrictions currently in place for the period leading up to local / European elections – with implementation about six months later. As part of NHSE communications activity about the new guidance, NHSE will be running stakeholder webinars to explain any changes in detail with an opportunity to ask questions. Over the summer, the project team will be available to give local or regional presentations or take part in local webinars by arrangement.

4.1 Performance – Quality Premium Overview 2018/19

The Quality premium paid to CCGs in 2019/20 to reflect the quality of the health services commissioned by them in 2018/19. The QP award will be based on measures that cover a combination of national and local priorities.

The structure of the Quality Premium has been updated for the 2018/19 scheme year so as to incentivise moderation of demand for emergency care in addition to maintaining and or improving progress against key quality indicators:

➤ Emergency Demand Management

#	Indicator Name	Weighting
A1	Type 1 A&E attendances	50%
A2	Non elective admissions with zero length of stay	
B	Non elective admissions with length of stay of 1 day or more	50%

➤ Quality

#	Indicator Name	Weighting
1	Early Cancer Diagnosis	17%
2	GP Access and Experience	17%
3	Continuing Healthcare	17%
4	Mental Health	17%
5	Bloodstream Infections	17%
6	RightCare (locally defined)	15%

4.1 Performance – Quality Premium Overview

2018/19 Quality Premium Calculator

£3,149,920 (Based on projected population 629,984)

Emergency Demand Management Indicators	Current performance	Quality Indicators	Current performance
Type 1 A&E attendances	Fail	National Measure 1: Early Cancer Diagnosis (To be confirmed in 2020)	TBC
		National Measure 2: GP Access & Experience (To be confirmed in July 2019)	TBC
Non Elective Admissions with zero length of stay	Pass (25%?)	National Measure 3: Continuing Healthcare (50%)	8.50%
		National Measure 4: Mental Health	17%
Non Elective Admissions with length of stay 1 day or more	Fail (but within 1%) (50%?)	National Measure 5: Bloodstream Infections	17%
		Local Measure: Direct to Stroke within 4 hours (To be confirmed with next SSNAP release)	TBC
75.5% - £2,378,190		24.5% - £771,730	
		42.50%	
		£327,985.25	

Type 1 A&E attendances	Non Elective Admissions with zero length of stay	Non Elective Admissions with length of stay 1 day or more
£0	£594,548 (possibly if Part A indicators are assessed separately)	£1,189,095 (possibly if Part B tolerance is greater than 1%)

RTT - Incomplete pathways	62 day cancer	Maximum based on current performance
50% - £385,865	50% - £385,865	£163,992.63

Awaiting confirmation of RTT gateway

Cancer performance expected to be below 85% throughout 2018/19

Total maximum payment based on current performance: £1,947,636

4.0 Leadership *(slide 1 of 3)*

Green

Indicator	Component Measure	Narrative
Staff and member practice engagement	OD Plan Staff Survey Turnover Vacancies Sickness PDP/Training	<p>Turnover Rate: increased slightly to 14.72% from 14.26% in February. Overall turnover has been constant throughout the last 12 months, other than the increase to 15% in April.</p> <p>Staff in Post and Starters and Leavers: Staffing levels for March, 298 FTE equating to a total headcount of 365. This report confirms 1 new starter and 6 leavers. Over the last 12 months there have been 52 leavers (43.46 FTE) and 78 starters (59.38FTE).</p> <p>Leavers by Reason: there were 52 leavers over the 12 month period, the main reason for leaving was due to Promotion (19). Six leavers left the CCG due to work life balance.</p> <p>Sickness Absence Rate: short term absence has decreased. Long term absence has increased from 1.48% to 2.07%, Short term absence has decreased from 1.36% to 1.29%. The report confirms overall absence % FTE has increased from 2.84% in February to 3.36% in March.</p> <p>Sickness by Reason: For March 2019 absence due to anxiety/stress was 32.53% this has increased from 41.12% in February. The overall cost of absence for March has been £38,595 with a total of 345 days lost (310.15 FTE). This equates to 202 days (8 occurrences) long term sickness and 143 days (36 occurrences) short term sickness. This equates to an average of 1.04 absence days per FTE (an increase 0.80 in Feb 19).</p>

4.0 Leadership *(slide 2 of 3)*

Green

Indicator	Summary and headline evidence/ examples
1. Probity and Governance	<p>The CCG has put in place strong clinical and non clinical leadership across all areas of the ICS, recent developments include investment in GP Provider leads to support local delivery and Integrated Locality Partnerships and Primary care Networks. ICS governance structures include CCG staff in senior leadership roles in all areas of the programme alongside provider leadership roles ICS work programmes progressing with outcomes being seen in a number of areas, including cancer, MSK and eye health and also across health and wellbeing projects such as the daily mile and the community wellbeing service. HR and OD plan aligns to that of the ICS and is overseen by the HR/OD group who meet quarterly. There is a refreshed workforce and OD strategy, setting out establishment of the Gloucestershire Local Workforce Action Board (GWAB) to oversee the enabling workstream for the ICS. Further modelling is being undertaken on the current workforce and future changes and challenges, stage two of the workforce capacity plan has commenced.</p>
2. Staff Engagement	<p>The CCG effectively engages with staff members with a Joint Staff Consultative Committee and an annual staff survey. The 2018 survey had a response rate of 73% which was positive. Amongst the top scores was the % of staff that confirmed the CCG provided equal opportunities 93%, 88% knew the CCG's vision & values and 86% confirmed the CCG supported staff with their health and wellbeing. A robust action plan has been produced and a series of staff training, events and focus groups are taking place, staff engagement is aligned to the ICS through the Social Partnership Forum and the Associate Director of Corporate Affairs leads on HR and OD internally, and attends associated ICS working groups to represent the CCG. Plans are linked to the overall ICS workforce development programme..</p>
3. Workforce Race Equality	<p>WRES data forms part of the CCG's annual Equality and Engagement report, reported to the Quality and Governance Committee. The 2018 annual report 'An Open Culture' will be considered by the Governing Body in March and published.</p>
4. Effective Working Relationships	<p>The 2018/19 360 survey results show that 99% of respondents responded positively when asked to rate the effectiveness of their working relationship with the CCG, maintaining our scores from 2017. 91% of stakeholder rated the CCG positively on effectiveness as a local system leader, i.e. as part of an Integrated Care System (ICS). 94%. Of stakeholders confirmed that the CCG considers the benefits to the whole health and care system when taking a decision. The report included a host of very positive comments from all stakeholders and especially from GPs about the support and help they are given by the Primary Care Team.</p>
5. Compliance with statutory guidance on patient and public participation	<p>The CCG is committed to embedding involvement in all areas of its commissioning activity and is able to provide clear evidence of progress against the 10 key actions including through the annual report, feedback website pages, communication engagement strategies and plans, consultation report, AGM and equality impact assessments. ICS engagement, first stage complete, Forest of Dean consultation completed and preparation underway for One Place Business case consultation, patient participation in urgent care pathway design workshops this spring secured.</p>

Indicator:	Summary and headline evidence/ examples
6.1 Leadership	ICS five year plan, developed from the FYFV signed off by all partners. CCG operational & financial plans developed from the STP plan, start point April 2017. ICS work programme developing using the agreed governance structure. The CCG is working with practices on developing their PCN structure and supporting the development of the ILPs. There is a strong relationship between the locality and the CCG through Integrated Locality Partnerships currently under development and the Primary Care Networks. Specific examples of good practice include several primary care events Commissioning event, Locum event, Productive Time etc. and an annual rolling programme of GP Practice visits and varied communication methods such as What's New This Week and G Care. CCG OD plan focus on staff development and includes strong emphasis on formal appraisal including PDPs. There is co-ordinated staff training including financial training at all levels including Governing Body and all budget holders. Gloucestershire health and social care partners have been awarded the status of an Integrated Care System in recognition of its mature and collaborative working relationships system wide.
6.2 Quality of Leadership	There is a clear governance structure in place which enables a focus on quality, performance delivery including contracts and finance within the Q&G, Audit & Risk Committee, Governing Body business meetings and the formal bi monthly Governing Body. Information is reported to each committee with a focus on key area of risk as well as the overall performance / finance position. The Governing Body is well sighted on financial and performance issues with regular informal and formal reporting. Meetings are well documented to evidence the level of discussion and challenge. Governing Body members expertise range from governance, clinical, financial, commercial and patient experience enabling a strong challenge.
6.3 Leadership Governance	The Governing Body has a clear constitution, policies, set roles and responsibilities which enable them to effectively challenge. A recent review has been undertaken of the risk management process with a dedicated Risk Management workshop organised for Governing Body members and senior managers, which focused on risk appetite. Further changes have been implemented with the Audit & Risk Committee taking responsibility for assuring the GB on risk management. Each committee carries out a self assessment annually to inform future development.. The CCG has a robust corporate governance framework including policies, committee structure and monthly reporting to the GB on financial & performance risk including those within providers and contracts. External expert advice is taken where required e.g. legal advice on a judicial review. Clean external audit reports since inception. Internal audit annually cover transactional areas as well as developmental areas and are reported to Audit & Risk Committee, clinical audits and internal audits focusing on clinical areas are reported to IQ&G ..
6.4 Transformational Leadership	The ICS has a clear governance structure supported by a MOU which has been agreed by all partners, this is currently being updated. The Governing Body receives bi-monthly ICS reports which provide updates on key achievements, performance and areas of focus. Providers also report on ICS achievements to their respective boards. For example, partners are involved in progressing the One Place programme to develop the urgent care system to improve the patient experience. A dedicated team has been put in place to drive this project. The Gloucestershire Local Workforce Acton Board is working through key workforce priorities, funding opportunities and evaluating R&R initiatives.

5.0 Sustainability - Month 12

Green

Income and Expenditure	YTD surplus	FOV surplus	YTD Running costs	FOV Running costs
In Year	● (£4.8k)	● (£4.8k)	● (£1k)	● (£1k)
Cumulative	● (£21,470k)	● (£21,470k)	● (£1k)	● (£1k)

Savings Programme	YTD Savings	% YTD Savings	FOT Savings	% FOT Savings
	● £17,282k	● 92.9%	● £17,282k	● 92.9%

Other Metrics	BPPC	Cash drawdown	FOT Capital
	● 98.11%	● 100%	● £70k

5.0 Sustainability – Executive Summary

Position

- CCG unaudited 2018/19 Annual Accounts submitted to NHSE by the deadline of 9am on 24th April 2019.
- Gloucestershire CCG has achieved it's planned in year position with a marginal underspend of £4.8k (subject to audit).
- A prescribing forecast underspend of £2.5m is included within the position; Work is ongoing to assess the implications for 2019/20 of risk of NCSO, national Category M price increases and recent changes to over the counter prescribing medicines.
- All recurrent and non-recurrent reserves were fully utilised to cover recognised pressures and risks. However, a number of the in-year mitigations are non recurrent in nature, which means additional savings will be needed in 2019/20 to cover this pressure; these are included in the proposed budget.
- All major contract financial envelopes for 19/20 have been agreed and discussions are ongoing with providers with a view to finalising contract values imminently.
- The CCG's second draft of 2019/20 financial and operational plans were submitted to NHSE on 4th April, followed by an ICS submission on 11th April.

5.1 Sustainability – Resource Limit

The CCG's confirmed allocation as at 31st March 2019 is £891.7m.

The following IATs (Inter Authority Transfers) have been actioned in March; those listed below were non-recurrent in nature

£'000	Description
15	Learning Disabilities Community Forensics
20	Diabetes Transformation Fund – Structured Education
63	Diabetes Transformation Multi-Disciplinary Team
30	Communications transformation funding - public engagement
36	Health & Social Care Network incentive funding
10	Contribution to Mental Health Investment Standard independent review fees
565	Additional concessionary stock/No Cheaper Stock Obtainable (NCSO) funding for CCGs
739	Total change in month

5.2 Sustainability – Acute Contracts (1 of 3)

Acute NHS Contracts Key  Indicates a favourable movement in the month  Indicates an adverse movement in the month	Trend	Year end Forecast £'000
<p><u>Gloucestershire Hospitals NHS Trust (GHNHSFT)</u></p> <p>The 2018/19 Contract value for GHFT is £316,765k. The original contract was a block contract for all points of delivery (POD) with the exception of elective PbR activity and some drugs. A contract variation of £391k for the changed musculoskeletal phase 1 & 2 pathway and £358k for virtual fracture clinic were varied into the contract in year.</p> <p>The CCG agreed an outturn of £1m over-performance with GHFT for 2018/19 relating to elective activity and drug expenditure; this mitigated the financial risk for 2018/19. The outturn position has formed an integral part of contract discussions for 2019/20.</p>		1,000
<p><u>South Warwickshire NHS Foundation Trust</u></p> <p>The current position has a marginal adverse movement from the previous month with overspends in:</p> <ul style="list-style-type: none"> • Non–elective activity for cardiology, care of the elderly, orthopaedics hip, knee and hands • Day case activity for cardiology and trauma & orthopaedics (T&O) 		359.0

5.2 Sustainability – Acute Contracts (2 of 3)

Acute NHS Contracts	Trend	Year end Forecast £'000
<p><u>University Hospital Bristol NHSFT</u> Performance against the contract has improved from last month however continues to show an overspend within:</p> <ul style="list-style-type: none"> • Non elective activity in cardiology, paediatrics and obstetrics • Non PbR in Non Elective cardiology and critical care • High cost drugs and devices, these include parenteral nutrition, Somatropin and Adalimumab • This is marginally offset by underspends within paediatric day cases and Non Elective T&O. 	↑	728.9
<p><u>North Bristol NHSFT</u> The position has significantly improved from the previous month with further underspends in:</p> <ul style="list-style-type: none"> • Elective activity in general surgery, urology & plastic surgery • This is marginally offset by overspends in non elective activity within T&O, general surgery, Accident & Emergency (A&E) and obstetrics • There are also pressures within Non PbR critical care. 	↑	(478.9)
<p><u>University Hospitals Birmingham NHS Foundation Trust</u> The contract overspend has reduced this month however still showing pressures within a number of areas including:</p> <ul style="list-style-type: none"> • Elective pancreatic surgery • Non elective activity in cardiology, clinical haematology, general surgery and pancreatic surgery • Critical care activity 	↑	208.7

5.2 Sustainability – Acute Contracts (3 of 3)

Acute NHS Contracts	Trend	Year end Forecast £'000
<p><u>Ramsay Healthcare UK (Horton)</u> Performance against contract has had an adverse move this month with an overall overspend within elective T&O activity for shoulder and feet.</p>	↓	114.6
<p><u>Any Qualified Provider Contracts</u> Newmedica – The activity for this contract has again increased significantly for M12 and the forecast overspend now totals £1.94m. Activity relates to ophthalmology ; predominantly cataract procedures. Waiting times for this provider are lower than alternatives; patients are therefore opting for this provider. A patient audit is being progressed and referral data is being assessed to more accurately predict future forecasts. GP Care – Urology – The £89k overspend relates to activity increases above assumed contractual levels. Care UK – overspend of £85k in elective activity which is an improvement from the previous month, with overspends in T&O, ophthalmology and general surgery and out patient activity within ear, nose & throat (ENT) and general surgery specialties. Oxford Fertility – £119.8k underspend; this underspend is predominantly due to a movement to using frozen embryos.</p>	↑	1,948.4

5.3 Sustainability – Community

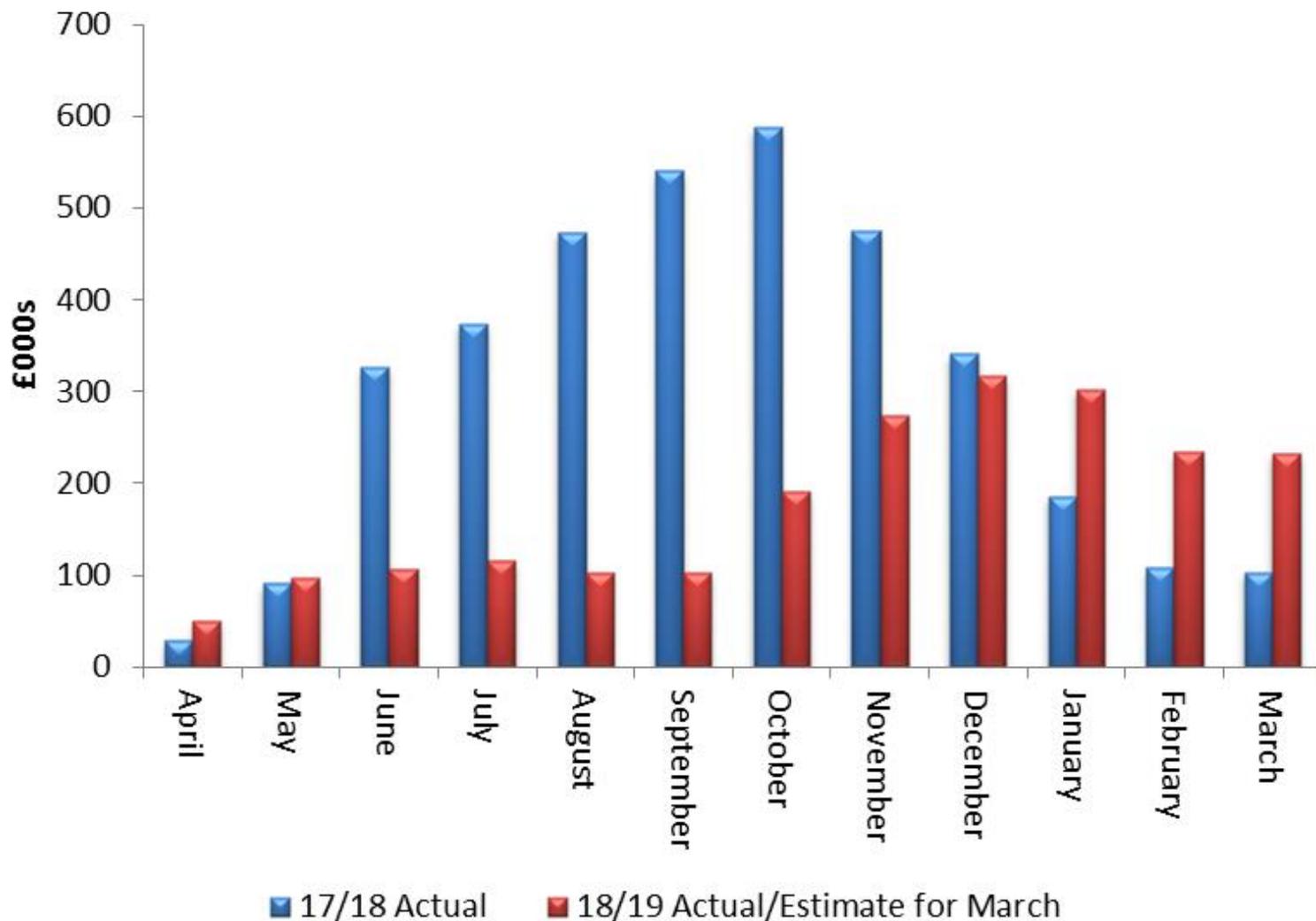
Community	Trend	Year end Forecast £'000
<p><u>Gloucestershire Care Services NHS Trust</u> ;</p> <p>This position includes pressures within Children in Care assessments which are mitigated by continued underspends in the Telehealth contract due to uptake being low.</p>	↓	1.0

5.4 Sustainability – Prescribing

Primary Care Prescribing	Trend	Year end Forecast £'000
<p>The latest data from NHS Business Services Authority (NHS BSA) is for February</p> <p>The prescribing costs when compared with the previous year, the cumulative position highlights a 3.4% reduction in spend (1.5% reduction in the month)</p> <p>The 2018/19 budget includes savings of £5m. February's savings performance has not been updated but at January, savings of £4m had been achieved (78% - slightly less than plan).</p> <p>Pressures regarding NCSO price concessions are lower than in the previous year but will be higher for the last quarter of the year compared to last year.</p> <p>A forecast underspend of £2.5m is included within the CCG's overall financial position</p>	<p>→ ←</p>	<p>(2,500)</p>

5.4 Sustainability – Prescribing

Monthly Impact of NCSO on Drug Spend (March estimate based on known concession Price)



5.5 Sustainability – Mental Health

Mental Health	Trend	Year end Forecast £'000
<p><u>Mental Health Services</u></p> <p>This area includes placement costs associated with patients with a learning difficulty and is characterised by low volumes of patients, each attracting a high cost and, therefore, fluctuations from the average can be significant. The current budget is predicated on the current number of patients in placements.</p> <p>There has been an improvement in the position due to costs within Learning Disabilities not being fully charged to the end of the year as anticipated due to changes in patient discharge dates.</p> <p>Non contract activity now predominantly relates to Oxford & Buckinghamshire Mental Health Foundation Trust.</p> <p>Contractual obligations are being reviewed to ensure compliance of the pre-notification process and, in particular, an agreement is being reached with AWPT regarding the CCG's liability for future costs and back dating of charges.</p>	↓	605.8

5.6 Sustainability – Primary Care

Primary Care	Trend	Year end Forecast £'000
<p><u>Delegated Co-Commissioning</u></p> <ul style="list-style-type: none"> – The forecast includes an overspend of £641k relating to the pressure of the 1% general practice pay award. This is against a budget of £81.161m – Overspends for reimbursements to practices for maternity and sickness costs continues to be a growing pressure month on month. 	↑	514.0
<p><u>Other Primary Care</u></p> <ul style="list-style-type: none"> – The reported position includes a forecast underspend of £641k which has been ringfenced to offset the overspend on delegated budgets relating to the practice pay award. – Underspends are forecast within the following budget areas: <ul style="list-style-type: none"> • Roche Diagnostics – There is new technology available which means the need for blood testing strips has been reduced. • Home Oxygen – is forecasting an overspend in contractual activity with Air Liquide. • Central Drugs prescribing is reporting an underspend due to reductions in non practice prescribing. • The primary eye care contract continues to report an underspend as activity is not reaching expected levels. 	↓	(1,090.1)

5.7 Sustainability – Continuing Health Care

<u>Continuing Health Care (CHC)/Funded Nursing Care (FNC)</u>	Trend	Year end Forecast £'000
<p>This area includes amounts for domiciliary care, nursing home placements, those in receipt of funded nursing care (FNC) and personal health budgets.</p> <p>The Learning Disabilities (LD) CHC service was transitioned into the wider CHC service in this financial year. As part of this process it revealed a number of LD cases (86) that were awaiting a full CHC assessment. Work has commenced, although this is yet to complete. Procedures going forward have now been aligned to close gaps in process.</p> <p>The forecast on the backlog cases is based on a conversion rate from referral to assessment and uses an average cost per week based on current costs. The conversion of approved assessments for those packages that were granted CHC funding exceeded forecast which included higher than expected backdated costs. This has resulted in assessments completed to date exceeding previous forecast costs for those cases. This is due to a number of approved assessments surpassing the assumed package cost average used to calculate the previous outturn projection. Furthermore, an increased conversion rate for those approved assessments was also highlighted compared to the values previously used. Assessments continue to be monitored to validate forecast spend and update assumptions.</p> <p>CHC and FNC have also experienced a high volume of assessment requests from nursing homes to for CHC and FNC funding. Completion of these assessments are on-going.</p> <p>A further process review has been commissioned and is ongoing in this area to ensure that the estimated potential cost of notifications of admissions received from nursing and care homes, prior to formal assessment, are fully reflected in the financial position.</p>		5,001.6

5.8 Sustainability – Other

Other	Trend	Year end Forecast £'000
<ul style="list-style-type: none">Estates budgets continue to show an underspend due to Property Services carrying out an annual review of estimated costs invoiced in 17/18 versus actual expenditure incurred; this exercise has resulted in credit notes being issued by NHSPS.The non emergency patient transport contract is reporting an underspend relating to penalties being levied and non achievement of Commissioning for Quality and Innovation (CQUIN).The NHS 111 contract continues to show an underspend as activity is lower than contracted levels.	↑	(238.4)

5.9 Sustainability - Savings Plan

- The 2019/20 savings plan totals £17.287m. Savings schemes include mainly roll forward schemes and some newly developed, including opportunities identified through benchmarking and national RightCare comparisons.
- The savings plan for 2019/20 covers all the main delivery priorities including Clinical Programme Approach (CPA), Reducing Clinical Variation – Medicines Optimisation and Urgent Care via the One Place, One Budget, One System Programme.
- At this early stage in the financial year, the forecast outturn is expected to be on plan, however, work is ongoing on mitigating financial risks associated with the savings plan.
- RightCare is an integral part of the savings programme for 2019/20 with a minimum of 28.7% (£5.0m) of the programme aligned to RightCare. Pathways include MSK / Trauma, Respiratory, Diabetes, Cancer and Circulation.

5.10 Sustainability - Savings forecast delivery

NHS GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP

Savings Programme 2019/20 - Position As At Month 1

Area	Planned Savings 2019/20 £	Forecast 2019/20 £	Variance 2019/20 £
Clinical Programme Approach (CPA)	1,914	1,914	-
Planned Care Programme	1,502	1,502	-
Urgent Care Programme	1,100	1,100	-
Medicines Optimisation Programme - Primary Care	5,000	5,000	-
Medicines Optimisation Programme - Secondary Care	3,404	3,404	-
Community & Prevention Programme	2,501	2,501	-
Other	1,866	1,866	-
Grand Total	17,287	17,287	-

5.11 Sustainability – Risks & Mitigations overview for year

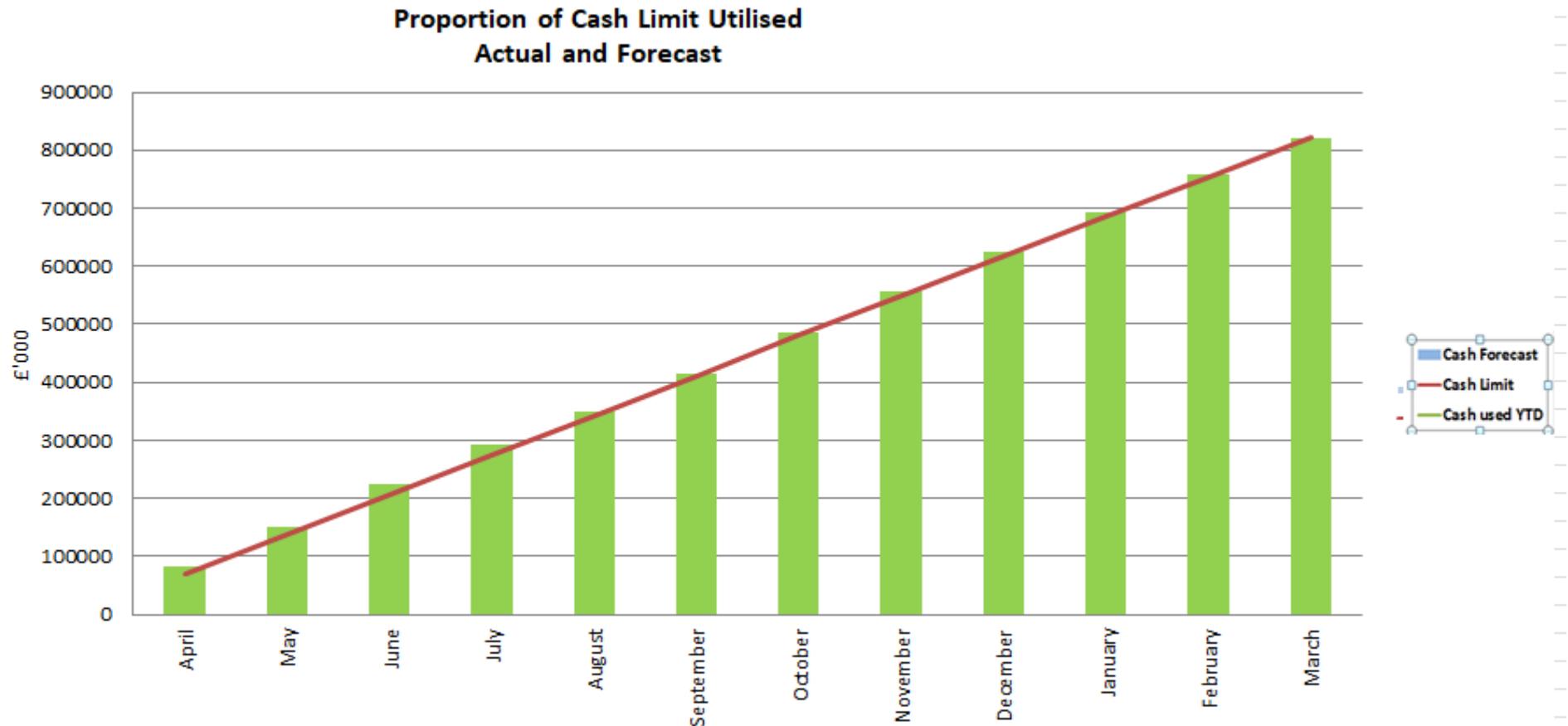
Risks

- Transforming Care/LD placements and CHC pressures (including backdated costs)
- Growth & demand pressures in acute contracts/AQP providers
- True impact of transfers of activity from Specialised Commissioning
- Limited reserves to cover additional cost pressures in year
- Slippage in delivery of saving solutions
- Prescribing volatility
- 2018/19 pay award costs exceed those funded centrally

Mitigations

- Slippage on developments – non-recurrently retained centrally
- Identify new savings schemes
- Urgent care reset plan
- Apply minimal contingency
- No controllable expenditure to be committed if no identified funding source
- Developments - release subject to business case sign off.

5.12 Sustainability – Cash Drawdown

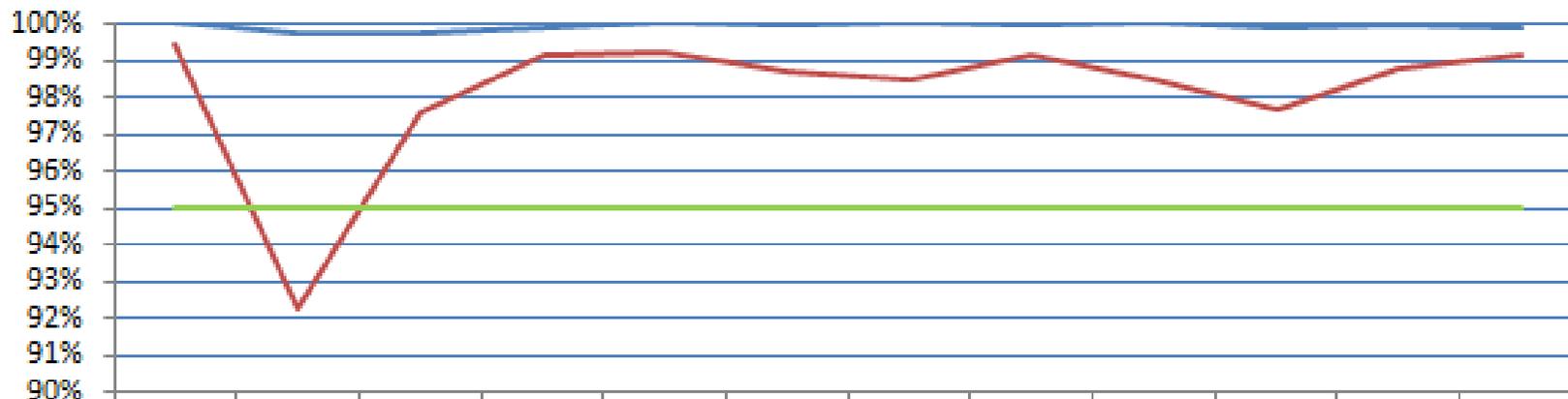


At the end of March £870.3m had been drawn down (100%) of the maximum cash drawdown available.

The cash balance at 31st March 2019 was £9k.

5.13 Sustainability – BPPC performance

%age Non NHS In Month Performance by value



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
— NHS	100.00%	99.75%	99.77%	99.89%	100.00%	99.96%	100.00%	99.98%	100.00%	99.87%	99.96%	99.88%
— Non NHS	99.46%	92.25%	97.62%	99.12%	99.24%	98.69%	98.46%	99.17%	98.48%	97.70%	98.77%	99.16%
— Target Performance	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

5.14 Sustainability – I&E Position for Month 12 – March (pending audit)

Level 3 name	Level 4 name	Total Budget	YTD Budget	YTD Actual	YTD Variance
PROGRAMME	ACUTE	399,269,605	399,269,605	404,662,061	5,392,456
	COMMUNITY HEALTH SERVICES	84,162,370	84,162,370	84,163,251	881
	CONTINUING CARE	46,207,671	46,207,671	51,209,266	5,001,594
	MENTAL HEALTH	85,542,688	85,542,688	86,148,513	605,825
	OTHER	34,618,972	34,618,972	34,380,578	(238,394)
	PRIMARY CARE	199,048,648	199,048,648	195,972,539	(3,076,109)
	RESERVES	7,690,046	7,690,046	0	(7,690,046)
PROGRAMME Total		856,540,000	856,540,000	856,536,208	(3,792)
ADMIN	CORPORATE	13,982,318	13,982,318	13,712,020	(270,298)
	RESERVES	(269,318)	(269,318)	0	269,318
ADMIN Total		13,713,000	13,713,000	13,712,020	(980)
SURPLUS	SURPLUS	21,465,000	21,465,000	0	(21,465,000)
SURPLUS Total		21,465,000	21,465,000	0	(21,465,000)
Grand Total		891,718,000	891,718,000	870,248,228	(21,469,772)

5.15 Sustainability – Balance Sheet – M12 – March (pending audit)

Statement of Financial Position
As at 31st March 2019 (Month 12) pending audit

	Opening Position as at 1st April 2018	Closing Position as at 31st March 2019
	£000	£000
Non-current assets:		
Premises, Plant, Fixtures & Fittings	369	326
Total non-current assets	369	326
Current assets:		
Trade and other receivables	5,667	7,899
Cash and cash equivalents	6	9
Total current assets	5,673	7,908
Total assets	6,042	8,234
Current liabilities		
Payables	(47,188)	(50,642)
Provisions	(2,637)	(2,876)
Total current liabilities	(49,825)	(53,518)
Non-current assets plus/less net current assets/liabilities	(43,783)	(45,284)
Non-current liabilities		
Total non-current liabilities	0	0
Total Assets Employed:	(43,783)	(45,284)
Financed by taxpayers' equity:		
General fund	(43,783)	(45,284)
Total taxpayers' equity:	(43,783)	(45,284)

**If you require more information than the data provided in the Monthly Performance Report or Accompanying Scorecard please contact:
Performance Department - GLCCG.GCCGperformance@nhs.net**

Agenda Item 12a

Governing Body

Meeting Date	Thursday 23rd May
Report Title	Integrated Care System (ICS) Lead's Update
Executive Summary	<p>This report provides an update on Gloucestershire Integrated Care System.</p> <p>The report provides an insight into the progress being made in the ICS transformation programmes against the system vision and priorities.</p>
Key Issues	<p>This report provides focus in the main programme areas;</p> <ul style="list-style-type: none"> • Enabling Active Communities; • Reducing Clinical Variation; • One Place, One Budget, One System • Clinical Programme Groups. <p>The report provides a focus on the 2019/20 System Operational Plan.</p> <p>This report also includes an annex paper showing the approach to the public engagement in the NHS Long Term plan where we are asking our population “what matters to you”. The engagement has been running from mid-March and a wide range of activities have taken place including</p> <ul style="list-style-type: none"> • Discussions with community and local groups including seldom heard groups • Drop in sessions • Use of the Healthwatch campervan in locations around the county • Use of the Information bus in key locations around the county • Items on existing meetings and forums across the system partners and wider

	<p>stakeholders</p> <ul style="list-style-type: none"> Promoting engagement materials and activities through a range of media including social media with the One Gloucestershire website hosting online feedback. <p>An outcome of engagement report will be available following the end of the engagement period.</p>
Risk Issues:	ICS programme risks are regularly reported to ICS Executive as a standing item. Further consideration is being given to the development of a view of system-wide risk.
Original Risk (CxL)	
Residual Risk (CxL)	
Management of Conflicts of Interest	N/A
Financial Impact	N/A
Legal Issues (including NHS Constitution)	N/A
Impact on Health Inequalities	The report supports the effort to reduce health inequalities
Impact on Equality and Diversity	The report positively impacts on improving equality and diversity
Impact on Sustainable Development	N/A
Patient and Public Involvement	The report considers the matters of public engagement and is also submitted to the Health and Care Overview and Scrutiny Committee.
Recommendation	Governing Body are asked to note the content of the report.
Author	Emily Beardshall: Deputy ICS Programme Director
Sponsoring Director (if not author)	Ellen Rule: Director of Transformation & Service Redesign

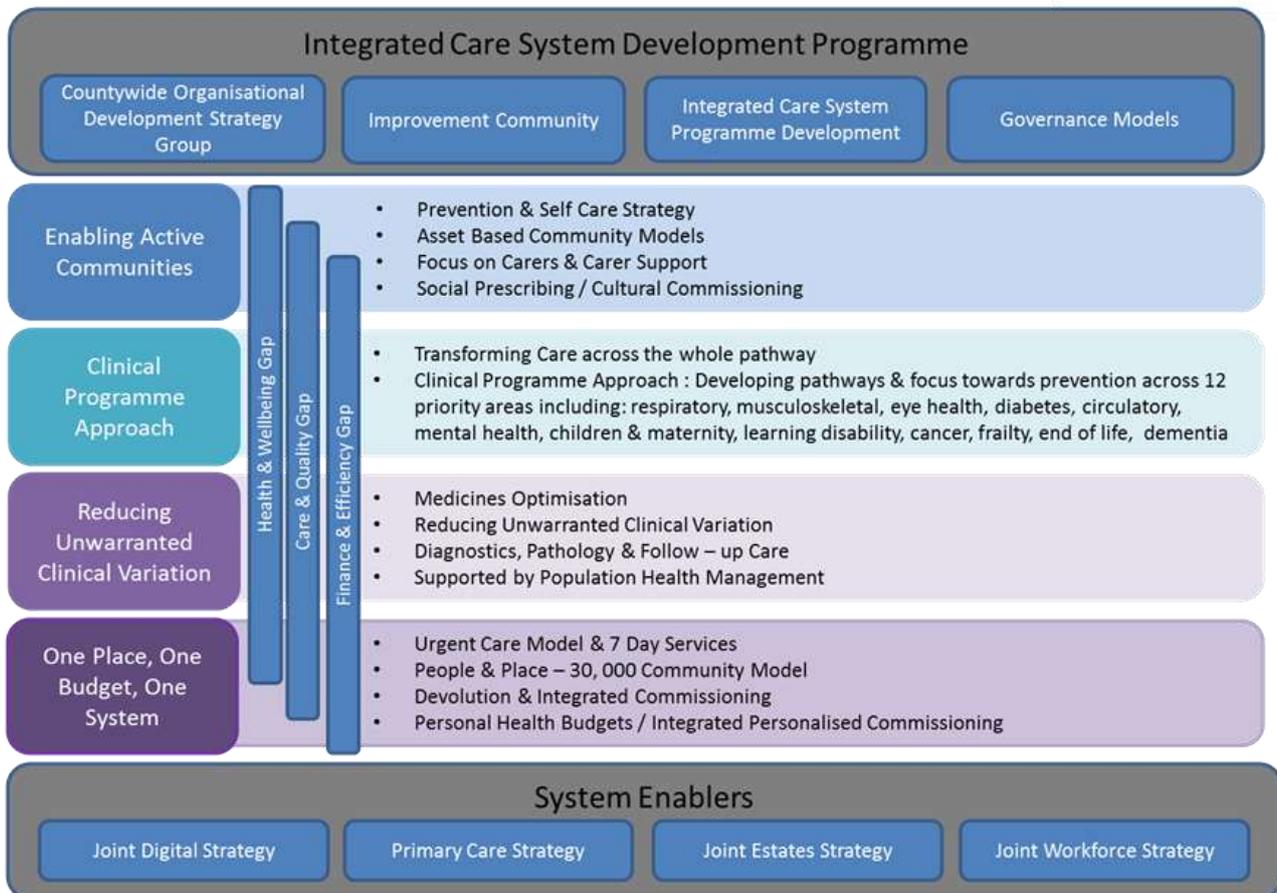
May 2019

One Gloucestershire ICS Lead Report

1. Introduction

The following report provides an update to HCOSC members on the progress of key programme and projects across Gloucestershire's Integrated Care System (ICS) to date.

Gloucestershire's Sustainability & Transformation Plan commenced year three of four in April 2019 continuing priorities against the central transformation programmes with refreshed delivery plans in place that will transition the system into delivering against the Long Term Plan. In this report we provide an update on 2019/20 plans and the progress made against the priority delivery programmes and supporting enabling programmes included within the One Gloucestershire Integrated Care System.



[Gloucestershire's ICS Plan on a page](#)

2. Enabling Active Communities

The Enabling Active Communities programme looks to build a new sense of personal responsibility and improved independence for health, supporting community capacity and working with the voluntary and community sector.

The development of the Gloucestershire Prevention and Shared Care Plan, led by Public Health, aims to reduce the health and wellbeing gap and recognises that more systematic prevention is critical in order to reduce the overall burden of disease in the population and maintain financial sustainability in our system.

Key priorities for 2019/20 will align to the refreshed Health & Wellbeing Strategy and are split across the 4 main workstreams: supporting pathways, supporting people, supporting places and communities and supporting our workforce.

Supporting Pathways

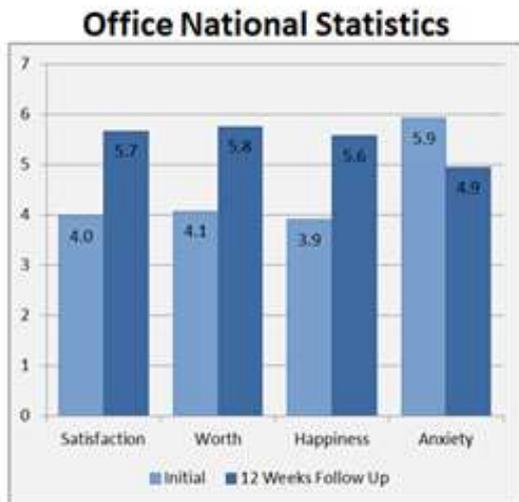
- As of April 2019, there have been a total of 3074 referrals onto the NDPP in Gloucestershire. A total of 1,855 initial assessments (IA) have been attended in Gloucestershire which is an approximate service uptake of 57% with the mean weight change from IA to 6 month intervention is -4.0kg
- Work is underway with children and families to design services together for child weight management
- The Blue Light change resistant drinkers group is now actively working with 16 Blue Light clients.

Supporting People

- The pilot for the early identification of domestic abuse has progressed well with evaluation currently being completed by the University of Gloucestershire. The pilot project is due to end on 30th June 2019 with future funding identified for the service to be commissioned by Gloucestershire County Council through the Gloucestershire Framework for Domestic Abuse.
- There have been a total of 3802 interactions with Patient Activation Measures (PAM).
- We have delivered 2 Physical Activity masterclasses to more than 130 GP's across Gloucestershire.

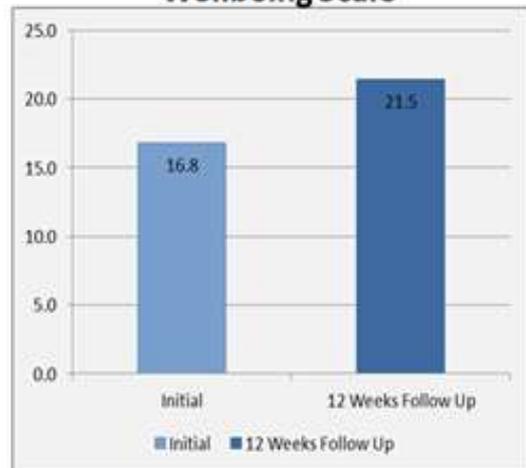
Supporting Places & Communities

- There have been over 5145 referrals into the Community Wellbeing Service (CWS) with a high level of complexity seen and approximately one third of individuals requiring the highest level of support that the service offers. Countywide data is showing a positive impact on individual's wellbeing (see below) with a reduction in primary care attendances.
- Working with the children's mental health trailblazer stakeholders to explore the feasibility of a test and learn social prescribing offer linked to four schools based Mental health Support Teams (MHSTs) later in 2019.
- As part of the Gloucestershire Moves programme, the Healthy Lifestyles Service & Public Health agreed to host bespoke champion training for Barton and Tredworth Steering Group members and to run a Healthy Lifestyle workshop for Listening to Ladies event. As part of the Active Travel workstream a £14,800 grant has been awarded to conduct market research, business and operational plan for the launch of a paid membership employer's travel group
- We have trained 70 healthcare professionals and voluntary sector workers across Stroud and Berkeley Vale in health coaching approaches, and 16 arts sector workers from the Voluntary, Community and Social Enterprise (VCSE) arts on prescription consortium.
- Approximately 3,000 people participated on the National Diabetes Prevention Programme (NDPP).



The Personal Wellbeing in the UK Office National Statistics (ONS) scores are recorded for all service users who are receiving a light touch to holistic level of support (i.e. any support which is more intensive than signposting).

Short Warwick-Edinburgh Mental Wellbeing Scale



The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) scores are recorded for service users who have identified mental health issues as a reason for requiring support.

Supporting Workforce

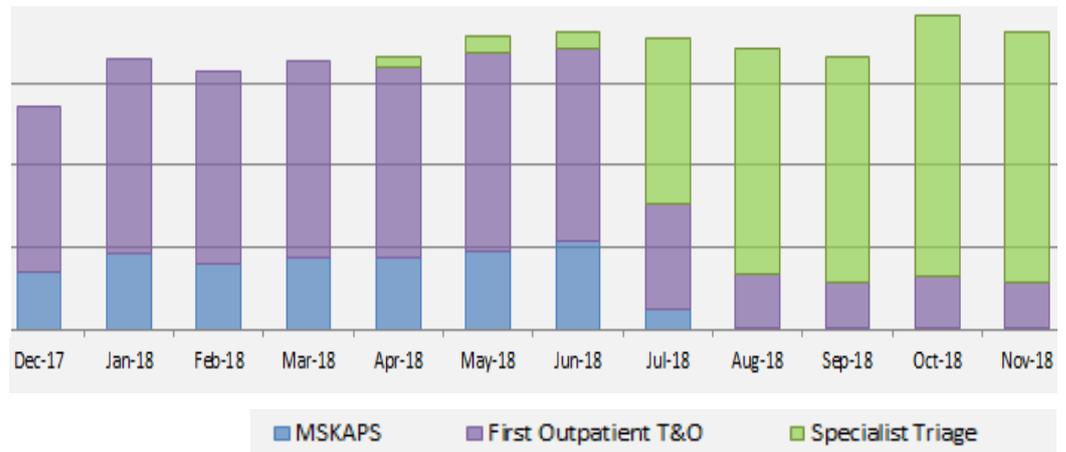
- There have been continued engagement activities with both previously accredited and new businesses across Gloucestershire. Resources are being shared and advice given to businesses. The workplace wellbeing newsletter is now being circulated to 90 businesses
- The training delivery for better conversations has now been completed with the evaluation currently be conducted. Key learning emerging from the pilot has been that a whole system approach to support a culture shift for staff towards enabling prevention and improved health is needed.

3. Clinical Programme Approach

The Clinical Programme Approach has been adopted across our local health care system to ensure a collaborative approach to systematically redesign the way care is delivered in our system, by reorganising care pathways and delivery systems to deliver right care, in the right place, at the right time. During 2019/20 increased system and place based focused will be directed towards 3 clinical programmes to ensure rapid progress towards outcomes.

	Priorities 2019/20	Progress So Far...
Respiratory	<p>Focus on primary and secondary prevention underpinned by Patient Activation Measures.</p> <p>Further embed integrated specialist respiratory pathway including clinical education and training.</p>	<p>The respiratory teams are moving to the use of one system. Patients are now shared with the community colleagues post supported discharge to assess the need for ongoing care.</p> <p>In primary care Spirometry training and additional spirometry capacity within identified clusters has commenced. A patient self-management plan was developed in 2018 and tested within one practice. This plan is undergoing refinement prior to launch within the integrated pathway.</p>
Musculoskeletal (MSK)	<p>Continue to work in a collaborative way to embed and improve the integrated MSK pathway and to continue to strive for an integrated pathway with consistency of approach and messaging to patients between all providers and across the pathway.</p> <p>Expand ESCAPE Pain programme in Gloucestershire to at least two additional localities</p> <p>Plan and initiate implementation of National Lower Back Pain Pathway locally</p>	<p>Our monitoring is beginning to demonstrate that the MSK specialist triage project is delivering the anticipated outcomes with more patients being assessed quickly and being offered treatments in the community (see graph below). Discussions are now being co-ordinated between the prevention and self-care team at the CCG, Public health and CPGs to decide on how to progress with prevention and self-management messages across clinical specialities whilst ensuring that condition specific messaging also occur.</p> <p>Lower Back Pain patient-facing information leaflets are under development.</p>

Graph shows referrals to MSK services with a reduction in direct referrals to hospital outpatient appointments (some patients seen at triage will go on to hospital services after assessment)



<p>Circulatory</p>	<p>Commence community blood pressure testing as part of BHF Blood Pressure Award Programme.</p> <p>The development of pathways, initiatives to optimise anticoagulation for Atrial Fibrillation and cardiac rehabilitation approach.</p>	<p>An application to become a beacon site for delivery of the Rehabilitation Enablement in Chronic Heart Failure (REACH-HF) rehabilitation and self-care support programme for people with heart failure has been successful.</p> <p>The stroke rehabilitation unit opened on 4th February with a transition of patients over subsequent weeks. The unit now has all 14 of its beds occupied with people requiring stroke rehabilitation.</p> <p>Community blood pressure testing programme commenced in April 19</p>
<p>Eye Health</p>	<p>Expand Minor Eye Conditions Service provided by Primary Eyecare Gloucestershire (PEG).</p> <p>Transfer 1st eye cataract follow ups into the community.</p> <p>Scope feasibility of virtual clinics between PEG and Hospital Eye Service.</p> <p>Fully implement pathway service transformation associated with Wet Age-related Macular Degeneration (AMD)</p>	<p>Expansion of Minor Eye Conditions Service (MECS) in the community is underway to increase number of patients who can be seen in the community.</p> <p>Options are being explored to give greater support to homeless people and people in nursing/residential homes to support reducing health inequalities.</p>
<p>Diabetes</p>	<p>Reprocurement of the National Diabetes Prevention Programme (NDPP).</p> <p>Offer continuous glucose monitoring to diabetic pregnant women through GHFT Diabetes and Pregnancy Clinic by 2020.</p> <p>Development of an integrated model for Diabetic care along with targeted work with primary care to reduce variation through the introduction of virtual clinics.</p>	<p>There are now nearly 3,000 patients taking part in NDPP with a mean weight loss of 4.6kg six months after starting the programme.</p> <p>There has been significant improvement in National Diabetes Audit 2017/18 results with 61.5% of all patients with diabetes receiving all 8 care processes and uptake of structured education increased to 8.7% (England average).</p> <p>200 patients signed up to Phase 2 of KiActiv programme which supports self-management.</p>
<p>Cancer</p>	<p>Closer collaboration with ICS on prevention and earlier diagnosis opportunities, including initiatives with highest risk areas and improvement of screening rates.</p> <p>Be ready for the new 28 day target due for introduction in 2020 by pathway review for all 12 major cancer sites. Collaborate on the development of Rapid Diagnostic Centre capacity for the county.</p> <p>Continue with full implementation of the National Timed Pathways for Lung, Colorectal and Prostate Cancer. Baseline audits have been completed and submitted to the Cancer Alliance with progress ongoing to reduce timeframes during 2019/20.</p>	<p>2018/19 GP Masterclass schedule now finished taking total number of masterclasses up to 21 events with over 1100 attended since the initiative began.</p> <p>Cancer Referral Improvement Project 2018 progressing well with positive changes being reported by Gloucestershire Hospitals booking teams. Waiting room animation completed and press release circulated by CCG communication team to promote patient awareness of the importance of 2 week wait appointments.</p>

The Cancer Alliance will work with providers during 2019/20 to ensure deadlines for recording of mandatory data items for 28-day faster diagnosis standard cohorts are implemented, and agree local standard times to diagnosis.

Continued expansion and further embedding of the Gloucestershire Living With & Beyond Cancer Programme.

Work with GHFT to meet the standard for at least 93% of patients who receive an urgent GP (GMP, GDP or Optometrist) referral for suspected cancer should have their first outpatient attendance within a maximum of two weeks; also engaging with NHSI and Cancer Alliance to make sure plans are robust

The teledermatology project is underway with aim to reduce pressures on the hospital dermatology team over seasonal high referral period. Dermatoscope training day in March and 20 additional dermatoscopes purchased for GP practices currently without the equipment which will enable GPs to share images with specialists for advice ahead of referral where it is needed.

Macmillan Cancer Next Steps Rehabilitation Project programmes progressing as planned with 486 referrals received for 2018/19 and continued successful Healthcare Professionals education events.

Review options for a 0-25 year old service as part of the Future in Mind Programme.

Expansion of the Community Support service to Cheltenham and Forest of Dean and Joint Antenatal Clinics to be put in place as part of the Perinatal Mental Health Programme.

Develop healthy lifestyles programme to support families in the first 1001 days of their baby's life.

Gloucestershire Local Maternity has been established which brings together clinicians and provider organisations, commissioners and women from across the Integrated Care System Network to plan and deliver maternity and early years care. The LMS is in the process of delivering Gloucestershire's Better Births Maternity Transformation Plan in response to the National Maternity Review. Some of the successes to date include

- Working as a system to reduce stillbirths and neonatal deaths - we are on track to deliver the 50 percent reduction as set out by NHS England
- Redesigning the antenatal education offer to ensure that it meets the needs of women, is based on evidence and includes an integrated approach with the Health Visiting Service so women and families receive continuity of care.
- Piloting of a multi-professional integrated postnatal pathway to ensure that women and families receive a more joined up approach to care between health visiting and maternity services.
- Developing services so that more women have access to the same team of midwives throughout the journey through pregnancy birth and the early years. This model has been shown to improve a number of outcomes.
- Set up a Maternity Voices Partnership to ensure that the voice of women is embedded in continual service improvement
- Keeping more Mums and babies together in the postnatal period, providing alternative safe options of care avoiding admissions of babies to the neonatal unit

Children & Maternity

		<ul style="list-style-type: none"> • Developed a system wide Safety Improvement plan to deliver high quality care to every woman and family every time. • Health Education England (HEE) funded workshops delivered by Kings College University, London to support continuity of carer completed and was well attended as part of the Transforming the Workforce Project. • Healthy Lifestyles Specialist Midwife now in post and seconded to Ice Creates with their Healthy Lifestyles Gloucestershire team.
<p>Dementia</p>	<p>Build on learning from Stroud & Berkeley Vale Community Dementia pilot to describe a county-wide integrated model, and map to/align with MDT, Telehealth, Frailty and Complex Care at Home provision</p> <p>Improve support and access to dementia services for Black Asian Minority Ethnic (BAME) communities</p>	<p>The Dementia Diagnosis Rate continues to remain above the national target at 67.4% and is likely to continue as a key dementia indicator</p> <p>Health Education England funded Young Onset Dementia training has been delivered to Community Dementia Nurses and Dementia Advisors which was well received and outcomes included best practice examples and research with scope to deliver primary care training.</p> <p>The Community Dementia dog project has been extended to 12 months based on positive outcomes from the mid-point review.</p>
<p>Learning Disability & Autism</p>	<p>Co-produce a commissioning intentions plan in response to the Joint Strategic Needs Analysis by Quarter 4 2019-2020 to help reduce health inequalities.</p> <p>Work with NHS England to pilot the use of the Summary Care Record Reasonable Adjustment Flag within key settings including Community Learning Disability Team, Primary Care, Specialist dental service and Hospital liaison service by Quarter 2</p> <p>Embed the STOMP (STopping Over-Medication of People with a learning disability and/or autism) campaign to reduce the prescriptions of anti-psychotic drugs where they are not clinically recommended and developing a programme of work to reduce medications by Quarter 4 2019-20.</p>	<p>A “Think Autism” public event has been held in the Council Chamber to launch the Gloucestershire Autism Strategy (2018-21). The event provided national context, an overview of the strategy, progress to date and next steps and included the work of the Learning Disability & Autism Clinical Programme Group.</p> <p>STOMP working group established a Primary Care Clinical Audit Group Audit. 643 people on anti-psychosis drugs with the mental health trust caseload being reviewed with initial estimates showing roughly 50% of the primary care list are known to the Trust and are being actively treated by Psychiatrist.</p>

4. Reducing Clinical Variation

The Reducing Clinical Variation programme looks to elevate key issues of clinical variation to system level and have a new joined up conversation with the public around some of the harder priority decisions we will need to make. This includes building on the variation approach with primary care, promoting 'Choosing Wisely' and a Medicines Optimisation approach, undertaking a diagnostics review and working to optimise Outpatient services.

Key priorities for 2019/20 are

- We will make continued use of the successful Prescribing Improvement Plan (PIP) to ensure the early in-year savings, and subsequent in-year benefit for as much of the year as possible. Actions include working with GP practices via the prescribing support team to identify and record beneficial changes to prescribing activity.
- We will continue to work with secondary care colleagues to consider areas for mutual benefit within medication choice and supply routes.
- Continued inclusion of Medicines Optimisation topics within the annual Primary Care offer to support primary care colleagues to maximise efficiencies available from appropriate prescribing
- Continue the successful provision of the Clinical Pharmacist team working within many GP practices by recruiting to fill current vacancies.
- Implement a two year programme Medicines Optimisation in Care Homes (MOCH) scheme, specifically in residential homes.
- Develop and improve mechanisms to allow GPs to access specialist opinion/advice and guidance
- Develop appropriate alternatives to secondary care outpatient services where there are opportunities to manage patients in a less specialist and lower cost setting.
- Support transformation in the outpatient approach across the system
- Strengthen our approach to commissioning thresholds through changes and developments to the CCGs Effective Clinical Commissioning Policies list.
- Develop stronger secondary care gatekeeping functions through effective referral triage/management processes
- Undertake a review of diagnostic provision across the system to support transformational programmes

What we've achieved so far:

- The recently reviewed and updated Countywide Dressing Formulary was released on April 1st 2019. This will help to reduce variation amongst countywide practitioners, once they are aware of it and use it to choose the dressings for use.
- Prescription Ordering Line (POL) has commenced receiving a small number of appliance orders directly from Dispensing Appliance Contractors, for patients registered with participating practices. We will assess the impacts of this additional service.
- Advice and guidance requests have more than compared to 2017/18 levels, with over 13,500 requests received in total. This was due to a combination of increased usage in established specialties and the introduction of new A&G specialties during the year. Gloucestershire is now the 3rd highest user of this system in the country.
- Developments to the online information (G-Care) to support GPs including improved site usability and increased content leading to a 35% increase in site views in 2018/19 compared to 2017/18.
- Introduction of a dermatology one-stop service for 2 week wait patients to improve efficiency and productivity.
- Re-procurement of the community urology service, including an enhanced referral triage and advice and guidance offer.
- Work has started on increasing resources to support outpatient transformation concentrating on four priority specialties between May and July so that lessons can be shared and adopted more widely.

5. One Place, One Budget, One System

New Models of Care & Place Based Model

The One Place, One Budget, One System programme takes a place based approach to resources and ensures we deliver best value. Our community care redesign will ensure responsive community based care is delivered through a transformative system approach to health and social care.

The intention is to enable people in Gloucestershire to be more self-supporting and less dependent on health and social care services, living in healthy communities, benefitting from strong networks of community support and being able to access high quality care when needed. New locality led 'Models of Care' pilots commenced in 2016/17 to 'test and learn' from their implementation and outcomes, working across organisational boundaries, and leading to the formation of 16 locality clusters across the county.

Key priorities for 2019/20 are

- Operational and Strategic partnership of senior leaders of health and social care providers and locally elected government and lay representatives informing and supporting integration at Primary Care Network (PCN) level, unlocking issues and sharing responsibility for finding local solutions to deliver ICS priorities and tackling issues which arise for their population which can only be resolved collectively.
- Clinically-led integration, involving staff and local people in decisions, to support more people in the community and out of hospital.
- Integrated Locality Partnerships (ILP) Plan to deliver defined population strategy including prevention and public health, with aligned priorities agreed to improve outcomes.
- Develop multidisciplinary workforce models which will operate at PCN level.

What we've achieved so far:

- Formal letters sent to Chief Execs and GPs across the system to launch the ILPs and to seek senior representatives from provider organisations to attend ILP meetings in readiness for implementation.
- A Place Based development group with representatives from all providers has been formed to support ILP development and a degree of consistency.
- Stroud and Berkeley Vale have re-organised into three Primary Care Networks.
- Gloucester City have re-organised into four Primary Care Networks.
- Complex Care at Home is live in the Forest of Dean with the service accepting referrals to support people staying well and supported in their own home
- Exploring with GP colleagues the challenges of case management model when patients admitted to acute and community hospitals. Considering this in the context of the long term plan and the GP network contract Direct Enhanced Service.
- Strengthening the support for people with frailty at risk of falling and malnutrition through the South Cotswolds Frailty Service.
- Exploring difficult access to dietetic services for people with frailty and how better care might be provided in line with NICE guidelines.

5. One Place, One Budget, One System

Urgent Care

Our vision for Urgent Care will deliver the right care for patients, when they need it. In order to make this vision a reality and provide safe and sustainable services into the future, we need to consider how to make best use of our resources, facilities and beds in hospitals and in the community.

We want to improve arrangements for patients to access timely and senior clinical decision making about their treatment and ensure specialist support is accessed as soon as possible. We propose potentially changing the way some care and support is organised in Gloucestershire to meet changing demands, make best use of our staff, their skills and the money we have.

Regular updates on the One Place Programme have been shared with HCOSC, describing how the programme aims to deliver an integrated urgent care system and hospital centres of excellence to ensure we realise the vision for urgent care. Since this update work has continued to develop the programme timetable, engaging with clinicians, patients, and staff and community partners to develop the proposals for consultation.

Our key deliverables for 2019/20 include;

- Continue to develop and refine the “One Place” strategy focussing upon development of the Urgent Treatment Centre model, Centres of Excellence and Integrated Urgent Care (Clinical Advise and Assessment Service)
- To further develop and deliver schemes identified within the Emergency Department attendance, admission avoidance programme and length of stay management (overseen by the Urgent and Emergency Care Alliance)
- To further develop and deliver schemes identified within the improving system flow programme which will reduce bed occupancy of long stay patients by 25%:
- To further develop and deliver schemes identified within the Community Admission Prevention programme.
- To further develop and deliver schemes identified within the Find and Prevent programme.

Throughout March and April there has been a continuation of exploring options opportunities to enhance mental health pathways for patients calling NHS 111. The Clinical Advice and Assessment Service (CAAS) pilot had progressed with Care UK and Gloucestershire Care Services (GCS) with a view for the pilot to commence in May following a review of operational and governance arrangements.

There has very successful delivery of a number of staff and public involvement workshops to support the development of a first draft for discussion of the Centres of Excellence workstream. There have also been a number of targeted and public drop in engagement events as part of the overall Urgent Care Workstream.

6. Enabling Programmes

Our vision is underpinned by our enabling programmes which are working to ensure that the system has the right capacity and capability to deliver on the clinical priorities.

Joint IT Strategy – Local Digital Roadmap Gloucestershire has 23.5% of patients have registered for patient facing primary care services. Options are being assessed for future IT solutions including GP connect as part of the Primary Care Improved Access workstream. Joining Up Your Information (JUJI) has over 600 live users with an average of 150 accesses per day allowing patient information to be shared across the system to support direct integrated care. Gloucestershire Hospitals NHS Foundation Trust roll-out has since commenced across different teams. Phase 3 of the NHS111 is due to go live in May where messages to an Out of Hours (OOH) Primary Care Provider receive and process messages enabling a clinical call back. This is still being tested and coordinated with NHS Digital (NHSD). The Minimum Viable Product (MVP) Cinapsis pilot has shown an average time that GPs wait for a call response was 21 seconds with the average length of call for either advice and guidance or referral of 4 minutes. Over 20 practices have received a Cinapsis demonstration with 36 GPs having used the system.

Joint Workforce Strategy –The NHSI Workforce Planning returns were submitted by all provider organisations on the 4th April and the ICS system-wide submission was made on 11th April. This will form the baseline for the ICS 5 year workforce plan. Health Education England (HEE) have written to all Trusts Chief Executives and Directors of Finance to confirm the 2019/20 process for Workforce Development Funding. Organisations have been asked to work together with Local Workforce Action Board and HEE local offices in order to optimise opportunities for co-design and shared approaches to education commissioning. Following the completion of the tender process for the Leadership Development Programme we are now recruiting people from across all partners, including voluntary sector and policing, to attend and work together on how we lead the system going forwards.

Joint Estates Strategy – The ICS estates strategy is moving forwards which is bringing together updated organisational estates strategies and is due to be finished by the end of Quarter 3. Within the Primary Care Infrastructure Plan (a new Surgery in Stow is due to be completed and opened by July 2019. A revenue business case for Cheltenham Town Centre has received formal NHS approval and an Estates and Technology Transformation Fund capital grant has been awarded. The South Western Ambulance NHS Foundation Trust strategy for future estate provision will be to deliver a range of operational sites. These will consist of the development of new Hubs (Make Ready Centres) mainly close to Acute hospitals and supported by a network of Book On locations (staff start and finish shifts) and Spokes.

Primary Care Strategy – Our local digital first primary care strategy is to have a core offer for all practices, while also testing further digital enhancements to establish the benefits for patients and practices, while keeping an eye to the future developments with 111 Online and the NHS App roll out. PCNs represent a fundamental change to our ICS. PCNs will be the foundation of our system around which our services need to be based. 2019/20 represents a development year, where the change to the GP contract requires CCGs to commission PCNs for 100% of our patient population and it is through this mechanism that general practice will be supporting the NHS Long Term Plan.

7. Integrated Care System

As a Wave 2 Integrated Care System we are working towards increased integration to improve health and wellbeing, we believe that by all working better together, in a more joined up way, and using the strengths of individuals, carers and local communities, we will transform the quality of care and support we provide to local people.

The System Development work stream captures the work to develop the overarching ICS programme. The responsibilities of this programme are as follows:

- Provide Programme Direction to the Gloucestershire ICS
- Manage a Communications and Engagement approach on behalf of the ICS, including ensuring the Health and Social Care Act duties regarding significant services changes are met in relationship to the ICS
- Ensure the ICS has a robust resources plan in place that all ICS partners are signed up to and that is aligned to organisational level plans.
- To ensure that the ICS has clear governance and performance management in place to ensure the system can manage and oversee delivery

Our key achievements made since the last report include;

- Operational plans for 2019/20 submitted across the system in line with the April timeline
- Public engagement on NHS Long Term Plan has continued with a large range of events across the county. See Annex 1 for the material that has been used to lead this engagement.
- ICS Strategic Stakeholder Group planned for 14th May 2019 to involved a wide group of stakeholders in setting direction for the system.
- Clinical Reference Group relaunched with remit for reducing unwarranted clinical variation and involving senior clinical leaders from across the partner organisations



Focus on the One Gloucestershire ICS Operational Plan

2019/20 is the first year for delivering against the NHS Long Term Plan and One Gloucestershire ICS produced a system-wide operational plan setting out our ambitions, priorities and plans for 2019/20.

The last year has been a significant one for the “One Gloucestershire” Health and Care system as we moved into an Integrated Care System. As we respond to the ambitions set out in the NHS Long Term Plan it is clear that there is a lot we have to be proud of where we are at the forefront of the improvements the NHS as a whole is making; however, it also allows us to focus on the areas where we can go further accelerating the achievements we are making together.

The financial and operational delivery context for our system remains challenging but there has been significant progress during this year, and the financial position has continued to stabilise across the system. Going further to ensure high quality, good value care will require us to continue to drive system transformation across a number of care pathways.

The One Gloucestershire Integrated Care System is building on strong and positive partnerships across health and care to ensure that we make the best use of local resources with and for the benefit of our population. 2018/19 has been the first year of all organisations working more closely together as part of the shadow Integrated Care System (ICS) and we believe we have made good progress on the journey



towards a full ICS as laid out in our system operational plan. During 2019/20 we will consolidate our ICS ensuring that our partnership results in us going further and faster with integrating care. Our focus is not on the structures of our organisations, rather on how the commissioning and delivery of care can be improved to secure better outcomes.

As part of moving towards integrated care the ICS Board have reviewed the ICS priorities for 19/20 and have emphasised the following

- **Improving mental health:** including improving dementia care and a renewed focus on mental health and wellbeing, additional support for regular users of health and care services.
- **Supporting Urgent & Emergency Care:** the One Place programme remains central to delivering our new model of care within Gloucestershire
- **Focusing on proactive care in partnership with local communities:** including building capacity in primary, community and VCSE (voluntary, community and social enterprise) care, reducing demand for acute services and improving end of life care
- **Improving population health:** including rapid delivery of place based integrated working through Integrated Locality Partnerships and a focus on wellbeing and prevention and self-care. Increasingly we will work to influence the wider determinants of health including loneliness and isolation whilst also improving or use and application of population health management.
- Focus on **enabling conditions** including
 - fostering a culture of engagement and co-creation
 - continuing the existing enabling programmes of workforce, estates and digital
 - ensuring effective governance that facilitates shared decision making

Through our Enabling Active Communities work people in Gloucestershire are responding to taking the lead on living well and we will continue to support our self-care and prevention plan as a key cornerstone of the future of health and care in the county. Achieving parity of esteem for mental and physical health remains at the centre of our aims over the coming year with investment in line with the Mental Health Investment Standard.

During 2019/20 we will publish our updated 5 year Integrated Care System plan for One Gloucestershire which will reinforce our ambitions to deliver a step change for health and social care in Gloucestershire and build on the work that is already ongoing. Our transformational programmes have more fully moved into delivery and there are real signs of positive change improving quality and outcomes and delivering more efficient services through improved pathways with an increased focus on prevention and self-care.

All partner organisations are essential to delivering these priorities; we are governed through distributed leadership which means that all partners are represented across the scope of the partnership including within programme leadership and senior responsible owner roles. All partners also contribute to the clinical leadership of our system via the Clinical Reference Group and to senior management leadership via the ICS Executive and ICS Board.

As we move our partnership forwards we will increase the responsibility on the system to deliver against the first year of our 5 year plan towards achieving the NHS Long-Term Plan. We are committed to fully contributing to further development and delivery of system-wide transformational programmes to ensure that we can deliver on our commitments to our population and contribute towards improving health and well-being across our county.

8. Recommendations

This report is provided for information and Governing Body members are invited to note the contents.

Mary Hutton
ICS Lead, One Gloucestershire ICS



Developing our local NHS Long Term Plan

What matters to you?

www.onegloucestershire.net

 @One_Glos



Developing our local NHS Long Term Plan

The National NHS Long Term Plan

- Published in January 2019
- Ambitions for how the NHS can improve over the next decade
- Covering all three Life stages:
 - Making sure everyone gets the best start in life
 - Delivering world class care for major health problems
 - Supporting people to age well
- Consistent with how support and services are developing locally

Gloucestershire features in the NHS Long Term Plan

CASE STUDY:

Gloucestershire Hospital

Gloucestershire Hospitals NHS Foundation Trust faced significant challenges, with poor A&E performance and high numbers of cancellations and delays to planned operations. The Getting it Right First Time (GIRFT) programme supported the trust to split its 'hot' emergency work and 'cold' planned trauma and orthopaedics work onto two separate sites. Senior clinical decision makers were introduced at the A&E 'front door' to help ensure patients were managed more effectively. During the first six months the trust was able to achieve its 4-hour A&E target for the first time since 2010 and had halved the number of cancelled operations. There was a reduction in waiting times for surgeries, including for hip or knee replacements, and an 8% increase in the amount of elective surgery performed.

What we are doing in Gloucestershire

Developing our Long Term Plan for Gloucestershire, asking ***What matters to you*** about?

The Place - how you and your family get health advice, support and services when you need them, in your home, neighbourhood, community and county

The Life Course – your health priorities at every stage in life

Supporting better care – supporting staff, making best use of technology, reducing waste and making best use of resources

Our challenges

- A growing population with more complex needs, in all age groups
- Increasing demand for services and people unsure about what services to use
- Recruiting and keeping enough staff with the right skills and expertise
- Pressure on money



What we want to achieve in Gloucestershire



- People taking greater control of their own health, and that of their family
- Healthy, active communities with strong networks of support
- A simpler way to get advice, support and services, 7 days a week
- The vast majority of care available in, or near, home
- High quality, joined up services with the right care, staff skills and equipment in the right place
- Best use of the 'Gloucestershire £' for health and wellbeing priorities

The 'One Gloucestershire Way'

Everyone's responsibility

- Taking greater control of your own health, and that of your family
- Prevention is better than cure, emphasis on reducing the likelihood of ill health, physical and mental
- Wide Gloucestershire partnership to tackle other things that can have a big impact on health and wellbeing e.g. housing, education, crime and social isolation



The 'One Gloucestershire Way'



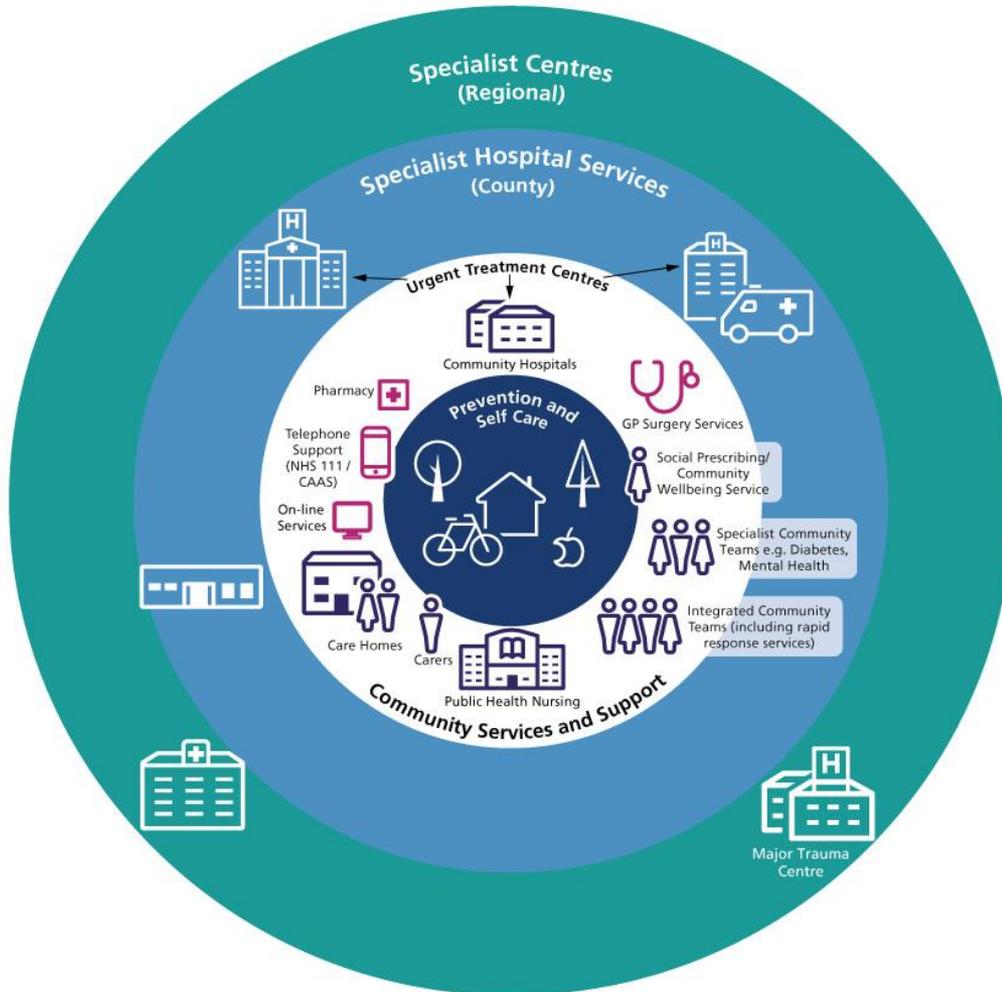
- More support and care in people's own homes, GP surgeries and local neighbourhoods
- Supporting people to stay active and healthy maintaining independence for longer
- When people are really unwell, providing specialist hospital and mental health services comparable to the best in England

The 'One Gloucestershire Way'

More health priorities can be met in local communities **(PLACE)**, using local knowledge, networks and skills



Place based approach



GP surgeries in local areas (*in **Integrated Locality Partnerships***) coming together to work with a wide range of community partners, carers and local people (*in **Primary Care Networks***) to meet local needs

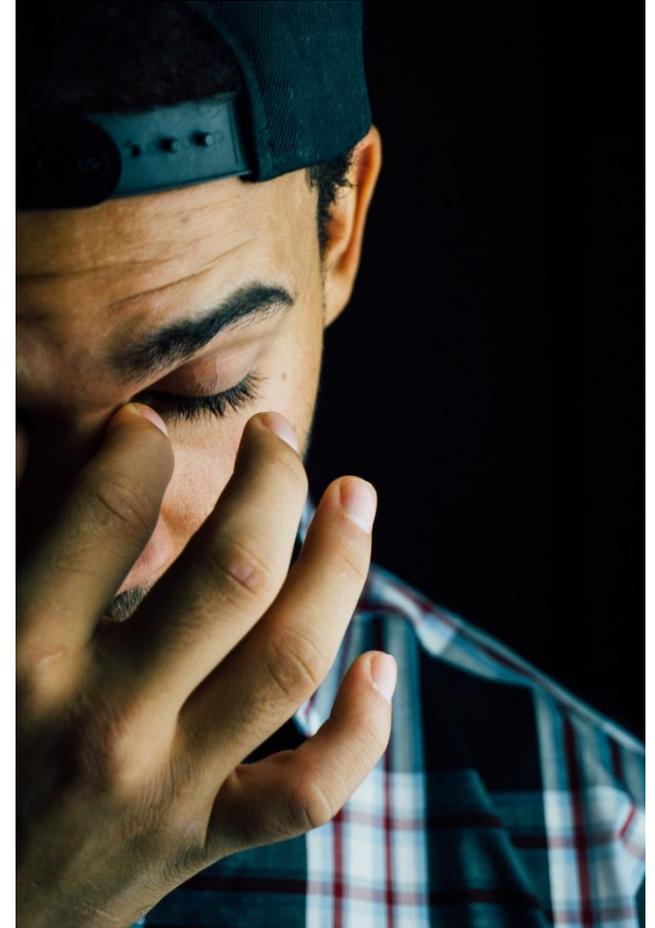
Reducing the need to travel further afield for support and care

Place based approach

- Improving well-being through social prescribing – 3, 500 people supported in a year and Access to health coaching
- Additional 100,000 GP surgery appointments in the daytime, evening and weekends
- More health experts working in GP surgeries e.g. clinical pharmacists, physiotherapists, paramedics, mental health
- Care support to older people at home e.g. frailty, dementia, end of life

Place based approach

- Expanding community health and joined up working with social care teams
- Mental health support alongside community services e.g. easier to get help in a mental health crisis, at home or in your local area
- Looking at how we provide a range of injury and illness services in hospital (e.g. Urgent Treatment Centres) and in the community



Specialist Centres of Excellence at Cheltenham General and Gloucestershire Royal Hospitals

- Outstanding care comparable to the best in England
- Prioritising health outcomes, safety and patient experience
- Two thriving hospital sites – both specialist centres increasing the likelihood of local residents treated here
- Supporting local access where it does not compromise quality of care, outcomes and safety

Specialist Centres of Excellence at Cheltenham General and Gloucestershire Royal Hospitals

- Developing options to bring some services (and expertise) onto either hospital site to make both stronger and better able to meet patient needs in the future
- Considering greater separation between urgent care and planned care to reduce unwarranted variation, improve availability of beds, ensure fewer cancelled operations, improve waiting times and overall patient experience.

The Life Course: Starting Well



- Support for pregnant women and their families
- Support more young people to get healthy and active
- Early advice and support on mental health

The Life Course: Living Well

- Looking after your health and wellbeing
- Living with a health condition
- Living with a learning disability



The Life Course: Ageing Well



- Staying physically active
- Living well with frailty
- Living well with dementia
- End of Life Care

Local Engagement – Spring 2019

What matters to you?

- Staff and public engagement on developing the NHS Long Term Plan locally
- Booklet and survey – hardcopy and on-line
- Community Events/Awareness Raising (aligned with Health and Wellbeing Strategy engagement events)
- Working with Healthwatch Gloucestershire
- Further engagement and consultation planned in 2019/20

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Agenda Item 13

Governing Body

Meeting Date	Thursday 23 May 2019
Report Title	Quality Report
Executive Summary	This report provides assurance to the Governing Body that quality and patient safety issues are given the appropriate priority.
Key Issues	The Quality Report provides an overview of activity undertaken within the CCG to monitor and improve quality of commissioned services. The report highlights areas of strong performance and areas which may require increased surveillance.
Risk Issues: Original Risk (CxL) Residual Risk (CxL)	Failure to secure quality, safe services for the population of Gloucestershire
Management of Conflicts of Interest	Not applicable
Financial Impact	There is no financial impact
Legal Issues (including NHS Constitution)	Compliance with the NHS Constitution, NHS Outcomes Framework and recommendations from NICE and CQC.
Impact on Health Inequalities	A focus on the delivery of equitable services for the residents of Gloucestershire and which will reflect the diversity of the population served.
Impact on Equality and Diversity	There are no direct health and equality implications contained within this report.
Impact on Sustainable Development	There are no direct sustainability implications contained within this report.
Patient and Public Involvement	There is no impact
Recommendation	The Governing Body is asked to note the contents of this report.
Author	Teresa Middleton
Designation	Deputy Director of Quality
Sponsoring Director (if not author)	Marion Andrews-Evans

1	Introduction																																								
	<p>The Governing Body Quality Report provides assurance of the quality monitoring and support work undertaken by GCCG with providers in Gloucestershire.</p> <p>Formal assurance of the quality of NHS services is through the Governance and Quality Committee, minutes of which are received by the Governing Body. This report provides succinct detail of activity undertaken and areas of strong performance or concern.</p>																																								
2	Summary Serious Incidents & Never Events																																								
2.1	<p>A 'Serious Incident' is defined by the National Patient Safety Agency (NPSA) as an incident that occurred in relation to NHS-funded services and care. These are often referred to as STEIS incidents after the reporting system. The Strategic Executive Information System (STEIS) allows us to break down the numbers being reported into categories/</p>																																								
2.2	<p>Each reported incident is reviewed by the Quality Lead for that specific provider. This allows for identification of any potential themes or trends and can inform more in-depth discussions at the relevant Clinical Quality Review Group. Full details, split by category are provided to Quality and Governance Committee.</p>																																								
2.3	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 20px;"> <thead> <tr style="background-color: #333; color: white;"> <th style="text-align: left;">Gloucestershire Hospitals NHF FT</th> <th>Q1 2018/19</th> <th>Q2 2018/19</th> <th>Q3 2018/19</th> <th>Q4 2018/19</th> </tr> </thead> <tbody> <tr> <td>Never Event</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Serious Incidents</td> <td style="text-align: center;">11</td> <td style="text-align: center;">6</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> </tr> <tr style="background-color: #0056b3; color: white;"> <td></td> <td style="text-align: center;">12</td> <td style="text-align: center;">7</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #00838f; color: white;"> <th style="text-align: left;">Gloucestershire Care Service NHS Trust</th> <th>Q1 2018/19</th> <th>Q2 2018/19</th> <th>Q3 2018/19</th> <th>Q4 2018/19</th> </tr> </thead> <tbody> <tr> <td>Never Event</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Serious Incidents</td> <td style="text-align: center;">3</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> <td style="text-align: center;">2</td> </tr> <tr style="background-color: #00838f; color: white;"> <td></td> <td style="text-align: center;">3</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	Gloucestershire Hospitals NHF FT	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Never Event	1	1	0	1	Serious Incidents	11	6	5	5		12	7	5	6	Gloucestershire Care Service NHS Trust	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Never Event	0	0	0	0	Serious Incidents	3	1	5	2		3	1	5	2
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	<ul style="list-style-type: none"> • Getting close to being answered only to be cut off • Prescriptions not been sent to pharmacy • Receptionists • Queuing at the desk • Getting an appointment - some patients have said it is quicker to drive to the practice to make appointments rather than use the telephone.
3.3	<p>Three patients and one MP have raised concerns with booking via e-Referral. Patients have reported to PALS being sent an appointment only to be told it's cancelled or the appointment time is in the early hours of the morning. The explanation for this is that a 'dummy' appointment is created to get the patient on to the system, and unfortunately some patients have received a 'dummy' appointment through the post. This error has now been resolved.</p>
3.4	<p>During Q2 and Q3 a significant number of contacts were received from individual patients in relation to the outcome of the local review and implementation of changes to prescribing of Liothyronine (T3) medication. Earlier in 2017/18, in response to new NHS England guidance, a review of Gloucestershire patients prescribed Liothyronine (T3) was undertaken to consider one of the following options: cessation, trial withdrawal to an alternative medication or continuation. The T3 review panel consisted of a Consultant endocrinologist; a GP with experience of undertaking similar panel reviews; a pharmacist; a lay member with experience of undertaking similar panel reviews and a panel administrator.</p>
3.5	<p>The first cohort of patients were sent information about the outcome of their individual reviews via their GP practice in September 2018. At which point several patients contacted GCCG PALS to find out more about the review process and to seek advice regarding the possibility of appealing the initial panel decision.</p>
3.6	<p>GCCG PALS has been working with CCG commissioners to confirm an appeals process, liaising with affected patients and practices regarding continuity of prescribing whilst the appeal process is undertaken and providing reassurance for patients and families. PALS and patient representatives have been involved in a CCG review of the T3 review process in Q4 to support learning for future reviews of this kind. PALS have maintained contact with a number of patients whilst second reviews of their cases have been undertaken.</p>

4	Infection Control
4.1	<p>Methicillin-Resistant Staphylococcus Aureus (MRSA) Infections</p> <p>NHS Improvement (NHSI) has set a countywide threshold target of six MRSA Bacteremia infections for 2018/19. From 1 April 2018 to 31 March 2019 there have been fourteen incidences, eight cases have been attributed to community acquisition and six cases have been attributed to hospital acquisition. Five of the cases are linked to intravenous drug misuse. A review group and action plan is progressing well, which is led by GCC Public Health Protection consultant and has countywide representation from health providers.</p>
4.2	<p>Methicillin-sensitive Staphylococcus aureus (MSSA) Bacteraemia Infections</p> <p>During the period 1 April 2018 to 31 March 2019, 128 MSSA Bacteraemia Infections cases were reported. 91 cases (71%) were community acquired and 37 cases (29%) hospital acquired infections. Currently there is no threshold target for MSSA.</p>
4.3	<p>Clostridium difficile Infections (CDI)</p> <p>The threshold set by NHS Improvement (NHSI) for Gloucestershire countywide is 156 cases of CDI in 2018/19. From 1 April 2018 to 31 March 2019 there were 184 CDI cases reported countywide. Of these 184 cases 59 (32%) were hospital acquired and 125 cases (68%) community acquired. Reporting in 2019/20 is changing to count all cases within 30 days of discharge as 'hospital acquired'. Additional work is planned to reduce the number of community acquired incidence, during 19/20</p>
4.4	<p>Actions to reduce CDI in Gloucestershire</p> <p>A monthly Assurance Panel reviewing all the monthly CDI cases reported as hospital acquisition meets chaired by the CCG. The meeting routinely reviews the outcomes of action plans and lessons learnt from Post Infection Reviews (PIR).</p>
4.5	<p>Escherichia coli (E.coli) Infections</p> <p>The Quality Premium for 17/19 (two years) includes an annual threshold target of 257 incidences of E.coli Bloodstream infections.</p> <p>In 17/18, the threshold was exceeded by 19 cases.</p>

In 18/19, the threshold was exceeded by 29 cases.

A countywide UTI reduction plan is in place and reviewed quarterly. Further planned work for 2019/20 is to extend and include other causes of Gram Negative Blood Stream Infections.

4.6 Seasonal Flu Update

The local seasonal flu vaccination programme for 18/19 has now ended. The tables below summarise the final uptake of flu vaccination uptake totals for 2018/19.

4.7

FLU VACCINATION UPTAKE (PERCENTAGE) – 2018/19												
IMMFOR M Report Date	AT RISK GROUPS					SCHOOL CHILDREN						PCARE
	> 65 yrs	< 65yr s	Pre gna nt	2yr olds	3yr olds	Rec pt 4yrs	Yr1 5yrs	Y2 6yrs	Y3 7yrs	Y4 8yrs	Y5 9Yrs	Frontline Practice Staff
13/01/19	73.4 %	47.5 %	45.2 %	57.2 %	57.2 %	43.2 %	43.1 %	42.6 %	41%	38.6 %	37%	69.6%

4.8

GLOUCESTERSHIRE FRONT-LINE WORKER FLU VACCINATION UPTAKE	
PROVIDER	PERCENTAGE
Gloucestershire Hospitals NHS Foundation Trust	79.0
2Gether NHS Foundation Trust	77.4
Gloucestershire Care Services NHS Trust	75.8
South Western Ambulance Service NHS Trust	56.9

In 18/19 the CCG and GCC partnered to trial two pilot schemes, which are currently being evaluated:

4.9

Point of Care Testing (POC) in Care Homes

Gloucestershire County Council, in partnership with GCCG appointed a provider for POC testing for Influenza A & B between end of December 2018 to the end of March 2019. The provisional results suggest improvements included appropriate infection prevention & control measures taken swiftly, antivirals prescribed promptly and a reduction in the number of days care homes closed. This had a positive effect on patient flow. The project was run in conjunction with training to improve all aspects of care to patients with suspected or confirmed flu.

4.10	<p><u>Increasing the uptake of seasonal influenza vaccinations in care home staff</u></p> <p>Gloucester City Council in partnership with the GCCG and the Care Home Providers trialled two models of flu vaccination delivery. The models were a Roaming Vaccination Service (provided by Gloucestershire Care Services) and a GP In-Home Delivery Model. As part of the programme two separate training events were held. Training covered the delivery models as well as promoted flu vaccination of staff and residents in Care Homes. The provisional results suggest the improvements resulted in a higher uptake of flu vaccination by care home staff.</p>
5	<p>Provider Updates</p>
5.1	<p>Gloucestershire Hospitals NHS Foundation Trust</p> <p><u>Cancer Performance</u></p> <p>Cancer delivery, with a particular focus on Urology recovery and backlog clearance during January 2019 to March 2019.</p> <p>The existing Cancer Delivery Plan which identifies specific actions by tumour site to delivery recovery has been deployed and is reviewed on a fortnightly basis. Cancer performance remains a concern relating to the 62 day pathway.</p> <p>5.2 <u>Issues with delays to investigate / Quality Impact</u></p> <p>Ophthalmology - the CCG is planning to hold a “deep dive” meeting with the Trust resulting from some serious concerns raised at the Eye Health Clinical Programme Group. The concerns relate to delayed ophthalmology follow-ups.</p> <p>5.3 2G NHS Foundation Trust</p> <p><u>2G Improvements and developments within the Trust</u></p> <p>The Trust has queried increases and peaks in reporting from clinical areas and these largely correlate with increased patient acuity in those clinical areas. NHS Mental Health Benchmarking for 2017/18 has requested Absent Without Leave (AWOL) data for the first time, and it may therefore be possible in future for the Trust to establish</p>

<p>5.4</p> <p>5.5</p> <p>5.6</p>	<p>how they compare with similar mental health service providers.</p> <p>Ward based dashboards are now available to inpatient wards, and 2gether reported these are well received by Matrons and Ward Managers. NHS Improvement has published new guidance relating to definitions and reporting of Pressure Ulcers.</p> <p>The report's 29 recommendations continue to be considered by the Trust in cooperation with colleagues at Gloucestershire Care Services. The Trust has made changes to improve the selection processes for Mortality Reviews.</p> <p><u>Update on plans for closer working between 2gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust</u></p> <p>Appointments have now been made to joint Executive posts and work continues to take forward the merger planned for 1st October 2019.</p> <p>The CCG will continue to work with 2gNHSFT during the current merger with Gloucestershire Care Services (GCS) resulting in re-organisational change to ensure the single trust is in a strong position to manage both present and future challenges, delivering mental health and learning disability services. Providing best value with a clear focus on provision of high quality, safe and effective care for the people of Gloucestershire.</p> <p>Gloucestershire Care Service NHS Trust</p> <p><u>District Nursing</u></p> <p>Vacancies persist within the District Nursing teams and have not worsened since the last report. Particular Hotspots continue to be Cotswolds, Cheltenham and Gloucester at both band 5 and 6 levels.</p> <p>GCS continue to focus upon:</p> <ul style="list-style-type: none"> • Recruiting 'retire and return' nurses • Continue with adverts (B5 & 6) with targeted Facebook adverts • Prioritise housebound patients as opposed to ambulatory • Professional lead roles across all localities • Reviewing caseloads and workloads, both operationally and
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	<p>professionally and supporting decision making</p> <ul style="list-style-type: none"> • Utilising the Practice Development team to enable competencies in less experienced colleagues <p>The CCG will continue to monitor the situation through the contractual route.</p> <p><u>Continence Assessments</u></p> <p>The CCG have sought assurance from GCS how first line continence assessments are managed within the ICT's. The CCG is becoming concerned that the waiting times for these assessments are significantly increasing which may have a negative impact on patient experience and quality of life. At the April 2019 CQRG partial assurance was obtained although the exact detail in relation to waiting times and the number of people waiting was not provided and a request has been made for this to be provided as soon as possible</p>
6	CQC
6.1	<p>Gloucestershire Care Services CQC Inspection</p> <p>The GCS Quality Improvement (QIP) plan developed in response to their CQC inspection report, was formally discussed and closed down at the CCG led CQRG meeting in April 2019. This was a planned closure and the remaining outstanding actions will be carried forward, as business as usual and will be monitored and assurance sought in relation to achievement via standard contractual processes. In particular the % of staff mandatory training and completed PDR's are required to significantly improve.</p>
6.2	<p>2g NHS Foundation Trust</p> <p>2g report that good progress had been made on the implementation of identified actions. The action plan was be closed down at the end of March 2019 with remaining actions mainstreamed into the relevant areas of business as usual and included in the Organisational Total Quality Improvement (OTI) Action Plan to be monitored and challenged by the 2gether Quality and Clinical Risk sub-committee (QCR).</p> <p>2g also reported that in order to gain further assurance with regard to certain observations made by CQC following their two visits to Berkeley House, the Trust carried out a comprehensive peer review</p>

6.3	<p>within Berkeley House. Feedback from the internal review team was positive and no areas of concern were identified providing the Trust with significant assurance.</p>
	<p>Gloucestershire Hospitals NHS Foundation Trust</p> <p>The CQC inspection report was published at the end of February 2019. The Trust received an overall rating of Good with the breakdown as follows:</p>
6.4	<ul style="list-style-type: none"> • Are services safe? Good • Are services effective? Good • Are services caring? Good • Are services responsive? Requires improvement • Are services well-led? Good
	<p>The Trust have taken action to address all immediate concerns on the Must Do list and are working to progress the Must Do action improvement plan of which the twelve Must Do Actions have been categorised into six themes as follow:</p>
6.5	<ul style="list-style-type: none"> • Timely commencement of treatment in ED • Control of hazardous substances • Routine checking of emergency equipment • Standardising procedures in relation to the risk management process • Access to acute cardiac services • Application of the Mental Capacity Act and the Mental Health Act
6.6	<p>The CCG has now received an updated improvement plan from the Trust and progress is being monitored through the Clinical Quality Review Group.</p> <p>South Western Ambulance Service NHS Foundation Trust (SWASFT)</p> <p>At their last CQC inspection, SWASFT were rated as 'Good'. As with all inspections, alongside the inspection report, they make recommendations about the things trusts must do, and should do. SWASFT have now reported that there is only one 'Must-Do' outstanding and three 'Should-Do' actions.</p>

Priority	Total	Complete or Closed	Percentage Complete or Closed	Open within deadline	Percentage Open within deadline	Outstanding	Percentage Outstanding
CQC Must Do	141	42	29.8%	98	69.5%	1	0.7%
CQC Should Do	144	40	28%	101	70%	3	2%
Total	285	82	29%	199	70%	4	1%

The Trust is expecting the CQC to re-inspect in the later part of 2019/20.

6.7 As previously reported, SWASFT continue to report a risk score of 25 against call staking. This has been the subject of three NHS England Quality Surveillance Groups. The organisation makes full use of their risk matrix and carries other high risk issues. Ultimately, these risks can all be summarised as concerning demand outstripping supply and the request for more resources. This has been answered with increases in funding in the 2019/20 contract. The CCG has assessed the risk to our residents and has now reduced the risk rating from 16 to 12.

7 Quality Team Activity

Safeguarding

7.1 Progress of Working Together 2018: multi-agency safeguarding arrangements.

The Gloucestershire Safeguarding Children Executive has set out the plans for the new safeguarding arrangements under Working Together 2018. This was published on 15th April 2019, with full implementation by 15 July 2019. This is supported by a transition process to ensure a continuity of collective safeguarding arrangements throughout the implementation period and includes oversight of all serious case reviews / child death reviews commenced prior to the implementation of the new arrangements are completed, published or transferred (as required by the legislative transitional guidance).

7.2 Safeguarding Conference

The GCCG Safeguarding Team held a conference entitled 'Health at the core of Safeguarding in Gloucestershire' on 1st May 2019.

150 attendees from Health, including GPs, Practice Nurses, Hospital Nurses, District Nurses, Health Visitors, School Nurses, Midwives and Dental Nurses. Initial feedback has been extremely positive.

7.3	<p>Presentations at the event included a film clip from the MP for Cheltenham, Alex Chalk, who spoke about his interest/involvement in the Stalking Bill and Alex Lovell the BBC Points West presenter came to talk about her personal experience of being stalked. Further updates were provided by Dr Imelda Bennett on Adverse Childhood Experiences; the Child Sexual Exploitation team on their work with young people and an update from the local Crime Prevention Team, Gloucestershire Constabulary.</p> <p>GCCG also showed the 2 films which we have commissioned; one on raising awareness in children's safeguarding and the film 'Was Not Brought' made by Inclusion Gloucestershire on the importance of health professionals thinking about the impact for people with a Learning Disability on not attending a health appointment.</p>
7.4	<p><u>Dysphagia Management</u></p> <p>The NHS issued a Patient Safety Alert in June 2018 requesting NHS organisations eliminate imprecise terminology including 'soft diet' and 'thickened' for those receiving modified texture foods and fluids for the management of dysphagia. To do this, the PSA recommended the implementation of the IDDSI framework by 1st April 2019.</p> <p>The International Dysphagia Diet Standardisation Initiative (IDDSI) http://iddsi.org/ developed standardised terminology and definitions for texture modified foods and fluids for people with dysphagia. The framework consists of a continuum of eight levels (0-7).</p> <p>The CCG Dietitian has been supporting GHT, GCS and 2g to implement this framework. GP practices will be made aware of IDDSI and that new patients will be assessed by Speech and Language Therapy using the IDDSI descriptors.</p> <p>To further support improvements in patient safety in the management of dysphagia, the One Gloucestershire Medicines Optimisation Board has approved the implementation of a 'one thickener' policy to standardise the preparation of modified texture fluids. All appropriate inpatients will be prescribed Nutilis Clear (Nutricia) from 15th March 2019 and new patients in the community will be issued with this.</p>
7.5	<p><u>Primary Care Education Update</u></p>

In March 2019 GCCG hosted a 2-day Introduction to Travel Health for Gloucestershire Practice Nurses who were new to this service. The event was well attended and evaluated with 21 attendees from Gloucestershire GP Practices.

A shorter update session for more experienced nurses is planned for later in the year.

GCCG is hosting an 'Introduction to Immunisations' training course for newly qualified Practice Nurses in June 2019.

GCCG has received an allocation of 8 Health Education England funded places for Non-Medical Prescribers for the academic year 2019/20. We are currently asking for expressions of interest from primary care for this training and will review and prioritise these applications to ensure equity in allocation.

Agenda Item 14

Governing Body

Meeting Date	23 rd May 2019
Title	Working Together 2018 – Gloucestershire’s multi-agency arrangements to safeguarding children.
Executive Summary	Working Together 2018 Statutory Guidance places a shared and equal duty on Gloucestershire CCG, Gloucestershire Constabulary and Gloucestershire County Council as a significant development in our collective arrangements to safeguarding children and young people in Gloucestershire. The arrangements set out in this document outline the transitional steps that this partnership is undertaking. This builds on the work of Gloucestershire Safeguarding Children Board outlining the plans and status of the current Gloucestershire Safeguarding Children Executive (GSCE).
Key Issues	The document sets out the arrangements to enable local partner agencies in Gloucestershire to meet the requirements of Working Together to Safeguard Children (HM Government: July 2018) Gloucestershire Safeguarding Children Executive has the opportunity to realign the collective safeguarding arrangements, within the context of Children Services Improvement journey (OFSTED 2017).
Risk Issues: Original Risk Residual Risk	Nil identified
Financial Impact	No change
Legal Issues (including NHS Constitution)	This document supports the implementation of statutory guidance.
Impact on Health Inequalities	Nil

Impact on Equality and Diversity	Nil
Impact on Sustainable Development	Nil
Patient and Public Involvement	Acknowledged with arrangements.
Recommendation	Governing Body to receive this document for update and information.
Author	Glos Safeguarding Children Executive (collective partnership paper)
Designation	Director of Strategy and Partnership, GCC.
Sponsoring Director (if not author)	Marion Andrews Evans Executive Nurse

Working Together

Gloucestershire's multi-agency arrangements to safeguard children

April 2019

The document sets out the arrangements put in place to enable local partner agencies in Gloucestershire to meet the requirements of **Working Together to Safeguard Children**.

HM Government: July 2018



Gloucestershire
COUNTY COUNCIL

NHS

Gloucestershire
Clinical Commissioning Group

Foreword

Working Together 2018 represents a significant milestone in the development of our collective arrangements to safeguard children and young people in Gloucestershire.

It places a 'shared and equal duty' on NHS Gloucestershire Clinical Commissioning Group, Gloucestershire Constabulary and Gloucestershire County Council where, in the past, the local authority was the sole accountable body for local arrangements. We embrace those responsibilities and view this as a real opportunity to further embed child safeguarding considerations across our own agencies and the wider local partnership.

The arrangements set out in this document are a transitional step on that journey. They seek to build on the previous work of the Gloucestershire Safeguarding Children Board, which will be replaced by these arrangements when fully implemented in July 2019. The new arrangements allow us to both build on past practice but also to develop our own local approach. Learning from past incidents and embedding that learning within our organisations are matters that can now develop along local lines reflecting Gloucestershire's collective commitment towards a trauma informed and restorative approach to practice, informed by the learning from Adverse Childhood Experiences (ACEs). Our arrangements will continue to develop as confidence increases. We welcome the contribution of our partners and stakeholders and community to what we would hope is an ongoing and rich conversation.

These arrangements will also be subject to ongoing external challenge by an independent scrutineer who will play an active role in ensuring our approach contributes to tangible change for children and families. The independent scrutineer will work within the framework of our own internal and partnership approach to assuring the quality of all we do.

We all share the same aim; namely, that the safety, health, welfare and well being of our children and young people is secured and that we remain open to learning and improving in order to deal with the many challenges and opportunities presented by a rapidly changing world.

Safeguarding though remains 'everybody's business' and we thank you for your continued support, hard work and commitment.



Julian Moss
Assistant Chief Constable
Gloucestershire
Constabulary



Chris Spencer
Director of Childrens
Services Gloucestershire
County Council



Marion Andrews Evans
Executive Nurse
Gloucestershire Clinical
Commissioning Group

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Working Together 2018

Operating arrangements for child safeguarding in Gloucestershire

1. Background

- 1.1. The document sets out the arrangements to enable local partner agencies in Gloucestershire to meet the requirements of Working Together to Safeguard Children (HM Government: July 2018)
- 1.2. The arrangements outlined in this document have been informed by the views of Gloucestershire Safeguarding Children's Board (GSCB) partners following a series of conversations facilitated by the GSCB Business Manager, taking account of the HM Government publication 'Working Together: Transitional Guidance (July 2018). They have been considered and approved by the Gloucestershire Safeguarding Children Executive (GSCE) which has been meeting in shadow form since December 2018, alongside the GSCB, as part of the transitional process.
- 1.3. Gloucestershire County Council, working with local partners, recently set out its vision for Gloucestershire in its 'Looking to the Future 2019-22' document. This identifies key priorities for children and young people; including securing their health and wellbeing and ensuring they have access to a good quality school. The arrangements set out in this document will contribute to the achievement of those priorities.
- 1.4. Following approval by the GSCE these arrangements will be published by 15 April 2019, with full implementation by 15 July 2019, supported by a transition process to ensure a continuity of collective safeguarding arrangements over the implementation period. This will include ensuring that any serious case reviews commenced prior to the implementation of the new arrangements are completed and published or transferred as required by the transitional guidance. The same will apply to any outstanding child death reviews.

2. Scope of arrangements

- 2.1. Gloucestershire's Safeguarding Partners view Working Together 2018 as an opportunity to realign collective safeguarding arrangements within the context of the Children's Services Improvement journey, the ongoing development of Gloucestershire's wider multi-agency governance framework and local approaches toward the use of restorative practices and taking action on ACEs within our work with children and families.
- 2.2. The scope of this document encompasses:
 - Terms of Reference for the Gloucestershire Safeguarding Children Executive (GSCE)
 - Terms of Reference for Gloucestershire Safeguarding Children's Delivery Board (GSCD)
 - Terms of reference and membership for Child Safeguarding Sub Groups and Task and Finish Groups

- Key links between child safeguarding arrangements and the wider governance network for Gloucestershire, including the Health and Well Being Board and Safer Gloucestershire
- The role and scope of the Independent Scrutiny Function within the revised arrangements
- The role of the Safeguarding Business Unit in supporting operating arrangements
- Key multi agency review processes including rapid reviews, child death reviews, domestic homicide reviews and serious incident notifications to the Youth Justice Board
- Multi Agency Child Safeguarding Threshold Arrangements
- Dispute resolution and escalation processes
- Business planning, annual reporting and performance management
- Multi agency child safeguarding training and audit processes
- Links with multi agency risk management process as they relate to the safeguarding of children – Missing And Child Exploitation (MACE), Multi Agency Public Protection Arrangements (MAPPA), Multi Agency Safeguarding Hub (MASH) & Integrated Offender Management (IOM)

3. Context

3.1. The revised statutory guidance Working Together to Safeguard Children (July 2018) was published in June 2018 and replaces Working Together (2015) as the key statutory guidance for local partner agencies to ensure children are kept safe from harm and that the welfare of all children is promoted. Within the guidance, safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment
- preventing impairment of children’s health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes

3.2 Whilst the revised guidance acknowledges the continuing safeguarding duties of local agencies and organisations, the amendments to the Children Act 2004 introduced by the Children and Social Work Act 2017, establish three safeguarding partners with a ‘shared and equal duty’ to make arrangements to work together. A safeguarding partner in relation to a local authority area is defined as:

- The local authority
- A clinical commissioning group for an area any part of which falls within the local authority area
- The Chief Officer of Police for an area any part of which falls within the local authority area

3.3 The arrangements set out in these proposals will apply to the County of Gloucestershire, with the safeguarding partners (as defined above) being:

- Gloucestershire County Council
- Gloucestershire Constabulary
- NHS Gloucestershire Clinical Commissioning Group

3.4 The child death review partners for Gloucestershire are:

- Gloucestershire County Council
- NHS Gloucestershire Clinical Commissioning Group

A particular consideration in Gloucestershire is that around 8 -10,000 citizens are registered with NHS Wales and, as such, key services for children and young people such as midwifery, health visiting and GPs will be provided by services outside of Gloucestershire. In the event of a safeguarding concern, involving a child or young person within that cohort, NHS Gloucestershire CCG will liaise with the relevant NHS Wales agency on behalf of the Safeguarding Partners. It is acknowledged that this does not affect the accountability for child safeguarding arrangements, which remains with the Gloucestershire Safeguarding Partners.

3.5 The three safeguarding partners, working through the executive, delivery board and sub groups established under these arrangements, will co-ordinate their safeguarding services and engage the wider range of partners with continuing Section 11 duties, including:

- local authority - children's and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services
- NHS organisations and agencies and the independent sector, including NHS England and clinical commissioning groups, NHS Trusts, NHS Foundation Trusts and General Practitioners
- Police, including police and crime commissioners and the chief officer of each police force in England and the Mayor's Office for Policing and Crime in London
- British Transport Police
- National Probation Service and Community Rehabilitation Companies
- Governors/Directors of Prisons and Young Offender Institutions (YOIs)
- Directors of Secure Training Centres (STCs)
- Principals of Secure Colleges
- Youth Offending Teams/Services (YOTs)

3.6 Within these arrangements, the wider safeguarding partnership comprises:

- Gloucester City Council
- Cheltenham Borough Council
- Stroud District Council
- Tewkesbury Borough Council
- Forest of Dean District Council
- Cotswold District Council
- District Safeguarding Network
- HM Court Services

- Crown Prosecution Service
- National Probation Service
- Bristol, Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company
- CAF/CASS
- Gloucestershire Care Services
- Together NHS Foundation Trust
- General Practitioners Representative
- Gloucestershire Hospitals NHS Foundation Trust
- South West Ambulance Service Trust
- Gloucestershire Association of Special School Heads
- Gloucestershire Association of Primary Heads
- Gloucestershire Association of Secondary Heads
- Further Education Representative
- Gloucestershire Fire & Rescue Service
- Gloucestershire Diocese – Multi Faith Representative
- Barnardos – Voluntary Sector Representative
- Lay member(s)

3.7 The revised guidance includes a new requirement for the independent scrutiny of any local arrangements established under Working Together 2018. The guidance is not prescriptive around the form these should take; however, following initial discussions between safeguarding partners they have agreed to appoint a suitably qualified and experienced individual commissioned to fulfil this function, on an interim basis. The current GSCB Independent Chair stepped down from the role in December 2018. An Independent Chair (experienced ex DCS) commenced in January 2019, on an interim basis, in order to support the transition from the existing arrangements and fulfil the role of Independent Scrutineer until a permanent appointment is made.

3.8 The Safeguarding Partners have agreed to take a pragmatic approach towards the development of local arrangements in building on existing priorities where these are relevant; and, established multi-agency safeguarding arrangements where these are shown to be effective and fit for purpose. These arrangements are captured within the appendices attached to this document and reflect a mix of new developments and the continuation of existing arrangements.

3.9 The interim GSCB Chair, working with local partners, has identified a range of priorities which the Safeguarding Partners have agreed to retain within the new arrangements for 2019/20. The priorities (below) comprise of a range of capacity building measures aimed to enhance collective arrangements alongside specific areas of concern or risk, as evidenced through quality assurance, data and needs assessment. These include:

Capacity building:

- Child Safeguarding Performance Dashboard
- Application of Thresholds
- Impact of training and learning from SCRs etc.
- Vulnerability Profile/Strategy

- Compliance with safeguarding procedures
- Conduct and effectiveness of Strategy Discussions

Key safeguarding themes:

- Assurance on Early Help – including issues of consent
- Impact of CSE Strategy and Action Plan
- Children who go ‘missing’
- Elective Home Education

3.10 During October 2018 Gloucestershire Multi-Agency Safeguarding Hub (MASH) became fully operational through the co-location of key practitioners within Shire Hall, Gloucester. The development of the MASH is subject to collective oversight by a MASH Delivery Group which comprises of senior representatives from local partner agencies and is, in turn, accountable to the GSCE. There is a consensus amongst the Safeguarding Partners that the Gloucestershire MASH is the key interface for operational activity to safeguard children. The GSCE will maintain oversight of the MASH Delivery Group. Gloucestershire MASH is underpinned by a multi-agency threshold document (attached at Appendix 5) to ensure a consistent approach amongst partners towards referrals for children’s social care and intervention.

4.0 Key Groups

4.1 The essential architecture of Gloucestershire’s arrangements to deliver the requirements of Working Together 2018 will comprise:

- A Gloucestershire Safeguarding Children’s Executive (GSCE) – comprising of the three Safeguarding Partner Strategic Leads, their respective Lead Officers, an Independent Scrutineer, Safeguarding Business Manager and Chair of the Safeguarding Delivery Board. Terms of Reference for the Executive are attached at Appendix 1.
- A Gloucestershire Safeguarding Children’s Delivery Board (GSCD) chaired by a senior officer from one of the safeguarding partners and comprising of local partner agencies set out in paragraph 3.3. The Chair will not be the Safeguarding Partner currently chairing the Executive Group. Mandated by the Executive, the Delivery Board provides the engine room for the development of local child safeguarding and welfare arrangements. Its membership is drawn from senior officers from the three safeguarding partners and wider range of local partners that have continuing duties to collaborate to safeguard and promote the welfare of children. Terms of Reference for the GSCD are attached at Appendix 2.
- Independent Scrutiny of these arrangements is provided by an experienced and qualified individual, commissioned by, but not employed by, the safeguarding partners. The Independent Scrutineer will attend the Quality Assurance and Performance Sub Group working to the Delivery Board and sit as a full member of the GSCE. The Independent Scrutineer would also provide an annual overview report on the effectiveness of local arrangements to the relevant scrutiny and overview

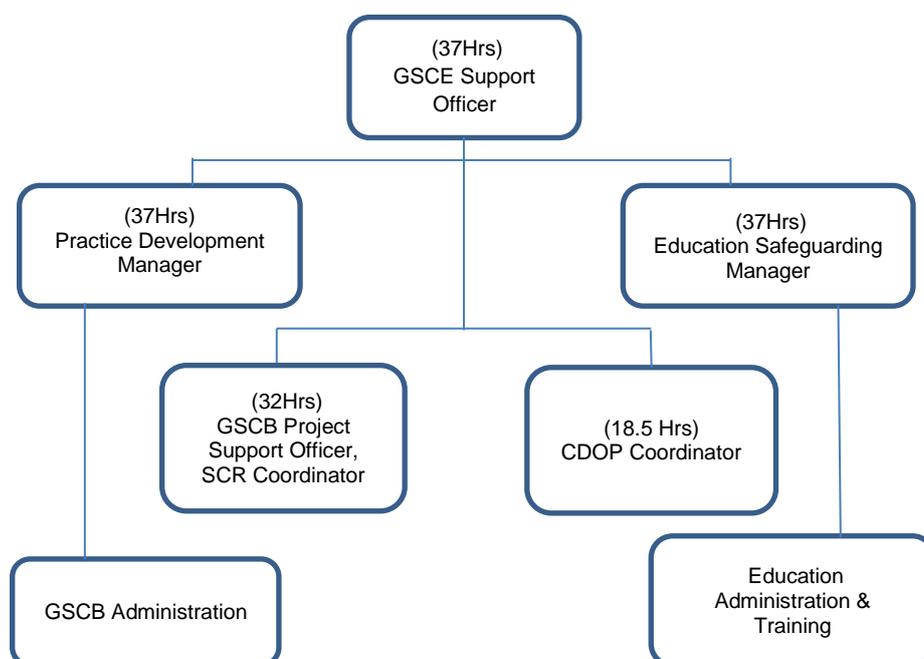
arrangements for each safeguarding partner. This will be developed into a detailed role and person specification as part of an external recruitment exercise for a permanent appointment during 2019. The Independent Scrutineer will be accountable to the Chief Executive of Gloucestershire County Council, the Accountable Officer of Gloucestershire CCG and Chief Constable of Gloucestershire Constabulary, acknowledging the shared and equal duty placed on the safeguarding partners. An outline of the Independent Scrutiny function is attached at Appendix 3 and will underpin these arrangements during the initial operating phase.

- Safeguarding Subgroups are in place to support and inform the working of the GSCE and GSCD as follows:
 - Quality Assurance/Intelligence and Performance Group
 - Education Sub-Group
 - SCR/Practice Reviews and Critical Incident Group
 - Policy, Procedures, Training and Learning Group
 - Child Death Overview Panel
 - MASH Operational Group
 - Missing, CSE and Exploitation Sub Group
- On occasion an issue may arise which requires partner agencies to work together through a Task and Finish Group in order to complete a discrete, time banded piece of work on behalf of the GSCE. Previously this has been agreed by the GSCB and will in future be a matter for the GSCE under the arrangements. Acknowledging the significant demands faced by local partners, it is anticipated that the greater majority of child safeguarding activity required by the Executive will be undertaken by the sub-groups and overseen by the GSCD.

4.2 Although the primary focus of these arrangements will be the efficacy and development of local safeguarding arrangements, they will also participate in the development of children's services across Gloucestershire. As such they will have strong links with the Health and Well Being Board and Safer Gloucestershire that focus respectively on the health and wellbeing, and safety, of the whole population. Appendix 4 outlines how the work of the Safeguarding Partners established under Working Together 2018 will integrate within the strategic governance arrangements for Gloucestershire. In order to promote equity and challenge, the Chairs of the Executive and Delivery Board will rotate on an annual basis and will not be held concurrently by the same Safeguarding Partner.

5.0 **Safeguarding Support Unit**

5.1 The child safeguarding arrangements set out in this document are supported by the Safeguarding Support Unit, comprising of:



5.2 The Safeguarding Support Unit, previously the GSCB Business Unit, is responsible for facilitating several fundamental processes which will continue under these arrangements. They include Rapid Reviews, subsequently under the new arrangements local Child Safeguarding Practice Reviews, Child Death Reviews and allegations management (LADO) processes.

5.3 During the transition period following publication of these arrangements, the unit will continue in its current form, with the Business Manager acting as ‘lead officer’ to the GSCE and GSCD. This would include the team’s current role in facilitating the annual programme of multi-agency safeguarding training and multi-agency audit activity attached at Appendix 14. A review of the structure and functions of the Safeguarding Support Unit will be undertaken as the new arrangements ‘bed in’.

5.4 Working Together 2018 proposes that the Safeguarding Partners agree a fair and equitable approach to funding any local arrangements. The safeguarding partners have agreed to extend the funding arrangements for (2018/19), as set out in the table below, for the first year of the new arrangements (2019/20) with the local authority as the major funder. The Executive will consider the need for a revised formula to reflect the ‘shared and equal duty’ placed on ‘safeguarding partners’ by Working Together 2018 at a future date.

Partner Agency	% Share	£ Contribution
Local Authority	69	161,184
Health via the CCG	19.6	45,737
National Probation Service & BGSW CRC	1.0	2,280
OPCC	10	23,720
CAFCASS	0.2	461
Total		232,382

6.0 Transition Timeline

6.1 The DfE timeline for agreeing, publishing and implementing the new safeguarding partnership arrangements is set out in the Working Together transitional arrangements (2018). The guidance also details the arrangements to be followed during the transition from LSCBs to safeguarding partners and child death review partners (including the timeline for managing existing child death reviews) and from Serious Case Reviews to the new national and local arrangements.

6.2 The key transition points (and Gloucestershire's proposals therein) are set out below:

- The 3 Safeguarding Partners have 12 months from the commencement of the provisions of the Act to agree their arrangements – end of June 2019. At its meeting in December 2018, the GSCE agreed the outline operations arrangements within the aim of publication circa 15th April 2019 and full implementation circa 15th July 2019.
- The arrangements when published will be notified to the Secretary of State and NHS England for child death reviews.
- A 12 month period following commencement of the new arrangements, is provided to complete and publish any outstanding Serious Case Reviews, which should aim to be completed within 6 months of an SCR being initiated.
- A four month grace period for CDOPs following commencement of the new arrangements (under the LSCB) to complete child death reviews – no later than November 2019.
- The child death review partners (the local authority and the CCG) have 12 months from the end of June 2018 to agree the arrangements for child death reviews with implementation by September 2019.
- Full implementation of the arrangements, which for Gloucestershire will be July 2019, which will mean that the GSCB no longer exists at that point with the exception of the transitional arrangements for SCR's and CDRs.

6.3 The table below summarises the approach in Gloucestershire:

Key issue	Outline Position
Model for new arrangements	The GSCE, meeting, in shadow form, agreed the basic outline of Gloucestershire's child safeguarding arrangements at its meeting in December 2018. The approach agreed by the 3 Safeguarding Partners has been to build upon existing arrangements in the initial phase in order to ensure a period of continuity, with the opportunity to progressively expand our approach as confidence in our safeguarding arrangements increase.
Support Staffing	It was agreed that the existing Business Unit will continue during the initial implementation phase in lieu of a more extensive review of support resource needs, to be completed during 2019/20

Independent Scrutineer	An outline scope for the Independent Scrutiny Function, delivered on an initial basis by the Interim Chair of GSCB has been agreed by the Safeguarding Partners, pending an external recruitment process to be completed by April 2020.
Timeframe	Publication of these arrangements is scheduled for April 2019 with full implementation by July 2019.

7.0 Annual Reporting, Business Planning, Performance Management and Quality Assurance

7.1 The development of Gloucestershire's safeguarding children arrangements will continue to be informed by a range of comprehensive needs assessments and surveys including:

- Children and Young Peoples' Needs Assessment (2018)
- Safer Gloucestershire Needs Assessment (2018)
- Online Pupil Survey (2018)
- Bright Spots Survey

7.2 A weakness within the previous GSCB arrangements was the absence of a comprehensive data dashboard through which to test the efficacy of collective safeguarding arrangements by reference to relevant performance indicators. At its meeting in March 2019, the GSCE approved a child safeguarding data dashboard drawn from an appropriate range of national indicators, to enable meaningful comparisons to be made with other localities, which will inform these arrangements.

7.3 Reporting on the dashboard will be on a quarterly, retrospective basis and led by the QA and Performance Sub Group with the Independent Scrutineer as a member of that group to provide external challenge and support. The aim will be to provide the GSCD and thereafter the GSCE with a 'narrative' of performance, highlighting areas of effectiveness and of concern, as the basis for collective action, mandated/directed by the Executive. The child safeguarding dashboard will be subject to annual review via the QA and Performance Sub-Group for subsequent approval by the GSCE.

7.4 The GSCB currently uses a variety of approaches to test the effectiveness of safeguarding arrangements across agencies including the use of an annual safeguarding audit – Section 11 Audit (for agencies) and a Section 175 Audit (for schools and colleges). Section 11 responsibilities are reinforced within Working Together to Safeguard Children 2018; however, it also provides the opportunity for the GSCE to explore new models for Section 11 and 175 audits including the potential for shorter thematic audits, conducted on a rolling programme encompassing:

- Safer workforce
- Voice of children and families
- Multi-agency safeguarding training
- Child exploitation and missing
- Thresholds, Policies and Procedures

7.5 In due course the Independent Scrutineer will also explore, within their report, the level and effectiveness of the local response from the local authority and its partners in meeting their collective obligations under Section 10 of the Children Act 2004 to improve the wellbeing of children.

8.0 Multi Agency Threshold Arrangements

8.1 Gloucestershire Safeguarding Partners revised their collective approach toward the provision of support for children and families in January 2018. They set out Gloucestershire's Levels of Intervention Guidance – Working Together to Provide Early Help, Targeted and Specialist Support for Children and Families in Gloucestershire (version 3 – January 2018). A copy is attached at Appendix 5.

8.2 The Safeguarding Partners have agreed to continue this approach within the new arrangements as they have only recently been refreshed, and in light of the recent launch of the co-located MASH in October 2018. It is acknowledged, however, that the levels of contact and referral activity being experienced in Gloucester MASH, alongside the proportion that do not progress, suggest that further work is needed to ensure the consistent application of threshold across partners. A further concern is the inability for the MASH to report on the subsequent development of early help referrals into assessments and 'My Plan' or 'My Plan Plus'.

8.3 A review of the effectiveness of collective threshold arrangements will remain a priority within Gloucestershire's child safeguarding arrangements during 2019/20, with a particular emphasis on workflow through MASH and the impact of early help arrangements.

9.0 Links with Schools, Educational settings and Early Years Providers

9.1 Schools and education providers have robust links with the GSCB through the existing Education Sub Group, which will continue as part of these arrangements. The GCC Director of Education and Schools representatives will also be full members of the GSCD. This is supported by an annual Designated Safeguarding Lead (DSL) Forum for all schools, bespoke training, regular updates and brief guides around thematic issues. The Education Sub-Group also provides a link with the Further Education Sector and private schools, of which there are a number of in Gloucestershire. There will also be the facility for schools to attend the GSCE on an annual basis to feedback on child safeguarding concerns in their sector. They are also parties to an agreed escalation policy.

9.2 The Safeguarding Support Unit will also provide an enhanced safeguarding and training service on a traded basis, which serves around 80% of schools in Gloucestershire. This provides for bespoke training for school staff, advice on the Single Central Record, access to research etc.

9.3 Engagement with early years settings is via an active early years forum with representation drawn from across the sector. This will continue to form part of these arrangements.

10.0 Child Death, Rapid Review and Serious Incident Notifications (Ofsted and Youth Justice Board)

10.1 Ofsted has published guidance on how local authorities should report a serious incident of child abuse or neglect, or the death of a child who is looked after. With effect from 29 June 2018, local authorities in England must notify the national Child Safeguarding Practice Review Panel within 5 working days of becoming aware of a serious incident. Notifications must be made using the online form for notifications of serious incidents for local authorities.

10.2 In order to ensure Gloucestershire safeguarding partners and local agencies can comply with these changes, a multi-agency process guide has been developed. A copy of this is attached at Appendix 6. It is important to note that its aim is to ensure a timely and appropriate response by local agencies when they become aware of a child death, acute life threatening event or serious incident.

Once notification has commenced, this will then flow into a Child Death Overview or child safeguarding practice reviews at local or national level, the latter informed by the views of the Child Safeguarding Practice Review Panel.

This will also encompass safeguarding incidents previously notified to the Youth Justice Board under their safeguarding and public protection notification arrangements.

10.3 Responsibility for learning the lessons from serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel, and at local level with Gloucestershire's Safeguarding Partners. The Multi-Agency Case Review Sub-Group will provide the link between the national and local response to incidents, with the interim Independent Chair taking a final view on the latter, until the full implementation of local arrangements in July 2019.

10.4 The GSCE has overall responsibility for ensuring that all incidents are notified in accordance with local guidance (Appendix 6) to ensure that the reporting requirements are met and whether the criteria for a local review are met. A rapid review will be initiated by the Safeguarding Support Unit, to be completed within 15 days of the notification and sent to the National Child Safeguarding Practice Review Panel.

10.5 Upon full implementation of the new arrangements, the GSCB is replaced with the exception of completing work on SCRs and Child Death Reviews in accordance with the timescales set out in the transitional guidance. This will be delivered in Gloucestershire by retaining the GCSB multi-agency SCR sub-group – which includes the interim Chair (GSCB).

10.6 At the time of writing there are 7 Serious Case Reviews underway. These will be completed and published prior to the final date of 29 September 2020, or will transfer to the GSCE as set out in Working Together 2018 transitional guidance. The Case Review Sub Group and Independent Scrutineer will provide continuity for any Serious Case Reviews which are commenced prior to the publication of Gloucestershire's revised safeguarding arrangement and scheduled to conclude after full implementation in July 2019.

- 10.8 Any decision to commence a local child safeguarding review (or not to do so) will be for the GSCE, as informed by the findings of the Rapid Review and the advice of the Case Review Sub Group. The Chair of the GSCE shall consult with the Independent Scrutineer on any occasion in which there is a lack of agreement between the Safeguarding Partners.
- 10.9 Any local child safeguarding practice reviews initiated under these arrangements shall be scoped and commissioned in accordance with paragraphs 30-42 of Working Together 2018. The GSCE, as informed by the work of the Case Review Sub Group, will agree the terms of reference and methodology for any review and appoint the reviewer, having regard to the circumstances of each case and the particular knowledge and expertise this will require of the reviewer. The GSCE will also have the final decision on whether to publish the report (or not) and ensure a copy is provided to the National Panel and DfE no less than 7 working days ahead of publication. The rationale for not publishing a local review will also be provided within the same timescales.
- 10.10 The safeguarding arrangements set out in this document take an incremental approach to change in order to ensure continuity between existing arrangements and the achievement of an initial operating capability that meets the requirements of Working Together 2018 as soon as is practicable. As confidence grows in these arrangements, the consolidation of all reflective and learning activity within a safeguarding learning hub will be a key objective. As a minimum this will provide a focal point and virtual repository for learning material with the aspiration to link with GCC's development of a Social Work Academy as a multi-agency learning venue. It is acknowledged that currently learning activity is spread across a number of existing groups.

11.0 Escalation of Professional Concerns – Dispute Resolution

- 11.1 The GSCB has recently revised its escalation and dispute resolution guidance in light of the publication of Working Together (July 2018 – page 80). A copy of the escalation guidance is attached at Appendix 7.
- 11.2 Until full implementation of these arrangements in July 2019, final resolution of any disagreement will be for the interim Independent Chair. Thereafter, the Chair of the GSCE will be the final stage of local resolution, in consultation with the Independent Scrutineer. It is acknowledged that Safeguarding Partners are able to escalate concerns to the Secretary of State if local resolution is not achieved.

12.0 The Views of Children and Families

- 12.1 Obtaining the views of children, young people and families is essential in ensuring that local agencies and services are well positioned to meet their needs and particularly so in ensuring that the most vulnerable children are effectively safeguarded. The Ofsted inspection (June: 2017) identified that 'the inclusion of young people on the board is generally a strength' and that 'Engagement with the 'Ambassadors' is innovative and influential.'
- 12.2 The Safeguarding Partners are committed to building on these strengths in developing and implementing the arrangements. A key element within the Independent Scrutiny

function will be to meet, on a regular basis, with the Ambassadors, Children in Care and Care Leavers Groups to ensure their views are contributing towards the development and efficacy of child safeguarding arrangements.

- 12.3 Over the longer term there is a commitment by the Safeguarding Partners to explore the potential for a 'shadow' child GSCE comprising of young people, supported by the Ambassadors and Children's Engagement Team. The effectiveness of advocacy, return interview and support services for children and young people is a further area for development as part of these arrangements.

13.0 Domestic Homicide Review Protocol

- 13.1 Safer Gloucestershire, which is the county wide partnership for safer community activity in Gloucestershire, has recently revised its protocol for Domestic Homicide Reviews (DHR) in order to ensure a consistent approach to the completion and dissemination of multi-agency learning across the county. A copy of the revised DHR Protocol (2018) is detailed at Appendix 8.

- 13.2 There is a recognition within the protocol that a domestic homicide may trigger a requirement for other reviews, such as a child safeguarding practice review. In these circumstances the DHR protocol provides for a joint review process in order to avoid duplication and maximise learning, whilst ensuring the requirements of each review process are satisfied. It is proposed that this will continue through the transition and full implementation period as informed by changes proposed in section 10.0 of these arrangements.

14.0 Child Death Overview Panel

- 14.1 Gloucestershire has a well established Child Death Overview Panel (CDOP) that facilitates comprehensive multi-agency reviews of child deaths, in order to better understand how and why children die. Gloucestershire works as part of South West CDOP Co-ordination Group and is supported in its arrangements by Bristol University which will continue. Terms of Reference for the Child Death Overview Panel and the outline arrangements for the conduct of a child death review are attached at Appendix 9.

- 14.2 The child death review partners (led by the CCG and Local Authority) have agreed to continue with the arrangements in the transitional period. As part of the ongoing development of our arrangements, Safeguarding Partners have committed to the purchase of eCR and eCDOP. These will provide a secure, flexible web based solution to facilitate Rapid Review, and CDR processes. This capability will become operational during the first half of 2019/2020.

15.0 Appendices

- Appendix 1 Terms of Reference for Gloucestershire Children’s Safeguarding Executive **p17**
- Appendix 2 Terms of Reference for Gloucestershire Children’s Safeguarding Delivery Board **p18**
- Appendix 3 Outline Scope for Independent Scrutiny **p20**
- Appendix 4 Links with existing governance and delivery **p21**
- Appendix 5 GSCB Threshold document **p22**
- Appendix 6 Child Death, Acute Life Threatening Event, Serious Incident and Rapid Review Process **p46**
- Appendix 7 Escalation of Professional Concerns guidance **p50**
- Appendix 8 Gloucestershire Domestic Homicide (DHR) Protocol **p54**
- Appendix 9 Child Death Overview: Terms of Reference **p75**
- Appendix 10 Multi-Agency Case Review Sub Group: Terms of Reference **p79**
- Appendix 11 Education and Learning Sub Group: Terms of Reference **p81**
- Appendix 12 Workforce Development Sub Group: Terms of Reference **p83**
- Appendix 13 Multi Agency Quality Assurance Sub-Group: Terms of Reference **p85**
- Appendix 14 Multi Agency Learning and Development 2019 – 2020 **p87**

Appendix 1

Terms of Reference Gloucestershire Children's Safeguarding Executive

1. Purpose

To provide effective leadership for the work of local partners and agencies in safeguarding and promoting the welfare of children and young people in Gloucestershire.

To ensure the effectiveness of local safeguarding arrangements and place the welfare and protection of children and young people at the heart of the local vision for Gloucestershire.

2. Membership (Note: Chair will rotate on an annual basis)

- Assistant Chief Constable: Gloucestershire Constabulary (Chair: 2019-2020)
- Head of Public Protection Unit: Gloucestershire Constabulary
- Director of Children's Services
- Director of Children's Safeguarding
- Chief Nurse: Gloucestershire Clinical Commissioning Group
- Designated Nurse Safeguarding Children – Gloucestershire Clinical Commissioning Group
- Independent Scrutineer
- Safeguarding Business Manager (GCSE Support Officer)
- Chair of Safeguarding Delivery Board

3. Key Objectives

The key objectives for Gloucestershire Children's Safeguarding Executive are to ensure:

- children are safeguarded and their welfare promoted
- there is a robust multi-agency Children's Plan in place to realise the priorities and vision for children and young people set out in 'Looking to the Future 2019-2022' and the 2050 Vision
- there is an exhaustive appreciation of the effectiveness of local safeguarding arrangements through robust quality assurance and performance management arrangements
- there are robust arrangements in place for local child safeguarding reviews and Child Death Reviews
- there is a robust cycle of needs assessment, planning and delivery to support the development of local safeguarding arrangements
- there is early identification and analysis of new and emerging safeguarding issues
- partner organisations and agencies challenge and hold one another to account for the effectiveness of safeguarding arrangements
- learning and continuous professional development are an integral element within local safeguarding arrangements including the learnings from Serious Case Reviews, Critical Incident Reviews and Child Death Reviews
- there are effective information sharing arrangements in place to support accurate and timely decision making for children and families
- the development of local child safeguarding arrangements takes place within the context of the local vision for children and young people in Gloucestershire.

Frequency of meetings: Quarterly

Appendix 2

Terms of Reference Gloucestershire Children's Safeguarding Delivery Board

1. Purpose

To co-ordinate the work of local partners in support of Gloucestershire Safeguarding Children's Executive.

To direct the work of the multi-agency Safeguarding Sub Groups and ensure there are robust links with a wider network of safeguarding activity in locality based partnerships, the education sector and health economy

2. Membership

(Note: Chair will rotate on an annual basis. Members shall be sufficiently senior to be able to take decisions and commit resources)

- Children's Services Director of Partnerships and Strategy (Chair: 2019-2020)
- Safeguarding Business Manager (GCSE Support Officer)
- Independent Scrutineer
- Public Health Representative
- Children's Social Care Director
- Children's Services Director of Education
- Youth Offending Service
- Gloucestershire Constabulary
- Clinical Commissioning Group
- Joint Commissioning Team
- District Councils Representative(s)
- National Probation Service
- Community Rehabilitation Company
- Gloucestershire Association of Secondary Heads - GASH
- Gloucestershire Association of Primary Heads - GAPH
- Gloucestershire Association of Special School Heads - GASSH
- Further Education Representative
- Voluntary Sector Representative(s)
- Young Person Representative (Ambassador)
- Principal Social Worker
- Faith Sector Representative
- Lay Member(s)
- Gloucestershire NHS Acute Provider
- General Practitioners Representative
- Gloucestershire NHS Community and Mental Health Provider
- CAFCASS
- Gloucestershire Fire and Rescue Service
- GCC Assistant Director Early Help

3. Key Objectives

Working on behalf of safeguarding partners, the key objectives of the Safeguarding Delivery Board are:

- to ensure the delivery of the vision and priorities established by the Executive as set out in the Children and Young People's Plan.
- that an effective cycle of needs assessment, planning and delivery is in place to support the working of the GSCE.
- local child safeguarding reviews Critical Incident Review and Child Death Reviews are facilitated in a timely manner in accordance with statutory requirements.
- a programme of multi-agency training and development is in place, based on an assessment of local needs.
- the local multi-agency thresholds document is actively promoted and subject to regular review.
- to produce an annual report/assessment of the effectiveness of local safeguarding arrangements, with input/oversight from the Independent Scrutineer.
- to co-ordinate work of the Safeguarding Sub Groups to ensure that their work contributes to strategic aims of the GSCE.
- to facilitate periodic audit of agency Section 11 and Section 175 arrangements or their equivalent.
- to scrutinise the effectiveness of key plans and strategies for children.
- effective performance management and quality assurance arrangements are in place to ensure the GSCE has an exhaustive appreciation of the impact of the local safeguarding arrangements.

4. Frequency of meetings: Six times per year to align with quarterly meeting of the GSCE

Appendix 3

Outline Scope

Independent Scrutiny Function

1. Purpose

To provide independent, objective scrutiny of the effectiveness of local multi-agency arrangements to safeguard and promote the welfare and well being of all children in a local area.

This will include arrangements to identify and review serious child safeguarding cases.

2. Provider

This function will be delivered by a suitably qualified and experienced individual commissioned, but not employed by the safeguarding partners. A detailed person specification and job description will be developed to support the function with a transparent and open recruitment process undertaken for the appointment.

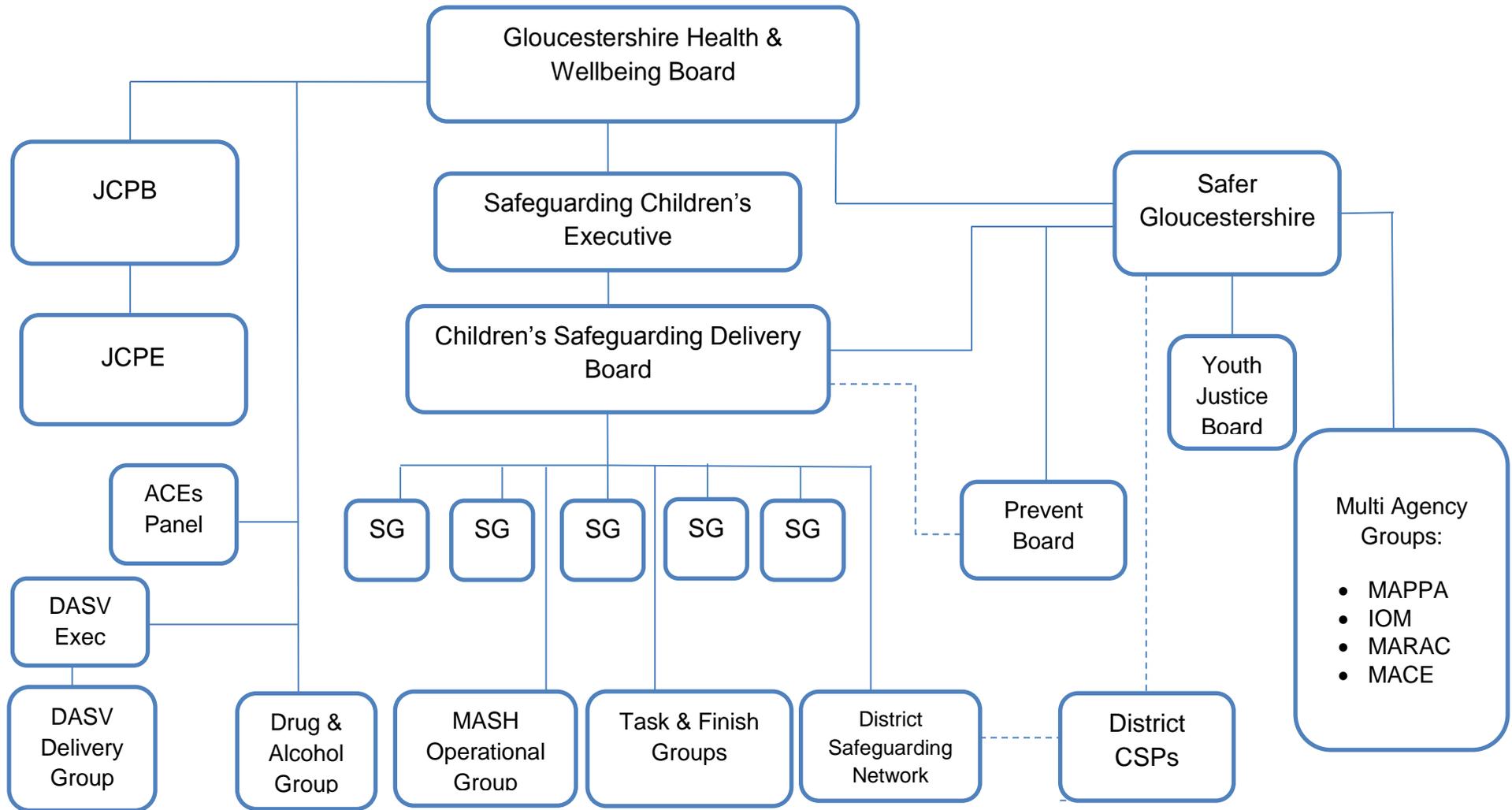
3. Key Actions

- to attend the GSCE in an acting as critical friend in testing the efficacy of local arrangements
- to attend the Quality Assurance and Performance sub-group of the Executive
- to provide independent scrutiny and oversight of the annual report on the effectiveness of local arrangements to safeguard and promote the well being of children for consideration by the safeguarding partners, GCSE, GCSD, CSP Review Panel and What Works Centre
- to contribute to the development and implementation of arrangements to identify and review serious child safeguarding cases, including the scoping and commissioning of future reviews.
- to periodically meet the Ambassadors, Children in Care and Care Leavers Groups to ensure the voice of the child is contributing to the development and efficacy of local arrangements.
- to review any relevant reports, assessments, strategies and plans as necessary to provide a transparent and objective view of the effectiveness of local arrangements.
- to contribute to any inspectorate assessments/inspection processes involving local safeguarding providers.

4. **Review:** Arrangements will be subject to annual review.

5. **Date of Approval:** December 2018

Appendix 4 Working Together links to Gloucestershire Governance Network



Appendix 5

Gloucestershire's Levels of Intervention Guidance.

Working Together to Provide Early Help, Targeted and Specialist Support for Children and Families in Gloucestershire.

1. Contents

Contents Page and Revision Table
Introduction
1.0 – What does Effective Support Look Like?
2.0 – Meeting Children and Families' Needs in Gloucestershire
Levels of Need Table
3.0 – Responding to the Needs of Children and Young People in Gloucestershire
Level 1 – Universal Level 2 – Additional Level 3 – Intensive Level 4 - Specialist
4.0 – What happens when Support is requested from Children's Social Care?
5.0 – Escalation of Professional Concerns
6.0 – Allegations Management
7.0 – Key Contacts
8.0 – Some key issues affecting Children and Young People
9.0 – Consent to Sharing Information
10.0 – Key Acronyms
11.0 – Further Guidance

2. Introduction

Children and young people deserve to achieve the best possible outcomes and this is at the heart of all our work in Gloucestershire. Most children do very well in the county, but too many experience significant disadvantages which are not always addressed as soon as a problem emerges, and instead are left until they become more serious. Some families and communities may know that there is a problem but won't know where to go to get help and advice. As part of everybody's responsibility for safeguarding children and promoting their welfare, we want to ensure that children and young people at risk are identified at the earliest possible stage and work with them in a coordinated manner to prevent them from reaching crisis point. This is what 'early help' means.

This guidance is for everyone who works with children and young people and their families in Gloucestershire. It is about the way we can all work together, share information and put the child and their family at the centre, providing effective support to help them solve problems and find solutions at an early stage to prevent problems escalating. It aims to make sure the appropriate level of support will be put in place to ensure that a child or young person's needs are met in a robust and timely way. We want all professionals working with children and families to be confident in adopting a culture of 'healthy challenge' and 'doing the right thing' by having open conversations with families and each other and really championing on behalf of the child.

Levels of need act as a guide to professional decision making and are there to ensure that children, young people and families are able to access the right support to improve life chances and keep children and young people safe. They should not be seen as a barrier but a clear continuum based on the needs of the child. Supplementary guidance can be found on the GSCB website www.gscb.org.uk or through the [South West Child Protection Procedures](#)

3. What does Effective Support Look Like?

There is an increased recognition of the importance of early help when working with children and young people, to reduce the incidences of abuse and neglect and to enable every child to thrive and meet their full potential. Academic research is consistent in underlining the damage to children from delayed intervention and emphasising that professional action to meet the needs of these children as early as possible can be critical to their future. By working together, we are able to develop flexible support services that are responsive to children and families' needs and provide the right level of intervention at the right time. This approach is reliant on local agencies working in partnership to:

- Identify children and families who would benefit from early help
- Undertake an assessment of the need for early help; and
- Provide targeted early help interventions based on the assessed needs of a child and their family in order to significantly improve outcomes for the child.

There are several factors that are essential to being able to deliver effective early support and intervention to children and families.

4 . An open, honest and transparent approach to supporting children and their families

Asking for help should be seen as a sign of parental responsibility rather than a parenting failure. Support is often more effective when parents feel they are listened to and respected by practitioners. All practitioners need to work honestly and openly with families, having clear conversations about concerns and making sure that they are involved in decision making.

5. Early, solution focused and evidence based interventions

We will work with families to help them identify the things that they need to change and the support that they need. For the support to be effective it will be tailored to the family's needs and provided at the lowest level necessary to ensure that the desired outcomes are achieved.

6. A multi-agency approach to assessment, support and intervention

Safeguarding and promoting the welfare of children is the responsibility of everyone in Gloucestershire who works or has contact with children and their families. We need to consult each other, share information and work together using our collective skills, knowledge and expertise to deliver the best possible outcomes for the child.

7. A confident workforce with a common knowledge and understanding about children's needs

Appropriate, effective and timely support for children and families could not be achieved without the professional judgement and expertise that all practitioners working with children bring to their role. We will support individuals and organisations to develop confident practitioners who can work in an open, transparent and non-judgemental way with families to enable them to make positive choices and changes.

Our work with children and families in Gloucestershire will be based on the restorative practice principles of high expectations, high challenge and high support. To do this, we will:

- Engage with families and work to their strengths
- Focus on preventing problems and building the resilience of parents, children, young people and communities to support each other
- Be clear and consistent about the outcomes we expect
- Be brave enough to stop things that aren't working
- Work together across the whole system, and do what needs to be done, when it needs to be done

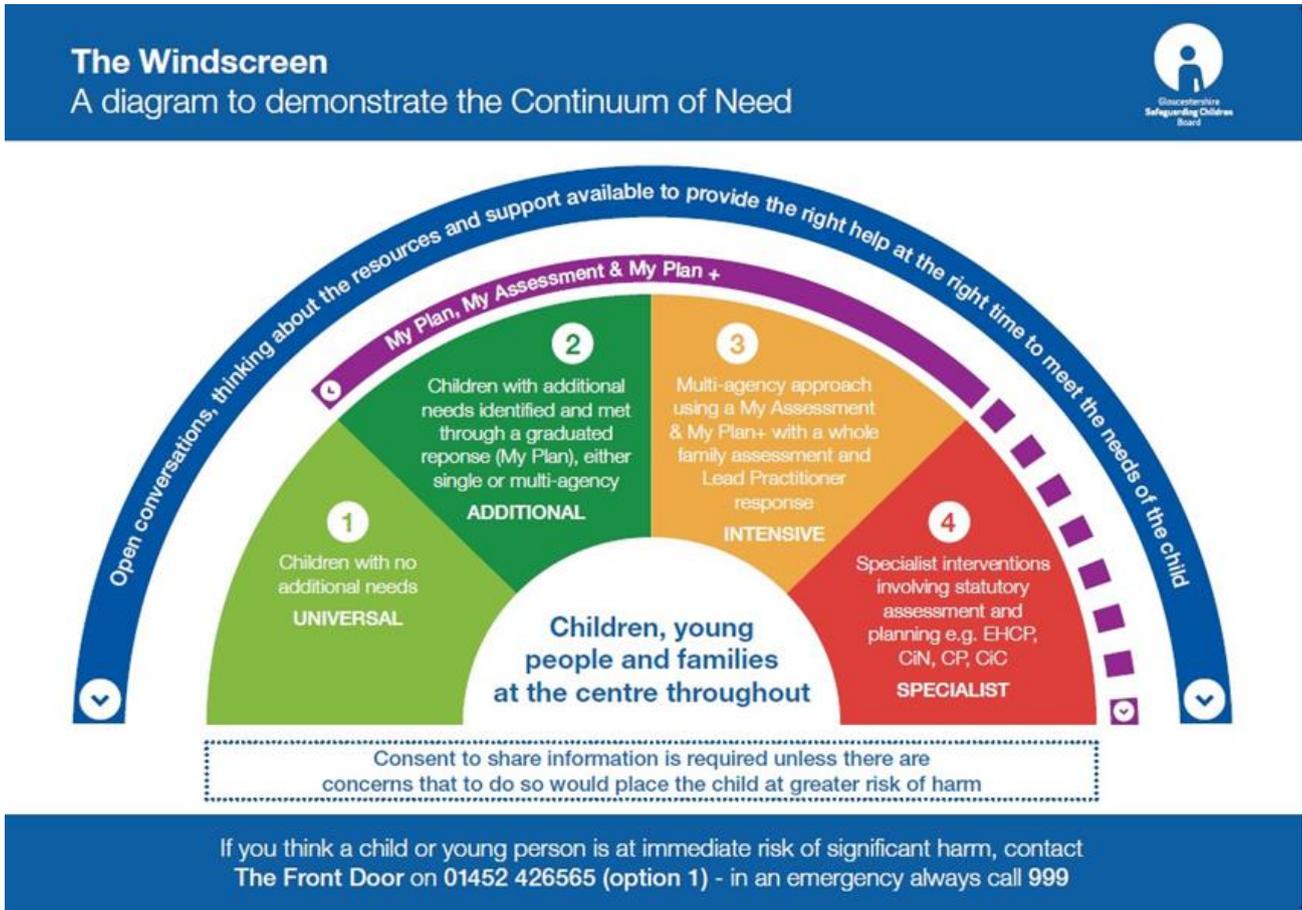
8. Meeting Children and Families' Needs in Gloucestershire

Children and families may have different levels of need at different times across a range of issues. Having a graduated approach ensures that support will be appropriate, proportionate and at the lowest level of intervention. In this guidance we have identified four levels of need, Universal, Additional, Intensive and Specialist. Services for children with additional and intensive needs are sometimes known as targeted services, such as additional help with learning in school, behaviour support, and extra support to parents in early years or targeted help to involve young people through youth services. Specialist services are where the needs are so great that statutory and/or specialist intervention is required to keep them safe or to ensure their continued development. Examples of specialist services are Children's Social Care or the Youth Offending Service. This guidance provides a way of working together so that we can use resources more effectively to bring about positive change for children and families in Gloucestershire.

Children might also have a range of needs at different levels. It is important to take all needs into consideration when determining the type of support that might be required and the practitioners who should be involved.

The model used to illustrate the different levels of children and young people's needs in Gloucestershire is referred to as 'The Windscreen' and is a diagram to demonstrate the continuum of need.

9. The Windscreen – A diagram to demonstrate the Continuum of Need



All services and interventions seek to work openly with the family (or young person if age appropriate) in order to support them address their needs at the lowest possible level and prevent them from escalating. We will only request services at a higher level after we have done everything possible to meet needs at the current level.

10. Levels of Need Table

Level 1 – Universal

<p>Level 1 – Universal</p> <p>Open access to provision</p>	<p>Children and young people are making good overall progress in all areas of their development. They are very likely to be living in a protective environment where their needs are well recognised and met accordingly. These children will require no additional support beyond that which is universally available.</p>	<p>Examples include:</p> <ul style="list-style-type: none"> ✓ Education Providers ✓ Health Visitors ✓ Midwives ✓ GP's ✓ Universal services accessed through Children and Family Centres, e.g. Stay and Play ✓ Childminders/Nurseries ✓ Leisure centres <p>Advice and guidance to families and professionals is available through Gloucestershire Family Information Service</p>	<p>Children and young people make good progress in most areas of development</p>
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Level 2 – Additional

<p>Level 2 – Additional</p> <p>A coordinated response, through an Early Help Plan – ‘My Plan’ which may require a single or multi-agency response. The Lead Practitioner will coordinate support and review progress through the Team Around the Child/Team Around the Family where a multi agency response is required.</p>	<p>Children and young people with additional needs, who would benefit from extra help - often from practitioners who are already involved with them. Children and families may need help to:</p> <ul style="list-style-type: none"> • Improve access to education and educational outcomes • Improve parenting and/or behaviour • Meet specific health or emotional needs • Improve their material situation • Respond to a short-term crisis such as bereavement or parental separation 	<p>Examples include:</p> <ul style="list-style-type: none"> ✓ Early Years Services ✓ Health visitors ✓ Speech and language therapy ✓ Education providers ✓ Educational psychology ✓ Group work accessed through Children and Family Centres, e.g. Rainbows Autism Support Group; Young Carers ✓ 2gether CYPS ✓ Youth Support Service ✓ Families First – Early Help Coordinators providing support with the Graduated Pathway ✓ Housing support ✓ Services provided on a voluntary basis 	<p>The life chances of children and families are improved by offering early help additional support</p>
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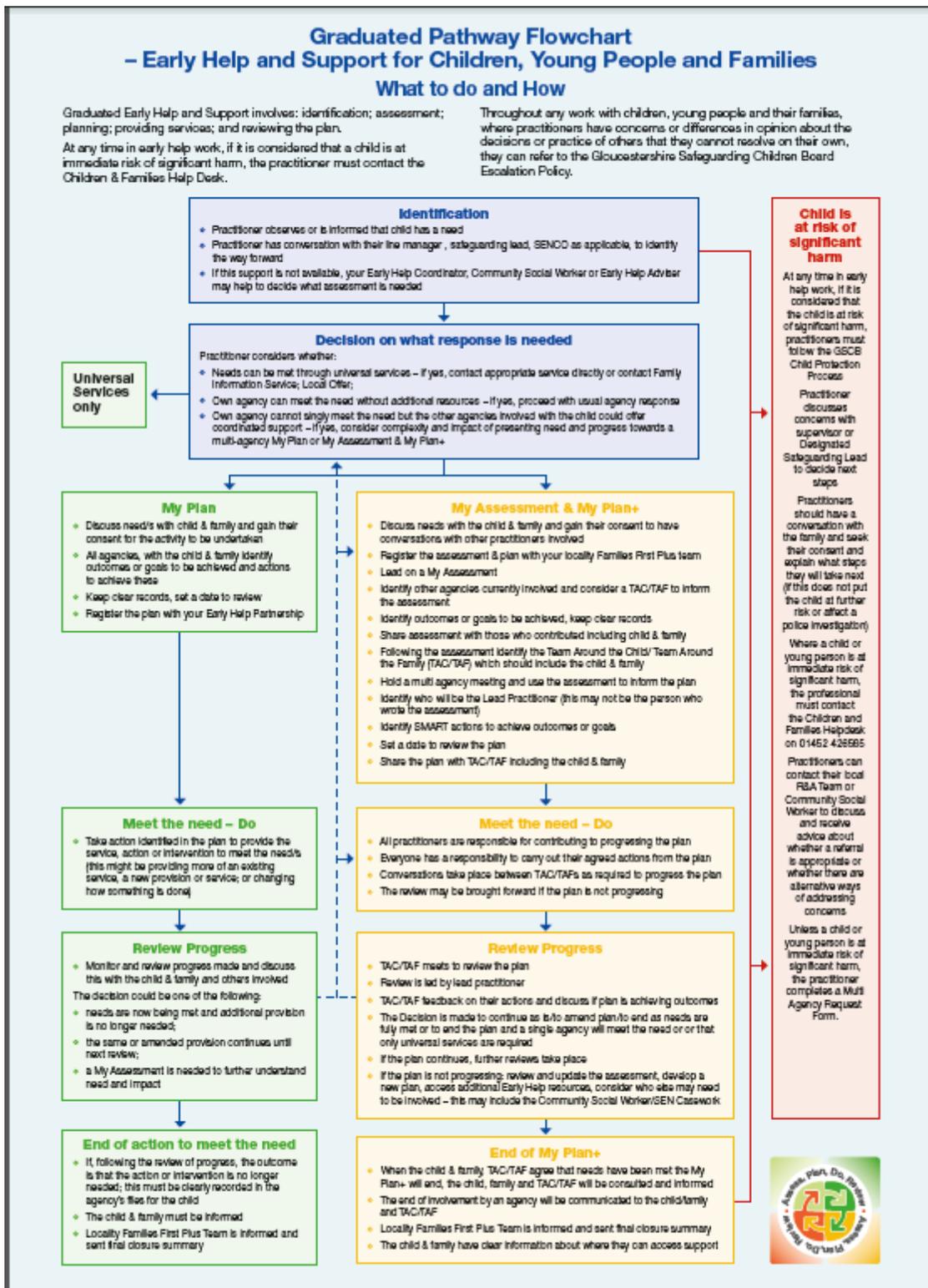
Level 3 – Intensive

<p>Level 3 – Intensive</p> <p>Targeted early help response taking a multi-agency approach through an Early Help Assessment - 'My Assessment and My Plan+'. The Lead Practitioner will coordinate support and review progress through the Team Around the Child/ Team Around the Family.</p>	<p>Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families who:</p> <ul style="list-style-type: none"> • Exhibit anti-social or challenging behaviour • Have poor engagement with key services, such as school and health • Are not in education or work long-term 	<p>Examples include:</p> <ul style="list-style-type: none"> ✓ Specialist health services ✓ Police ✓ Youth Justice ✓ Youth support services ✓ Education providers ✓ Educational psychology ✓ Children and Family Centres – Targeted Family Support (for children aged 0-11); Group Work (e.g. Solihull, Webster Stratton, Best Start) ✓ 2gether CYPS ✓ Families First – Targeted Family Support (0- 19); Advice and Guidance through Early Help Coordinators and Community Social Workers ✓ Housing support ✓ Services provided on a voluntary basis 	<p>Vulnerable children and families likely to face impairment to their development and life chances will be supported by services to enable them to achieve.</p> <p>Issues will be prevented from escalating into safeguarding concerns requiring statutory intervention</p>
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Level 4 – Specialist

<p>Level 4 – Specialist</p> <p>Children in Need of Specialist Support from Children’s Social Care, including Children in Need of Protection and Children in Need of Care</p>	<p>A child or young person living in circumstances where there is a significant risk of abuse or neglect, where the young person themselves may pose a risk of serious harm to others or where there are complex needs in relation to disability.</p> <ul style="list-style-type: none"> • These children will have complex needs across a range of domains that requires an assessment under the Children Act 1989 	<p>Examples include:</p> <ul style="list-style-type: none"> ✓ Children’s Social Care ✓ Police ✓ Youth Justice ✓ Youth support services ✓ Specialist Education providers ✓ Specialist Health Providers ✓ GDASS 	<p>Children and/or family members are likely to suffer significant harm/removal from home/serious and lasting impairment without the intervention of specialist services</p>
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12. The Graduated Pathway Flowchart



13. Level 1 – Universal –

These children will require no additional support beyond that which is universally available. The **My Profile** is a universal document that can be used with any child/young person even if they do not have SEND. It is a tool to get to know a child/young person better and understand their preferred style of communication and what is important to them.

Level 1 – Universal: Children and young people are making good overall progress in all areas of their development. They are very likely to be living in a protective environment where their needs are well recognised and met accordingly. These children will require no additional support beyond that which is universally available

Child's Developmental Needs	Parents and Carers
<p>Health</p> <ul style="list-style-type: none"> • Physically well • Nutritious diet • Adequate hygiene and dress • Development and health checks/immunisations up to date • Development milestones and motor skills appropriate • Sexual activity age appropriate • Good mental health <p>Emotional Development</p> <ul style="list-style-type: none"> • Good quality early attachments • Able to adapt to change • Able to understand others' feelings <p>Behavioural Development</p> <ul style="list-style-type: none"> • Takes responsibility for behaviour • Responds appropriately to boundaries and constructive guidance <p>Identity and Self-Esteem</p> <ul style="list-style-type: none"> • Can discriminate between safe and unsafe contacts <p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Stable and affectionate relationships with family • Is able to make and maintain friendships <p>Learning</p> <ul style="list-style-type: none"> • Access to books and toys • Enjoys and participates in learning activities • Has experiences of success and achievement • Sound links between school and home • Planning for career and adult life 	<p>Basic Care, ensuring safety and protection</p> <ul style="list-style-type: none"> • Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care • Protection from danger or significant harm <p>Emotional warmth and stability</p> <ul style="list-style-type: none"> • Shows warm regard, praise and encouragement • Ensures stable relationships <p>Guidance, boundaries and stimulation</p> <ul style="list-style-type: none"> • Ensure the child can develop and sense of right and wrong • Child/young person accesses leisure facilities as appropriate to age and interests
	<p>Family and Environmental Factors</p> <p>Family functioning and well-being</p> <ul style="list-style-type: none"> • Good relationships within family, including when parents are separated. <p>Housing, work and income</p> <ul style="list-style-type: none"> • Accommodation has basic amenities and appropriate facilities, and can meet family needs • Managing budget to meet individual needs <p>Social and community including education</p> <ul style="list-style-type: none"> • They have friendships and are able to access local services and amenities • Family feels part of the community

Gloucestershire Family Information Service provides information, advice and support for families with children aged 0-19 (up to 25 for those with a disability)

14. **Level 2 – Additional**

These are children and young people who need some additional support, without which they would be at risk of not meeting their full potential. The support that they need may relate to their health, education or social development. If not dealt with as soon as a problem emerges, these issues may develop into more worrying concerns and escalate requiring more intensive support under level 3.

The majority of children and young people with additional needs will require interventions from universal and targeted support through the graduated pathway (such as schools, health visitors, speech and language service, early years settings etc.).

Children, young people and their families have a range of needs. Support is required to promote social inclusion, to reduce vulnerability and/or to minimise risk taking behaviours. If needs are not met then children's health, social development or educational attainment may be significantly impaired. A coordinated response, through a single or multi-agency My Plan is required and the Lead Practitioner will coordinate support.

As a practitioner, you should seek advice from your line manager, the safeguarding lead in your own agency, and Early Help Coordinator or a SENCO as applicable who will be able to advise you on the action that you need to take. If you are clear about the presenting needs, their impact and what or who may be able to help, then complete a My Plan with the child, their family and the agencies involved. This would include the following:

- Discuss needs with child and family and gain their consent for the activity to be undertaken
- All agencies with the child and family identify outcomes or goals to be achieved and actions to achieve these
- Keep clear records, set a date for review
- Register the plan with your Early Help Partnership (through the Families First Team)
- Take action identified in the plan to provide the service, action or intervention to meet the needs (this might be providing more of an existing service, a new provision or service, or changing how something is done
- Monitor and review the progress made and discuss this with the child and family and others involved. The decision could be one of the following:
 - Needs are now being met and additional provision is no longer needed
 - The same or amended provision continues until the next review
 - A My Assessment is needed to further understand need and impact

Remember: Consent to share information from the parent (or young person if appropriate) is required unless there are concerns that to do so would leave a child or young person at risk of significant harm – in which case you should go straight to Level 4.

If you are not sure whether a child's needs can be met through your own agency or whether a more coordinated response is required, then speak with your supervisor, safeguarding lead or your Early Help Coordinator.

Indicators of Possible Need – this is not a full list but is there as a guide to help support decision making. Other factors such as the wider context, age of the child and the resilience of the child and their family should also be taken into consideration

Level 2 – Children and young people whose needs require some additional support, often from the practitioners who are already involved

Child's Developmental Needs	Parents and Carers
<p>Health</p> <ul style="list-style-type: none"> • Slow in reaching developmental milestones • Weight not increasing as expected • Missing immunisations or checks • Susceptible to minor health problems • Minor concerns ref: diet, hygiene, clothing, alcohol consumption (but not immediately hazardous) • Disability requiring support services • Starting to have sex (under 16) <p>Emotional Development</p> <ul style="list-style-type: none"> • Low level mental health or emotional issues • Substance misuse that is not immediately hazardous, including alcohol <p>Behavioural Development</p> <ul style="list-style-type: none"> • Involved in behaviour seen as anti-social • Attachment issued and/or emotional development delay e.g. adopted child <p>Identity and Self-Esteem</p> <ul style="list-style-type: none"> • Some insecurities around identity • Limited self confidence • May experience bullying around 'difference' <p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Some support from friends and family • Has some difficulties sustaining relationships • Low levels of parental conflict <p>Self-care Skills</p> <ul style="list-style-type: none"> • Child is continually slow to develop age- 	<p>Basic Care, ensuring safety and protection</p> <ul style="list-style-type: none"> • Basic care is not provided consistently • Parent requires advice on parenting issues • Professionals are beginning to have some concerns around child's physical needs not being met • Parental engagement with services is poor • Teenage parent(s) • Haphazard supervision, unaware of the child's whereabouts • Some exposure to dangerous situations in the home or community • Unnecessary or frequent visits to GP or unplanned care settings e.g. ED <p>Emotional warmth and stability</p> <ul style="list-style-type: none"> • Inconsistent parenting but development not significantly impaired • Post natal depression • Perceived to be a problem by parent • Parents struggling to have their own emotional needs met <p>Guidance, boundaries and stimulation</p> <ul style="list-style-type: none"> • Inconsistent boundaries offered • Child/young person spends considerable time alone (TV etc.) • Lack of routine in the home • Child not exposed to new experiences • Child/young person can behave in an anti-social way <p>Family and Environmental Factors</p> <p>Family functioning and well-being</p> <ul style="list-style-type: none"> • Parents have relationship difficulties which may affect the child

<p>appropriate self-care skills</p> <ul style="list-style-type: none"> • Not always adequate self-care - poor hygiene • Disability limits the amount of self-care possible <p>Learning</p> <ul style="list-style-type: none"> • Occasional truanting or non-attendance, poor punctuality • At risk of fixed term exclusion or a previous fixed term exclusion • SEN Support • Few opportunities for play/socialisation • Not in education, employment or training • Identified language and communication difficulties • Not reaching educational potential 	<ul style="list-style-type: none"> • Child may look after younger siblings • Parent has health difficulties <p>Housing, work and income</p> <ul style="list-style-type: none"> • Families affected by low income or unemployment • Parents have limited formal education • Adequate/poor housing <p>Social and community including education</p> <ul style="list-style-type: none"> • Some social exclusion problems • Adequate universal resources but family may have access issues • Family may be new to the area • Victimisation by others
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Always make sure that you obtain appropriate consent to share information

Sources of Information and Advice:

- Visit the Information for Practitioners pages on the Glosfamilies Directory website www.glosfamiliesdirectory.org.uk for information and guidance on Gloucestershire's Graduated Pathway of Support for all children with additional needs and early help support that might be available to meet the child's need.
- Contact the CYPS Practitioner Advice Line (01452 894272) or visit www.2gether.nhs.uk/cyps for advice and information
- Information about the Educational Psychology Service can be found at <http://www.gloucestershire.gov.uk/education-and-learning/special-educational-needs-and-disability-send/educational-psychology/>
- Information about Health Visiting Services can be found at <http://www.glos-care.nhs.uk/our-services/nursing/health-visiting>
- Speech and Language Therapy Services can be contacted on 0300 421 8937
- Contact the Youth Support Team on 01452 426900 or email info.glos@prospects.co.uk
- Contact your local Early Help Coordinator based in your local Families First team for support around implementing the Graduated Pathway

15. Level 3 – Intensive

Children with intensive needs will require targeted support and specific interventions linked to a clear assessment of need. Their needs will be met through the completion of a My Assessment & My Plan+, which is regularly reviewed through a Team Around the Child (TAC) or Team Around the Family (TAF) meeting. A My Assessment & My Plan+ may be required due to complex needs arising from a child's SEN/D and the range of support that is needed in relation to these needs.

The assessment allows the child, their family and a range of different practitioners to contribute information and insight which will build an overall picture of the child's strengths and needs, and to work together as a Team Around the Child/Team Around the Family

(TAC/TAF) to meet the identified needs.

A Lead Practitioner (LP) must be identified, but this is not necessarily the person who wrote the assessment and could come from any of the partner agencies involved in the TAC/TAF. There are many factors to consider in deciding who should take the Lead Practitioner role. Children and families should always be asked who they would like to act in this role for them; who has a positive relationship with the family? Who has most contact with the family?

The LP role can change throughout the lifetime of the plan depending on the presenting needs. **It is** the responsibility of the Lead Practitioner to coordinate support through the TAC/TAF until all the identified needs have been met. It is the responsibility of the agencies working as part of the TAC/TAF to deliver the agreed actions and provide an update to the Lead Practitioner.

The role of the TAC/TAF is to facilitate:

- Putting the child and family first
- A committed and flexible multi-agency team that will change as needs change
- A holistic assessment of the child and family's needs
- An integrated support plan to meet the needs of the child by achieving outcomes agreed by the TAC/TAF
- Regular meetings/reviews of support plans to ensure that the support is effective
- The TAC/TAF should ensure:
- Good information sharing
- Early identification and intervention
- A lead practitioner (LP) to coordinate the work
- Action where needs are not being met

If you think that a child or young person is at risk of significant harm, make sure that you always discuss your concerns with your supervisor or safeguarding specialist within your own organisation. They will be able to advise you on any action you need to take.

If you think a child or young person is at immediate risk of significant harm, contact The Front Door on 01452 426565 (Option 1) or in an emergency phone 999

Remember: Consent to share information from the parents (or young person if appropriate) is required unless there are concerns that doing so would leave a child or young person at risk of significant harm – in which case you should go straight to Level 4.

A My Assessment and My Plan+ may already have been completed (your Early Help Coordinator can tell you this), in which case you would need to contact the Lead Practitioner who has been coordinating the assessment and plan to date. A review of outstanding actions in the plan would need to be completed.

The effective use of multi-agency assessments and improved integrated working should ensure that Children's Social Care are able to focus resources on those children and families with the highest levels of need.

If a My Assessment and My Plan+ have not already been undertaken, then this is the starting point. You should always speak to the safeguarding lead within your

organisation and seek their advice about who would need to be involved. If it remains unclear then you may also wish to speak with a Community Social Worker within the Families First Team to discuss your concerns as they might be able to support you with managing risk within the community. You can also contact the Children’s Practitioner Advice Line on 01452 426565 (Option 3).

Indicators of Possible Need – this is not a full list but is there as a guide to help support decision making. Other factors such as the wider context, age of the child and the resilience of the child and their family should also be taken into consideration

Level 3 – Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families who are living in circumstances where the worries and concerns are frequent, multiple and over an extended period of time:

Child’s Developmental Needs	Parents and Carers
<p>Health</p> <ul style="list-style-type: none"> • Emerging mental health issues • Missed routine and non-routine health appointments • Child has some chronic/recurring health problems • Regular substance misuse (think context) • Conception to child under 16 (think context) • Self-harming behaviours • Concerns regarding weight – underweight or overweight <p>Emotional Development</p> <ul style="list-style-type: none"> • Sexualised behaviour • Physical and emotional development raising concerns • Difficulty coping with anger, frustration and upset <p>Behavioural Development</p> <ul style="list-style-type: none"> • Offending or regular anti-social behaviour • Persistent bullying behaviour • Persistent disruptive/challenging behaviour at school, home or in the community <p>Identity and Self-Esteem</p> <ul style="list-style-type: none"> • Low self-esteem 	<p>Basic Care, ensuring safety and protection</p> <ul style="list-style-type: none"> • Parent is struggling to provide adequate care • Domestic abuse, coercion or control in the home • Parental learning disability, parental substance misuse or mental health impacting on parent’s ability to meet the needs of the child • Parents have found it difficult to care for previous child/young person • Child has limited positive relationships <p>Emotional warmth and stability</p> <ul style="list-style-type: none"> • Child is rarely comforted when upset • Receives inconsistent care (think context) • Child is treated differently to their siblings <p>Guidance, boundaries and stimulation</p> <ul style="list-style-type: none"> • Parents refuse/struggle to set effective boundaries • Child/young person behaves in an anti-social way in the neighbourhood • Few age appropriate toys in the house <p style="background-color: #FFD700;">Family and Environmental Factors</p> <p>Family functioning and well-being</p> <ul style="list-style-type: none"> • Evidence of domestic violence

- Gang membership
- Presentation significantly impacts on all relationships
- Subject to discrimination
- Is socially isolated and lacks appropriate role models

Family and Social Relationships

- Peers also involved in challenging behaviour
- Regularly needed to care for another family member
- Previous periods of Local Authority accommodation
- Misses school consistently

Self-care Skills

- Poor self-care for age – hygiene
- Child’s hygiene alienates them from peers
- Disability limits the amount of self-care in a significant range of tasks
- Child has to care for self in a way that is not age-appropriate

Learning

- At risk of permanent exclusion or previous permanent exclusion
- Persistent truanting, poor school attendance
- Not achieving key stage benchmarks
- Persistent NEET

- Acrimonious divorce/separation
- Parental involvement in crime
- Family members have physical and mental health difficulties
- Young person displays anger/aggression towards parents

Housing, work and income

- Overcrowding, temporary accommodation, homelessness, unemployment
- Poorly maintained bed/bedding
- Serious debts/poverty impacting on ability to care for the child

Social and community including education

- Family socially excluded with access problems to local facilities and targeted services
- No community tolerance for the family

The Families First Team. The Families First Team is one of a range of teams within the Early Help Partnership. The role of the Families First Team is to:

- and young people with additional needs.
- Support the coordination and development of local partnerships
Provide advice, guidance and support to practitioners working in the community with children If you need to get hold of a Community Social Worker or Early Help Coordinator in your Families First Team you can contact them via the details below.

Families First Teams:
Cheltenham 01452 328160
Cotswolds 01452 328101
Forest of Dean 01452 328048

Gloucester 01452 328076
Stroud 01452 328130
Tewkesbury 01452 328250

16. Level 4 – Specialist

If you think a child or young person is at immediate risk of significant harm, contact The Front Door on 01452 426565 (Option 1) or in an emergency phone 999

Children who are living in circumstances where there is a significant risk of abuse or neglect, where the young person themselves may pose a risk of serious harm to others or where there are complex needs in relation to disability may require a more specialist intervention.

Children with complex Special Educational Needs and/or a Disability may have an Education, Health and Care Plan in place. This is a statutory plan that is issued by a multi-agency panel following a statutory assessment process. An Education, Health and Care plan will be considered if outcomes are not being met through non-statutory assessments and plans.

The key factors to take into account in deciding whether or not a child or young person requires a Children’s Social Care intervention under the Children Act 1989 are:

- What will happen to a child’s health or development without services being provided; and
- The likely effect the services will have on the child’s standard of health and development

Within Level 4 there will be children with the following levels of need:

<p>1. Children in Need of specialist support from Children’s Social Care</p> <ul style="list-style-type: none"> • Children with highly complex needs (including children with disabilities or adopted children) • Children who have a need for multi-agency high level support and are experiencing compromised parenting • There is a significant risk of family breakdown or being harmed <ul style="list-style-type: none"> • There is a risk that the child will cause serious harm to themselves or others • There is a likelihood of significant harm but the initial assessment suggests that the risk can be managed outside a Child Protection Plan
<p>2. Children in Need of Protection</p> <ul style="list-style-type: none"> • Children and young people who are suffering or likely to suffer significant harm
<p>3. Children in Need of Care</p> <ul style="list-style-type: none"> • Children who in need of care or have been in the care of the Local Authority

Remember: Information sharing with consent from the parent (or young person if appropriate) is required unless there is evidence that doing so would leave a child or young person at risk of significant harm.

At this level of need either a referral to social care or an intensive specialist statutory service is required. This is also the level at which formal and/or immediate protection of the child/ren may be needed.

The Multi-Agency Service Request Form should be completed and emailed to the Front Door Childrenshelpdesk@gloucestershire.gov.uk If there are concerns that a child is at immediate risk of significant harm the Front Door should be contacted on 01452 426565 (Option 1) and the MARF should be completed and submitted within 48 hours as written confirmation of the verbal request.

The Multi-Agency Service Request Form can be downloaded from the GSCB website: <http://www.gscb.org.uk/article/113294/Gloucestershire-procedures-and-protocols>

Indicators of Possible Need – this is not a full list but is there as a guide to help support decision making. Other factors such as the wider context, age of the child and the resilience of the child and their family should also be taken into consideration

Level 4 – Children in Need of Specialist Support from Children’s Social Care, including Children in Need of Protection and Children in Need of Care

Child’s Developmental Needs	Parents and Carers
<p>Health</p> <ul style="list-style-type: none"> Developmental milestones are not being met due to parental care Child has significant disability Significant concerns for the child’s development as measured by weight and height both under 10th centile Child is experiencing extremes of weight as identified by a specialist practitioner Child has severe/chronic health problems Lack of food linked to neglect Persistent substance misuse Fabricated illness Sexual abuse More than one pregnancy under the age of 16 Early teenage pregnancy Disclosure of abuse/physical injury by a professional High risk of child sexual exploitation 	<p>Basic Care, ensuring safety and protection</p> <ul style="list-style-type: none"> Parents unable to provide ‘good enough’ parenting that is adequate and safe Parents have seriously neglected/abused the child Parents unable to care for previous children Parents are involved in crime Chronic and serious domestic abuse involving child/young person Extremis views or behaviour Parents’ mental health or substance misuse significantly affect care of child Level of supervision is inadequate given the child’s age <p>Emotional warmth and stability</p> <ul style="list-style-type: none"> Parents inconsistent, high critical or apathetic towards child Child is rejected or abandoned

- Refusing medical care endangering life/development
- Non-organic failure to thrive
- Dental decay and no access to treatment
- Non-accidental injury
- Unexplained significant injuries

Emotional Development

- Puts self or others in danger
- Severe emotional/behavioural challenges
- Severe attachment problems and/or severe emotional development delay

Behavioural Development

- Regular and persistent offending and re-offending behaviour for serious offences
- Child who abuses others
- Mental health needs resulting in high-risk self harming behaviours

Identity and Self-Esteem

- Experiences persistent discrimination
- Child has no self confidence
- Young person involved and associating with gangs
- Distorted self image impacting on daily functioning

Family and Social Relationships

- Child in Care
- Care leaver
- Subject to physical, emotional, or sexual abuse or neglect
- Family breakdown related to child's behavioural difficulties
- Is main carer for a family member
- Relationships with family experienced as negative
- Family no longer want to care for child

Self-care Skills

- Neglects to use self-care skills due to alternative priorities e.g. substance misuse
- Precociously able to care for self

- Requesting young child is accommodated by local authority
- Parents own emotional experiences impacting on their ability to meet child's needs
- Child is not comforted when distressed
- Child is often scapegoated

Guidance, boundaries and stimulation

- No effective boundaries set by parents
- Child beyond parental control
- Regularly behaves in an anti-social way in the neighbourhood
- Missing from home for long periods of time

Family and Environmental Factors

Family functioning and well-being

- Significant parent discord and persistent domestic violence
- Child/young person in need where there are child protection concerns
- Family home used for drug taking, prostitution, illegal activities
- Parents are in prison and there are no family/friends option
- Young person displays regular physical violence towards parents
- Destructive/unhelpful involvement from extended family

Housing, work and income

- Physical accommodation places child in danger
- Housing dangerous or seriously threatening to health
- No fixed abode or homeless
- Extreme poverty/debt impacting on ability to care for child
- Family seeking asylum or refugees

Social and community including education

- Family chronically socially excluded
- Extreme rural isolation
- Community are hostile to the family
- Restricting and refusing intervention

<ul style="list-style-type: none"> Unaccompanied asylum seeker <p>Learning</p> <ul style="list-style-type: none"> No education provision No school placement due to parental neglect Permanently excluded from school Significant developmental delay due to neglect/poor parenting 	from services
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17. What happens when support is requested from Children’s Social Care?

Professionals should seek consent from parents (or those who hold parental responsibility) or the young person, as appropriate, prior to making contact with Children’s Social Care. It is helpful if parents or young people are given an explanation that in order to work out the best way to respond, there may be conversations with partner agencies to decide the most appropriate response. Where consent is not evident, unless immediate safeguarding needs are identified, this can lead to a delay in children and families getting the support that they need.

If you think a child is at immediate risk of significant harm then you should contact The Front Door on 01452 426565 (Option 1)

Contacts are made via a Multi-Agency Service Request Form (MARF) <http://www.gsrb.org.uk/Frequentlyusedforms> and we are currently moving towards this being an online form.

All new contacts are reviewed by a social work practitioner upon receipt who will make decisions about immediate responses, including going back to the referrer where information is not clear.

- If child protection concerns are identified that require an immediate social work response, the contact will be created and sent to the appropriate team for urgent action.
- Where it is identified that the needs of the family would be best met through the early help partnership, the contact will be referred to that service and the referrer advised of the action taken
- There will be situations where it is not immediately clear what would be the appropriate response and further enquiries are needed to establish what action, if any, is required to safeguard or support the child and family. In this instance further enquiries will be made at the Front Door, which may include a MASH enquiry.

The Multi Agency Safeguarding Hub in Gloucestershire is made up of a team of professionals from a number of statutory agencies (social care, police, health, education) who will securely share information to ensure that appropriate and robust decisions are made in relation to safeguarding children and incidents of domestic abuse. This decision then triggers an appropriate and proportionate response by local services in the county to ensure safeguarding and early help needs are identified and supported

18. Escalation of Professional Concerns

Differences of opinion relating to the level of risk will exist and are an expected part of quality practice. Professionals are expected to discuss these differences in a professional and productive manner. However, in order to be able to resolve difficulties within and between agencies quickly and openly there are a number of key principles that need to be adopted by all professionals:

- Seek to resolve any professional disagreements at the lowest possible level and within the shortest possible timescales
- Encourage others to challenge or question your own practice
- Respond positively to feedback
- The tone of challenge should be one of respectful enquiry, not criticism – ‘be curious’
- Challenge should be evidence based and solution focussed
- Be persistent and keep asking questions
- Always keep a written record of actions and decisions taken

If differences are not able to be resolved at a practitioner level then the issue needs to be raised with line managers who will investigate and liaise with the other relevant manager(s).

Always Remember: The safety and welfare of children and young people is the most important consideration in any professional disagreement

19. Allegations Management

If you receive an allegation or have a concern about the behaviour of a member of staff or volunteer working with children, and that concern could indicate that a member of staff or volunteer has:

- behaved in a way that has harmed a child, or may have harmed a child; or
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicated s/he may pose a risk of harm to children

then you must report your concerns to the most senior person in your organisation not implicated in the allegation.

You should always contact the Local Authority Designated Officer (LADO) for advice prior to investigating the allegation. This is because it might meet the criminal threshold and so your investigation could interfere with a Police or Social Care investigation.

The LADO will offer advice on any immediate action required and will assist with employment and safeguarding issues

20. Child Exploitation

When assessing a child or young person’s vulnerability, exploitation should always be considered. It is our collective, multi-agency responsibility to identify those children and young people who are at risk of exploitation and our joint responsibility to protect them and safeguard them from further risk of harm. It is important that practitioners understand the term ‘exploitation’ and recognise this as child abuse so that children

are protected and enabled to recognise the risks in all aspects of their lives and relationships. People often think of child sexual exploitation in terms of serious organised crime, but it may also involve informal exchanges of sex for something a child wants or needs, such as accommodation, gifts, cigarettes or attention. Some children are 'groomed' through peers and individuals who may present as 'boyfriends', who then force the child or young person into having sex with friends or associates.

A screening tool has been developed to help professionals record their concerns about a child or young person. The tools help to build a picture for police, Youth Service and Social Care and ensure that the child receives the most appropriate support and intervention.

21. Some Key Issues affecting Children and young People Neglect

Neglect is the ongoing failure to meet a child's basic needs and is the most common form of child abuse. It can be particularly difficult for professionals to recognise the signs of neglect because there is unlikely to have been a significant incident or event that highlights the concerns; it is more likely that there will be a series of concerns over a period of time that, taken together, demonstrate that a child is in need or at risk.

The impact of neglect on children and young people is huge. Neglect causes great distress to children, can lead to poor health, poor social and educational outcomes and in some circumstances may affect the development of a child's brain which compromises the child's ability to make positive attachments. Children's emotional well-being is often affected and this could impact on their school attainment and also their ability to successfully parent in the future.

We have recently introduced a child neglect toolkit in Gloucestershire to assist professionals in identifying and assessing children who are at risk of neglect. For more information, please go to the GSCB website: <http://www.gscb.org.uk/i-work-with-children-young-people-and-parents/issues-affecting-children-and-young-people/children-living-with-neglect-neglect-toolkit/>

The neglect toolkit should be used in conjunction with this document

22. Preventing Radicalisation and Extremism

Radicalisation is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that reject or undermine the status quo, contemporary ideas and expressions of freedom of choice. The threats to children & young people take many forms, not only the high profile incidents of those travelling to countries such as Syria and Iraq to fight, but on a much broader perspective also. The internet, in particular social media, is being used as a channel to promote and engage. Often this promotion glorifies violence, attracting and influencing many people including children and in the extreme cases, radicalising them. We know from research that children can be trusting and not necessarily

Appreciate bias that can lead to them being drawn into these groups and adopt these extremist views, and in viewing this shocking and extreme content may become normalised to it.

Prevent' is a term which is used to describe the Prevent strand of the Governments Counter Terrorism Strategy, which aims to tackle radicalisation and extremism. Prevent is

about safeguarding people and communities from the threat of terrorism. At the heart of Prevent is safeguarding children and adults to provide early intervention to protect and divert people away from being drawn into terrorist activity.

23. Consent to Sharing Information

Working Together to Safeguard Children (2015) emphasises the importance of early information sharing and that fear about sharing information cannot be allowed to stand in the way of promoting child welfare and protecting child safety. Considering much of what we offer relies on multi-agency working and engaging with families, it is crucial to describe to families the importance of information sharing as the foundation of professional practice and that in order to share information we need to seek consent.

The DfE Information Sharing Guidance (March 2015) states that “Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect. No practitioner should assume that someone else will pass on information which may be critical to keeping a child safe”.

- There will be some circumstances where you should not seek consent from the individual or their family, or inform them that the information will be shared. For example, if doing so would:
- Place a person (the individual, family member, yourself or a third party) at increased risk of significant harm if a child; or
- Prejudice the prevention, detection or prosecution of a serious crime; or
- Lead to an unjustified delay in making enquiries about allegations of significant harm to a child,”

However, there must be a proportionate reason for not seeking consent and the person **making this decision must try to weigh up the important legal duty to seek consent and** balance that against whether any, and if so what type and amount of harm might be caused (or not prevented) by seeking consent. If unsure, then you should speak to the safeguarding lead within your organisation and seek their advice. If it remains unclear then you may also wish to speak with a Community Social Worker to discuss your concerns further.

24. Key Acronyms

CP	Child Protection
CYPS	Children and Young People’s Services
EDT	Emergency Duty Team
FIS	Family Information Service
GDASS	Gloucestershire Domestic Abuse Support Service
GSCB	Gloucestershire Safeguarding Children Board
LADO	Local Authority Designated Officer

Appendix 6

Child Death, Acute Life Threatening Event, Serious Incident & Rapid Review Process 2019

1. Definitions

- Unexpected Child Death - An unexpected death is defined as the death of an infant or child which was not anticipated as a significant possibility for example, 24 hours before the death; or where there was an unexpected collapse or incident leading to or precipitating the events which lead to the death.
- Neonatal Child Death - Any baby who dies that has not left hospital since birth. Note: Healthcare Safety Investigation Branch, HSIB investigation conducted separately and in parallel for Neonatal Death.
- Expected Child Death – A child with a life limiting condition and not expected to survive more than 24 hours.
- Acute Life Threatening Event (ALTE) – The unexpected collapse of a child where there is no known antecedent condition that might be expected to cause the collapse at that time. The child may, or may not, die immediately or subsequently from the consequences of the precipitating event or collapse.
- Serious Incident - There is a requirement to report incidents where the local authority knows or suspects that a child has been abused or neglected and:
 - the child dies (including suspected suicide) or is seriously harmed in the local authority's area
 - while normally resident in the local authority's area, the child dies or is seriously harmed outside England
- Note: The responsibility to designate what constitutes a Serious Incident lies with the Local Authority.
- Rapid Review - When a serious incident or a Consideration for Case Review Referral becomes known to the LSCB, the LSCB should undertake a rapid review of the case within 15 days.

The aim is to:

- gather the facts about the case, as far as they can be readily established at the time
- discuss whether there is any immediate action needed to ensure children's safety
- consider the potential for identifying improvements to safeguard and promote the welfare of children
- decide what steps they should take next, including whether to commission an SCR

1. Serious Incidents notification			
Working Days	National Requirement	Local CSC Action	Lead
<p>1-5</p> <p>Whilst ensuring there is no delay in response to safeguard the child or siblings the need to notify immediately needs to be considered.</p> <p>Where appropriate notification should not be rushed.</p>	<p>Notify the National Child Safeguarding Panel via online portal within 5 days of being informed of Serious incident</p>	<p>Serious Incident occurs: There is a requirements to report incidents where the local authority knows or suspects that a child has been <u>abused or neglected</u> and:</p> <ul style="list-style-type: none"> • the child dies (including suspected suicide) or is seriously harmed in the local authority's area • while normally resident in the local authority's area, the child dies or is seriously harmed outside England <p>NOTE: Serious harm includes (but is not limited to) serious and/or long-term impairment of a child's mental health or intellectual, emotional, social or behavioural development. It should also cover impairment of physical health. This is not an exhaustive list. When making decisions, judgment should be exercised in cases where impairment is likely to be long-term, even if this is not immediately certain. Even if a child recovers, including from a one-off incident, serious harm may still have occurred.</p> <p>Head of Service to organise the collation of information relating to the case; Consider case narrative and any case links, Consider additional sign off from CSC Director.</p> <p>WT18 "Serious Incidents should also be reported to the relevant local safeguarding children board (LSCB) at the same time as notifying the panel"</p>	<p>Head of Service Children's Social Care and MASH</p> <p>It is the responsibility of the local authority to decide if an incident is classified as Serious and therefore reportable as an incident.</p> <p>Head Of Service</p>

2. Rapid Review Process

Working Days	National Requirement	LSCB Action	Lead
1- 2 (From Notification Of SI or Consideration for SCR referral to LSCB)	Working Together 2018 statutory guidance sets out arrangements, as introduced by the Children and Social Work Act 2017, for a learning system.	<p>LSCB is notified of serious incident by Local Authority or Receives a Consideration for SCR referral.</p> <p>GSCB SCR Coordinator instigates The Rapid Review process.</p> <p>Send Rapid Review Notification and Paperwork to all members of the SCR Subgroup Core Members (including leads for all agencies – LA, CCG & Police) advising of referral and request a brief summary of involvement with the family (Information required within 72 hours – 3 Days)</p>	SCR Coordinator GSCB Business Unit / GSCB Business Manager
3 - 9	NOTE: Prior to publication of the Counties safeguarding arrangements all SCR considerations must follow the 2015 Guidelines.	<p>Convene Rapid Review with nominated leads. Discuss serious incident or SCR Referral and decide if the case meets the criteria for</p> <ol style="list-style-type: none"> 1. National Practice Review 2. Local Practice Review 3. Local Multi Agency Audit or thematic audit of similar cases 4. Local Learning Event <p>All decisions need to be clearly justified in concise terms at the time of the decision - Including identification of any immediate or urgent actions for agencies</p> <p>Email notification to the LSCB Business unit from the National Panel indicating a Serious Incident has been logged and setting out the Panels expected response Date from the LSCB. This email is received within two days of a SI being submitted.</p>	<p>SCR Coordinator GSCB Business Unit to organise meeting and to minute discussion.</p> <p>Core Membership: -SCR Panel Chair GSCB Business Manger -SCR Coordinator - Independent Chair who may wish to attend. -Nominated representatives from key agencies – Note Attendees must be aware of the case, their agencies involvement and be senior enough to represent the agency in any decision to proceed with practice reviews.</p>

Day	National Requirement	LSCB Action	Lead
10 – 13		Rapid Review panel decision communicated to Principle Agency Leads & GSCB Chair.	GSCB Business Manger – (In absence Head of Quality)
14 – 15 (Or Sooner)	Notification of decision to National Safeguarding Children Panel	Notification of Rapid Review decision to National Panel by GSCB together with justification of decision (Copied to SCR Chair and Chair)	GSCB Business Manager (In absence Head of Quality)
Next Steps	WT2015 WT2018	Identify Independent Reviewer if appropriate Await National Panel decision	SCR Coordinator GSCB Business Unit / GSCB Business Manager

As soon as the rapid review is complete, the LSCB Business Unit will send a report to the Child Safeguarding Practice Review Panel.

Points to note:

- Consideration for SCR: - Agencies wishing to refer a case for Consideration for Serious Case Review can submit the referral through the MASH who will consider the referral and pass onto the SCR Coordinator, GSCB Business Manager and relevant Head of Service if known to Children Social Care. If the Case for Consideration meets Rapid Review Threshold the Rapid Review process will be instigated at that point under the same timescales.
 - Disagreement: - Agencies who disagree with the decision of the Rapid Review Panel can communicate their concerns by formally writing to the SCR Panel Chair and GSCB Independent Chair outlining why they disagree with the Rapid Review Panel; setting out in detail why they either believe the case to meet, or not meet, the SCR threshold. The Independent Chair will discuss with the SCR Chair and respond to the disagreement within 5 working Days.
 - In absence of the nominated lead from partner agency – then a nominated deputy will carry out the role
 - In absence of the GSCB Chair the LA Lead will oversee the process
 - The SCR Chair will have a nominated deputy
 - The GSCB Manager will have a nominated Deputy
 - The SCR Coordinator will have a nominated Deputy
 - It is essential that all partners adhere to these timelines rigorously, prioritising all actions to meet the need for Rapid Reviews
- If in any Doubt contact the GSCB Business Manager

Appendix 7

Escalation of Professional Concerns Guidance – June 2018

Working Together to Safeguard Children – A Guide to Inter Agency Working to Safeguard Children and Promote the Welfare of Children – July 2018

Dispute Resolution

Safeguarding Partners and relevant agencies must act in accordance with the arrangements for their area, and will be expected to work together to resolve any disputes locally. Public bodies that fail to comply with their obligations under law are held to account through a variety of regulatory and inspection activity. In extremis, any non-compliance will be referred to the Secretary of State. **(Page 80)**

1. Introduction

- Effective working together depends on a culture of open and honest relationships between agencies and professional differences are welcomed by professionals who want the best service for children and young people in Gloucestershire. Problem resolution is an integral part of professional co-operation and joint working to safeguard children in Gloucestershire.
- Disagreement based on a passion to improve outcomes for children is healthy professional practice. Resolution of disagreement is an integral part of professional co-operation and joint working to safeguard children. Effective working together is dependent on an open and honest relationship between agencies and professionals.
- In considering escalation, restorative practice principles are essential – these are high support and high challenge. In addition, at all times the focus should always be on improving outcomes for children.
- Occasionally situations arise when workers within one agency feel that the actions or inaction or decisions of another agency do not adequately safeguard a child/young person.
- This interagency policy defines the process for resolving such professional difference and should be read alongside the Gloucestershire safeguarding children procedures and any relevant internal policies on escalating matters of concern.
- Disagreements can arise in a number of areas, but are likely to arise in the following:
 - Levels of need (Gloucestershire levels of intervention document).
 - Roles and responsibilities
 - The need for action
 - The need for inaction
 - Progressing plans and clear communication
 - Provision of services
- Where professionals consider the practice of other professionals is placing a child/children at risk of harm, they must be assertive, act swiftly and ensure that they challenge the relevant professionals is in line with this policy.
- The primary and paramount consideration is the safety of children.
- Resolution should be sought within set timescale to ensure that children are protected.

- As a guide, professionals should attempt to resolve differences through discussion within one working week or a timescale that protects the child from harm (whichever is shortest).
- Disagreements should be resolved at the lowest possible stage in the 4 stages.
- If a child is thought to be at immediate harm, the designated safeguarding lead in your agency should be informed immediately.
- Any worker, who feels that a decision is not safe or is inappropriate, can initially consult their supervisor/manager to clarify their thinking if required. They should be able to evidence the nature and source of the concerns and should keep a record of all discussions
- Individuals may wish to refer to the Escalation Policy for their organisation to clarify the approach required.
- Concerns relating to decisions, suspected wrongdoing or dangers at work within an agency, should be raised in line with each agency's policies for dealing with such matters. This includes but is not limited to those setting out the arrangements for whistleblowing.

2. **Stages of Resolution**

2.1 **Stage One: Discuss with the other worker**

- People who disagree should work with an open and honest approach to resolve the problem. This discussion must take place as soon as possible and is best face to face or if that is not practical - by telephone.
- The discussion should outline the reasons why the practice is unsafe for children, specifically what they would like to change for the child and how it is having an impact on the children.
- A Practitioner can discuss the concern with their supervisor/manager. The timescale for resolution: within 5 working days or a timescale that protects the child from harm (whichever is less).

2.2 **Stage Two: Escalate to Line Manager**

- If the problem is not resolved the worker should contact their manager/supervisor/ named professional in their own agency who should have a discussion with their equivalent supervisor/manager in the other agency.
- The discussion between managers/supervisors/named professionals should include the reasons why the practice is unsafe for children, specifically what they would like to change for the child and how it is having an impact on the children.
- The line managers involved could consider whether it would be helpful to convene a professionals meeting to obtain the views of other agencies as relevant. Any professionals meeting will need to adhere to the information sharing guidance set out in the Gloucestershire Safeguarding Procedures.
- If a child is subject of a CP plan, notify the CP Chair, or is a Child In Care, notify the Independent Reviewing Officer (IRO)
- This should be pursued with the supervisor/manager/named professional until they are satisfied the problem has been resolved or they understand the reasons why an alternative decision has been reached.
- A practitioner can discuss with their supervisor/manager/named professional. The timescale for resolution: within 5 working days or a timescale that protects the child from harm (whichever is less).

2.3 Stage Three: Escalate to Senior Managers

- If the problem is not resolved at stage two, the supervisor/manager/named professional reports to their respective manager or named/designated safeguarding representative. These two managers must attempt to resolve their professional differences through discussion.
- Again, at this stage, a professionals meeting could be held engaging other agencies considered if deemed appropriate by the involved managers.
- If there remain disagreements, the expectation is that escalation continues through all the appropriate tiers of management in each organisation until the matter is resolved. This should be escalated up to all tiers of management before it is escalated to the chair of GSCB
- At this stage, a written record of the details of the escalation and action taken to date to resolve it should be sent to the GSCB Business Manager Mail@GSCB.org.uk who will record the matter and may forward on to the respective agency members on the Board to ensure they are engaged in seeking resolution before the matter is raised with the GSCB chair.
- The two senior managers should agree a clear plan of action, which includes timescales in the best interests of the child. The timescale for resolution: within 5 working days or a timescale that protects the child from harm (whichever is less)

2.4 Stage Four: Resolution by GSCB Chair

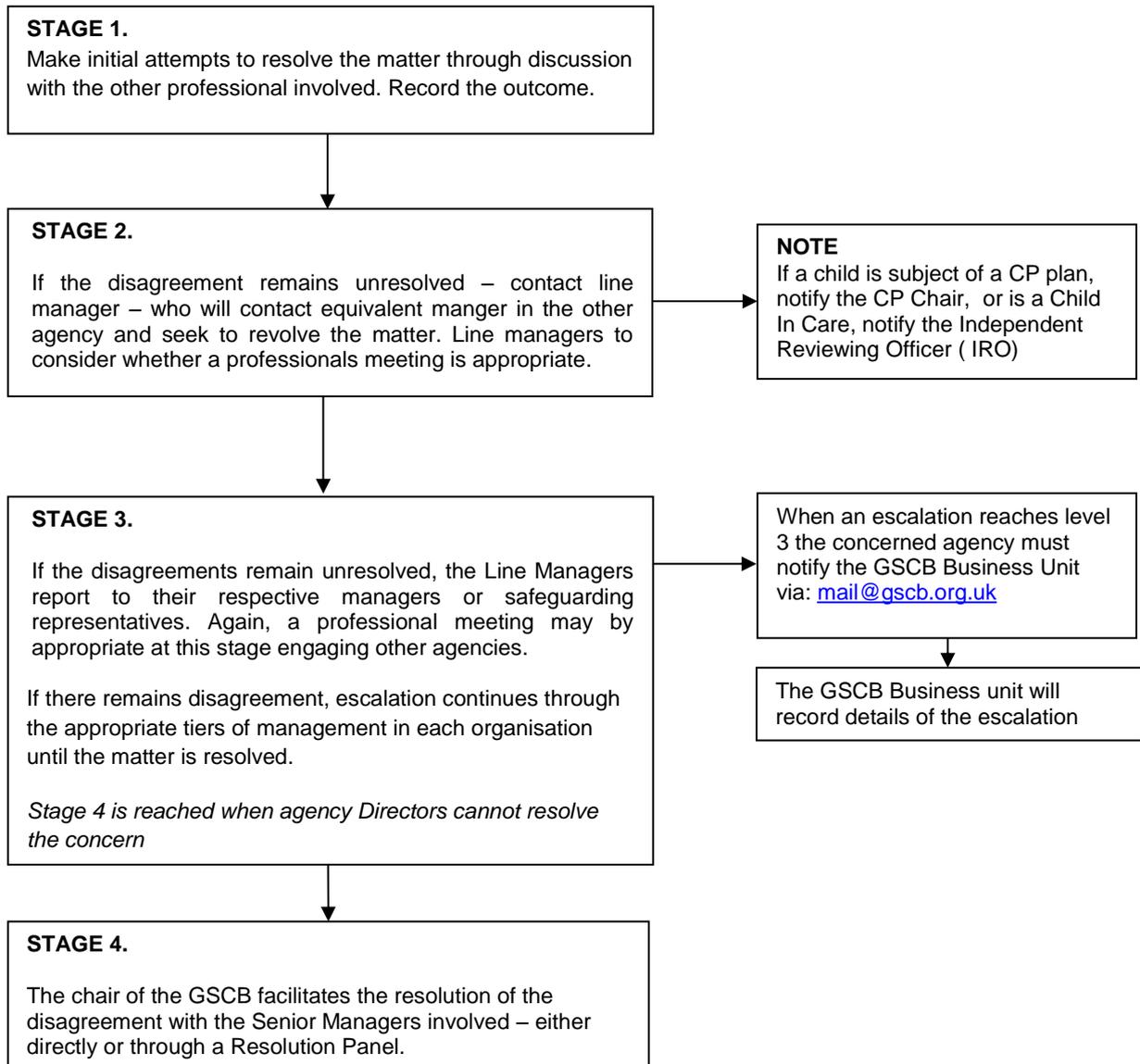
- If professional disagreements remain unresolved, and the professional differences within the agencies concerned (and after the agency's GSCB representative members have been involved), the matter should be referred by the concerned agency to the Chair of GSCB, who may seek to resolve the issue direct with the relevant senior managers, or convene a Resolution Panel.
- The agency raising the dispute must e-mail the details through to mail@GSCB.org.uk
- The Resolution Panel must consist of senior officer from the three agencies who are members of the full Board of the GSCB. The senior officers must include the agencies concerned in the professional differences.
- The Panel will receive representations from those involved in the dispute and will collectively resolve the professional differences concerned.
- The timescale for resolution: within 10 working days or a timescale that protects the child from harm (whichever is less).

At all stages of the process, actions and decisions must be recorded in writing and shared with relevant personnel (in line with your organisation's information governance and record keeping policies) and to include the worker who raised the initial concern. In particular this must include written confirmation between the parties about an agreed outcome of the disagreement and how any outstanding issues will be pursued.

It may be useful for individuals to debrief following some disputes in order to promote continuing good working relationships. It is the responsibility of each setting/agency/organisation to record the number of escalations that take place from Stage 1 onwards. These should be reported to the named/designated safeguarding lead within your organisation. This should form part of your organisation's internal quality assurance processes.

3. Gloucestershire Escalation Flowchart

You consider that the actions, inaction or decisions of another agency do not adequately safeguard a child.



Appendix 8

Gloucestershire Domestic Homicide Review (DHR) Protocol 2018

- 1. Introduction**
 - 1.1 Background to DHRs
 - 1.2 Definition of a DHR
 - 1.3 Purpose of a DHR
- 2. Establishing a DHR**
 - 2.1 The role of the CSP
 - 2.2 Notification of a death for DHR consideration
 - 2.3 Process following notification
 - 2.4 Overlaps with other review processes
 - 2.5 Appointment of a chair and role of the chair
 - 2.6 Informing the family
 - 2.7 Administration
 - 2.8 Funding
 - 2.9 Media
 - 2.10 Complaints
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- 3. Conducting a DHR**
 - 3.1 Establishing a review panel
 - 3.1a The role of panel members
 - 3.2 Forming the terms of reference
 - 3.3 Review panel meeting structure and timescales
 - 3.4 Chronology and IMR
 - 3.5 Overview report
 - 3.6 Action Plan
- 4. Process following completion**
 - 4.1 Role of CSP following completion
 - 4.2 Quality Assurance
 - 4.3 Publication
 - 4.4 Implementing the action plan
- 5. Local domestic abuse learning reviews**

1. Introduction

This document has been produced to:

- Outline how the statutory Domestic Homicide Review (DHR) guidance is applied in Gloucestershire.
- Provide guidance on best practice for establishing a DHR in Gloucestershire.
- Establish governance and accountability for DHRs locally.
- Answer key questions about the DHR process.

This guidance is designed to support community safety partnerships and agencies in establishing and participating in DHRs and should be read in conjunction with the Home Office Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews.

1. Background to DHRs

Domestic Homicide Reviews (DHRs) were established on a statutory basis under the Domestic Violence Crime and Victims Act 2004, with the provision coming into force in April 2011.

The Home Office published its Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews initially in 2011, with its latest refresh in December 2016.

2. Definition of a DHR

Domestic Homicide Review means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by:

- a person to whom he was related or with whom he was or had been in an intimate personal relationship, or
 - a member of the same household as himself.
- Held with a view to identifying the lessons to be learnt from the death.

Throughout the guidance, where domestic homicide is referred to, it relates to this definition.

Where the definition set out has been met, then a DHR should be undertaken.

'Intimate personal relationship' includes relationships between adults who are or have been intimate partners or family members, regardless of gender or sexual orientation.

The statutory DHR guidance also outlines that where a victim takes their own life (suicide) and the circumstances give rise to concern, for example it emerges that there was coercive controlling behavior in the relationship; a DHR should be undertaken, even if a suspect is not charged with an offence or they are tried and acquitted.

3. Purpose of a DHR

The purpose of a DHR is to:

- Establish what lessons are to be learned from the domestic homicide regarding

the way in which local professionals and organisations work individually and together to safeguard victims.

- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result.
- Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate.
- Prevent domestic violence and homicide and improve service responses for all the domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity.
- Contribute to a better understanding of the nature of domestic violence and abuse.
- Highlight good practice.

Reviews are expected to not just simply examine the conduct of professionals and agencies, but should 'illuminate the past to make the future safer'; encourage professional curiosity, understanding the trail of abuse and seeing life through the eyes of the victim.

In addition, it is important to note that DHRs are not inquiries into how the victim died or into who is culpable; that is a matter for coroners and criminal courts, respectively, to determine as appropriate.

4. **Establishing a DHR**

The role of the Community Safety Partnership

The Home Office Statutory DHR guidance places responsibility for establishing a DHR with the local Community Safety Partnership (CSP).

The guidance states that where partner agencies operate in more than one local authority area, the responsibility for a DHR rests with the CSP area in which the victim was normally resident. In instances where there is no established address

prior to the incident, lead responsibility will rest with the area in which the victim was last known to have lived.

There may be some circumstances in which lead responsibility for conducting a DHR may not be easily determined. In these complex situations, local areas can make a decision as to how best a DHR can be established.

Within Gloucestershire, each District has its own CSP. A local decision has been made that the County-Wide CSP Safer Gloucestershire will become the statutory body for establishing a DHR for the Districts of Gloucester, Stroud, Cotswolds, Tewksbury and Forest of Dean; with the District CSPs working with Safer Gloucestershire to progress the DHR.

Cheltenham CSP will retain its full statutory responsibility for DHRs, but will have the option of looking to Safer Gloucestershire for support at any stage if they feel this is necessary.

Throughout the rest of this guidance, CSP will refer to either Safer Gloucestershire or

Cheltenham CSP, unless otherwise specified.

The chair of the CSP holds responsibility for establishing whether a death is to be subject of a DHR. In doing so consideration should be given to:

- The DHR definition set out in the statutory guidance.
- Partner agencies views on the death; particularly those who hold specialist knowledge in identifying and understanding the dynamics of domestic abuse.

In instances where the circumstances of the death are complex, it is advised that the CSP forms a small advisory group of key professionals to support decision making.

Appendix 8:3 sets out a summary of the key roles and responsibilities of CSPs in establishing DHRs.

5. Notification of a death for DHR consideration

Any professional or agency may refer a death to the CSP in writing for consideration for a DHR, if it is believed that there are important lessons for inter-agency working to be learned. In most circumstances however, the notification will be made by Gloucestershire Constabulary.

All notifications must be made in writing to the relevant District CSP and Safer Gloucestershire as soon as possible following the death. Ideally notifications should be made within a day or two after the death, there will however be some circumstances where notification is made slightly later to ensure details can be confirmed. Notifications must be sent securely via email to the chair of the relevant CSP and the DASV strategic Coordinator.

Appendix 8:4 provides key contact details for CSP members. A template notification letter can be found in Appendix 8:5.

In addition to the formal notification letter, it is recommended that contact should be made via phone with a key lead from the District and/or Safer Gloucestershire.

The notification should include the details of the victim, alleged perpetrator and a summary of the circumstances surrounding the death (as agreed appropriate by the investigation team). The name and contact details of the County Domestic Abuse and Sexual Violence Coordinator should also be included to support the CSP in following the DHR process.

6. Process following notification

Once the CSP has received notification, the decision needs to be made as to whether the case meets the criteria for a DHR. In order to support the CSP decision making, it is advised that the CSP call on local expertise, and in particular, work with the County Domestic Abuse and Sexual Violence Strategic Coordinator.

Where the circumstances surrounding a death are particularly complex, and requires greater discussion, it is advised that the CSP work with the DASV Strategic Coordinator to bring together a small panel of local experts to support decision making. This panel should consist of the following agencies:

- CSP lead
- DASV Strategic Coordinator
- Police
- GDASS
- Health
- Social Care
- Other relevant agency based on circumstances of death

Where an expert panel is required to support the CSP in its decision making, the District CSP will take a lead in arranging.

On receipt of the notification, the CSP should write securely to nominated persons from core partner agencies. This letter should inform them of the following:

- That there has been a death locally that requires consideration for a DHR.
- That they should secure and preserve any records held on individuals involved.
- That they should provide an update on whether they had any involvement with the individuals involved; informing them that they may be requested to attend a decision making meeting to support the CSP in making its decision.

Appendix 8:6 provides a template letter for informing agencies of a potential DHR and inviting them to attend an expert panel to support the CSP.

Appendix 8:7 provides a template letter for informing agencies that a DHR is being conducted and who the independent chair is.

Alongside the DHR statutory definition, the guidance also suggests considering the following when making a decision:

- There was evidence of a risk of serious harm to the victim that was not recognized or identified by the agencies in contact with the victim and/or perpetrator; it was not shared with others; or was not acted upon in accordance with recognised best professional practice.
- Any of the agencies or professionals involved considers that their concerns were not taken sufficiently seriously.
- The victim had little or no known contact with agencies. In these circumstances, the DHR should explore why there was little or no contact.
- The death suggests that there have been failings in one of more aspects of the local operation of formal domestic abuse procedures or other procures for safeguarding adults, including homicides/deaths where it is believed that there was no contact with any agency.
- The victim was being managed by, or should have been referred to, a Multi- Agency Risk Assessment Conference (MARAC) or other multi-agency fora.
- The homicide/death appears to have implications/reputational issues for a range of agencies and professionals.
- The homicide/death suggests that national or local procedure may need to change or are not adequately understood or followed.
- The perpetrator holds a position of trust or authority e.g. police officer, social worker, health professional, and the homicide, therefore is likely to have significant impact on public confidence.

- Services were not available locally to refer/support the victim and/or perpetrator.

Once a decision has been reached by the CSP, they must inform the Home Office (within 1 month of the notification) of their decision via email: DHRENQUIRIES@homeoffice.gsi.gov.uk

7. **Overlaps with other review processes**

There may be some circumstances surrounding the death which could require other multi-agency statutory reviews to be instigated, such as Serious Case Reviews and Safeguarding Adult Reviews. This may include circumstances such as (but not limited to):

- Domestic homicide victim is aged 16-17
- Domestic homicide also involves the death of a child aged under 18
- Domestic homicide victim is a vulnerable adult with care and support needs
- Domestic homicide victim had significant mental health involvement

In these circumstances, the GSCB, GSAB and mental health services, should be consulted to agree a joint review process. This should occur as soon as possible after the notification has been received, and where necessary, involve members of the boards within any expert panel convened to support CSP decision making.

If a joint review is agreed, the relevant boards will need to work alongside the CSP in order to agree the chair appointment, funding and review terms of reference. The CSP and relevant board will also jointly hold the chair and review to account.

The Home Office actively encourages joint reviews to be conducted in these circumstances rather than two separate reviews.

In many cases, criminal proceedings will also be running alongside the DHR process. This should not delay the DHR being instigated and much of the preliminary work, such as agreeing the scope of the review, can be completed prior to criminal proceedings being finalised.

The review chair will link directly with the senior investigating officer (SIO) as early as possible to ensure there are no conflicts of interests between the two processes.

8. **Appointing a chair and role of chair**

The CSP must appoint an independent chair who is responsible for managing and coordinating the review process and for producing the final overview report based on the evidence the review panel decides is relevant. The review chair and report author may be separate people working together or one person who completes both elements of the DHR.

The Home Office Statutory Guidance outlines that the independent chair must:

- Not be directly associated with any agencies involved in the review.
- Not be a member of the CSP.
- Declare their independence within the overview report.
- Have enhanced knowledge of domestic abuse issues including 'honour' based violence, research, guidance and legislation relating to adults and children.

- Have an understanding of the role and context of the main agencies likely to be involved in the review.
- Have managerial expertise.
- Have strategic vision.
- Have good investigative, analytical, interviewing and communication skills.
- Have an understanding of wider statutory review frameworks, such as child/adult reviews.
- Have an understanding of the discipline regimes within participating agencies.
- Have completed the Home Office online training on DHRs, including the additional modules on chairing reviews and producing overview reports.

Locally a list of accredited chairs has been collated, with references from other areas where they have conducted DHRs. This list is held and maintained by the County DASV Strategic Coordinator, with the OPCC also retaining a copy.

Decisions on chairing arrangements will be made by key District Council leads from the CSP alongside the chair/vice chair of Safer Gloucestershire, representative from the OPCC and the DASV Strategic Coordinator. Where the review is a joint process with SCR/SAR process, members of these boards should also be consulted on chairing decisions.

Cheltenham CSP will lead in decision making for chairing of DHRs in their area, but have the option to seek support from Safer Gloucestershire at any time.

Gloucestershire OPCC will issue formal contracts with DHR chairs on behalf of Safer Gloucestershire. Cheltenham CSP will issue its own contract with the DHR chair.

Appendix 8:8 provides a template contract for CSPs to issue to DHR chairs at the point of commissioning them.

9. Informing the family

It is the responsibility of the CSP chair to ensure the family, where appropriate, are notified of the decision to conduct a DHR or not. In some circumstances it may not be appropriate for this notification to be made, for example, if it would pose a threat to other family members.

The CSP should therefore seek advice from the senior investigating officer, family liaison officer or other agency experts prior to officially informing them of the DHR.

Once the decision to conduct a DHR is made, decisions on when and how to contact the family can be made in conjunction with the independent chair.

The letter to the family should introduce the family to the DHR process and introduce them to the independent chair. Families should be made aware of their option to fully contribute to the review and be offered the support of specialist advocacy⁸. They should also be asked how they wish future contact to be made with them and how frequently they wish for updates on the review to be given to them.

It is recommended where possible that the Family Liaison Officer (FLO) supports the delivery of the letter to the family and is fully briefed to answer any questions on the DHR process. The FLO is also requested to support the independent chair in making initial

contact with the family to arrange their contribution to the review.

The chair is responsible for meeting family and friends at the earliest opportunity; taking in to account appropriate timing and other processes i.e. post mortems, criminal investigations etc.

The family will be informed of specialist advocacy as soon as they are informed of the DHR. It is important to note that the chair must not be the advocate for the family as these needs to be provided independently given the report may reach conclusions that the family disagrees with. Once an advocate is in place, the chair should communicate with the family via the advocate where appropriate. Initial contact should be made in person and then agree with the family how they would like future contact to occur and how frequently.

The family should be provided with regular progress updates throughout the DHR and ensure the process and disclosure is explained to them fully. Families should also be informed of how their information has influenced the review.

The Home Office Statutory Guidance, Section 6 outlines the importance of involving the family in the DHR process. This is summarised in Appendix 8:9.

Appendix 8:10 provides a letter template for informing family members of the DHR.

The role of the family is important throughout the DHR and will be referenced throughout Section 3.

The review panel, once established, should consider if appropriate, approaching the family of the perpetrator who may also have relevant information to offer.

10. Administration

The District CSP is responsible for identifying an appropriate administrator to support the DHR process throughout. The administrator must be fully aware of the DHR statutory and local guidance and be given enhanced supervision to support them in responding to the DHR.

In some circumstances, the independent chair will provide their own administration for an additional fee.

The role of the administrator is:

- To be the first primary point of contact for queries via phone or email.
- Liaise with clients, statutory and voluntary agencies, to arrange meetings and chase for any outstanding material.
- Prepare and format various documents as required with the use of local templates. For example, Case Chronologies, Individual Management Reviews, formatting of the DHR report.
- Liaise with chair to monitor and update progress against review case.
- Support the chair in making contacts with agencies and where appropriate, the families involved, to set up meetings.
- Prepare meeting agendas in advance of DHR panel meetings.
- Arrange meeting facilities and distribute to attending agencies.
- Act as recording secretary and prepare action minutes for all meetings and interviews.

- Ensure that essential information of a sensitive and/or personal nature is not disclosed to, or discussed with, inappropriate persons and that all information is maintained in accordance with local standards and policies.
- Maintain records and information for the purpose of internal and external monitoring and evaluation of DHR records.
- Support the Community Safety Partnership in the running of the DHR.
- Link with the County DASV Strategic Coordinator in relation to progress with the DHR and queries linked to the process.

11. Funding

Costs associated with DHRs are linked primarily with the independent chair, admin and advocacy services for families.

Locally, the OPCC has agreed to fund 50% of the chairing costs up to £5000. The remaining 50% of chairing costs will be shared equally between all of the District CSPs.

Administration costs where possible will be borne locally, but where necessary, costs up to £8000 will be shared by all of the District CSPs.

Where the DHR operates jointly with other review processes, the District CSP should liaise with either the GSAB or GSCB to agree a joint funding model.

Specialist family advocacy will be provided by Advocacy After Fatal Domestic Abuse (AAFDA), a charitable organisation that provides support and advocacy to families to support and guide them through the DHR process and ensure they can influence the process and feed in to the review.

The majority of cases will require a fee from Gloucestershire to AAFDA of £1500. Where DHRs are more complex and greater level of time and resource is required to support the family, costs may increase and reach a maximum of £2500. Any increased costs will be agreed with AAFDA on a needs basis. Costs for specialist advocacy will also be shared equally between the OPCC and District CSPs. A financial agreement for spot purchasing advocacy support has been developed between AAFDA and the OPCC on behalf of the CSPs.

12. Media

In some cases it is likely that a domestic homicide will generate media attention. In these instances the communications/press team from OPCC should be the main contact for media enquiries for those districts signed up to Safer Gloucestershire leading on the DHR. Cheltenham Borough Council will be the main point of contact for media enquiries for DHRs running in the Cheltenham District.

It is recommended that the terms of reference for the DHR include a holding statement for the media and agreements on any specific media contact. Whilst the DHR is being conducted, it is recommended that media enquiries are responded to with a general statement confirming that the DHR is in progress and will be published in due course following quality assurance by the Home Office.

Each agency involved in the DHR should also ensure their agency communications

teams are aware of the DHR, the agreed holding statement and communications lead for either the OPCC or Cheltenham Borough Council (CBC).

Prior to publication of the DHR, the communications/press lead from the OPCC or CBC should coordinate a meeting with DHR panel members and their media leads to set out the media approach upon publication. The response to the media will be dependent on the level of interest the case has generated and any likely fallout following agency recommendations.

It is recommended that prior to publication, the communications lead (OPCC/CBC) issue an agreed press release on the findings being published, and that each individual agency is also given the opportunity to issue statements. In high profile cases with a lot of media interest, senior members of organisations should be prepared to speak to the media if required regarding the findings for their agency.

The OPCC press team on issue of the press release will offer the PCC for media interviews as an independent party who can be critical of agencies where necessary and hold agencies to account based on the findings.

Any media response should also highlight agency best practice that has been identified in the DHR.

Whilst CBC will lead on communications for DHRs in their district, they can look towards Safer Gloucestershire for support where required; particularly if the DHR is high profile.

13. Complaints

13.1 Complaints against individual agencies

Where a complaint is made against an individual agency or an agencies member of staff in connection to the DHR, or as a result of their time on the DHR panel, the individual agency should respond via their own complaints procedures.

This should have no impact on the progress of the DHR, but may in some circumstances result in a change of representative on the DHR panel should that agency feel that is necessary.

13.2 Complaints against the Independent Chair

Any complaint against the DHR independent chair should be made in writing to the commissioning body for that DHR; OPCC on behalf of Safer Gloucestershire or Cheltenham Borough Council. The commissioning organisation will respond to the complaint directly with the independent chair and resolve as necessary following their complaints procedure. Where the chair has been commissioned from a wider organisation, complaints will be dealt with through liaison with the organisation rather than the chair directly.

In the unlikely event that the complaint cannot be resolved, or the independent chair is no longer able to fulfil the requirements set out in their contract, the commissioning agency can terminate the contract and commission a new independent chair to continue with the DHR.

13.3 Complaints against the DHR process or decision to conduct a DHR In the event that a complaint is made about the decision to conduct a DHR, **XX** should lead on the initial response.

It is recommended that complaints of this nature are followed up initially through stating the Home Office Statutory Guidance outlining the statutory duty placed on the CSP to conduct such a review by the Government.

Should the complaint continue, the complaints process of **XX** should be followed, with advice sought from the Home Office as to how to proceed. In some circumstances, permission may need to be sought from the Home Office to not publish such a review should it cause distress to the family or complainant.

Should a complaint be made about how the DHR process is being run, complaints should in the first instance be made to **XX**. It is then recommended that **XX** establish with the complainant if the complaint links to the conduct of an agency or the independent chair and follow the processes outlined above as necessary. Should the complaint be more general about the DHR process, it is recommended that **XX** liaise with the complainant, DHR panel and independent chair to resolve.

14. Data Protection

Section 10 of the Home Office Multi-Agency Guidance for the Conduct of DHRs 2016 outlines the data protection principles for the DHR to consider.

Should any data protection issues arise throughout the DHR, it is recommended that the Home Office be contacted for initial advice, or local data protection officers be consulted.

As with other multi-agency processes, it the individual participating agencies responsibility to ensure they operate under data protection principles.

The independent chair and panel members should consider and include in the terms of reference for the review, the necessary details on data protection as outlined in the Home Office statutory guidance.

15. Conducting a DHR

15.1 Establishing a review panel

Once the criteria for a DHR have been met and a chair has been commissioned, the CSP, alongside the chair, is then required to utilise local contacts to establish a DHR review panel.

Locally, review panels will be constructed on a bespoke basis, dependent on the case and those agencies involved. As detailed under section 2.3, a range of agencies should be written to at the initial stages of scoping a DHR to identify those agencies that hold records on the case in question.

Review panels must however always include some or all of the organisations listed under Section 9 of the Domestic Violence Crime and Victims Act 2004 (local level applied):

- Gloucestershire Constabulary
- Gloucestershire County Council (inc. children and adult social

care/safeguarding)

- Gloucestershire Clinical Commissioning Group
- 2gether NHS Foundation Trust
- Gloucestershire Care Services NHS Trust
- Gloucestershire Hospitals NHS Foundation Trust
- National Probation Service

DHR review panels must also ensure representatives from specialist domestic abuse organisations, locally, Gloucestershire Domestic Abuse Support Service (GDASS).

The DHR review panel must include representation from all agencies involved in the case, as well as any necessary expert organisations to provide guidance and oversight for particular case circumstance or relationship dynamics.

DHR review panels will not have representation from local political members, including local authority councillors so as not to influence the independence of the review. Where political members have dual roles, perhaps as a political member as well as staff within a core agency, they must represent their organisation not their political party. In these circumstances, it is advised that the CSP and chair agree the appropriateness of such panel members and ensure the independence of the review is not impacted.

16. The role of the panel members

When agencies and organisations in the county are requested to identify a staff member to be a DHR review panel member, they must consider the following requirements:

- Panel members must be independent of any line management of staff involved in the case.
- Panel members must be sufficiently senior to have the authority to commit on behalf of their agency to decisions made during the panel meeting.
- Panel members must be aware of and bear in mind at all times equality and diversity issues and comply with the requirements of the Public Sector Equality Act duties.
- Panel members must be responsible for working with the IMR author (where different, see 3.4) to ensure lessons learned are disseminated appropriately throughout organisations.
- Panel members need to be mindful of their role in working with the independent chair whilst also holding them to account. The DHR overview report is a collective piece of work and all panel members must be satisfied that it accurately represents the discussions held and actions agreed.
- Panel members should appropriately and professionally challenge one another to ensure the identification of lessons to be learnt and the development of SMART action plans.

Panel members will also be expected to support the development of the terms of reference and agree these prior to the start of the review. Panel members will also be asked to consider if additional expertise is required to support the review process.

Given the enhanced role of the family within the statutory DHR guidelines, panel members should be prepared to meet with the family and answer their questions if the family wishes to do so. This will usually be arranged for one of the final panel meetings, after the family has been given time to read the overview report.

17. Forming the review terms of reference

It is the role of the review panel, led by the independent chair, to agree the terms of reference and scope of the review. The scope of the review should be proportionate to the nature of the homicide.

This activity should be a priority for the first panel meeting.

The statutory DHR guidance provides a non-exhaustive list of considerations when developing the scope of the review:

- What appear to be the most important issues to address in identifying the learning from this specific homicide? How can the relevant information best be obtained and analysed?
- Which agencies and professionals should be asked to submit reports or otherwise contribute to the review including, where appropriate, agencies that have not come into contact with the victim or perpetrators but might have been expected to do so?
- How will the DHR process dovetail with other investigations that are running in parallel, such as an NHS, criminal investigation or inquest?
- Should an expert be consulted to help understand crucial aspects of the homicide? For example, a representative from a specialist BME, LGBT or disability organisations.
- Over what time period should events in the victims and perpetrators life be reviewed, taking into account the circumstances of the homicide i.e. how far back should enquiries cover and what is the cut-off point? What history/background information will help to better understand the events leading to the death?
- Are there any specific considerations around equality and diversity issues that may require special consideration?
- Did the victims or perpetrators immigration status have an impact on how agencies responded to their needs?
- Was the victim subject to a multi-agency risk assessment conference (MARAC) or other multi-agency fora?
- Was the perpetrator subject to multi-agency public protection arrangements (MAPPA)?
- Was the perpetrator subject to a DA perpetrator programme?
- Was the perpetrator subject of a domestic violence protection notice or order (DVPN/DVPO)? Did the victim seek information about the history of the perpetrators criminal history under the Domestic Violence Disclosure Scheme? Did the police make a disclosure under 'right to ask' or 'right to know'?
- Did the victim have any contact with a DA organisations, charity or helpline?
- If relevant, how will issues of so-called 'honour'-based violence be covered and what processes will be in place to ensure confidentiality?
- How should family members, friends and other support networks, and where appropriate, the perpetrator contribute to the review, and who should be responsible for facilitating their involvement? How will they be involved and contribute throughout the overall process taking account of the possible conflicting views within the family?
- How should matters concerning family and friends, the public and media be managed before, during and after the review, and who should take responsibility for this?
- Did the victim make a disclosure at work? Has the organisation a DA policy?
- Consideration should also be given to whether either the victim or the perpetrator was an 'adult at risk'; if this is the case, the review panel may require the assistance

- or advice of additional appropriate agencies.
- How will agencies/professionals working in other local authority areas with an interest in the homicide be involved, including members of the local DA services and what should their roles and responsibilities be?
- Were the victim (and/or perpetrator) social housing tenants? If so was there rent arrears or frequent repairs and maintenance requests? Have there been reports of anti-social behaviour at the property? Does the social housing landlord carry out routine screening for DA? Are there policies in place which support staff to identify and report suspected DA? Have the processes on place been reviewed to ensure that they remain effective?
- Who will make the link with relevant interested parties outside the main statutory agencies?
- How should the review process take account of previous lessons learned?
- Does the review panel need to obtain independent legal advice about any aspect of the proposed review?

The review panel chair is responsible for the final decision on the terms of reference and ensuring they are suitable and proportionate.

18. Review Panel meeting structure and timescales

As soon as the need for a DHR is established by the CSP, the review must be conducted expeditiously so that lessons are able to be drawn out which can be then be acted upon as quickly as possible.

The decision to conduct a DHR must be made within one month of the homicide/death coming to the attention of the CSP.

Following the decision, the DHR should then be completed within six months. It is accepted that some reviews will go beyond the six month timescale in circumstances of complex scope for the review or delayed and ongoing criminal proceedings.

Extending the timescale for completing a DHR must be agreed by the CSP and should also be referred to the Home Office Quality Assurance panel for further advice and notification.

The review itself will vary on a case by case basis, but will roughly follow the below structure in relation to panel meetings:

Stage 1:

- Introductions and a summary of the DHR process.
- Agencies will be asked to provide a short summary of their involvement in the case to provide context to the review and support the development of the terms of reference.
- The panel will discuss and agree the scope of the review and terms of reference; this will include agreeing the role of family and friends in feeding in to the review.
- Discuss and agree support for panel members.
- Discuss and agree with the chair the timescales for the next stages of the review.

Stage 2:

The next stage of the review process will vary in length dependent on the scale and scope of the review.

This stage is where the panel will review the agency-wide chronology and Individual Management Reviews (IMRs). The panel will have the IMRs presented by their authors and will discuss the key findings and agree the recommendations/lessons learnt for each agency.

The number of panel meetings will vary dependent on the number of IMRs commissioned for the review.

The views of the family and friends will be included in this section to support the panels' analysis of key findings.

Stage 3:

The independent chair will present the draft overview report to the panel for full discussion and suggest amendments.

The number of panel meetings will vary dependent on the number of amendments required of the report, but should be completed in no more than 3 panel meetings where possible.

The panel will then agree the final draft report and executive summary.

Stage 4:

The family will be given the opportunity to read the final overview report and if they wish to do so, meet the panel to share their thoughts and views.

Once the family has provided their feedback, the report will be finalised with agreement of the panel and submitted to the CSP for final sign off and submission to the Home Office.

The number of meetings in this stage will again vary dependent on the level of family involvement. The panel should be flexible and supportive in allowing the family adequate time to read the report and provide their thoughts and feedback on the review.

Appendix 8:11 provides a summary overview of the whole Gloucestershire DHR process.

As far as possible, the review should be conducted in such a way that the process is seen as a learning exercise and not as a way of apportioning blame.

19. Chronology and Individual Management Reviews (IMRs)

Those agencies identified as having involvement in the case will be required to complete an IMR for the review and a full chronology of their involvement in line with the terms of reference for the review.

When agencies are written to requesting their membership on the panel, agencies should also be requested to identify someone to produce the IMR and chronology.

This can be the same representative as the panel member, but agencies may decide to identify a different person to complete this detail.

The independent chair may commission additional IMRs from agencies who are not required as panel members. In these circumstances, the chair will write to senior

managers of organisations to commission the IMR.

The chronology from each agency will be merged in to a master chronology for the panel to consider the sequence of events and agency contact and identify key events in the life of the victim and perpetrator.

Appendix 8:12 provides a template chronology

The aim of the IMR is to:

- Allow agencies to look openly and critically at individual and organisational practice and the context within which professionals were working (culture, leadership, supervision, training etc.) to see whether the homicide indicates that practice needs to be changed or improved to support professionals to carry out their work to the highest standards.
- Identify how and when those changes or improvement will be brought about.
- Identify examples of good practice within agencies.

IMRs should be completed by someone who had no direct involvement with the victim, perpetrator or either families and should also not have been the immediate line manager of any staff involved.

All IMRs should be quality assured by the senior manager in the organisation who commissioned the report. This senior manager will be responsible for ensuring any recommendations in the IMR are appropriate and later acted upon appropriately.

When conducting an IMR, the IMR author may choose to interview staff members who had involvement in the case to support their assessment of agency involvement. Where interviews are conducted, this should be formally recorded and shared with the interviewee. These records should be retained for the purpose of disclosure to a criminal investigation should the need arise. Further detail on disclosure and criminal investigations can be found in section 9 of the Home Office statutory DHR guidance.

Once an IMR has been completed, agencies should develop an internal process for feeding back to any staff involved.

It is important to note that the DHR plays no role in disciplinary or complaints processes, although in some cases information may emerge that indicates that disciplinary action should be taken under that agencies established processes. Some DHRs may run alongside disciplinary or complaints processes for some agencies; this is a matter for individual agencies to manage within their own processes.

IMRs are presented to the DHR panel and will be discussed to agree on the final key findings, lessons learnt and recommendations.

Appendix 8:13 provides an IMR template

20. Overview report

The overview report will be completed by the independent chair, or report author where this is a separate individual. The report should bring together and draw overall conclusions from the information and analysis contained in the IMRs and other reports that have fed in to the review. Where necessary, further studies may be commissioned

to supplement the information available from the IMRs to better support conclusion and lessons learnt from the case.

The overview report should be produced in accordance with the format outlined in appendix 3 of the Home Office statutory DHR guidance.

The overview report should be regarded as 'Official' as per the Government Security Classification Scheme until the agreed date of publication. Prior to this, information should be made available only to participating professionals and their line managers who have a pre-declared interest in the review.

The review panel will have the overview report presented to them by the independent chair. On being presented with the report and its executive summary the review panel should:

- Ensure that contributing organisations and individuals are satisfied that their information is fully and fairly represented in the reports.
- Be satisfied that the reports accurately reflect the review panel's findings.
- Ensure that the reports have been written in accordance with the guidance.
- Be satisfied that the reports are of a sufficiently high standard for them to be submitted to the Home Office.

The final draft of the overview report should be provided to the family, giving them adequate time to consider and absorb the report, identify if any information has been incorrectly captured and record any areas of disagreement. It is recommended that the family are then given the opportunity to meet the review panel to discuss their thoughts on the report, and that the panel then consider the family input prior to agreeing the final version and submitting to the CSP.

21. **Action Plan**

Within the overview report, recommendations for future actions will be made and agencies are required to translate these into specific measurable, achievable, realistic and timely (SMART) actions.

All DHRs must include a targeted and achievable action plan in which actions have been tested with the agency before the action plan is finalised and timeframes for completion should also be agreed at a senior level by each participating agency.

22. **Process following completion**

22.1 **Role of CSP following completion of overview report, executive summary and action plan**

Upon receipt of the final documentation the CSP should:

- Agree the content of the overview report, executive summary and action plan, ensuring that they are fully anonymised apart from including the names of the review panel chair and panel members.
- Make arrangements to provide feedback and debriefing to staff, family members and the media as appropriate.
- Sign off the overview report, executive summary and action plan.

- Complete the form on page 41 of the Home Office DHR statutory guidance to assist in national data collection.
- Submit to entire DHR to the Home Office via secure email to: DHREnquiries@homeoffice.gsi.gov.uk
- Ensure that the documented are not published until clearance has been received by the Home Office Quality Assurance Panel.

In instances where the CSP wishes to make changes to the report, including the action plan, these should be referred back to the independent chair and review panel for consideration. The CSP should not look to influence the independence of the report by making its own recommendations without consultation with the review panel and chair; and as mentioned within 3.6 all agency actions must be approved by senior level staff in each organisation.

23. Quality Assurance

The Home Office Quality Assurance (QA) panel is made up of various experts from the statutory and voluntary sector who will assess all DHRs on a monthly basis for their compliance with the statutory guidance and assess report standards. The panel will also look to identify good practice and training needs.

The QA panel will look to ensure that the DHR demonstrates that:

- Areas have spoken with the appropriate agencies, voluntary and community sector organisations and family members and friends, to establish as full a picture as possible.
- The report demonstrates sufficient probing and analysis and the narrative is balanced.
- Lessons will be learnt and that areas have plans in place for ensuring this is the case.
- The likelihood of a repeat homicide is minimised.

Once the QA panel have reviewed the DHR, they will then write back to the CSP either making recommendations for change, or agreeing that the report is fit for publication.

If the QA panel requests changes to the report, the original panel should be made aware prior to publication. In circumstances where significant changes have been requested, it is advised that the panel be reconvened with the independent chair in order to review the changes requested.

The QA panel is also responsible for:

- Disseminating lesson learned and effective practice at a national level.
- Assessing progress at national level
- Identifying serious failings and common themes
- Communicating with media to raise awareness of the positive work of statutory and voluntary sector agencies.
- Communicating and liaising with other government departments to ensure appropriate engagement from all relevant agencies.
- Providing central storage of all DHRs to allow for clear auditing and quick retrieval.
- Reviewing decision by CSPs not to undertake a DHR.
- Recommending national training needs
- Recommending service needs to commissioners.

24. Publication

Once clearance has been received from the Home Office QA panel, the CSP must publish the overview report and executive summary on the local CSP website.

Section 2.9 provides guidance on the approach for media enquiries.

The chair of the review should also be made aware of the publication plans, and again, in high profile cases, be involved in the planning meeting.

The family should be provided with a copy of the overview report and letter from the Home Office QA panel. They should also be consulted to agree a publication date in order to avoid any significant dates for their family, and also to agree the approach with the media given they may also be approached for a statement.

Each participating agency should be provided with a copy of the report and action plan.

Once the report is published, the Home Office must be notified and provided with a link to the report via secure email: DHREnquiries@homeoffice.gsi.gov.uk

25. Implementing the action plan

It is the role of agencies to implement their actions within the deadline stated in the action plan.

The CSP is responsible for monitoring action plan completion and for holding agencies to account for actions that are either not completed or making limited progress.

DHR action plans will be monitored regularly at Safer Gloucestershire or Cheltenham CSP, and where possible (and when wanted by the family), updates on action progress will be given to the family to improve agency accountability.

The DHR cannot be formally concluded until the action plan has been fully implemented and audited by the CSP.

26. Local Domestic Abuse Learning Reviews

Where the death of a person does not meet this criteria, but where there is significant history of domestic abuse, CSPs can take the local decision to hold a learning review with the aim of:

- Establishing what lessons are to be learned from the case about the way in which local professionals and organisations work individually and together to safeguard and support victims of domestic abuse including their dependent children.
- Identifying clearly what those lessons are, both within and between agencies, how and within what timescales they will be acted on and what is expected to change as a result.
- Applying these lessons to service responses including changes to policies and procedures as appropriate.
- Prevent domestic abuse and improve service responses for all domestic abuse victims and their children through improved intra and inter-agency working.

The learning review will differ from a DHR in that it will aim to be conducted in a workshop style; allowing agencies to share information relating to their involvement in the case, hold discussions and develop lessons learnt and action plans. The aim of this

workshop is to ensure learning from cases where a review would otherwise not be conducted, but where it is felt significant learning can be found that will improve service responses to victims of domestic abuse.

This approach can also be adopted for local 'near miss reviews' in which '*a domestic homicide was avoided through incident circumstance rather than through agency intervention to protect those involved*'. This will often involve a significant violent incident in which the victim has survived and where learning can be gained by agencies that were involved or should have been involved in the safeguarding of the victim.

27. **Criteria for a Domestic Abuse Learning Review**

The death of a person does not meet the criteria for a DHR on the basis that their death is not linked to their experience of violence, abuse or neglect, but where there is significant domestic abuse history that had a substantial and detrimental impact on their life and/or;

- There was evidence of a risk of serious harm to the victim that was not recognised or identified by the agencies in contact with the victim and/or the perpetrator, it was not shared with others and/or it was not acted upon in accordance with their recognised best professional practice.
- Any of the agencies or professionals involved considers that their concerns were not taken sufficiently seriously.
- The victim had little or no known contact with agencies but should have been known and supported.
- The death suggests that there have been failings in one or more aspects of the local operation of formal domestic violence and abuse procedures or other procedures for safeguarding adults.
- The victim was being managed by, or should have been referred to, a Multi-Agency Risk Assessment Conference (MARAC) or other multi-agency fora.
- The death appears to have implications/reputational issues for a range of agencies and professionals.
- The death suggests that national or local procedures or protocols may need to change or are not adequately understood or followed.
- The perpetrator holds a position of trust or authority e.g. police officer, social worker, health professional, and the homicide, therefore, is likely to have a significant impact on public confidence.
- Services were not available locally to refer/support the victim and/or the perpetrator

28. **Establishing a DA learning Review**

Any agency can identify a case to be considered for a learning review. Cases should be sent to the County Domestic Abuse and Sexual Violence Strategic Coordinator, who will then make contact with the relevant CSP to consider the case for review. A pool of local experts can be called upon to support decision making if required, as per local DHR guidance.

29. **Chairing arrangements**

As this process is not statutory, there is no need to commission an independent chair, unless considered necessary by the CSP. As such, a local decision can be taken as to

who is best placed to chair the learning review.

30. **Agency involvement**

Agencies will be invited to attend a 1 day learning review workshop and bring with them to the meeting;

A summary of their involvement with the victim, perpetrator and any children; recommended that they complete a short chronology that also considers;

- The events that occurred, the decisions made, and the actions taken or not. Assess practice against guidance and relevant legislation; see appendix A to support.
- Examples of effective and/or best practice
- Recommendations for improving future practice and how this can be actioned.

Agencies are also asked to be prepared to discuss and challenge one another and consider the voice of the victim.

31. **Accountability**

The review will be accountable to the Community Safety Partnership and any action to be taken following this review will be monitored by this group.

32. **Appendices**

The following appendices have been developed in a separate document:

- DHR checklist
- Domestic Abuse definition
- Summary of the role of CSPs
- Key contacts for CSPs
- Template DHR Notification Letter
- Template letter to inform agencies of the potential DHR
- Template letter to inform agencies of the confirmed DHR and commissioned chair
- Template contract for the independent chair
- Importance of family involvement summary
- Template letter to family members
- Summary DHR process flowchart
- Chronology template
- IMR template
- Family Advocacy Funding Agreement with AAFDA

All up to date templates and key agency contacts will be held by the County DASV Strategic Coordinator and Office for the Police and Crime Commissioner and will be available on request.

Appendix 9

Child Death Overview Panel Terms of Reference.

1. Purpose

Through a comprehensive and multidisciplinary review of child deaths, the Gloucestershire Safeguarding Children Board (GSCB) Child Death Overview Panel (CDOP) aims to better understand how and why children in Gloucestershire die and use our findings to take action to prevent other deaths and improve the health and safety of our children.

In carrying out activities to pursue this purpose, the CDOP will meet the functions set out in paragraph 7.4 of *Working Together to Safeguard Children* in relation to the deaths of any children normally resident in Gloucestershire. Namely collecting and analysing information about each death with a view to identifying –

- any case giving rise to the need for a Serious Case Review
- any matters of concern affecting the safety and welfare of children in Gloucestershire
- any wider public health or safety concerns arising from a particular death or from a pattern of deaths in Gloucestershire

2. Objectives

- To ensure, in consultation with the local Coroner, that local procedures and protocols are developed, implemented and monitored, in line with the guidance in Chapter 7 of *Working Together* on enquiring into unexpected deaths.
- To ensure the accurate identification of and uniform, consistent reporting of the cause and manner of every child death.
- To Collect and collate an agreed minimum data set of information on all child deaths in Gloucestershire and, where relevant, to seek additional information from professionals and family members.
- To evaluate data on the deaths of all children normally resident in Gloucestershire, thereby identifying lessons to be learnt or issues of concern, with a particular focus on effective inter-agency working to safeguard and promote the welfare of children.
- To evaluate specific cases in depth, where necessary to learn lessons or identify issues of concern.
- To identify significant risk factors and trends in individual child deaths and in the overall patterns of deaths in Gloucestershire, including relevant environmental, social, health and cultural aspects of each death, and any systemic or structural factors affecting children's well-being to ensure a thorough consideration of how such deaths might be prevented in the future.
- To identify any public health issues and consider, with the Director of Public Health and other provider services how best to address these and their implications for both the provision of services and for training.
- To identify and advocate for needed changes in legislation, policy and practices to promote child health and safety and to prevent child deaths.
- To increase public awareness and advocacy for the issues that affects the health and safety of children.
- Where concerns of a criminal or child protection nature are identified, to ensure that the police and coroner are aware and to inform them of any specific new information that may

influence their inquiries; to notify the Chair of the GSCB of those concerns and advise the chair on the need for further enquiries under section 47 of the Children Act, or of the need for a Serious Case Review.

- To improve agency responses to child deaths through monitoring the appropriateness of the response of professionals to each unexpected death of a child, reviewing the reports produced by the rapid response team and providing the professionals concerned with feedback on their work.
- To provide relevant information to those professionals involved with the child's family so that they, in turn, can convey this information in a sensitive and timely manner to the family.
- To monitor the support and assessment services offered to families of children who have died.
- To monitor and advise the GSCB on the resources and training required locally to ensure an effective inter-agency response to child deaths.
- To co-operate with any regional and national initiatives – e.g. the Confidential Enquiry into Maternal and Child Health (CEMACH). Collation of data with other neighbouring CDOPs across the region – in order to identify lessons on the prevention of child deaths

3. **Scope**

The CDOP will gather and assess data on the deaths of all children and young people from birth (excluding those babies who are stillborn) up to the age of 18 years who are normally resident in Gloucestershire. This will include neonatal deaths, expected and unexpected deaths in infants and in older children. Where a child normally resident in another area dies within Gloucestershire, that death shall be notified to the CDOP in the child's area of residence. Similarly, when a child normally resident in Gloucestershire dies outside Gloucestershire the Gloucestershire CDOP should be notified. In both cases an agreement should be made as to which CDOP (normally that of the child's area of residence) will review the child's death and how they will report to the other.

4. **Team Membership**

The Child Death Overview Panel will have a permanent core membership drawn from the following key organisations represented on the GSCB and from other relevant organisations:

- Consultant in Public Health – to Chair CDOP
- Designated Consultant Paediatrician
- Designated Nurse
- Coroner's Office
- Midwifery
- Lay representative
- Children's Social Care
- Police Child Protection Unit
- Bereavement Counsellor e.g. Winston's Wish
- University academic
- Administration Support

CDOP core members will nominate a suitable deputy who will attend meetings in the absence of core members.

Other members may be co-opted to contribute to the discussion of certain types of death when they occur:

- Emergency Department medical and nursing staff
- Primary Care
- Other paediatric input
- Obstetric staff
- Other police representatives including accident investigators
- Fire Services
- Ambulance/paramedic services
- Education
- Paediatric Pathologist
- Child and Adolescent Mental Health Services (CAMHS)
- Adult mental health
- Voluntary agencies
- Registrar of Births, Deaths, Marriages
- Community Safety
- Others as required

The Chair has the discretion to defer the meeting if the appropriate representatives or deputies, with relevant skill mix are not available for a meeting or there are insufficient numbers for the meeting to be held effectively.

5. Confidentiality and Information Sharing

Information discussed at the CDOP meetings will not be anonymised prior to the meeting, it is therefore essential that all members adhere to strict guidelines on confidentiality and information sharing. Information is being shared in the public interest for the purposes set out in Working Together and is bound by legislation on data protection.

CDOP members will all be required to sign a confidentiality agreement before participating in the CDOP. Any ad-hoc or co-opted members and observers will also be required to sign the confidentiality agreement. At each meeting of the CDOP all participants will be required to sign an attendance sheet, confirming that they have understood and signed the confidentiality agreement.

Any reports, minutes and recommendations arising from the CDOP will be fully anonymised and steps taken to ensure that no personal information can be identified.

6. Accountability and Reporting arrangements

The CDOP will be accountable to the chair of the Safeguarding Board

The Child Death Overview Panel is responsible for developing its work plan, which should be approved by the GSCB. It will prepare an annual report for the GSCB, which is responsible for publishing relevant, anonymised information.

The GSCB takes responsibility for disseminating the lessons to be learnt to all relevant organisations, ensures that relevant findings inform the Children and Young People's Plan and acts on any recommendations to improve policy, professional practice and inter-agency working to safeguard and promote the welfare of children.

The GSCB will supply data regularly on every child death as required by the Department for Education and Skills to bodies commissioned by the Department to undertake and publish nationally comparable, anonymised analyses of these deaths.

7. Frequency of Meetings

The CDOP will in general meet at 2 monthly intervals but may hold extra meetings if matters are identified by the Chair of the panel or Chair of the GSCB which require an earlier response.

8. Administration

Meetings will be supported by the Child Death Review CDOP Administrator and minutes will be circulated within 2 weeks of the meeting being held.

Agenda and supporting papers will be circulated at least one week in advance of the meeting.

9. Review

The Chair of the CDOP will ensure co-ordination with other working groups and will facilitate an annual review of these terms of reference and other associated documentation, amending as necessary.

Appendix 10

Gloucestershire GSCE

Multi-Agency Case Review Subgroup Terms of Reference

1. Role and Function of the Multi-Agency Case Review subgroup:

To ensure that Gloucestershire Safeguarding Children Board is in a position to effectively learn lessons from all types of local case reviews, including Serious Case Reviews (SCRs) and to be in a position to effectively assist and monitor changes in working practices that arise from lessons from Serious Case Reviews and other reviews in order to improve outcomes for children and young people in Gloucestershire.

The members of the Multi-Agency Case Review Sub-Group have a responsibility to ensure that the requirements of the relevant statutory guidance (Working Together 2015) are met where a case meets the criteria for a serious case review; this is:

- For every case where abuse or neglect is known or suspected and either
 - A child dies; or
 - A child is seriously harmed and there are concerns about how organisations or professionals worked together to safeguard the child.

The group will receive cases for consideration from partner organisations and make recommendations to the Chair of GSCB as to whether the criteria are met.

Cases for consideration will also be received in relation to reviews of child protection incidents which fall below the threshold for a SCR. This is in line with Working Together 2015 which highlights that although these reviews are not required in statute they are important to provide valuable lessons about how organisations are working together to safeguard and promote the welfare of children. They also provide opportunities to highlight good practice as well as identifying improvements that need to be made to local services.

2. This will be achieved by:

- Scrutinising available information about children who have died or been significantly harmed through abuse or neglect or serious incidents and making a recommendation to the Independent Chair of the GSCB about those children who may meet the criteria for a serious case review, on the need for a serious case review or other type of review;
- Commissioning Serious Case and other Reviews;
- Ensuring SCRs are conducted in accordance with current national advice and guidance;
- Ensuring that the most appropriate method of review is used in each case;
- Making decisions about serious incidents that give cause for concern but do not necessarily meet the criteria for a serious case review, including recommendations for a different kind of review (e.g. multi-agency review of a child protection incident, single agency reviews), and carrying out a full SCR if subsequently appropriate;
- Developing and implementing a range of methodologies to undertake learning reviews
- Ensuring that lessons learned from local and national reviews are disseminated to relevant staff in all local organisations through roadshows, feedback sessions, training courses or other activities to enable improvements to the Gloucestershire safeguarding system;

- Informing the Workforce Development Group of any identified training needs;
- Working with MAQuA to seek assurance that learning from reviews has resulted in evidence of improvements to practice and outcomes for children and young people.
- Working with the Communications Group in relation to disseminating the learning from SCRs and also in relation to media management relating to their publication;
- Providing training, guidance and tools to help staff from all partner agencies carry out SCRs and other reviews;
- Linking with the Child Death review process and receiving information in relation to unexpected child deaths and any subsequent learning

3. **Membership**

- Chief Inspector, Gloucestershire Constabulary – Chair
- Head of Service, Children’s Social Care
- Head of Quality, Children’s Social Care
- Named Nurse for Safeguarding, Gloucestershire Care Services
- Named Nurse for Safeguarding, 2gether NHS Foundation Trust
- Named Nurse for Safeguarding, Gloucestershire Clinical Commissioning Group
- Named Nurse for Safeguarding, Gloucestershire Hospitals NHS Foundation Trust
- Safeguarding Manager for Education
- Assistant Chief Officer, BGSW CRC
- Operations Manager, Youth Support Team
- Designated Doctor for Safeguarding
- Safeguarding Board Business Manager

If a core member of the sub-group is unable to attend they must arrange for a representative to attend of their behalf to ensure that decisions can be made in a timely way.

4. **Role of Chair**

- Lead and co-ordinate the work of the Subgroup
- Progress Safeguarding Business plan objectives
- To inform WFD of developments within the Safeguarding Board
- To take forward issues into the Safeguarding Board structure as appropriate
- Liaise with other areas WFD or Training Sub Groups
- Keep up to date with national and local developments in relation to safeguarding.
- Consultation with the Chairs of the other sub groups to ensure that professionals and staff from all agencies have the opportunity to familiarise themselves with the lessons arising from audits, reviews, communications and all other relevant updates.
- Provide reports for the Safeguarding Board meetings.
- Monitor agency attendance and compliance.

5. **Frequency of meetings:** Every 6 Weeks

Appendix 11

Terms of Reference Education and Learning Sub Group

1. Role and Function of the Education and Learning Sub Group:

To ensure that all children and young people aged between 0 and 19 within any educational or training setting, including universal childcare remain safe.

2. This will be achieved by:

- Ensuring that all education, childcare and training providers for children and young people aged 0-19 and the education related services that support children outside of these settings have suitable policies and procedures in place to safeguard a child's wellbeing.
- Ensuring good communication and awareness amongst education, child care and training professionals of Gloucestershire's corporate policies and practices as well as the practices and procedures maintained and managed by the Gloucestershire Safeguarding Partnership on Child Protection and Children in Need.
- Taking forward practices set out by the Gloucestershire Safeguarding Partnership at local level and ensuring that they are being implemented in all relevant settings.
- Publicising National policies and cross agency child protection issues to promote awareness for all professionals in areas represented on the sub-committee.
- Working co-operatively with other agencies to establish and carry forward good practice and identifying areas of commonality to ensure the effective use of resources where possible.
- Overseeing the regular audit and monitoring aspects of safeguarding, to deliver single agency training and advice as appropriate and to keep records of training undertaken.
- Carrying out an annual audit of safeguarding issues within education, child care and learning settings (under Sections 175 and 157 of the Education Act 2002) in order to target provision aid policy-decisions and ensure settings are aware of changes within safeguarding.
- Acting as a conduit to service providers and the Gloucestershire Safeguarding Partnership by undertaking work requested by the Gloucestershire Safeguarding Partnership Executive Meeting and Board Meeting pertaining to safeguarding issues and reporting back progress made and any barriers to progress.
- Implementing our duty under sections 175 and 157 of the Education Act 2002 - 'Duties of LAs and Governing Bodies in relation to welfare of children' by ensuring arrangements are in place to safeguard and promote the welfare of children in educational settings and using these duties as a bench mark for agencies providing education and training for children and which are not covered by the Act.

3. Membership

- Chair, Education Safeguarding Manager
- Vice Chairs, Lead For GHLL
- Police
- Gloucestershire County Council
- The Diocese of Gloucester Academies Trust
- Gloucestershire Association of Special School Heads (GASSH)
- Gloucestershire Association of Primary School Heads (GAPH)

- Gloucestershire Association of Secondary Heads (GASH)
- Independent Schools
- Gloucester Diocese
- Colleges
- Alternative Training Providers
- Novalis Trust
- Harrison Clark Rickerby Solicitors
- St. John's Ambulance
- Skillzone

4. **Role of Chair**

- Lead and co-ordinate the work of the Subgroup
- Progress Safeguarding Business plan objectives
- To inform WFD of developments within the Safeguarding Board
- To take forward issues into the Safeguarding Board structure as appropriate
- Liaise with other areas WFD or Training Sub Groups
- Keep up to date with national and local developments in relation to safeguarding.
- Consultation with the Chairs of the other sub groups to ensure that professionals and staff from all agencies have the opportunity to familiarise themselves with the lessons arising from audits, reviews, communications and all other relevant updates.
- Provide reports for the Safeguarding Board meetings.
- Monitor agency attendance and compliance.

5. **Frequency of meeting:** Minimum – every three months

Appendix 12

Workforce Development Sub Group (WFD) Terms of Reference

1. Purpose:

The purpose of this group is to ensure that the WFD Business Plan as agreed by the board is implemented effectively across all partner agencies in Gloucestershire and recommendations on workforce development are made to the Board.

As part of the WFD Business Plan is the implementation of a Workforce Development Training and Evaluation Strategy to ensure that all workers in contact with children/young people and/or their parents and carers receive an appropriate level of training in Safeguarding children. This group will hold all agencies to account.

Agencies will identify a lead person for training on behalf of their agency to attend this group.

WFD will also;

- Agree effective quality assurance processes in order to ensure that the safeguarding children training provided by all member agencies meets approved standards.
- Provide feedback to the GSCB on areas requiring development or presenting challenge or concern.
- Offer guidance on the appropriate planning and delivery of safeguarding children training in order to ensure staff in all agencies are competent and confident to carry out their responsibilities for safeguarding and promoting the welfare of children and young people.
- Link to partner agencies training standard /competencies.

2. Membership Responsibility

- Commitment of 4 days per year, to include attendance at the 2 hour WFD meetings and other tasks as identified in order to fulfil aims and purpose of the group.
- If unable to attend scheduled WFD meetings, members will arrange for someone to attend on their behalf who has been briefed on pertinent issues for their agency and any significant developments or challenges.
- To undertake agreed tasks with regard to workforce development and training in their agency, e.g. providing evidence of quality assurance, content of training, aims and objectives etc. as required
- To keep up to date with new information, local and national research and guidance in relation to safeguarding children; in order to develop and maintain an advisory role with senior managers in their agency.
- To actively promote the importance of safeguarding children, learning and development and training within their own agency to support the development of best practice.
- To ensure that systems are available within their own agency to effectively disseminate information about safeguarding issues, learning and development events to all appropriate staff
- To ensure that managers and practitioners in their agency receive information from serious case reviews / case reviews,
- To support the implementation of the findings arising from serious case reviews, local inspections, audits and child death reviews; through training and learning events.

- To identify and share good practice in relation to safeguarding training learning and development, with other WFD members.
- Actively participate in the agenda and discussion, bringing safeguarding learning and development issues to and from their own agency
- To liaise with appropriate staff within their own agency and the GSCB training coordinator to facilitate any training audit and implement agreed quality assurance processes.

3. **Membership:**

- Chair: CCG Designated Nurse for Safeguarding
- Vice Chair: Practice Development Manager
- Gloucestershire County Council
- Clinical Commissioning Group (CCG)
- NHS Hospital Trust
- Prospects (Youth Services)
- Gloucestershire Care Services
- 2gether NHS Trust
- Gloucestershire Fire and Rescue Service
- Police
- GSAB

4. **Role of Chair**

- Lead and co-ordinate the work of the Subgroup
- Progress Safeguarding Business plan objectives
- To inform WFD of developments within the Safeguarding Board
- To take forward issues into the Safeguarding Board structure as appropriate
- Liaise with other areas WFD or Training Sub Groups
- Keep up to date with national and local developments in relation to safeguarding.
- Consultation with the Chairs of the other sub groups to ensure that professionals and staff from all agencies have the opportunity to familiarise themselves with the lessons arising from audits, reviews, communications and all other relevant updates.
- Provide reports for the Safeguarding Board meetings.
- Monitor agency attendance and compliance.

5. **Frequency of Meetings:** Every 3 months

Appendix 13

Multi Agency Quality Assurance Sub Committee Terms of Reference

1. Purpose:

- To embed and strengthen the Quality Assurance Framework, in order to support their strategic oversight of effective safeguarding practice and support the GSCB Learning & Improvement Framework.
- To establish an annual timetable of Quality Assurance activity that supports the GSCB to prioritise and evaluate the effectiveness of safeguarding practice.
- To undertake in year multi-agency case audits, so that the GSCB can learn from good practice and areas for development evidenced at case level on themes as commissioned in the GSCB Annual Business Plan.
- To undertake multi-agency child protection reflective learning circles and report on key themes so that the GSCB can learn from practitioners' experiences and areas for development evidenced at case level.
- To liaise with the Serious Case Review Sub Group to ensure the monitoring and evaluation of recommendations or findings from case reviews that may be undertaken when a case doesn't meet the criteria for commissioning a Serious Case Review.
- To co-ordinate the production and analysis of multi-agency safeguarding performance data, in order to provide the GSCB with a quarterly performance report.
- To develop the performance report to be increasingly qualitative and outcome focussed, to support the GSCB strategic understanding and oversight of "how effective are partners both individually and collectively, in safeguarding children and young people?"
- To co-ordinate the production and analysis of partner agencies Section 11 of the Children Act self-assessments, in order to support the GSCB identifying strengths and areas for development and from these, robust scrutiny of improvement actions taken.
- To consider feedback from Section 175 self-assessments undertaken by education settings and analysed by the Education & Learning Forum, in order to ensure that GSCB Quality Assurance activity is informed by the arising trends and themes.
- To analyse information on complaints about partnership safeguarding work by a) children, young people or parents and b) professionals who use the "problem resolution protocol" or other Quality Assurance feedback mechanisms, in order to support shared learning and development of partnership work.
- To maintain oversight of single agency audit findings in relation to safeguarding children.

2. Membership:

- Gloucestershire County Council
- Clinical Commissioning Group
- NHS Hospital Trust
- (GNHSFT)
- Prospects (Youth Services)
- Gloucestershire Care Services
- 2gether NHS Trust
- Police

3. Role of Chair

- Lead and co-ordinate the work of the Subgroup
- Progress Safeguarding Business plan objectives
- To inform WFD of developments within the Safeguarding Board
- To take forward issues into the Safeguarding Board structure as appropriate
- Liaise with other areas WFD or Training Sub Groups
- Keep up to date with national and local developments in relation to safeguarding.
- Consultation with the Chairs of the other sub groups to ensure that professionals and staff from all agencies have the opportunity to familiarise themselves with the lessons arising from audits, reviews, communications and all other relevant updates.
- Provide reports for the Safeguarding Board meetings.
- Monitor agency attendance and compliance.

4. Frequency of meetings: Every 3 Months

Appendix 14

Multi-agency training and learning opportunities for all staff working with children, young people and their families in Gloucestershire.

Training Programme April 2018 – March 2020

<https://www.gscb.org.uk/safeguarding-training-development-and-events/>

1. Introduction

Learning and development, training offer 2018 – 2020

The Safeguarding Board has a statutory responsibility to support the development of policies and procedures in respect of training and to ensure that appropriate learning and training opportunities are provided for people who work with children, young people and their families, to meet local need. Consequently the Workforce Development (WFD) sub group are charged with this responsibility. Through the transition into WT2018 the WFD Sub group will maintain the oversight of the training offered and ensure continuity of delivery and development.

‘Working Together to Safeguard Children (WT2015) enforces the functions of LSCBs under Regulation 5 (1a)(ii) in relation to:

“ training of persons who work with children or in services affecting the safety and welfare of children

Reg. 5 (2)

“ monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children”

The Board is committed to supporting the delivery of high quality training, and to ensure all training is monitored and evaluated to maintain the effectiveness of this training, in order to safeguard and promote the welfare of children and young people.

The Training Strategy and Training Evaluation and Impact Framework sets out how we can achieve this; the board further seeks to learn from local serious case reviews, case file audits and emerging local trends.

<https://www.gscb.org.uk/safeguarding-training-development-and-events/training-strategy/>

The Safeguarding Board business unit offers a core programme of training courses on a rolling programme of events, with a clearly outlined charging and cancellation policy and on-line booking facility. It also offers a suite of e-learning courses some of which are soon to move to a new provider.

Throughout the year the Safeguarding Board also offer additional learning opportunities in the form of thematic locality based workshops, serious incident learning reviews and conferences. These events are promoted via the Safeguarding Board Alert system, through targeted campaigns to encourage those groups of people identified that would most benefit from specific learning; and through those senior managers represented at Board and sub group level.

2. What you need to know about Safeguarding Boards training courses:

<https://www.gscb.org.uk/safeguarding-training-development-and-events/what-you-need-to-know-about-gscb-training-courses/>

(Full details & all you need to know about our training and recommendations)

3. Levels of training and required training

The training pathway sets out the level of training required for all groups of staff working with children, young people and their families according to their job role and responsibility.

- **Level 1 (Group 1)** For staff in infrequent contact with children/young people and/or parents/carers who may become aware of possible abuse or neglect e.g. GP Receptionists, librarians, groundsman,
 - Induction / Basic safeguarding awareness:
 - Single Agency Training – Delivered by agencies in-house (e-learning / face to face)
- **Level 2 (Group 2)** Those in regular contact or have a period of intense but irregular contact with children, young people and/or parents/carers including all health clinical staff, who may be in a position to identify concerns about maltreatment.
 - Introduction / Revision of working together to safeguard children
 - Single Agency Training – Delivered by agencies in-house (e-learning / face to face)
- **Multi-agency Training Offer**
<https://www.gscb.org.uk/safeguarding-training-development-and-events/>
- **Level 3 (Group 3)** Members of the workforce who work predominantly with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and reviewing the needs of a child and parenting capacity where there are safeguarding concerns. Also those staff managing this area of the workforce, newly qualified staff and those new to Gloucestershire.
 - Inter-agency child protection (1 day)
 - Inter-agency revision and update (½ day)
- **Level 4 - 8 (Group 4-8) Specialist courses** Members of the workforce who have particular responsibilities in relation to undertaking section 47 enquiries, including professionals from health, education, police and children's social care; those who work with complex cases in specialist areas, named professionals and designated lead professionals, operational managers at all levels, senior managers.
 - Specialist Advanced Practitioner (2 day)
 - Working Together in Child Protection Conferences and Core Groups (1/2 day)
 - Domestic Abuse (Safeguarding children) (2 day)
 - Domestic Abuse (Advanced) (1 day)
 - Child Sexual Exploitation (CSE) (1 day)
 - Female Genital Mutilation (FGM), Honour Based Violence (HBV), Forced Marriage (FM) (1 day)
 - Safeguarding Disabled Children and YP (2 day)
 - Parental Substance Misuse (Impact on children) (1 day)
 - Parental Mental Ill Health (Impact on children) (1 day)
 - Working with Father to Safeguard Children (1 day)
 - Understanding Sexual Violence to Safeguard CYP & Adults_(1 day)
 - Young People at risk of Substance Misuse (1 day) and (2 hour-Twilight sessions in schools)
 - Safer Recruitment Training (1/2 day)

- Safer Working Practices (1/2 day)
- **Train The Trainer Programme**_Delegates completing this programme are required to attend: 3 days training, 2-3 hours trainer observations, reflection and satisfactory completion of workbooks; they are offered on-going support and mentoring over a period of 6 to 9 months.
- **Child Neglect Toolkit training**_(½ day)_The Business Unit: supports the child neglect toolkit training delivered by partner agencies (GCC Early Help- Community Social Workers and GCS Specialist Health Nurses)
- **Early Years sector Safeguarding Children training**_The Business Unit offers multi-agency (level 3) and single agency (level 2) safeguarding children training to all of the Early Years sector, this includes early years settings, nurseries, registered child minders and childminder assistants.
Further information available: <https://www.gscb.org.uk/safeguarding-training-development-and-events/early-years-single-agency-training/>
- Thematic learning Events and Roadshows_Every year the Business unit identifies a series of workshops, thematic roadshows, and learning events as directed by the work of the board and its sub groups, on current local and National emerging themes.
- **Learning from SCR'S** This year there have been a number of learning events strictly for those partners involved in current and on-going local SCR's; further bespoke workshops, Information Newsletters and Alerts will be promoted following publication of these SCR's.
- **DASH training**_In the summer of 2018, a series of 8 half day workshops were rolled out to all partner agencies and in particular Social Workers, Health, and Police on: Domestic Abuse, Coercive Control and use of the DASH risk assessment tool and Young Persons DASH. An emerging theme had been identified that suggested agencies were not sure who and how to use these tools. Therefore the workshops were able to cover these concerns and the use and role of the Police VIST system.
- **Child Neglect training**_In 2017 the Business supported partners in the development and launch of a 'Gloucestershire Child Neglect Strategy', training and Conference and continues to support the Early Help Neglect training.
Further Child Neglect workshops (½ day) sessions are now planned to begin in March 2019 to reach a wider audience across the county. These learning events will include current thinking on child neglect, the themes arising from current local SCR's, DHR's and reviews, and will identify best practice in Gloucestershire and practical tools (Neglect Toolkit) to support practitioners.
- **Non Accidental Injuries Learning Event**_The Business unit supported this event in January 2019, which looked at the increased number of non-accidental injuries in non-mobile babies and young children in Gloucestershire; and at two recent local cases. This was a full day of learning and sought to look at immediate ways of improving the systems, policies and practices in county in order to safeguard these children.

4. **Measuring the Impact of learning and development**

All of the multi-agency training offered on behalf of the Safeguarding Board are evaluated and measured both in quantity and quality this is in the form of Pre – course and Post – course questionnaire style evaluations and three monthly questionnaires to look at impact. This information is reported to the Workforce Development Group quarterly and to the Board through training reports and the Boards Annual Report.

Delegates report high satisfaction in the quality of the courses delivered and impact evaluations evidence impact in practice.

A recent single agency review of all multi-agency training courses observed over a period of nine months, in the training year 2018 – 2019; has just been completed (Dec 2018). The report offers area's of improvement but is overwhelmingly positive in terms of the quality of the courses.

The report concluded that the multi-agency training offer;

....."gives Health Visitors within Gloucestershire Care Services the skills and knowledge needed to safeguard children and promote the welfare of children"

5. Numbers of staff trained

The Safeguarding Board were able to report in last year's Annual Report (2017 to 2018), that across all the training activity delivered on behalf of the Board, 189 learning and training events were delivered and almost 4,400 staff were trained (not including e-learning courses).

Figures for the year (2018 to 2019) would suggest a similar number of staff taking up the training offer; however there continues to be a low rate of take up from some of the main statutory agencies i.e. Police and Probation and numbers from children social care is often inconsistent.

The Business unit is involved in supporting all partner agencies in their own learning and developments events throughout the year, Schools and GP Forums, Early Years and Health Conferences, Children Social Care and Police learning events and more



Working Together:

Gloucestershire's multi-agency arrangements to safeguard children

April 2019

Andy Dempsey: Director of Strategy and Partnerships, GCC
Annette Blackstock: Des Nurse Safeguarding Children , GCCG

Background

- ▶ Legislative amendments to Children Act 2004 after Children and Social Care Act 2017 (outcome of Wood Report)
- ▶ Statutory guidance updated as a result: Working Together 2018 guidance states the continued safeguarding duties of local agencies and organisations
- ▶ Legislative amendments establish three safeguarding partners with a 'shared and equal duty' to make arrangements to work together.
- ▶ GSCB is replaced by the new Safeguarding Children Executive (GSCE)
- ▶ A safeguarding partner in relation to a local authority area is defined as:
 - The local authority
 - A clinical commissioning group for an area any part of which falls within the local authority area
 - The Chief Officer of Police for an area any part of which falls within the local authority area

Revised Statutory Guidance:

Replaces Working Together (2015)

Working Together to Safeguard Children (July 2018)

Is the key statutory guidance for local partner agencies to ensure children are kept safe from harm and the welfare of all children is promoted.

Defined as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes

Working Together: Gloucestershire's arrangements

Gloucestershire's Safeguarding Partners view WT2018 as an opportunity to realign collective safeguarding arrangements within:

- context of the Children's Services Improvement journey (OFSTED 2017)
- ongoing development of Gloucestershire's wider multi-agency governance framework
- taking action on ACEs within our work with children and families.

Scope of this document

- ▶ Embraces the opportunity to realign collective safeguarding arrangements
- ▶ Clarifies and outlines key and specific aspects, including:
- ▶ Terms of Reference:
 - Gloucestershire Safeguarding Children Executive (GSCE)
 - Gloucestershire Safeguarding Children's Delivery Board (GSCD)
 - Child Safeguarding Sub Groups and Task and Finish Groups
- ▶ Wider governance network for Gloucestershire, including the Health and Well Being Board and Safer Gloucestershire
- ▶ The Independent Scrutiny Function within the revised arrangements
- ▶ Key multi agency review processes including rapid reviews, child death reviews, domestic homicide reviews and serious incident notifications
- ▶ Multi Agency Child Safeguarding Threshold Arrangements, dispute resolution and escalation processes
- ▶ Business planning, annual reporting and performance management
- ▶ Multi agency child safeguarding training and audit processes
- ▶ Links with multi agency risk management processes

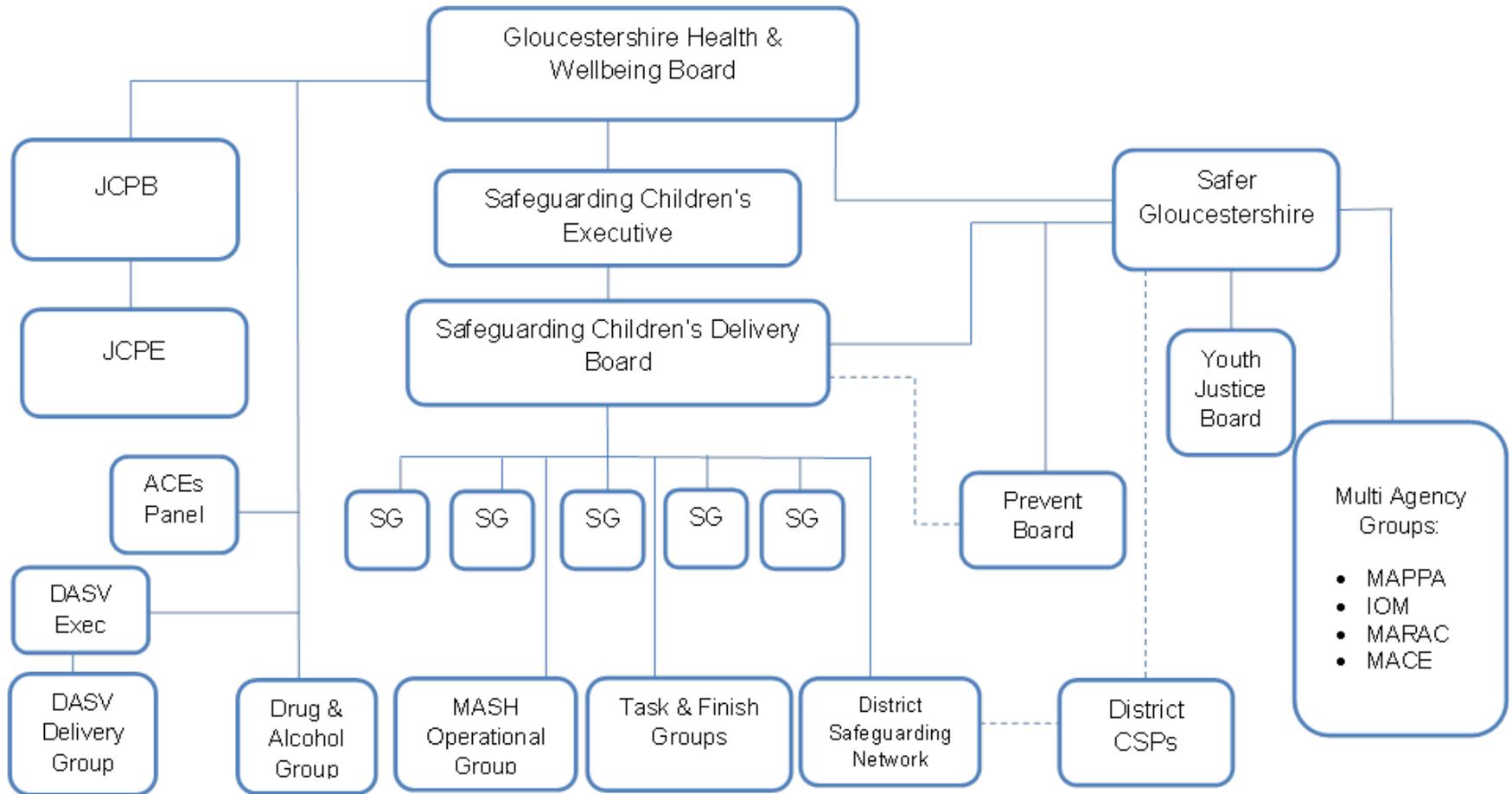
Context for Health

The Children Safeguarding Executive, working through the delivery board and sub groups will co-ordinate and engage the wider range of partners with continuing Section 11 duties.

For Health, this includes:

- ▶ NHS organisations and agencies and the independent sector, including NHS England and clinical commissioning groups, NHS Trusts, NHS Foundation Trusts and General Practitioners
- ▶ A particular consideration in Gloucestershire is the citizens (8 – 10,000) registered with NHS Wales. Key services for children and young (eg. midwifery, health visiting and GPs) are provided by services outside of Gloucestershire (pg 6).
- ▶ The child death review partners for Gloucestershire are:
 - Gloucestershire County Council
 - NHS Gloucestershire Clinical Commissioning Group

Gloucestershire Governance Network



Key transition points

- ▶ Arrangements have been published – 15 April 2019. Notified to the Secretary of State and NHS England for child death reviews.
- ▶ There follows a 12 month period, provided to complete and publish outstanding Serious Case Reviews.
- ▶ A 4 month grace period for CDOPs (following new arrangements to complete child death reviews – no later than November 2019).
- ▶ The child death review partners (LA and CCG) have 12 months from the end of June 2018 to agree arrangements for child death reviews, implementation by Sept 2019.
- ▶ Full implementation of the arrangements for Gloucestershire will be July 2019; this means the GSCB no longer exists at that point (with the exception of the transitional arrangements for SCR's and CDRs)

Annual reporting, Performance and Quality Assurance

- ▶ The GSCE will continue be informed by current comprehensive needs assessments and surveys including:
 - ▶ ▪ Children and Young Peoples' Needs Assessment (2018)
 - ▶ ▪ Safer Gloucestershire Needs Assessment (2018)
 - ▶ ▪ Online Pupil Survey (2018)
 - ▶ ▪ Bright Spots Survey
- ▶ March 2019, the GSCE approved a child safeguarding data dashboard drawn (meaningful comparison data) from an appropriate range of national indicators.
- ▶ The absence of this data was a weakness of the past GSCB.

Links with education

- ▶ GCC Director of Education and Schools representatives will also be full members of the Delivery Group.
- ▶ Annual Designated Safeguarding Lead (DSL) Forum for all schools
- ▶ Education Sub-Group links to Further Education Sector and private schools
- ▶ Additional facility for schools to attend GSCE on an annual basis – for feedback on child safeguarding concerns.

Child death; Rapid Review/SCR

Rapid Review:

With effect from June 2018 local authorities in England must notify the national Child Safeguarding Practice Review Panel within 5 working days of becoming aware of a serious incident. Appendix 6 outlines this process).

Serious Case Review:

As of April 2019 there are 7 Serious Case Reviews underway. These will be completed and published prior to the final date of 29 September 2020, or will transfer to the GSCE as set out in Working Together 2018 transitional guidance.

Responsibility for learning the lessons from serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel, and at local level with Gloucestershire's Safeguarding Partners.

Further Information

- ▶ Information / Appendices:
 - Escalation of professional concerns
 - Views of children and families
 - Multi-agency threshold arrangements

Agenda Item 15

Gloucestershire Clinical Commissioning Group Governing Body

Meeting Date	23rd May 2019
Report Title	2019/20 CCG Annual Budget
Executive Summary	<p>This paper outlines the 2019/20 budget for the CCG that supports the organisation's and Gloucestershire Shadow ICS' operational plan and is an update to the paper presented to the Governing Body in March.</p> <p>The budget includes agreed contract values with the CCG's main providers, with some small differences on smaller contracts resolution of these differences, of this is dependent on providers agreements with their host commissioner.</p> <p>The proposed budget is predicated on a savings programme of £17.3m and a range of non recurrent measures.</p> <p>The budget is challenging and financial control and monitoring will need to be maintained during the year across all budget areas in order to deliver the planned system changes and to ensure that the in year breakeven control total is achieved.</p>
Key Issues	<p>The CCG budget includes a number of risks which are mitigated by the contingency reserve.</p> <p>The CCG's current savings requirement totals £17.3m; plans and risk ratings having been developed for schemes and it should be noted that a number of schemes have a high risk rating. Monitoring the implementation and delivery of savings schemes will be a key priority for the year.</p>
Risk Issues:	<p>The key risk within the plan is the non achievement of the planned control total, main risks are:</p> <ul style="list-style-type: none"> • Under delivery of savings plans, particularly

<p>Original Risk (CxL) Residual Risk (CxL)</p>	<p>those reliant on a whole systems solutions.</p> <ul style="list-style-type: none"> • In-year contract over-performance within contracts; • Prescribing costs being higher than that planned, either due to the introduction of new drugs, increased growth or price increases on Category M items • The potential for increasing continuing health care cases • The impact of LD transfers under the Transforming Care agenda • Primary care expenditure exceeding the budget set • The impact of any Brexit negotiations <p>4 x 5 = 20 4 x 5 = 20</p>
<p>Management of Conflicts of Interest</p>	<p>No specific conflicts of interest other than those declared at the board meeting</p>
<p>Financial Impact</p>	<p>The CCG has a statutory duty to achieve financial balance. The CCG is planning for a breakeven financial position in year.</p>
<p>Legal Issues (including NHS Constitution)</p>	<p>Not Applicable.</p>
<p>Impact on Health Inequalities</p>	<p>There are no direct health and equality implications contained within this report. The assessed impact on health inequalities is contained within individual programmes for the year.</p>
<p>Impact on Equality and Diversity</p>	<p>Not Applicable.</p>
<p>Impact on Sustainable Development</p>	<p>The are no direct sustainability implications contained within this report</p>
<p>Patient and Public Involvement</p>	<p>Not applicable</p>
<p>Recommendation</p>	<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Approve the proposed 2019/20 budget • Note the inherent risks within the plan
<p>Author & Designation</p>	<p>Andrew Beard, Deputy Chief Finance Officer</p>
<p>Sponsoring Director (if not author)</p>	<p>Cath Leech, Chief Finance Officer</p>

Agenda Item X

Gloucestershire CCG – 2019/20 Budget

1.0	<p>Introduction</p> <p>This paper is an update to the paper presented to the Governing Body at the end of March and presents the 2019/20 budget to the Governing Body for approval.</p> <p>The financial plans are consistent with and support the Gloucestershire ICS System Plan. Within 2018/19, there have been a number of financial pressures and the recurrent impact of these pressures has been included in the budget for 2019/20.</p>														
2.0	<p>System Risk</p> <p>Each ICS and aspirant ICS area has a control total which is built up of the individual organisational control totals. For Gloucestershire these are:</p> <ul style="list-style-type: none"> - Gloucestershire CCG - Gloucestershire Hospitals NHSFT - Gloucestershire Care Services NHST - 2Gether NHS FT <p>All organisations will be accountable for delivery of their own organisational control total and the system control total; this is to ensure that perverse finance incentives do not get in the way of transformation.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Control Total (£'m)</th> </tr> </thead> <tbody> <tr> <td>Gloucestershire CCG</td> <td style="text-align: right;">0.000</td> </tr> <tr> <td>Gloucestershire Hospitals NHSFT</td> <td style="text-align: right;">(1.500)</td> </tr> <tr> <td>Gloucestershire Care Services NHST</td> <td style="text-align: right;">2.256</td> </tr> <tr> <td>2Gether NHS FT</td> <td style="text-align: right;">0.803</td> </tr> <tr> <td>System Control Total</td> <td style="text-align: right;">1.559</td> </tr> <tr> <td></td> <td style="text-align: right;">surplus</td> </tr> </tbody> </table> <p>Gloucestershire providers have agreed to link 15% of their provider sustainability funding to achievement of the system control total. This represents a commitment from organisations to work together as a system.</p>		Control Total (£'m)	Gloucestershire CCG	0.000	Gloucestershire Hospitals NHSFT	(1.500)	Gloucestershire Care Services NHST	2.256	2Gether NHS FT	0.803	System Control Total	1.559		surplus
	Control Total (£'m)														
Gloucestershire CCG	0.000														
Gloucestershire Hospitals NHSFT	(1.500)														
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2Gether NHS FT	0.803														
System Control Total	1.559														
	surplus														

<p>5.0</p>	<p>2019/20 Budget</p> <p>The 2019/20 budget is shown in Appendix 1; this shows an in year breakeven position for 2019/20 and includes the planned savings (Appendix 2).</p> <p>The budget includes agreed contract amounts for each of the CCG’s main providers; a number of smaller contracts being outstanding. However, the budget includes a contract envelope for each of these prospective contracts to reflect their anticipated value.</p> <p>The budget also includes investment to support the CCG’s commitment to parity of esteem in mental health related services to meet the Mental Health Investment Standard (MHIS).</p> <p>Savings plans and risk sharing against delivery of savings plans have been allocated across headings within the plan and risk sharing agreements are being finalised with providers. There remains some further outstanding work to finalise some of the detail around schemes.</p>										
<p>6.0</p>	<p>Resources</p> <p>The CCG’s allocations were published in January 2019 for the period 2019/20 to 2023/24; the first three years are firm allocations with the subsequent ones being indicative only. The initial allocations for 2019/20 are as follows:</p> <table border="1" data-bbox="405 1330 1286 1594"> <thead> <tr> <th></th> <th>2019/20 £m</th> </tr> </thead> <tbody> <tr> <td>Programme allocation (Used to commission health care services)</td> <td>810.200</td> </tr> <tr> <td>Primary care services allocation</td> <td>84.165</td> </tr> <tr> <td>Running Cost Allocation</td> <td>13.582</td> </tr> <tr> <td>Total</td> <td>907.947</td> </tr> </tbody> </table> <p>The programme allocation above is inclusive of funding for improving access in primary care (£3.699m), the national paramedic rebanding exercise (£0.760m) and winter pressures funding relating to the ambulance service (£0.208m).</p> <p>Further allocation changes have been made since this initial publication, the most significant being in respect of delegated primary care. The amounts that have been included in the</p>		2019/20 £m	Programme allocation (Used to commission health care services)	810.200	Primary care services allocation	84.165	Running Cost Allocation	13.582	Total	907.947
	2019/20 £m										
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Primary care services allocation	84.165										
Running Cost Allocation	13.582										
Total	907.947										

	<p>budget, therefore, taken account of:</p> <ul style="list-style-type: none"> • A reduction to the CCG’s primary care allocation of £2.494m which relates to “Centrally-funded Clinical Negligence Scheme for General Practice” (GP Indemnity Scheme), which will be centrally funded from April 2019. This reduction has led to a financial pressure within the CCG’s overall budget. • The recurrent funding transfers between specialist commissioning and CCGs to ensure consistency of commissioning across England (£0.486m received by the CCG). This is currently under review both on a local and national basis. <p>It has been confirmed that no further financial flows will change in 2019/20 relating to the commissioning responsibility of English patients registered with Welsh GP practices.</p> <p>There are likely to be a number of non-recurrent allocations flowing to the CCG during the financial year which have yet to be quantified on a national basis. These are currently excluded from draft budgets until greater certainty can be established.</p>
<p>7.0</p>	<p>Expenditure</p> <p>The CCG is planning to spend, prior to savings plans, £911.7m on commissioning health care services in 2019/20 including primary care (of £204.4m). This accounts for over 98.5% of our expenditure as a clinical commissioning group, the remaining amount is spent on running costs. The services that we commission include:</p> <ul style="list-style-type: none"> • Non specialist acute care in hospitals; • Services in the community; • Medicines prescribed in general practice; • Primary care services; and • Continuing healthcare for patients with longer term needs • Placements for individuals with complex needs <p>Services are provided by both NHS organisations and providers from other sectors, such as private companies and voluntary organisations.</p>
<p>8.0</p>	<p>Investments</p>

	<p>Investments of £5.24m have been prioritised by commissioners and providers and reflect the constrained financial position across Gloucestershire. Investments have been limited to service areas which were previously funded from non recurrent transformation funding, delivery of the mental health investment standard and unavoidable cost pressures.</p>
<p>9.0</p>	<p>Better Care Fund and Partnership Funds (Appendix 4)</p> <p>The Better Care Fund for 2019/20 has been nationally mandated to increase by inflation of £680k (1.79%) in 2019/20 (both excluding Disabled Facilities Grant element of the fund).</p> <p>Budget proposals have been developed and are being finalised. Final budgets will go to the Joint Commissioning Partnership Executive and Joint Commissioning Partnership Board in forthcoming months and are fully covered by existing Section 75 arrangements between GCC and the CCG.</p>
<p>10.0</p>	<p>Primary Care Budgets</p> <p>The revised allocation for Gloucestershire’s primary care budgets, following the change for the centrally funded clinical negligence scheme is £84.165m.</p> <p>The budgets in 2019/20 have been built up from the budgets and expenditure profile in 2018/19 and have been reported to the Primary Care Co-Commissioning Committee (PCCC).</p> <p>A five year framework which will inform the GP contract for 2019/20 has recently been released. Although the financial impact on the CCG of some changes has yet to be established, the main elements included within the draft budget relate to</p> <ul style="list-style-type: none"> - Known increase in reimbursement rates for both global sum and Quality and Outcomes Framework (QOF) - The impact of likely demographic growth on practice registrations - The introduction of a Primary Care Network (PCN) Enhanced Service which includes a participation payment, reimbursement for a clinical director lead and additional roles. - Premises impacts of new and recently completed projects - Continuation of the current levels of sickness and locum claims from practices <p>The allocation and contract changes for delegated primary care</p>

	<p>are still being worked through and there remains a high degree of risk in delegated budgets. Any shortfall in the delegated budgets will be a call on the programme allocation.</p>
11.0	<p>Running Costs</p> <p>The CCG's running cost envelope is £13.582m. The running cost budgets are fully committed and it is important to note that any recurrent changes will need to be carefully managed to ensure that the running cost allocation is not exceeded.</p> <p>It should be noted that, in 2020/21, these budgets will be subject to a national reduction of 20% and that the CCG will need to plan for the ongoing impact during the new financial year.</p>
12.0	<p>Savings Requirements</p> <p>The CCG's budget assumes delivery of a savings programme of £17.3m. A breakdown of schemes across the main headings is shown at Appendix 3.</p> <p>Savings plans have been discussed with the ICS Board and in contract discussions. Most schemes are fully worked up at this point, any slippage to delivery of savings plans represents a risk to the CCG's overall financial position. The savings programmes fall into four main areas:</p> <ul style="list-style-type: none"> - Urgent care initiatives that are being progressed and include the full year impact of existing schemes together with new projects. These schemes focus on treating patients in the most appropriate setting for their condition and with the most appropriate member of staff. - Planned care is focussed on the development of more effective pathways for specific areas are being progressed through the Clinical Programme Groups and the planned care board. These schemes include the implementation of changed pathways and models of delivery in both inpatients and outpatients with changes such as telephone appointments and one stop services - Prescribing savings include a focus on improved prescribing with better outcomes and more cost effective prescribing, including procurement savings, combined with a reduction in waste, switches between biologics and biosimilars.

	<ul style="list-style-type: none"> - Transactional savings have been identified as part of an overall detailed review of the CCG's budgets.
<p>13.0</p>	<p>Reserves</p> <p>The CCG has set aside a reserve of £5.24m for 2019/20 investments; these primarily relate to national must dos such as meeting the Mental Health investment standard, continued funding of services piloted on a non recurrent basis previously and unavoidable cost pressures.</p> <p>Any investments, where an approved business case or contract variation has yet to be signed off, are held in reserves until approval.</p>
<p>14.0</p>	<p>Risk Management</p> <p>The proposed CCG 2019/20 budget is reliant upon realisation of savings schemes and the stringent control of expenditure in year.</p> <p>The CCG will have to take a share of the overall system risk. It is proposed that this is managed via a number of measures which will include:</p> <ul style="list-style-type: none"> - use of additional allocations in year - system wide plan on management of bed days to reduce overall costs - system wide plans for respiratory & diabetes - other non-recurrent measures to be determined <p>The conversations and plan development on system risk are currently ongoing.</p> <p>Key risks and mitigating actions are shown in Appendix 5. In order to manage in year financial risks the following actions will need to be agreed:</p> <ul style="list-style-type: none"> - Developments funded within the Annual Operating Plan which are not unavoidably committed will be retained within reserves. Release of developments will be subject to a business case sign off. - No controllable expenditure will be committed if there is no identified funding source - Underspends will be removed from budgets periodically throughout the year on a non-recurrent basis in year following

	<p>discussion with the relevant Director.</p> <ul style="list-style-type: none"> - The first call on any budgets released whether recurrently or non recurrently will need to be the reinstatement of a CCG contingency reserve 						
<p>15.0</p>	<p>Capital The CCG has previously bid for capital funding which is being reviewed by NHS England. These funds cover:-</p> <table border="1" data-bbox="405 667 1246 857"> <thead> <tr> <th>Category</th> <th>2019/20 (£000)</th> </tr> </thead> <tbody> <tr> <td>Practice Network / Hardware Refresh/cyber security</td> <td>1,450</td> </tr> <tr> <td>Practice Minor Improvement Grants</td> <td>250</td> </tr> </tbody> </table> <p>The CCG will be notified in year as to the level of funding made available against these bids.</p> <p>The above schemes exclude capital grant bids made against the Primary Care Transformation Fund (including for completion of existing practice build schemes) and Transforming Care Partnerships (relating to Learning Disabilities).</p>	Category	2019/20 (£000)	Practice Network / Hardware Refresh/cyber security	1,450	Practice Minor Improvement Grants	250
Category	2019/20 (£000)						
Practice Network / Hardware Refresh/cyber security	1,450						
Practice Minor Improvement Grants	250						
<p>16.0</p>	<p>Recommendation The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Approve the proposed 2019/20 budget • Note the inherent risks within the plan 						
	<p>Appendices</p> <ul style="list-style-type: none"> • Appendix 1 – 2019/20 Budget proposals • Appendix 2 – 2019/20 Allocation of savings applied to budgets • Appendix 3 – 2019/20 Savings Plans • Appendix 4 – Partnership budgets • Appendix 5 - Risk Management 						

2019/20 Budget Proposals

	<u>Admin/Prog (net of Savings)</u>	<u>Primary Care Co- Commissioning</u>	<u>TOTAL CCG</u>
<u>Resources</u>			
Programme Allocation (after IR/HRG4+)	810,200		810,200
Primary Care Co-Commissioning		84,165	84,165
Running Costs Allocation	13,582		13,582
			0
	823,782	84,165	907,947
<u>Expenditure</u>			
Programme			
Acute	437,834	0	437,834
Community	86,954	0	86,954
Mental Health	88,260	0	88,260
Primary Care	113,132	86,315	199,447
CHC	49,905	0	49,905
Other including specific reserves	31,531	434	31,965
Corporate (Running Costs)	13,582	0	13,582
Total Expenditure	821,198	86,749	907,947
IN YEAR SURPLUS/(DEFICIT)	2,584	-2,584	0
2018/19 Surplus returned	21,470		21,470
CUMULATIVE SURPLUS/DEFICIT	24,054	-2,584	21,470

Gloucestershire CCG2019/20 Allocation of Savings

	<u>Gross Budget Excl</u>	<u>Transformational</u>	<u>Transactional</u>	<u>Net Expenditure</u>
	<u>savings</u>	<u>Savings Applied to</u>	<u>Savings Applied to</u>	
	<u>£000</u>	<u>Budgets</u>	<u>budgets</u>	<u>£000</u>
		<u>£000</u>	<u>£000</u>	
Programme				
Acute	446,255	(5,267)	(3,154)	437,834
Community	86,954			86,954
Mental Health	89,160		(900)	88,260
Primary Care including prescribing	118,132	(5,000)		113,132
CHC	50,305		(400)	49,905
Other including specific reserves	34,097		(2,566)	31,531
Savings	(17,287)	10,267	7,020	0
Corporate	13,582			13,582
				0
Total Expenditure	821,198	0	0	821,198

Gloucestershire CCG**2019/20 Savings Plans**

Transformational Schemes		
CATEGORY	SCHEME DESCRIPTION	2019/20 TOTAL £'000
URGENT CARE PROGRAMME	<ul style="list-style-type: none"> • Complex Care at Home • High Intensity Users (HIU) Programme • Point of Care Testing (POC) 	1,100
PLANNED CARE PROGRAMME	<ul style="list-style-type: none"> • Advice & Guidance (A&G) / Referral Criteria • Follow-up Criteria & Delivery • Commissioning Thresholds • Service Reconfiguration • Triage Services 	1,502
COMMUNITY & PREVENTION PROGRAMME	<ul style="list-style-type: none"> • Gloucestershire Self-Management: To Live Better and to Feel Better • Blue Lights - Working with High Impact, Change Resistant Drinkers • Community Stroke Rehab Beds 	501
CLINICAL PROGRAMME APPROACH (CPA)	<ul style="list-style-type: none"> • Cancer • Circulatory • Diabetes • MSK • Trauma • Eye Health • Respiratory 	1,914
MEDICINES OPTIMISATION		5,250
TOTAL		10,267

Transactional Schemes		
CATEGORY	SCHEME DESCRIPTION	2019/20 TOTAL £'000
COMMUNITY & PREVENTION PROGRAMME	<ul style="list-style-type: none"> • Learning Disabilities • Fast Track CHC Savings • PHB Review • Other Transactional Savings 	2,000
MEDICINES OPTIMISATION		3,154
OTHER	<ul style="list-style-type: none"> • Multiple Schemes in Progress 	1,866
TOTAL		7,020
GRAND TOTAL		17,287

Gloucestershire CCG

2019/20 Draft Partnership Budgets with Gloucestershire County Council

These budgets are still in review and will be subject to updating	2019/20 Draft Budget		Total Budget
	CCG £'000	GCC £'000	£'000
Child & Adolescent Mental Health Services	5,635	650	6,285
Adult Mental Health Servoces	49,806	4,940	54,746
Occupational Therapy		2,680	2,680
Community Equipment Services	3,880	3,637	7,516
Continuing Health Care and Funded Nursing Care	34,565		34,565
Better Care Fund Programme (BCF)	22,553	16,123	38,676
BCF (substitution funding)	2,303	23	2,326
Improved Better care Fund (iBCF)	1,942	2,383	4,325
s256 agreements	5,759	8,940	14,699
Public Health Commissioning		9,495	9,495
s76 Social Care agreements		1,580	1,580
Total	126,442	50,451	176,893

Gloucestershire CCG
2019/20 Risk Management

Risk	Mitigating Action
Further changes to the CCG's allocation as a result of transfers between commissioning organisations may not be cost neutral	Work with the Area Team and local providers to ensure that adjustments are cost neutral and transacted on the correct basis including correction of IR/HRG4+ adjustments where appropriate.
Assumed allocations may not materialise	Ongoing liaison with NHSE and other relevant parties to ensure that all issues are known together with a phased approach to the release of expenditure commitments to mitigate the risk of a reduced allocation.
Expenditure on Primary Care Co-commissioning may not be contained within the budget due to pressures within primary care, unexpected allocation changes and also external pressures such as NHS PS charging	Close monitoring and forecasting to enable early warning of financial issues arising. Regular contact with NHSE and other relevant parties.
Non achievement of the required level of savings through slippage in implementation or benefits not being realised as anticipated or through lack of engagement by partners:	Close review of resources allocated to each project to ensure sufficient to ensure robust implementation and delivery, enhanced monitoring of the project to ensure timely warning of slippage or benefit realisation differing to the forecast project. Development of robust exit strategies for projects to ensure that these can be stopped at short notice if they do not deliver against agreed objectives
Overperformance on acute contracts	Strengthening the contract management & monitoring processes, including that in relation to out of county contracts Plans to improve practice engagement to ensure that pathways followed are the most appropriate for the presenting condition.
Potential loss of control over service priorities or cost changes where the CCG is an associate commissioner to a contract	Establish stronger working relationships with other commissioners to ensure early warning of pressures within other contracts
Increased growth in prescribing	Monthly enhanced monitoring in place. Prescribing working group set up to implement savings plans.
Increases in continuing health care and placements (including those under the Transforming Care Partnership agenda)	Monthly monitoring of trends. Joint plan to manage process improvement in year including further utilisation of Caretrack software.
Costs of nationally approved NICE developments in excess of that provided for (both in cost and take-up)	Increased profile of NICE horizon scanning and close liaison with contract management.
Population growth above planning assumptions	Continuing work to benchmark services to identify areas to review to ensure value for money from all services

Mitigating Actions Covering all risks:

Non release of development funds unless key to delivering service change or contractually committed, until planned financial targets are forecast to be delivered with a reasonable degree of confidence.

Utilisation of contingency and activity reserves

Increased financial management awareness throughout the organisation and member practices

Agenda Item 16

Audit Committee

Meeting Date	Tuesday 21 May 2019
Report Title	Audit Committee Annual Report 2018/19
Executive Summary	The report outlines the work of the Audit Committee during the financial year 2018/19.
Key Issues	The role of the Audit Committee is to critically review financial reporting and internal control principles, and to ensure an appropriate relationship is maintained with internal and external auditors. The report outlines details of this activity over the meetings held during 2018/19.
Risk Issues:	The absence of an Audit Committee Annual Report could result in the Governing Body being insufficiently aware of the role and activities of the Committee.
Original Risk (CxL)	6 (2x3)
Residual Risk (CxL)	3 (1x3)
Management of Conflicts of Interest	None identified.
Financial Impact	There is no financial impact associated with this paper.
Legal Issues (including NHS Constitution)	None to note
Impact on Health Inequalities	Not applicable
Impact on Equality and Diversity	Not applicable
Impact on Sustainable Development	Not applicable

Patient and Public Involvement	Not applicable
Recommendation	The Governing Body is asked to approve the report
Author	Colin Greaves
Designation	Audit Committee Chair
Sponsoring Director (if not author)	Not applicable

Audit & Risk Committee Annual Report 2018/19

1. Introduction

1.1 The Health and Social Care Act 2012 set out the requirement for Clinical Commissioning Groups (CCGs) to establish an Audit Committee. This report, the sixth to the Governing Body, covers the work of the Audit & Risk Committee¹ (the Committee) for the financial year 2018/19.

2. Membership

2.1 The membership of the Committee during the year was:

Colin Greaves (Chair) – Lay Member Governance;
Alan Elkin – Lay Member Patient and Public Engagement;
Joanna Davies – Lay Member Patient and Public Engagement;
Peter Marriner – Lay Member Business;
Dr Hein Le Roux – Deputy Clinical Chair;
Dr Will Haynes – GP Gloucester Locality.

3. The Function of the Audit & Risk Committee

3.1 The role of the Committee is to critically review the CCG's financial reporting and internal control principles whilst ensuring that an appropriate relationship is maintained with both internal and external auditors. It is important that the Committee maintains an independent and objective view

3.2 The Committee also fulfils the role of the Auditor Panel. Details of the Auditor Panel are at Appendix 1.

4. Terms of reference

4.1 The Committee's terms of reference were reviewed at the 10 Jul 2018 meeting.

4.2 The Governing Body revised the Committee's terms of reference at the 26 July 2018 meeting. The main change was: the Committee was renamed the Audit & Risk Committee, with the additional responsibility for the oversight of the Governing Body's risk management framework, processes and risk mitigation.

5. Meetings

5.1 The Committee met on the following dates:

8 May 2018;
22 May 2018;
10 July 2018;

¹ The Committee was renamed the Audit & Risk Committee on 26 July 2018.

11 September 2018;
11 December 2018;
12 March 2019.

5.2 The external auditors, the internal auditors and officers from the local counter fraud service attended all of the meetings to which they were invited. The Chief Finance Officer or her deputy attended all meetings. The Associate Director of Corporate Governance attended five out of the six meetings held. A breakdown of meeting attendance is at Appendix 2

5.3 The confirmed minutes of all the Audit Committee meetings were considered at the Governing Body meetings.

5.4 The Committee had a private meeting with the external auditors on 11 December 2018.

5.5 The Accountable Officer had an open invitation to attend all meetings.

5.6 There was an open invitation to the internal and external auditors and the local counter fraud officer to make contact with the Chair of the Committee at any time if they had any concerns.

6. Review of the Committee's Work

6.1 The Committee had an annual work plan, which was updated during the year as additional issues were identified.

6.2 The Committee completed a self-assessment on 11 December 2018. A similar exercise is planned for September 2019.

7. Internal Audit

7.1 BDO provides the internal audit service for the CCG. This contract commenced on 1 April 2018. The contract with PricewaterhouseCoopers (PWC), the previous internal auditors, ended on 31 March 2018.

7.2 The Internal Audit Annual Report for 2017/18 was presented by PWC at the Audit Committee meeting on 22 May 2018. The Head of Internal Audit's annual opinion was that governance, risk management and control in relation to the CCG's business critical areas was generally satisfactory. However, there were some areas of weakness or non-compliance in the framework of governance, risk management and control which potentially put the achievement of objectives at risk. The CCG has either implemented or has action plans in place to implement the recommendations raised during the year.

7.3 The internal audit work plan for 2018/19, which was based on a risk assessment for the organisation, was presented by BDO and agreed at the Audit Committee meeting on 22 May 2018. BDO's methodology is based on four assurance levels: substantial, moderate, limited or no. BDO's

assessment covers 2 areas: design (D) and effectiveness (E). The audits undertaken in 2018/19 with their associated assurance levels are:

- Key Financial Systems – substantial (D); substantial (E).
- Primary Care Commissioning – substantial (D); substantial (E).
- Conflicts of Interest – substantial (D); moderate (E).
- Data Security & Protection Toolkit – In April 2018, the Data Security and Protection (DSP) Toolkit replaced the Information Governance Toolkit as the standard for cyber and data security for healthcare organisations. The CCG is required to complete the DSP Toolkit once per year by 31 March. The purpose of this work was to provide an independent high-level review of the assertions and evidence in the DSP Toolkit self-assessment return in February 2019 and to identify how compliance could be improved for the 2018/19 year-end return. The BDO assessment was that there was insufficient evidence to completely support, at the time of the audit, five of the ten assertions included in the sample. The Executive has addressed all the findings identified as part of the report prior to the year-end submission.
- Risk Maturity Audit – this was an advisory engagement with the internal auditors providing guidance on risk maturity. BDO assessed the CCG against their risk maturity model. The overall assessment was that the CCG had a defined level of risk maturity, which is level three against the five categories of maturity. The Executive intend to use the results to assist the CCG in the further development of an effective and embedded risk management framework.
- Human Resources – moderate (D); moderate (E).
- Continuing Healthcare (CHC) – moderate (D); moderate (E). In 15/16 and 16/17 CHC was given an overall high risk rating. The risk reduced in 17/18 but there were still significant challenges. In 18/19 the auditors identified a number of areas of good practice but, on the sample tested, there were areas of non-compliance with the CHC Policy as a number of documents and checks could not be evidenced within the IT system (CareTrack). Moreover, there is still a significant challenge to improve the performance against the 28 days target.
- STP Solutions – moderate (D); moderate (E).
- Adult Safeguarding – moderate (D); moderate (E).

- GDPR Implementation – substantial (D); moderate (E).

7.4 Comparing the risk findings with 2017/18: the number of high risks has remained 0; the number of medium risks has increased from 10 to 44; and the number of low risk findings has increased from 13 to 24. Drawing conclusions from these figures is not straightforward as the internal auditors have changed and the methodologies used are different. However, the one area that remains unchanged is that there were areas of good practice noted in all reports issued.

7.5 The Internal Audit Annual Report for 2018/19 will be presented at the Committee meeting on 21 May 2019. It is anticipated that the Head of Internal Audit's annual opinion will be that moderate assurance can be given that there is a sound system of internal control designed to meet the CCG's objectives and that controls are being applied consistently.

7.6 A risk-based work plan for internal audit for 2019/20 was considered at the Audit Committee meeting on 12 March 2019

7.7 NHS England has commissioned reporting accountants to review controls over systems that they are responsible for that impact on CCG accounts. The report for primary care services for 2017/18 gave a qualified opinion although good progress had been made by Capita from the previous year. The 2018/19 report on primary care services has shown that Capita has continued to make improvements, but received a qualified opinion as there are still inconsistencies in the application of controls. The CCG has its own controls in place around all payments and transaction recording within the ledger including those relating to GP payments; these have been tested by external audit. In addition, external audit will carry out substantive testing of the CCG's own controls and sampled transactions to give assurance within the accounts.

7.8 South, Central and West Commissioning Support Unit (CSU) provide services to a number of CCGs. NHS England, which hosts the CSU, engaged a reporting accountant to prepare a report on internal controls for 2018/19. The only areas tested, which are applicable to Gloucestershire CCG are payroll and non-clinical procurement. There were three areas identified within the report relating to payroll services and one relating to non-clinical procurement where the controls were not found to be operating in the way described. The CSU is developing an action plan to remedy these issues. The CCG also has payroll controls and these are tested by the internal auditors. Assurance around these controls is gained from the testing carried out by both the internal and external auditors.

7.9 Shared Business Services (SBS) provide payroll and pension services to the CCG. SBS commissioned Price Waterhouse Coopers to carry out a service auditors' report on their service. The auditors identified exceptions in 1 out of 16 control objectives; these were largely inconsistencies in the application of the controls rather than the design of the controls. The CCG has its own controls in place around payments and transaction recording

within the ledger. Assurance is gained from testing carried out by both the internal and external auditors.

8. External Audit

8.1 The role of external audit is to give an opinion on the financial statements and issue a value for money conclusion. The external audit service is provided by Grant Thornton.

8.2 At the Audit Committee meeting on 22 May 18 Grant Thornton presented their audit conclusions for 2017/18:

- Financial statements opinion – an unqualified opinion was provided on the financial statements, which gave a true and fair view of the CCG's financial position as at 31 March 2018 and of the CCG's expenditure and income for the year;
- Regularity opinion – an unqualified regularity opinion was provided;
- Value for money – that the CCG had proper arrangements in all significant respects to secure economy, efficiency and effectiveness in its use of resources.

8.3 Grant Thornton has provided update reports against the agreed work plan for 2018/19 and their draft assessments are due to be presented to the Committee at the meeting on 21 May 2019. Grant Thornton has also provided reports on emerging issues and developments; this has proved most helpful to both the Committee and the Executive.

9. Counter Fraud

9.1 The counter fraud service is provided by the Gloucestershire Hospital Foundation Trust and covers the following areas: preventing and detecting fraud; investigating fraud; and the creation of an anti-fraud culture. The annual plan for 2018/19 was agreed following a risk assessment of the CCG. The Committee has received reports on all of the above areas and progress on the plan was presented to the Audit Committee at the 12 March 2019 meeting. In addition, a risk-based draft work plan for 2019/20 was presented and approved by the Audit Committee at the same meeting.

10. Risk Management

10.1 Each directorate within the CCG has a risk register that is updated on a monthly basis and is used as part of directorate meetings to shape discussions on emerging and current risks that need to be effectively managed or mitigated. The Committee has delegated responsibility to review and challenge the risks reported to the CCG and receives the Corporate Risk Register and the Governing Body Assurance Framework. .

10.2 The Committee provides assurance to the Governing Body in terms of the quality of risks, how they have been articulated along with controls and assurances and risk rating. As regards clinical risks, the Quality and Governance Committee reviews clinical risks and provides assurance and/or raises concerns with the Committee.

10.3 The Governing Body is ultimately responsible for risk management and ensuring that the CCG has a risk aware culture that is embedded across the organisation.

11. Other Assurance Functions

11.1 Through the receipt of regular reports the Audit Committee reviewed the management of the following:

- Procurement decisions;
- Procurement waiver of standing orders;
- Aged debts;
- Debts proposed for write-off;
- Losses and special payments;
- Declarations of interest including the gifts and hospitality register;
- STP solutions (annual savings plan).

The Committee is satisfied that these areas are being appropriately managed. Any concerns on individual items were raised at the time and appropriate responses have been received.

12. Governance

12.1 The Quality and Governance Committee ensures that the appropriate governance plans and mechanisms are in place for all areas other than financial governance, which is the responsibility of the Committee

13. Annual Governance Statement

13.1 The draft Annual Governance Statement for 2017/18 was reviewed by the Audit Committee at the 8 May 2018 meeting. The Annual Governance Statement was approved at the extraordinary Governing Body meeting on 24 May 2018.

13.2 The draft Annual Governance Statement for 2018/19 was not available for the Audit Committee meeting held on 12 March 2019; however, it was circulated electronically to committee members post meeting.

14. Annual Accounts

14.1 International Accounting Standard requires management to assess, as part of the annual accounts preparation process, the CCG's ability to continue as a going concern. A paper on this issue was presented at the Audit Committee meeting on 8 May 2018 and the Committee confirmed that the CCG was a going concern.

14.2 The year-end reports and accounts for 2017/18 were considered by the Committee on 22 May 2018 and approved at the extraordinary Governing Body meeting on 24 May 2018.

14.3 The year-end reports and accounts for 2018/19 will be considered by the Committee on 21 May 2019 before being recommended for approval at the Governing Body meeting on 23 May 2019.

15. Co-operation

15.1 The Committee is grateful to: the CCG staff, the CSU staff, Gloucestershire Local Counter Fraud Service, Grant Thornton, BDO and PricewaterhouseCoopers for their positive and constructive approach in discussions and reporting.

16. Conclusion

16.1 The Committee can confirm the following:

- The risk management systems in the CCG are adequate and allow the Governing Body to understand the appropriate management of those risks;
- There are no areas of significant duplication or omission in the systems of governance in the CCG that have come to the Committee's attention;
- The draft Annual Governance Statement for 2018/19 is consistent with the Committee's views on the CCG's system of internal control and that it supports the Governing Body's approval of the Statement.

The basis for the above opinion is drawn from evidence highlighted in paragraphs 5 to 14 and from discussion and debate in the Committee.

17. Recommendation

17.1 The Governing Body is asked to accept this report on the work of the Audit Committee as part of its overall governance and assurance programme for 2018/19.

Colin Greaves
Chair of Gloucestershire CCG Audit Committee

9 May 2019

AUDITOR PANEL

1. Introduction

1.1 The Local Audit and Accountability Act 2014 introduced significant changes to the local public audit regime in England by replacing centralised arrangements for appointing external auditors to CCGs with a system that allowed each body to make its own appointment.

1.2 From 2017/18, CCGs have had to have an auditor panel to advise the Governing Body on the appointment of their external auditors. The Governing Body, at the 26 November 2015 meeting, approved the Audit Committee to fulfil the role of the Auditor Panel (the Panel).

2. Membership

2.1 The membership of the Panel during the year was:

Colin Greaves (Chair) – Lay Member Governance;
Alan Elkin – Lay Member Patient and Public Engagement;
Joanna Davies – Lay Member Patient and Public Engagement;
Peter Marriner – Lay Member Business;
Dr Hein Le Roux – Deputy Clinical Chair;
Dr Will Haynes – GP Gloucester Locality.

3. The Function of the Auditor Panel

3.1 The role of the Panel is to:

- Select, appoint and remove the CCG's internal auditors;
- Advise the Governing Body on the selection, appointment and removal of the CCG's external auditors;
- Advise the Governing Body on the purchase of 'non-audit services' from the external auditor;
- Maintain an independent relationship with the appointed external auditor.

4. Terms of reference

4.1 The Panel's terms of reference were reviewed at the 10 July 2018 Audit Committee meeting.

5. Meetings

5.1 The Panel met on the following dates:

11 December 2018;
12 March 2019.

A breakdown of meeting attendance is at Appendix 3.

6. Additional goods and Services from the CCG's external audit provider

6.1 At the 21 June 2016 meeting the Panel approved the purchase of an online tool called Place Analytics Online from Grant Thornton UK LLP, the CCG's external auditor. The CCG ceased using this tool during 2018/19

7. Assurance engagement of the Mental Health Investment Standard

7.1 The planning guidance for 2018/19 stated that: "Each CCG must meet the Mental Health Investment Standard (MHIS) by which their 2018/19 investment in mental health rises at a faster rate than their overall published programme funding."

7.2 CCGs are required to appoint an independent auditor to carry out a review of the CCG's compliance with MHIS. The review of the 2017/18 and 2018/19 expenditure should be completed no later than the 31 August 2019.

7.3 The Panel, at the meeting on 12 March 2019, recommended that the Governing Body approve the appointment of the CCG's external auditors to carry out the MHIS review as required by NHS England.

7.4 The Governing Body, at the Part II meeting on 28 March 2019, approved the Panel's recommendation.

8. Counter Fraud Services

8.1 The counter fraud service is provided by the Gloucestershire Hospital Foundation Trust. The service is highly regarded, but concerns have previously been raised over the resilience of the team due to its size. In order to address this concern the service has entered into a Memorandum of Understanding for partnership and support with South West Audit Consortium.

8.2 The Panel, at the meeting on 11 December 2018, supported the recommendation from the Executive to commission counter fraud services from Audit South West Consortium.

APPENDIX 2**AUDIT COMMITTEE ATTENDANCE**

		8th May	22rd May	10th Jul	11th Sep	11th Dec	12th Mar
Colin Greaves	Lay Member	√	√	√	√	√	√
Alan Elkin	Lay Member	√	√	√	√	√	√
Joanna Davies	Lay Member		√	√	√	√	√
Peter Marriner	Lay Member		√	√	√	√	√
Dr Hein Le Roux	Dep Clinical Chair	√	√		√	√	√
Dr Will Haynes	GP Glos Locality	√	√				
Adam Spires	BDO		√	√	√	√	
Justine Turner	BDO		√	√	√	√	√
Kate Ball	BDO						√
Dominique Lord	PwC		√				
Alex Walling	Grant Thornton		√			√	√
David Johnson	Grant Thornton			√	√		
Lee Sheridan	Counter Fraud Off			√	√		
Rayna Kibble	Counter Fraud Off			√			
Paul Kerrod	Counter Fraud Off					√	
John Micklewright	Counter Fraud Off						√
Mary Hutton	Accountable Officer						
Mark Walkingshaw	Dep AO						√
Cath Leech	CFO	√	√	√		√	√
Andrew Beard	Dep CFO	√	√	√	√	√	√
Rupert Boex	Financial Accountant	√	√				
Christina Gradowski	Assoc Dir Corp Gov		√	√	√	√	√

In accordance with the Audit Committee's Terms of Reference other members of CCG staff attended on an as required basis.

APPENDIX 3

AUDITOR PANEL ATTENDANCE

					11th Dec	12th Mar
Colin Greaves	Lay Member				√	√
Alan Elkin	Lay Member				√	√
Joanna Davies	Lay Member					
Peter Marriner	Lay Member				√	√
Dr Hein Le Roux	Dep Clinical Chair					
Dr Will Haynes	GP Glos Locality					
Cath Leech	CFO				√	√
Christina Gradowski	Assoc Dir Corp Gov				√	√

**Primary Care Commissioning Committee
(meeting held in public)**

**Minutes of the meeting held at 9.45am on 31 January 2019
Boardroom, Sanger House**

Present:		
Alan Elkin (Chair)	AE	Lay Member - Patient and Public Engagement
Mark Walkingshaw	MW	Deputy Accountable Officer & Director of Commissioning (Deputising for Mary Hutton)
Joanna Davies	JD	Lay Member- Patient and Public Engagement
Colin Greaves	CG	Lay Member – Governance
Cath Leech	CL	Chief Finance Officer
Julie Clatworthy	JC	Registered Nurse
Marion Andrews-Evans	MAE	Executive Nurse and Quality Lead
Andrew Beard	AB	Deputy Chief Finance Officer (Deputising for Cath Leech)
Andrew Seymour	AS	Clinical Chair
Lesley Jordan	LJ	Lay Member - Governing Body
Alan Thomas	AT	Healthwatch Representative

In Attendance:		
Jeanette Giles	JG	Head of Primary Care Contracting
Helen Edwards	HE	Associate Director of Primary Care Locality Development
Andrew Hughes	AH	Associate Director of Commissioning
Christina Gradowski	CGi	Associate Director of Corporate Governance
Helen Goody (Agenda Item 5)	HG	Director of Locality Development and Primary Care
Jo White (Agenda Item 6)	JW	Primary Care Programme Director
Zaheera Nanabawa (Agenda Item 7)	ZN	Locality Development Manager & CCG Liaison Manager
Lisa Netherton	LN	Corporate Governance Officer

1.	<u>Apologies</u>
1.1	Apologies were received from Cllr Roger Wilson, Becky Parish, Kirsty Young and Stephen Rudd.
1.2	The Chair confirmed that the meeting was quorate.
2.	<u>Declarations of Interest</u>
2.1	The Chair asked members to declare any interests in relation to any of the agenda items. AS declared a general interest as GP provider, but no specific interest. AE advised AS could stay and be involved in discussions.
3.	<u>Minutes of the meeting held on 29 November 2018</u>
3.1	<p>The minutes of the meeting held on Thursday 29 November 2018 were approved subject to the following amendments:</p> <ul style="list-style-type: none"> • Section 1.1 The minutes should have included apologies for Andy Seymour (AS). • Section 5.6 should read 'very'. Also should be 'NMC' not 'RCS' • Section 6.1, Dr Alan Gwynn's name was miss spelt. • Page 11 Section 11. 'delated' should be 'deleted'. • Section 11.3 'PCC' should be 'PCCC'.
4.	<u>Matters Arising</u>
4.1	<p>29/11/2018, Item 5.6, Merger Application to merge Phoenix Surgery with Romney House Surgery.</p> <p>AE asked about the update on due diligence going forward with the nursing population. HE commented it related to the 'very' part time hours. Deputy Director of Nursing Julie Symonds had reviewed the hours the nurses were working and was satisfied. However, staff hours were being continually reviewed.</p> <p>The item was closed.</p>
4.2	<p>29/11/2018, Item 6.1, Inter-Practice Minor Surgery Enhanced Service. HE mentioned the procedure list for this enhanced service was set out in the minor surgery enhanced service specification. The minor surgery enhanced service was currently being reviewed.</p>

	<p>AE was concerned about the volume of procedures. The Item remained open.</p>
4.3	<p>29/11/2018, Item 6.2, Inter Practice Minor Surgery Enhanced Service. AE confirmed with HE that this item was closed. HE confirmed. The item was closed.</p>
4.4	<p>29/11/2018, Item 6.2, Inter Practice Minor Surgery Enhanced Service. AE asked about the guidelines for clinicians. JC confirmed that she was working with JG on this and the item could be closed.</p> <p>The item was closed.</p>
4.5	<p>29/11/2018, Item 6.3, Inter Practice Minor Surgery Enhanced Services. AE noted that this item was closed. The item was closed.</p> <p><i>Zaheera Nanabawa joined the meeting at 10:00</i></p>
4.6	<p>29/11/2018, Item 7.1 Primary Care Quality Report – Safeguarding. AE noted that a video was available and had been circulated yesterday.</p> <p>The Item was closed.</p>
4.7	<p>29/11/2018, Item 7.6 Primary Care Quality Report – Safeguarding. CG commented that this related to C.Diff. He had emailed TM and MAE on the subject. It was an issue affecting the hospitals and the wider community. MAE had asked the Infection Control Nurse to prepare a report to circulate because infection levels in the community were higher. The root cause analysis findings revealed patients were susceptible if prescribed particular antibiotics, the use of which had now stopped. Although there were higher numbers in the community, most had acquired C.Diff as hospital based patients.</p> <p>AE asked about the three groups of antibiotics that were not currently used. MAE replied that the approved antibiotic had not been available therefore the acute trust had had to use another antibiotic. The antibiotic used had significantly increased the</p>

	<p>risk of C.Diff. The report would be circulated by MAE after this meeting. MW informed the meeting that the Quality and Outcomes Framework (QoF) now included the quality improvement module which looked at prescribing and the impact on C.Diff. AE asked that an updated report was provided on this for a future meeting.</p> <p>The Item remained Open.</p>
4.8	<p>29/11/2018, Item 4.11 West Cheltenham Surgery (previously known as Springbank) – provision of general medical services from Hesters Way Living Centre.</p> <p>AE noted that MH had requested an update 6 months after the transition plans were complete. HE gave a verbal update. The primary care team met regularly with the medical team after moving into a bigger practice. The practice team met regularly with the lead GP and management team. The practice team met on a daily basis and meet regularly with the GP lead and management team. The wait for a routine GP appointment is 2 weeks maximum, with on the day and emergency appointments available. Access offered was 0800 – 1830 Monday to Friday with improved access clinic availability together with other practices during weekday evenings and at weekends.</p> <p>In the future the practice aspired to become a training practice and part of a wider holistic team. The building at Springbank is staffed by a full time receptionist. GP and healthcare assistants run clinics three times a week. The practice were conscious of the 5,300 new homes planned for the area. HE had been in contact with the assistant Practice Manager, who confirmed that overall feedback had been positive from patients and the patient participation group. Positive comments included more space and good décor. AE commended the practice’s hard work. Negative comments were confined to car parking at the Healthy Living Centre.</p> <p>AE commented that the principal issue of concern around Springbank was the continuity of care and service by GPs as he understood they were unable to appoint new GPs. Dr Sanjay Shyamapant had committed to regular GPs at Springbank. However, HE was able to report that this practice and Crescent</p>

	<p>Bakery have fully recruited now. GP vacancies were more of an issue outside Springbank and Hester's way. The practice had a multi skilled workforce with nurses and pharmacists. This was beneficial as it allowed them to move their staff and expertise around. HG had spoken with Dr Sanjay Shyamapant to obtain regular updates on West Cheltenham and the recruitment issue.</p> <p>CG asked how the numbers registering with the practice were looking. HG commented they had increased and JG confirmed they had increased by 300.</p> <p>MAE stated that she was very pleased that there were plans in place for the practice to become a GP training practice. She considered that the practices would be an excellent setting for trainees. However, she informed the meeting that, recent guidance had specified that Nurses also needed access to further training with payment included. It was noted that additional funding was required to train practice nurses.</p> <p>AE asked JC if she wished to keep this item open as ZN had an update, but this was for Doctors not nurses. JC felt the committee really needed an update on future planning to encourage further training and funding for nurses.</p> <p>ACTION: MAE to report back to the committee</p> <p>The Item remained Open</p>
4.9	<p>29/11/2018, Item 6.4 Primary Care Workforce Health Inequalities Fellowship.</p> <p>ZN provided an overview of the Primary Care Workforce Health Inequalities Fellowship.</p> <p>MAE informed the meeting that the access to training was not the issue, but releasing nurses from their practice was due to the difficulty of securing backfill arrangements. It was noted that the CCG had a Continuing Professional Development (CPD) contract with the University of the West of England (UWE) that needed to be utilised. HG commented that she, MAE and JC had picked this up around the parachuting nurse's service and needed to prioritise releasing nurses for training. It was</p>

	<p>suggested this issue was dealt with outside the meeting. There was a need to seek solutions to try and focus on training, instilling a good use of capacity.</p> <p>AE suggested that an update was brought back to the committee in 3-4 months' time.</p> <p>ACTION: JC, HG and MAE agreed to meet and thereafter report back to the committee in 4 months' time.</p> <p>The item to remain Open.</p>
4.10	<p>26/7/18 Item 8.9 – Prescribing Update.</p> <p>AE confirmed that this item would be scheduled for the March meeting. MAE informed the meeting that an updated brief 'here we are now' was circulated to committee members yesterday via Board Pad.</p> <p>Item to remain Open.</p>
4.11	<p>Item 9.6 - Pharmacy Team Update.</p> <p>MAE confirmed that this item was included within the Quality Report at Item 8.</p>
4.12	<p>04/10/18, Item 5.18 Gloucester City Hub Development On the April/May Agenda.</p> <p>Item to remain Open.</p>
4.13	<p>0/10/18, Item 6.6 Application to close College Yard AE asked that the quality impact assessment be revisited for completeness. MAE confirmed it was reviewed in January 2019.</p> <p>The Item was closed</p>
4.14	<p>04/10/18, Item 7.13 Enhanced Service Learning Disabilities Health Checks</p> <p>This was an item for the June Agenda.</p>

	The Item to remain Open.
4.15	04/10/18, Item 8.7 Quality Report Primary Care Patient Survey Committee noted the update given. The Item was closed.
4.16	04/10/18, Premises Improvement Grant. AE – The Item was closed.
5.0	<u>Primary Care Networks Presentation</u>
5.1	HG in the opening presentation focused on the concept of Primary Care Networks (PCN). The CCG had received the Long Term Plan (LTP) which sets out the role of PCNs and the new GP contract had been published that day.
5.2	HG informed the meeting that the CCG was well placed to support the development of PCNs being an ICS early adopter (one of twelve). ‘Place’ as referred to in the LTP as the focus for integrated working including primary care was akin to the Integrated Locality Partnerships (ILP) being developed in Gloucestershire.
5.3	The core characteristics of the PCN were: <ul style="list-style-type: none"> • Not just GP practices – looking at the wider community and mental health services. • Practices working together with other local health and care providers. • Providing care in different ways to match people’s different needs. The CCG had an advanced population health data set for Gloucestershire. • Focused on prevention and personalised care. • Uses data technology to assess population health needs and inequalities. • Making best use of collective resources
5.4	HG provided an overview of the PCN development matrix covering the key elements, Right Scale, Integrated Working, Targeted Care, Managing Resources and Empowering Primary

	<p>Care.</p> <p>It was noted that Gloucestershire was seen nationally as being at the forefront of development with GPs working in clusters over the last two years. HG confirmed that work would be carried out locally to determine the extent to which the CCG's current PCNs aligned with the development matrix and where there were differences.</p>
5.5	<p>Long Term Plan (LTP) – PCN Extracts</p> <p>HG provided an overview of the PCN extract contained in the LTP.</p> <ul style="list-style-type: none"> • There would be a £4.5b of new investment to expand community multidisciplinary teams aligned with new PCNs based on neighbouring GP practices. • To support this new way of working significant changes to QoF would be made. This would include a new Quality Improvement (QI) element. • A fundamental review of GP vaccinations and immunisation standards, funding, and procurement would be undertaken. • New investments in out of hospital work were key. • PCNs would be offered a new 'shared savings scheme' based on delivery of new national service specifications. • Streamlined patient pathways and action on over medication through pharmacist review. • Every ICS would have full engagement with primary care, including through a named accountable Clinical Director of each PCN.
5.6	<p>HG informed the committee she had been to a presentation at 2g and GCS with 70 of their top clinical and managerial leaders. That had demonstrated that there was substantial enthusiasm for partnership working at both PCN and Integrated Locality Partnership level.</p>
5.7	<p>PCNs Outlook by 2020/21</p> <p>PCN would be a group of GP practices based on populations from 30,000 to approximately 50,000.</p>

	<ul style="list-style-type: none"> • Encompassing a new physical and mental health care delivery model. • From 2020/21 PCNs would be assessed in terms of the unwarranted health outcomes of their local population, with a requirement to work with local community services making support available to people where it was most needed. • Local areas would be supported to redesign and reorganise core community mental health teams moving towards a new place-based, multidisciplinary service across health and social care aligned with PCNs. • Over the next five years every patient in England would have a new right to choose “digital first primary care”—usually from their own practice or, from one of the new digital GP providers. • There would be a roll out nationally of the 'enhanced health in care homes' vanguard scheme, linking PCNs to care homes, with named GP support for all patients.
5.8	<p>Workforce</p> <p>HG provided an overview of workforce challenges and funding available to PCNs.</p> <ul style="list-style-type: none"> • PCNs would attract and fund additional staff forming an integral part of an expanded multidisciplinary team. Initially, focusing on clinical pharmacists, link workers, first contact physiotherapists and physician associates. Over time, it would be expanded to include additional groups such as community paramedics. • Newly qualified doctors and nurses entering general practice would be offered a two-year fellowship. This would offer a secure contract of employment alongside a portfolio role tailored, where possible, to the aims of the individual and the needs of the local primary care system. • The Government has also committed to a new state-backed GP indemnity scheme from April 2019.
5.9	<p>Gloucestershire Primary Care Networks:</p> <ul style="list-style-type: none"> • Cheltenham - 48,000 – 58,000 patients. Three networks based on geography. • Forest of Dean - 64,000 patients. All eleven practices in one network.

	<ul style="list-style-type: none"> • Gloucester City - 26,000 – 48,000 each. Five networks based predominantly on geography. • North Cotswold – 30,000 patients. All five practices in one network • South Cotswold – 60,000 patients. All eight practices in one network. • Stroud & Berkeley Vale – 18,000 – 40,000 patients. Four networks based on geography • Tewkesbury, Newent and Staunton - 43,000. All four practices within one network <p>A total of 16 Primary Care Networks which are generally stable although there would be one or two changes to take account of the size of the population served.</p>
5.10	<p>HG emphasised that her slides on the Primary Care Offer were in draft form and were a mock- up of some ideas.</p> <p>Further work was required in light of the new PCN contract.</p>
5.11	<p>CG asked whether the Forest of Dean had difficulties being both a PCN and an ILP. HG commented that the Forest of Dean was one of the most effective ILPs and had a very good reputation. They had developed a new Complex Care at Home Service with partner organisations and had developed and delivered ambitious prescribing savings. They had had meetings focused on premises, resilience and had held a workshop on the future strategy for the Forest of Dean.</p>
5.12	<p>AS found the presentation very informative. He noted that the discussion was relevant to the new GP contract and would encourage current PCNs to look at their structures. There was a need to make sure that all PCNs continued to develop and that none were left behind.</p> <p>AE commented on the issue of differing boundaries between the new organisations (ILPs and PCNs) and those of the District Councils. HE advised that HG had met with the Chief Executive of Tewkesbury Borough Council (TBC). Further meetings had been arranged with the Chief Executives of Cheltenham Borough Council (CBC) and Gloucestershire City Council.</p>

5.13	<p>JC felt that the PCNs had to involve quality and the interfaces of care, in particular showcasing different skills and teams. She asked if the PCN infrastructure was affordable. She commented that the key roles would need a lot of development, but that had not been discussed yet. HG agreed that the leadership structure needed to be in place and that the contract needed to be specific on size, explaining as well that there would be a clinical GP lead. JC commented that the CCG had a clear and important opportunity to be supportive to Practice Nurses while developing PCNs.</p> <p>AE stated it would not be an easy process but the commitment was there and the possibilities were substantial.</p> <p>The committee thanked HG for the presentation.</p>
6.0	<p><u>Improved Access Update Presentation</u></p> <p>JW gave a presentation on GPFV Improved Access Reporting and Evaluation as at January 2019.</p>
6.1	<p>As part of the General Practice Forward View. Gloucestershire CCG was allocated £5.75 per head of weighted registered population for Improved Access.</p> <p>The Core Requirements to deliver Improved Access included:</p> <ul style="list-style-type: none"> • Provision of pre-bookable & same day appointments. • Monday – Friday an additional 1.5 hours per day 6.30-8.00pm. • Saturday & Sunday provision. • Minimum 30 minutes per 1000 population additional capacity, rising to 45 minutes per 1000 population. <p>JW informed the meeting that all 16 clusters across the county were included in the 14 live Pilot sites. It was noted that the above requirements were the minimum standards to which clusters were required to work. Piloting Improved Access at a network level had allowed the opportunity to design innovative models within the IA funding envelope to work together at scale and test new ways of working.</p>
6.2	<p>JW informed the meeting that the January and fortnightly</p>

	<p>stocktake to be in compliance with NHS England reporting required:</p> <ul style="list-style-type: none"> • Percentage of the population benefiting from IA for 7 days. • Advertisement compliance (websites, in practice waiting rooms, wider urgent care settings, local community services). • Digital compliance online consultations, 111 direct booking weekday/weekends, DOS updated for all services. • Inequality compliance. • Workload tool compliance. • Feb/March – expecting detailed review of urgent/routine appointment availability.
6.3	<p>JW provided an overview of the different types of Improved Access models that currently existed across the county. She selected a number of different models and talked through the plans that they had put in place to achieve the improved access standard.</p> <ul style="list-style-type: none"> • Cheltenham Central – GDOC model, GP. • Cheltenham Peripheral – GDOC model GP. • Cheltenham St Pauls – GP IA, Physiotherapist. • Forest of Dean – GP IA, Phlebotomist. • Glos 1: Aspen – GP IA, Physiotherapist, Frailty Nurse. • Glos 2: HRQ – GP IA, Urgent ANP. • Glos 3 & 5: NEG & Inner City – GDOC model, shared provision. • Glos 4: SEG – GP IA. • North Cotswolds – GP IA, Shared provision Fridays only. • South Cotswolds – GP IA, Enhanced Same Day Minor Illness. • Berkeley Vale – GDOC model until the end of December 2018 and then local GP delivery from January 2019. • Stroud 2,3 & 4 – GP IA, Face Time , Phlebotomy. • Tewkesbury, Newent & Staunton – GP IA, Paramedic.
6.4	<p>JW described the staff survey on Improved Access that had been undertaken. The survey sought to find out:</p> <ul style="list-style-type: none"> • How IA had affected practices and practice staff; as well as the impact on the ground e.g. wait to routine appointments.

	<ul style="list-style-type: none"> • Staff opinion on the impact of IA on the practice, including pressure on appointments and waiting times. <p>It focused on the impact of IA on the individual staff members, including day-to-day work life balance and further feedback. The survey also included questions about IT issues and governance.</p>
6.5	<p>The committee noted that the Improved Access scheme had been supported by a well-coordinated communications plan that included a web site survey that collated the number of clicks.</p> <ul style="list-style-type: none"> • Posters in waiting rooms – survey, communication packs, PM newsletter. • Part of winter pressures advertising. • National Patient Survey that now included IA questions focusing on access to evening and weekend appointments.
6.6	<p>JW talked through the South Cotswolds - Enhanced Same Day Minor Illness (ESDMI) Pilot.</p> <ul style="list-style-type: none"> • Pre bookable Enhanced Same Day Minor Illness (ESDMI) clinic (nurse led) held at Cirencester Community Hospital Monday – Friday 9.00am – 6.00pm. • 1.2 WTE Urgent Care Practitioner. • September – November 2018. • 1,848 appointments offered. • 1,303 appointments booked (71% of total). • 1,272 appointments attended (69% of total). • Only 2% of booked appointments DNA. • Estimated time released back to the Network – 40 hours a week.
6.7	<p>Gloucestershire IA in numbers</p> <ul style="list-style-type: none"> • 97% patient satisfaction, 82.5% utilisation • GP led Improved Access Clinics – during weekdays, weekday evenings, weekends and Bank Holidays. • 15 IA clinics each weekday evening. • 7 out of 14 networks using IA funding to support new ways of working.

	<ul style="list-style-type: none"> • 20 Saturday morning IA clinics. • 3 shared IA clinics Saturday pm, Sundays and Bank holidays. • Delivered across 50 rotational locations.
6.8	<p>The committee noted that all clusters were working towards 100% access to patients and their records which was a key challenge throughout all areas. The new contract required an Access Review throughout 2019. Funds were being provided until 2021 in line with the original plan. The aim was to share information throughout all practices. A dashboard had been developed throughout the networks which would provide practices with useful data.</p> <p>JC commented it was good to see an improving picture with a skill mix showing cost effectiveness.</p> <p>MAE drew attention to the DNA rate. She asked how it compared with normal GP appointments, as other patients could have taken the DNA slot. JW commented that with the data extraction tool this was a learning curve. It appeared to be influenced by the innovative method being used to book patients appointments. It was noted that the weekend appointments were harder to fill. JD considered that the poor take up of IA appointments was problematic, and a culture change amongst the general public was required. MW advised that given the difficulties of planning and releasing appointments the DNA rate was similar to that experienced by the hospitals. JW stated there were still challenges in Gloucester City with the delivery model, as this was the area with the greatest need and demand. It was noted that work was underway to develop a more robust model for Gloucester City.</p> <p>AE asked to see a copy of the DNA Report. JW confirmed that this information would be made available to the committee.</p> <p>ACTION: JW to provide the DNA report.</p> <p>CG commented on the excellent progress being made with the IA scheme. He asked about the plan for future procurement. JW advised that further details would be provided at the next committee meeting.</p>

	<p>ACTION: JW to provide further information about the procurement of IA at the next meeting.</p> <p>The committee thanked JW for her excellent up to date presentation.</p>
7.0	<u>Workforce Update presentation</u>
7.1	<p>ZN gave her presentation on the Primary Care Workforce.</p> <p>The following figures were provided for GPs:</p> <ul style="list-style-type: none"> • Sept 17 (baseline): 434 headcount; 339 WTE • Sept 18 (latest): 461 headcount; 351 WTE <p>The following figures were provided for Practice Nurses</p> <ul style="list-style-type: none"> • March 17 (baseline): 294 headcount; 190 WTE • Sept 18 (latest): 314 headcount; 208 WTE • The Health Inequalities Fellowship – started Jan 2019 – with 3 GPs on scheme, there was a proposal for Health Inequalities showcase for autumn 2019. • A GP Retention scheme had been set-up placing GPs on 5 year bridging scheme and Newly Qualified GP scheme – matching continued • International GP Recruitment - Glos. Brochure developed. • GP Support Pack – had been produced in collaboration with NHSE • GP Fellows – Health Education England (HEE) funding had been obtained to support leadership projects through CEPN – 3 x post of 2 sessions for a 12 month period and additional 4 x 2 session posts. •
7.2	<p>Allied Healthcare Professionals in Primary Care Updates</p> <ul style="list-style-type: none"> • Mental Health Advanced Practitioners – the evaluation was completed. There would be a continuation of the scheme in two existing practices. • Work was underway to explore the potential of expanding into other practices linked to Health Inequalities – workforce planning.

	<p>Advanced Physiotherapist Practitioner – stakeholder workshop for pilot review – 31st Jan 2019.</p> <p>There were plans in place to develop a new workforce that would cover: Clinical Pharmacists; Specialist Paramedics; Mental Health workers; Dementia Nurses; Community Matrons; Advanced Physiotherapists and Physician Associates. This would be undertaken by Dr Rachael Bunnett – through CEPN.</p>
7.3	<p>ZN provided an overview of ICS connectivity.</p> <ul style="list-style-type: none"> • There was engagement with the ICS workforce steering groups and sub-groups – Dr L Eley was a member of the Local Workforce Action Board (LWAB). • Proud to Care recruitment event would be taking place in Spring 2019. • Mental health training for Practice Nurses in county had been organised in partnership with 2g. • ICS training offers included the South West Leadership Academy – 5 days system leadership programme; Learning Disability nurse modules; and ‘Digital’. <p>Work was also underway to explore primary care based apprenticeships ensuring that the apprentice levy was effectively used across Gloucestershire health and care organisations.</p>
7.4	<p>ZN gave an overview of the Primary Care Network based training and development programmes that were linked to workforce transformation – CEPN.</p> <ul style="list-style-type: none"> • South Cots – Sexual Health. • North Cots – Student and newly qualified Nursing. • Stroud and Berkeley Vale – Frailty. • Cheltenham – Cardiology. • Forest of Dean – Reduction in Opiate Prescribing, Antibiotic prescribing and Frailty. • Glos – NEGG – QI, Ethics, receptionist training + other mix. • Glos – Inner City, Motivational Interviewing/ better conversations, non-clinical resilience training. • Glos RHQ – Sexual Health, Joint injections and Pharmacy training.

	<ul style="list-style-type: none"> • Bids under review for Tewksbury. N&S, Aspen and SEG networks. <p>ZN informed the committee that there were a range of collaborative projects underway with CEPN including: falls training, immunisation and vaccination training, efficient multi-morbidity management workshops, clinical governance training and dermatology champions and digital transformation.</p>
7.5	<p>AE in thanking ZN for her presentation gave his view that this was a critical area of work and asked ZN to return to discuss the findings so that the committee could focus on the items in more detail.</p> <p>ACTION: ZN to attend a future committee with an update on workforce.</p>
8.0	Primary Care Quality Report
8.1	<p>MAE directed the committee to Appendix 1 of the report and discussed the shortages of supply of certain drugs which had made the national news.</p>
8.2	<p>MAE highlighted the work around Influenza which was very topical at the moment. Unlike last year, Influenza in the population was at a much lower level in common with other infectious diseases, but Influenza was still the main concern.</p> <p>An introduction to Point of Care testing in Care Homes was made. MAE explained that the Rapid Response Team would attend a Nursing Home at the first sign of influenza or similar illness. They test patients immediately and within 15 minutes are able to determine whether the individuals had influenza and if they have, take appropriate action by isolating patients and giving antibiotics. This approach was very successful with only two patients having contracted flu. Test results had been compared with the outcome of traditional testing procedures and had been shown to be valid.</p>
8.3	<p>MAE advised that once the Rapid Response team were at the Care Home they provided advice to patients and care home staff</p>

	<p>regarding isolation procedures. MAE advised she was holding weekly flu calls every Wednesday morning involving acute, community and mental health providers and Care Homes where issues were discussed and advice given. These were proving to be very effective.</p> <p>MAE also explained that the take up of vaccinations amongst Care Home staff had improved significantly. Two pilots had been organised with Public Health where they provided the vaccination service. This scheme would be rolled out further next year.</p> <p>There was still a problem with the working age population in the general population not being inoculated against Influenza. Although admissions to hospital had been relatively low. People had become critically ill were all in the younger age group with pre-existing conditions in particular respiratory problems and diabetes.</p> <p>JD mentioned publicising the uptake for Influenza vaccinations on social media and MAE confirmed that this was happening.</p>
<p>9.0</p> <p>9.1</p>	<p>Delegated Primary Care Financial Report</p> <p>AB reported that the financial position at the end of December 2018 projected that the CCG would break even. The main issues with the budget had been presented in previous reports. The committee noted that maternity and sickness claims had increased in the month and were driving an area of over spend within the budget.</p> <p>AB provided an update with regard to the GP pay award, it was currently understood that NHS England would not be providing additional funding to cover this. Therefore funds from the CCGs core allocation had been ring fenced to offset the cost. At the next committee meeting the delegated primary care budget would show an overspend.</p>
<p>9.3</p>	<p>AE noted that the delegated budget was under some pressure due to the GP pay award and potential increased spend if the target for Learning Disability annual health checks was reached. AB advised that usually at this point in the year the finance team</p>

	would present a draft budget report and budget plan. A decision was taken not to bring this to the January committee because further technical financial guidance way yet to be released. In the light of this a review would be undertaken before the draft budget was released.
10.	<u>Any Other Business</u> There was no other business.
10.1	The meeting closed at 11.10 am
	Date and time of next meeting: The next meeting will be held at 9.45am on Thursday 28 March 2019, Boardroom, Sanger House.

Quality and Governance Committee (Q&GC)

Minutes of the meeting held on Thursday 14th February 2019 at 9.00am, in the Boardroom, Sanger House

Present:		
Julie Clatworthy (Chair)	JC	Registered Nurse
Jo Davies <i>on behalf of Alan Elkin</i>	JD	Lay Member Patient and Public Engagement
Cath Leach	CL	Chief Financial Officer
Peter Marriner	PM	Lay Member – Business
Mark Walkingshaw	MW	Director of Commissioning / Deputy Accountable Officer
Will Miles <i>(from item 6)</i>	WM	GP Quality Lead - GCS
Lesley Jordan	LJ	Secondary Care Doctor
Dave McConalogue	DM	Consultant in Public Health, GCC
Lawrence Fielder	LF	GP Quality Lead – 2G
Caroline Bennett	CB	GP Quality Lead – GHFT
Marion Andrews-Evans	MAE	Executive Nurse & Quality Lead

In Attendance:		
Christina Gradowski	CGi	Associate Director of Corporate Governance
Julie Symonds	JS	Deputy Director of Nursing
Annette Blackstock <i>(until end of Safeguarding section of item 5)</i>	AB	Designated Nurse Safeguarding Children and Safeguarding Adult Manager
Teresa Middleton <i>(until end item 5.4)</i>	TM	Deputy Director of Quality
Cheryl Hampson <i>(item 6)</i>	CH	Outcome Manager- LD Health
Becky Parish <i>(until end item 5.4)</i>	BP	Associate Director Engagement and Experience
Sophie Atkins	SA	Governance Manager

1.	Apologies
1.1	Apologies were received from Alan Elkin and Andy Seymour. It was noted that Will Miles would be arriving late.

1.2	The meeting was confirmed as quorate.
2.	Declarations of Interest
2.1	JC requested declarations of interest in relation to any agenda item.
2.2	LF and CB declared a professional interest for all GPs to the relevant clinical agenda items. JC noted the professional interests but there were no grounds for them not to take part in discussions and decision making. JC declared a professional interest on item 6 as Lead Healthcare Investigator for Winterbourne View SCR. Standing member of NICE QSAC who are producing a quality standard for people growing older with LD, that was out for consultation. In addition JC declared a personal interest as a registered carer.
3.	Minutes of the Meeting held on Thursday 14 December 2018
3.1	The minutes of the meeting held on Thursday 14 December 2018 were reviewed and approved as an accurate record with the following amendments: <ul style="list-style-type: none"> • initials to be included for Annette Blackstock (AB) and Jo Bridgeman (JB) in the attendance table; and • on page 3, item 4.1.1, in the third to last sentence 'C&GC' should be 'Quality & Governance Committee (QGC)'.
4.	Matters Arising and Actions
4.1	Matters Arising
4.1.1	Q&G 274 Item 5.25.3, Primary Care Quality Report - GP Dashboard Although action closed, for accuracy 'C&GC' amended to 'QCG' under the note/update section.
4.1.2	Q&G 275 Item 7.8, Mortality Briefing - Policy KH reported that a policy for the Multi-agency Mortality Review Process Group was being written and this was to be presented to a future Q&GC meeting. <i>Update 13.12.18</i> - JS reported that a working group had been formed to revitalise the main Mortality Review Process group. The 2019 meetings would be based around reviewing the Dr Foster data.

	<p>Themes would be pulled out and case reviews completed that would be sent to the Mortality Review Process Group in advance to be discussed at the meetings for better learning outcomes. JC queried if the Terms of Reference would be updated accordingly; JS confirmed they would be brought to the April meeting. ACTION JS.</p> <p>Item open TOR to go to April 2019 meeting.</p>
4.1.3	<p>Q&G 278 Item 10.2, Policies</p> <p>CGi advised that HR legacy policies would be brought to a future IGQC meeting.</p> <p><i>Update 13.12.18</i> - CGi reported that a number of policies had been reviewed and were available through the HR portal leaving the legacy policies to be reviewed. This would be ready for the April meeting.</p> <p>Item open – legacy policies to April 2019 meeting.</p>
4.1.4	<p>Q&G 293 Item 5.3, Quality Report - Boost</p> <p>TM to share BOOST project results at a future IGQC meeting.</p> <p><i>Update 13.12.18</i> – JC requested a short project briefing to be circulated by TM following the meeting. ACTION TM. Once received JC would decide if the item was relevant and to remain open or not.</p> <p>ACTION JC.</p> <p><i>Update 14.02.19</i> – MAE confirmed that TM had circulated a briefing update. TM added assurance that there were no concerns in primary care prescribing.</p> <p>Item Open – Assurance awaited from GCS and GHFT.</p>
4.1.5	<p>Q&G 308 Item 5.1.16, Appendix 2 GHFT Quality report – TrakCare</p> <p>The link had now been made but the system was not being utilised. JC requested that CL raise with the county wide group as well.</p> <p><i>Update 18/10/18</i> – CL reported that the IM&T group meeting had not met yet.</p> <p><i>Update 13/12/18</i> – JC reported that CL had raised it with the group but was unaware of their response.</p> <p><i>Update 14/02/19</i> – MW updated plan to have RTT reporting in March. Good progress had been made in the TrakCare recovery programme particularly in reducing the number of errors. JC queried if the link with A&E reporting had been completed. JS confirmed that it had.</p> <p>Item closed.</p>
4.1.6	<p>Q&G 311 Item 5.1.20.1, Appendix 7 Primary Care Quality Report</p> <p>There was a slide pack available so the link would be circulated.</p> <p><i>Update 13/12/18</i> – the committee had not received the slides. CGi to</p>

	<p>ask BP to circulate. ACTION CGI. <i>Update 14/02/19 – BP circulated last week.</i> Item closed.</p>
4.1.7	<p>Q&G 327 Item 4.1, LeDeR The Committee discussed a review of drug that causes choking and pneumonia that Cheryl Hampson was undertaking and needing a wider review of oral hygiene in LD patients. PM queried if lifestyle etc. reviewed as well. PM requested report – here were the results but also what the problems were, how could they be dealt with and timescales (themes and how addressing) ACTION CH would be attending the February meeting to update. <i>Update 14/02/19 – JC confirmed update on agenda.</i> Item closed.</p>
4.1.8	<p>Q&G 330 Item 5.1, Quality Report The Committee discussed changes around GCC Children’s Social Services and MAE updated that the team was moving to the CCG in due course. LF said that the referral forms were very onerous and difficult to complete. There was a plan to review it to speed up process. AS requested assurance that the form was amended to make it easier for GPs to complete. ACTION MAE report back. <i>Update 13/12/18 – MAE reported that there had been another visit from OFSTED. The letter received following the visit had been more positive acknowledging improvements but that there was still a long way to go. The Director of Children Services thought it would take another 18 months to make the changes required for improvement. The major issue was recruitment of social workers. There was a high agency staff usage with agency staff only staying for short periods creating instability and lack of consistency for the children. They had recruited a lot of newly qualified social workers, however, they need a lot of support and further training.</i> <i>Update 14/02/19 – MAE reported that it remained a struggling service and was an ongoing issue. There had been another CQC visit. AB confirmed the CQC letter had been received and it reported steady progress but not fast enough. There would be another update visit in the Autumn when a full inspection would then be agreed. AB to circulate the CQC letter. ACTION AB. AB added that the inspections were changing to involve inspecting all partners. The Gloucestershire local authority planned to negotiate on when the next full inspection should be due to the changes. There were signs of work being undertaken; there was still high turnover in social work staff but management processes had been strengthened. MAE added that</i></p>

	<p>there had been an impact on the delivery of school nursing services. AB confirmed that, as partners, need to challenge the child protection plans to ensure they were SMART and action focused. LF noted that a large proportion of Health Visitor workload involved child protection issues which affected the rest of the service. JC queried what timescale would be reasonable to provide an update.</p> <p>Item open until August 2019 meeting.</p>
4.1.9	<p>Q&G 332 Item 5.1, Quality Report</p> <p>Although action closed, for accuracy 'Emily Benter' amended to 'Emily van de Venter'. Action required by Julie Symonds to invite Katy Hopgood to join mortality group.</p> <p>Item closed.</p>
4.1.10	<p>Q&G 337 Item 5.2, Quality Report</p> <p>SWAST CQC inspection report published 27 September 2018. Rated good overall, outstanding for caring, but required improvement for safety. GHFT's CQC inspection report published 7 January 2019 and rated good overall, but required improvement for responsiveness and use of resources.</p> <p>ACTION RM to provide update next meeting.</p> <p><i>Update 14/02/19</i> – MAE reported that RM was unwell and confirmed that with regards to SWAST, have not been alerted to any issues at the moment. New ambulances and crews were awaited; the new vehicles would go to Cornwall and additional older vehicles to Gloucestershire. MW added that the category 1 performance had been maintained and that recruitment was the main issue, however, it had improved in the last year. MAE reported that the University of Gloucestershire had commenced their first cohort of paramedic trainees. PM queried if there would be unmanned vehicles parked in the yard. MW confirmed recruitment was on track to crew the vehicles.</p> <p>Item remained open until April – Action plans in place?</p>
4.1.11	<p>Q&G 304 Item 5.1.2, Quality Report</p> <p>Although action closed, for accuracy Christian Hamilton gave a presentation about 'Evidenced Based Interventions', not 'homelessness in Cheltenham' as stated in the note/update section.</p> <p><i>CL joined the meeting at 09:20</i></p>

5.	<p>County Wide Quality Report <i>The agenda was incorrectly numbered in this section. The minutes were re numbered accordingly with reference made to the agenda numbering.</i></p>
5.1	<p>County Wide Quality Report (item 5 on agenda)</p>
5.1.1	<p>AB presented the Safeguarding section of the report. AB explained that the Wood Report led to the Children’s Social Care Act legislation changes; that amended the Children Act and, in turn, led to the Working Together statutory guidance being amended in July 2018. There were three fundamental parts to the amendments:</p> <ul style="list-style-type: none"> • duties of the local agencies and how they work together • reporting of serious case reviews - strengthened role of the national panel • child death review process - wider footprint required in Gloucestershire so would be liaising with Wiltshire <p>The partnership working arrangements would be the main change for Gloucestershire. The responsibility sits equally and shared with the local authority, the CCG and the Chief Officer of the Police rather than a Board. There was a requirement to publish arrangements by the 29th June 2019 so the plan was to publish the arrangements in April then have a three month period of transition. The Partnership Board, Safeguarding Executive Group, had been set up. The first meeting was held in December 2018 and the membership was MAE, the Assistant Chief Constable, Julian Moss, the Chief Executive for Children’s Services, Chris Spencer, and each of the Safeguarding leads. The next stage was to set up the Delivery Board that would be similar to the Safeguarding Children’s Executive meeting. The criticism of Working Together was that education was not mentioned as a fundamental key partner but as a relevant partner. Currently working through how to effectively include education. There were previously smaller sub groups that will merge into two main groups; child death review/rapid review and performance/data/quality assurance/workforce development. MAE added that there was a requirement to have an independent scrutineer of the whole process so the proposal was to appoint an independent person to chair the performance/data/quality group as well as the QA Group.</p>
5.1.2	<p>JC stated that the changes sounded positive in relation to the learning</p>

	<p>around the Serious Case Reviews. Reactions locally were delayed by national reviews, understandably where police investigations taking place, but concerns were raised around whether appropriate actions were taken and families supported. AB agreed and confirmed that changes were already happening with regards to rapid reviews. JC queried when an update should come back to the group. MAE suggested April as publishing the structures then. ACTION AB.</p>
5.1.3	<p>AB reported that there were no new Adult Safeguarding cases. AB noted that there had been a question about a previous Serious Case Review and queried what would be helpful for the group to receive regularly. JC clarified that if there was anything that could be tracked through in terms of monitoring and assuring, or any lessons for health that could be affected through commissioning or in partnership working that would be helpful. Early insight into preventing things happening again was key; learning and prevention.</p> <p><i>AB left the meeting at 09:42</i></p>
5.1.4	<p>TM provided an update on prescribing, highlighting that the prescribing performance was on track. There may be issues with the EU exit but assurances had been given that plans were in place relating to potential medicines shortages. This was being handled locally by the regional lead Debbie Campbell. An increase was being seen in NCSO (no cheaper stock obtainable) which could have been a direct result of EU exit but the supply chain of pharmaceuticals was delicate so could have been due to on-going issues with supply. TM had advertised for five parachute pharmacists, interviewed seven applicants and appointed three people as required very experienced pharmacists who could hit the ground running.</p>
5.1.5	<p>LF reported that the NHS message of over the counter medication being bought by the patient was not getting through to community staff and could impact improvement savings. There were examples of midwives requesting prescriptions for medication that could be bought cheaply over the counter as expectant mothers get free prescriptions on maternity leave. MAE agreed and added that a lot of engagement had been undertaken in Primary Care but the other influencers like district nurses, midwives and health visitors needed to be included.</p>
5.1.6	<p>PM queried if the recruitment of parachuting pharmacists was up to the number agreed a year ago or increasing the team size. MAE clarified that it was up to the size of the original team as a number of</p>

	<p>pharmacists had been recruited directly by the GP practices so replenishing the team. The group discussed the potential impact of the new GP contract to this service.</p> <p><i>MW left the meeting at 09:52</i></p>
5.1.7	<p>JC asked if the uptake of NICE guidance and providers compliance was monitored and requested the information on future reports. TM confirmed it was monitored and any deviations from the expected would be reported to the group as exceptions. JC requested that periodically a summary of the number of NICE guidance that had been monitored be included in the report along with the exceptions. MAE suggested six monthly. ACTION TM.</p> <p><i>MW returned to the meeting at 09:55</i></p> <p>ACTION: UPDATE TO Q&G AUGUST 2019.</p>
5.1.8	<p>TM reported that there had been eleven MRSA infections. Six bacteraemia hospital acquired and five intravenous drug users. Sadly there had been two deaths. A review group had been established to see what could be done to prevent further cases, e.g. anti-bacterial wipes rather than alcohol wipes were provided in the injecting equipment packs.</p> <p><i>CH joined the meeting at 09:57</i></p> <p>LF stated that out of the eleven cases six were hospital acquired and queried if there had been any learning from those. DC was not aware of anything specific and agreed that it was important to understand this so would request a review through the group.</p> <p>LJ/JC queried who monitored the action plan to ensure progress was being made and how would Q&G be assured of this or help, if required, through the contracts and quality monitoring routes. DC explained that there was a multi-agency group that reported into the Health Protection Assurance Board. JS added that a lot of other work was being undertaken for example with SWAST and cannula machines. DC noted that the learning had been around communication that was key between all agencies, not just healthcare and that was a big gap with regards to the IV drug users around education and training being required.</p>

5.1.9	MAE reported that the county wide research group had been reinvigorated with a new chair having been appointed. The funding received to support R&D was based on the number of patients recruited to trials. 2G had also been the highest contributor to this but it was an area that needed improving considerably. Agreed BP would be the CCG representative as BP's background in engagement would be an asset to the group. BP added that the Research in Gloucestershire steering group had produced a draft ICS vision that had been sent to executives recently for feedback by 5th March. BP requested permission to circulate the document electronically to the group for comments back to BP by 1st March; group agreed. ACTION all. MAE reported that the county lead had retired and replaced by Chantelle Sumter.
5.1.10	MAE highlighted the number of surveys being undertaken by the Engagement Team. BP added that a new 'you said, we did' section was being added to the survey feedback process. JC queried how the identified themes were fed back to teams and wider system. BP explained that the PALS team were very hands on with the individuals or teams who were responsible and link with them to feed back. They go through any relevant Clinical Programme teams through the executives.
5.1.11	JC queried if FreeStyle Libre monitoring patient concerns had settled down. BP confirmed it had but T3 had not. The group discussed the issues around T3. MAE clarified that the process had created a huge pressure on the PALS team but it had provided learning for CCG drug change processes going forward. CGi added that the IFR process should be used. CL agreed that the patients needed to be clear about the process and that they understood the implications.
5.1.12	PM queried if the timescales would be useful against the surveys to provide an idea of when to expect an outcome. BP confirmed that this was being done as NHS England interested in this as well and the general themes would also be reported to this group. PM added that the 'other' reason for contacting PALs had been quite high and suggested that at some point the general themes should be reviewed to see if any could be identified as a separate reason. BP agreed to review and bring back. ACTION BP.
5.1.13	JC queried what the PPG's reactions were to the introduction to the Long Term Plan. There would be an open space discussion on 29th March in the afternoon and on Saturday 30th March at Sanger House.

5.1.14	<p>MAE highlighted the work that had been undertaken around flu vaccinations across the county. DC agreed and added that there had been good staff uptake rates in the Care Homes. JC expressed concern that the pregnant women and children uptake rates were low. DC confirmed that there had been some progress with school age children but the NHSE regional team took over commissioning flu vaccinations for pregnant ladies/maternity services and not a lot of progress had been made. It has been raised and was back on the agenda. TM added that the lead midwife at GHT had been contacted in order to work together on a better plan for immunisation for pregnant women. BP stated that the maternity voices partnership had been set up so that would also provide a route to deliver the message as they were very active on Twitter. JD suggested need to understand people's motivation to not have the flu jab if an access issue? Communication needed to be through NCT, early school units. TM explained that the front line staff could be higher than reported due to practices not always having completed the returns. MAE noted all the systems in place to prevent significant spread and that there had been fewer bed closures. PM raised that the report stated 'eligible people at care homes offered vaccines' and queried why it had not been offered to everyone. DC replied that this year had been a pilot in 35 homes. Need to evaluate fully but it seemed to have been successful; if it proved to be then it would be rolled out further this year.</p>
5.1.15	<p>RESOLUTION: the Committee noted the County Wide Quality Report.</p>
5.2	<p>Appendix 1.1 CEG Minutes 15.11.18 (item 5.1 on agenda)</p>
5.2.1	<p>The committee reviewed the CEG Minutes from 15 November 18.</p>
5.2.2	<p>JC queried where the blended diets clinical policy would be approved. TM confirmed that it would go to the Clinical Reference Group then come back here for approval. JC requested TM to bring to Q&GC for approval. ACTION TM.</p>
5.2.3	<p>PM noted that the minutes stated in section 6 'This is likely to have a large cost impact for CCGs' in relation to FreeStyle Libra. CL confirmed that this had been noted. JC stated that it was appropriate for the Gosport report summary to go to Cathy Stannard and requested it also to be formally reported through Q&GC as well. ACTION TM.</p>

5.2.4	RESOLUTION: the Committee noted the CEG Minutes 15.11.18.
5.3	Appendix 1.2 ECCP Working Party Minutes 04.12.18 (item 5.2 on agenda)
5.3.1	The committee reviewed the ECCP Working Party Minutes from 04 December 18.
5.3.2	RESOLUTION: the Committee noted the ECCP Working Party Minutes 04.12.18.
5.4	Appendix 1.3 Gloucestershire Mortality Review Group Minutes 04.12.18 (item 5.3 on agenda)
5.4.1	The committee reviewed the Gloucestershire Mortality Review Group Minutes from 04 December 18. JC queried if the group had met in the new form. JS confirmed that it had. The January meeting had had to be cancelled and the next meeting would be 3rd April. Work was being undertaken to review the Terms of Reference and there had been some staff changes so new post holders had been invited.
5.4.2	RESOLUTION: the Committee noted the Gloucestershire Mortality Review Group Minutes 04.12.18.
	<i>TM and BP left the meeting at 10:34</i>
	<i>JC moved to agenda item 6 as CH had joined the meeting to present this item</i>
6.	LeDeR
6.1	LeDeR Review Briefing
6.1.1	CH presented the LeDeR briefing report and highlighted that: <ul style="list-style-type: none"> • Learning from Deaths Review came out of the Winterbourne View scandal in 2013. One of the recommendations was that there would be a national Learning from Deaths process as the findings from CIPOLD showed that on average people with a LD lives 20 years less than someone without from avoidable causes like constipation, gastrointestinal problems. • Gloucestershire was a national pilot and has had a review system in place since 2017.

	<ul style="list-style-type: none"> • The national figure of reviews was at 20%, Gloucestershire was at 40% but the target was 75%. • NHS England commissioned Bristol to run the programme nationally, devolved to STP/ICS area. • LeDeR has been included within next year's NHS Operational and Contractual Plan. The Local Steering Group, need a named LeDeR lead and had a plan that ensures all reviews undertaken within six months. • Currently reviews undertaken within eight months. NHSE provided some funding for this at the end 2018 and to provide further training. • The drop off rate of reviewers was very high due to: <ul style="list-style-type: none"> ○ the role being voluntary ○ the review process very time consuming ○ the expectation from Bristol was a 'table top review' however in reality there was full investigation, root cause analysis. • System to address themes emerging from reviews was required; Gloucestershire Learning event suggested. • Primary Care LD annual health check was a CCG key indicator; 60% target this year, 75% next year. Bench mark in 75% percentile, however, not meeting 60%. • 101 notifications of people who had died over a three year period had been received to date. 45 reviews had been completed and closed. 24 of the remaining 56 open cases had not been allocated to a reviewer. • Current, unsustainable, process reviewer was: <ul style="list-style-type: none"> ○ sent a template report, ○ needed to look through at least one set of notes (normally two or three required to complete report) ○ must speak to someone who knew the patient well. • The causes of death identified from the reviews to date were: <ul style="list-style-type: none"> ○ around heart failure ○ aspiration type pneumonia
6.1.2	<p>CGi reported that solicitors felt that DOLS were over used and would be replaced by Liberty Protection Safeguards in April. Simon Thomas leads a group that meets quarterly and suggested he attended to provide an update on the group's work. ACTION June 2019.</p>
6.1.3	<p>MAE explained that discussions were taking place on how to sustainably continue this service. Further funding was being provided by NHS England. Gloucestershire was highest performer but still not</p>

	<p>meeting the target. Group discussed use of rapid reviews and sustainability of the current process that was not a review of death but of the person's life. MAE noted that resources should be spent on tackling the cause as main themes had already been identified nationally. CH added that of the reviews undertaken eight out of ten had received good care and agreed resources required to put learning into action.</p> <p><i>WM joined the meeting at 10:53</i></p>
6.1.4	<p>JC asked whether the families get feedback. CH confirmed that they do if they requested it. JC queried whether any learning was fed back to the clinical teams and staff. CH responded that they received the feedback if they had been involved in the review, there was a newsletter that was circulated and a governance report that went to the Steering Group. To strengthen the feedback process there was a plan to link in to the hospital learning from deaths groups. CGi added that there was an A-Z on the staff intranet area which could be used to support circulation. ACTION CH/CGi.</p>
6.1.5	<p>JC queried whether this should be on a risk register in order to be tracked appropriately. MAE suggested waiting to Friday as there may be mitigations from the meeting. JC added that there were lots of actions within the report against the committee. In order to track these and support progress an action plan would be required stating what needed, who to action and by when. ACTION MAE/CH JUNE 2019.</p>
6.1.6	<p>RESOLUTION: the Committee noted:</p> <ul style="list-style-type: none"> • the LeDeR Review Briefing; and • the Gloucestershire LeDeR Mortality Review Governance Report January 2019
	<p><i>CH left the meeting at 10:58</i> <i>Meeting break from 10:58 to 11:06</i> <i>JC returned to the County-wide Quality report</i></p>
5.5	<p>Appendix 2 GHFT Report (item 5.4 on agenda)</p>
5.5.1	<p>The report was taken as read and JS and CB presented the highlights:</p> <ul style="list-style-type: none"> • One of the five serious incidents that were being reviewed was in relation to a confirmed flu case in a baby that subsequently led to a

	<p>potential lack of assessment to get a secondary diagnosis and potential delay in giving antibiotics. Local learning gave an opportunity to review flu testing and screening as well as revisit the sepsis six and assurance was received that sepsis bundles were in all paediatric units.</p> <ul style="list-style-type: none"> • CQRG in January was cancelled. • NEWS2 audit results up until January had been received. Work would be undertaken with the Trust to understand their issues around accuracy and the uptake in wards. LJ acknowledged the monthly audits that were being undertaken. An outcome of the audits was to highlight that the compliance of taking the full set of observation was 70% which was below where it should have been. Reassurance of actions being taken to address this had been sought. • There were concerns around delays to follow up particularly in Ophthalmology and Rheumatology for early arthritis. • Theatre leadership was not going as well as they had hoped it would. • Due to the new staff survey results being published, full assurance had not been received that last year's action plan had been completed. MAE agreed and stated that it had been disappointing that the CQC report did not mention the staff survey results despite their being in the lowest 20% in the country. CB confirmed that it was on the next GHFT meeting's agenda but would monitor the situation and keep the group updated. • The Quality Alert Process was being reviewed in Primary and Secondary Care. • New NHSE reporting guidance on Mixed Sex Accommodation Reporting was awaited. • Surgical Assessment Unit had been established for a few months, their criteria had been received and progress had been made regarding a walk through. MAE added that it would be useful to benchmark against other similar units.
5.5.2	<p>MAE noted that the CQC report had been published and the result was 'Good'. The report was light weight and the actions were quite minor which reduced the leverage within discussions around areas of continuing concern from the CCG perspective. JC agreed that that left the contract levers.</p>
5.5.3	<p>LF queried the 6% rise in A&E attendances in December despite good flu vaccination rates. JS agreed that that was interesting and</p>

	confirmed that there was a broad range of reasons. MAE added that there had been increase in patients needing surgery and quite a lot of respiratory non flu related issues like COPD. WH noted that the respiratory data showed that it was significantly raised for respiratory in Cheltenham and Gloucester and lower everywhere else. MW agreed that an increase was being seen in walk ins.
5.5.4	RESOLUTION: the Committee noted the GHFT Quality Report.
5.6	Appendix 2.1 GHFT CQRG Minutes 22.11.18 (item 5.5 on agenda)
5.6.1	The committee reviewed the GHFT CQRG Minutes from 22 November 18.
5.6.2	RESOLUTION: the Committee noted the GHFT CQRG Minutes 22.11.18.
5.7	Appendix 3: 2G Report (item 5.6 on agenda)
5.7.1	<p>LF and MAE summarised the main points of the report:</p> <ul style="list-style-type: none"> • There had been no never events and five serious incidents in November. • Staffing issues were being addressed, however, there were still a large number of WTE vacancies at Consultant level and the number of projects around the county was impacting on front line staff. • No data was received from Change, Grow, Live (CGL) at the Suicide Steering Group which would be very useful. DM confirmed that he could request. ACTION DM. • Suicide reports were received regularly regarding patients known to the Trust. One case recently reviewed raised an issue with SWAST; a frequent caller to the crisis care team contacted them, they requested the ambulance Trust to attend which they did and thought the person was OK but did not feed this back to anyone. The person subsequently committed suicide. A number of issues were raised from this including information governance issues and whether a member of the crisis care team should have visited rather than sending SWAST. JC queried if the Trust provided trained/un trained staffing levels as part of safe staffing. MAE confirmed that they did. MAE confirmed that there were hotspots particularly Consultants and LD nurse vacancies.
5.7.2	JC queried if the Trust's use of restraint was appropriate. LF reported

	that the Trust was keen to avoid all forms of restraint and it was only used as a last resort. MAE confirmed that they had a good training programme around restraint and management and had suggested that they review Wirral's no restraint policy.
5.7.3	LF stated that there were some outstanding actions from the CQC action plan. MAE confirmed that there were and those needed to be closed down and move any outstanding into business as usual so still monitored. MAE had asked John Trevain to take to their governance meeting to close them.
5.7.4	LF reported that transforming care programme was contributing to cost pressures. This had been raised at the last LD meeting and there had been one placement that had broken down. MAE noted that there would be lessons learnt from that case.
5.7.5	RESOLUTION: the Committee noted the 2G Quality Report.
5.8	Appendix 3.1 2G CQRG Minutes 06.12.18 (item 5.7 on agenda)
5.8.1	The committee reviewed the 2G CQRG Minutes from 06 December 18.
5.8.2	RESOLUTION: the Committee noted the 2G CQRG Minutes 06.12.18.
5.9	Appendix 4 GCS Report (item 5.8 on agenda)
5.9.1	The report was taken as read. WM and MAE highlighted the main issues: <ul style="list-style-type: none"> • The last meeting was in January and reviewed Q1 and Q2 data. • With regards to Serious Incidents there were no new cases of C.Diff and the sepsis issues related to delayed care and pressure ulcers. MAE clarified that the key issue were in dwelling catheters. • The numbers of district nurses remains a concern and was monitored. JC queried if the staffing in Cheltenham had improved. WM was not assured on this. WM recognised the impact on DN's new schemes, like the complex care team, recruiting staff from existing teams.
5.9.2	PM suggested there may be some learning to be gained from Dorset who were held up as doing well keeping people at home so presumably

	had enough district nurses to enable this. PM queried if the job title was an issue. MAE added that there were quite a few staff undertaking the nursing associate programme who would qualify in late spring and would go into the community teams with some hopefully wanting to go on to do a nursing degree. GCS was also still investing in the district nurse programme.
5.9.3	JC queried the large timeframe of the death reports going to the coroner. MAE had not seen it broken down before so agreed to monitor this to see if it continues.
5.9.4	WM stated that there were issues related to discharges from GHFT that GCS had raised. MAE clarified that the issue was around the quality of patient transfers that GCS had been receiving from GHT. Care homes received a 10% bonus if they took patients early and they had not been accepting this due to the poor quality of the referrals. CB added that the nurses on the ward at GHFT cannot input the details on the I.T system and have to contact the onward care team to complete the referral and CB suggested that maybe some of that patient knowledge was lost through that process. JC raised concerns with the process as ward nurses could be deskilled. CB added that it was an IT access issue. JC asked MW to investigate and update the group at the next meeting. ACTION MW.
5.9.5	JC queried what actions were being taken regarding the quality of the discharges that GCS were receiving. MAE explained that they were being reviewed. JC requested that it was raised at the next CQRG meeting. ACTION MAE.
5.9.6	WM queried if the CQC improvement plan was due to be signed off. MAE confirmed that the plan was due to be discussed at the next CQRG meeting. ACTION MAE.
5.9.7	RESOLUTION: the Committee noted the GCS Quality Report.
5.10	Appendix 4.1 GCS CQRG Minutes 17.01.19 (item 5.9 on agenda)
5.10.1	The committee reviewed the GCS CQRG Minutes from 17 January 19.
5.10.2	RESOLUTION: the Committee noted the GCS CQRG Minutes 17.01.19.
5.11	Appendix 5.0 ATSL and PTAC Report (item 5.10 on agenda)

5.11.1	The report was taken as read. MW confirmed that there were no major issues to raise and that the service was in a transition period to new provider.
5.11.2	RESOLUTION: the Committee noted the ATSL and PTAC Report.
5.12	Appendix 6.0 Primary Care Report (item 5.11 on agenda)
5.12.1	LF noted that the serious incident reporting was occurring at practice level but not all reported to the CCG. MAE added that it may not get on to the NRLS but practices had internal systems of reviewing incidents. <i>CGi left the meeting at 11:56</i>
5.12.2	RESOLUTION: the Committee noted the Primary Care Report.
5.13	Appendix 7.0 Care Homes Report (item 5.12 on agenda)
5.13.1	JC queried if there was any update on the CQC findings around Nazareth House and The Orders of St John Care Trust. MAE confirmed that there was no further update to that provided in the report.
5.13.2	JC asked where the joint quality plan would go. MAE confirmed that it will go to the CQRG.
5.13.3	RESOLUTION: the Committee noted the Care Homes report.
5.14	Appendix 7.1 Care Homes CQRG Minutes 17.09.18 (item 5.13 on agenda)
5.14.1	The committee reviewed the Care Homes CQRG Minutes from 17 September 18. JC noted that the minutes were from a while ago. MAE confirmed that there had been a more recent meeting.
5.14.2	RESOLUTION: the Committee noted the Care Homes CQRG Minutes 17.09.18.
	<i>CGi returned 11:58</i>

7.	Risk Management
7.1	Risk Management report was received and reviewed.
7.1.1	<i>JC moved to item 8 whilst quorate</i>
8	Update on Effective Clinical Commissioning Policies
8.1	<p>MW presented the Update to the Effective Clinical Commissioning Policies paper.</p> <p>There were two proposed policies for removal:</p> <ul style="list-style-type: none"> • Immediate release fentanyl • Continuous use Baclofen <p>There were two new policies proposed:</p> <ul style="list-style-type: none"> • Surgical Removal of Rheumatoid Nodules • Skilarence for the treatment of moderate psoriasis
8.2	JC stated that the use of Skilarence seemed straight forward as patients were using a product that was unlicensed under an IFR and would now be using a licenced product if they qualified and met the criteria. The committee agreed Skilarence for the use in moderate or severe psoriasis patients so patients could be treated, recognising it was outside NICE guidance TA475, due to it being a licensed product.
8.3	JC queried if this was to diagnose Rheumatoid nodules or treatment. MAE and MW clarified that it was to treat patients, not to diagnose. CB queried why a separate policy was required for Rheumatoid patients as there were lots of different pathological causes of lumps that were covered by the Soft Tissue Lump policy. JC added that the current policy could be amended rather than having a new policy as there had been no new guidance recommending a separate policy. MW clarified that new policies were normally drafted following a series of queries and would check the original of the new policy. ACTION MW. JC requested clarification that no patients would be knocked out of first round diagnostics. MW confirmed that this would not occur.
8.4	JC confirmed that the policy was not being approved, rather, that it could be incorporated into the existing policy that would need to come to the next meeting for ratification. JC clarified that this would not delay the changes being implemented.

8.5	<p>JC queried the removal of Immediate release fentanyl for breakthrough cancer pain as this was already in the joint formulary. MW clarified that as this was included in the joint formulary a separate policy was not required. The committee agreed the removals. JC requested that the information be included in the 'What's New' to inform the BPs. ACTION MW.</p> <p><i>CGi, PM and JD left at 12:05 – QGC no longer quorate but no further decisions needed to be made.</i></p>
8.6	<p>RESOLUTION: The Committee approved:</p> <ul style="list-style-type: none"> • The removal of the following policies: <ul style="list-style-type: none"> ○ Immediate release fentanyl ○ Continuous use Baclofen <p>The following new policy:</p> <ul style="list-style-type: none"> • Skilarence for the treatment of moderate psoriasis. <p>The Committee requested further clarification on the new Surgical Removal of Rheumatoid Nodules policy and requested it be brought back to the next meeting for ratification.</p>
	<p><i>JC returned to item 7.2</i></p>
7.2	<p>Corporate Risk Register</p>
7.2.1	<p>JC explained that the overall assurance for the corporate Risk Register sits with the Audit and Risk Committee but QGC was required to review any clinical risks. There were a couple of risks to review:</p> <ul style="list-style-type: none"> • QGC recommended that the SWAST ambulance clinical risk be added to the CR register. • It was noted that the Specialist Services risk had been split into one around the PMO and one around diabetes which was of particular interest to the committee. The diabetes risk involved the diabetes eye screening service changes in April 2018. QGC supported the new diabetic risk be added to the CRR.
7.2.2	<p>JC requested that T19, financial cuts to PH, include the risks impact on the school nurses and safeguarding. ACTION MAE.</p>

7.2.3	RESOLUTION: the Committee reviewed and accepted the risks.
9	Staff Survey 2018
9.1	It was agreed that due to the time constraints this agenda item would be deferred until the next meeting. ACTION APRIL 2019.
10.	Data Security & Information Governance
10.1	Data Security & Information Governance Update
10.1.1	JC noted that the organisations received a request from the Information Commissioners Office which had been investigated and action taken.
10.1.2	CL reported that: <ul style="list-style-type: none"> • The data security tool kit was on track to be submitted. • There was an outstanding cyber security issue related to the infrastructure, which had been outstanding for a while, as there were resolution issues with the supplier. • The Cyber roadmap was on going with some issues with implementation as it took longer to implement locally but nothing high risk. Two test exercises would be undertaken with the IT team.
10.1.3	MAE raised that in the new GP contract it stated that CCGs would be responsible to provide a DPO service. CL clarified that current responsibility would be to provide support so would review the new contract. ACTION CL. Wm added that it was not clear but there were additional responsibilities for the CCG.
10.2	Gloucestershire Information Governance Group Meeting Minutes 10.10.18
10.2.1	JC stated that Thelma Turner was mentioned throughout the minutes but was not down as attending in the attendance table. CL confirmed that TT was a member of the Gloucester Information Governance Group as GHFT's representative. JC requested TT be added to the attendance list.
10.2.2	RESOLUTION: the Committee noted the minutes from the GIGG meeting 10.10.18

10.3	Information Security and Access Control Group Meeting 10.10.18
10.3.1	The committee reviewed the Information Security and Access Control Group Meeting minutes from 10th October 18.
10.3.2	RESOLUTION: the Committee noted the minutes from the SACG meeting 10.10.18
10.4	Data Security & Assurance Working Group meeting notes 12.12.18
10.4.1	JC reported that AE, JC and LJ had been undertaking independent reviews and a review was due. There had been an issue with staff taking screen shots meaning data had to be entered twice which was a concern. LF added that there had been an issue around who had access to the system as well. CL confirmed that it was role based access so if your role had access then you would have access but they were very defined user groups.
10.4.2	JC noted that it had been raised at the meeting on 12th December that GCC staff could not access the system if outside of Shire Hall. CL clarified it was related to the fire wall and related back to the Cyber Security issue and was being taken forward.
10.4.3	RESOLUTION: the Committee noted the minutes of the Data Security & Assurance Working Group 12.12.18.
11	HR Dashboard
11.1	HR Dashboard cover paper
11.1.1	JC highlighted that the headcount was increasing and needed to be noted in relation to the reduction of management cost required next year.
11.2	HR Dashboard September – December 2018 report
11.2.1	JC noted the reduction in short term sickness and queried the long term sickness. MW confirmed there were a couple of long term cases that affected the rate.
11.2.2	RESOLUTION: the Committee noted the HR September – December 2018 Dashboard.

12.	Any Other Business
12.1	There was no further business.
	The meeting closed at 12.18pm.
	Date of Next Meeting: Thursday 25 April 2019, 9am in the Boardroom, Sanger House.

**Gloucestershire Clinical Commissioning
Audit & Risk Committee**

**Minutes of the meeting held at 9:00am, 11 December 2018,
Board Room, Sanger House**

Members Present:		
Colin Greaves	CG	Chair Audit & Risk Committee
Dr Hein Le Roux	HLR	Deputy Clinical Chair
Alan Elkin	AE	Lay Member, Patient and Public Experience
Jo Davies	JD	Lay Member, Patient and Public Experience
Peter Marriner	PM	Lay Member, Business
In Attendance:		
Cath Leech (<i>Agenda Item 15</i>)	CL	Chief Finance Officer
Gerald Nyamhondoro (<i>Agenda Item 10</i>)	GN	Corporate Governance Administrator (taking minutes)
Andrew Beard (<i>Agenda Item 13</i>)	AB	Deputy Chief Finance Officer
Christina Gradowski (<i>Agenda Item 8</i>)	CGi	Associate Director of Corporate Governance
David Porter (<i>Agenda Item 9</i>)	DP	Head of Procurement
Adam Spires (<i>Agenda Item 5</i>)	AS	Internal Audit Manager, BDO
Justine Turner (<i>Agenda Item 5</i>)	JT	Internal Audit Manager, BDO
Paul Kerrod (<i>Agenda Item 7</i>)	PK	Local Counter Fraud Specialist
Alex Walling (<i>Agenda Item 6</i>)	AW	Engagement Lead – Grant Thornton
Debbie Sanders (<i>Agenda Item 4</i>)	DS	Clinical Manager, CHC, Integration Directorate
Kim Forey (<i>Agenda Item 4</i>)	KF	Director of Integration
Haydn Jones (<i>Agenda Item 11</i>)	HJ	Associate Director, Business Intelligence

1. Apologies

- 1.1 There were no apologies given.
- 1.2 The meeting was confirmed as quorate.

2. Declarations of Interests

- 2.1 No declarations were made.

3. Minutes of the Audit & Risk Committee meeting held on 11 September 2018

- 3.1 The minutes of the meeting held on Tuesday 11 September 2018 were approved as an accurate record, subject to the following amendments:

- 3.2 The last two sentences of paragraph 10.3 should read “DP responded that the Assisted Conception procurement plan was drafted but a date had not yet been agreed”. **ACTION DP/CGi to agree meeting date.**

- 3.3 The first sentence of paragraph 17.3 should read “Audit & Risk Committee informed the committee that normally there would be a meeting with both the internal and external auditors before the end of the year; however, as BDO were new auditors, CG suggested delaying the meeting with them until 2019.

4. Matters Arising

- 4.1 **13/03/18, Item 12.9** Threshold of Waivers was reviewed (see agenda item 12). Proposals were recommended for approval by the Governing Body. **Item to remain open.**

- 4.2 **10/07/18, Item 3.4.3** The confidentiality of provisions of the ICS MoU was considered. **Item closed.**

- 4.3 **10/07/18 Item 10.1.10** Kim Forey and Debbie Sanders were invited to the December Audit committee meeting (see agenda item 4) to provide an update on the improvements made to PHB following on from the recommendations from the SR case. Further updates received and included in the follow-up report suggesting the recommendation be closed pending Audit Committee's approval. **Item closed.**
- 4.4 **11.09.18, Item. 514** Internal Audit Progress Report (IAPR). CG requested that the evaluation of the Medicines Management data be completed before it was closed. Further update received and included in the follow-up report suggested the recommendation be closed pending the Audit Committee's approval. **Item closed.**
- 4.5 **11/09/18, Item 5.2.3** Internal Audit Safeguarding Report (IASR). CGi queried who the mental capacity lead was? HLR confirmed he was the GP clinical lead with Simon Thomason the jointly appointed lawyer for GCC. CGi was not aware of this appointment and did not think the Continuing Healthcare Team were aware either. CGi suggested including an intranet page with main Safeguarding leads and suggested Simon Thomason be invited to meet the team. CGi met with Simon Thomason, and discussed training to be provided to the CHC, Integration and Quality teams. Simon Thomason produced a draft MCA policy. **Item closed.**
- 4.6 **11/09/18, Item 5.2.4** (IASR). PM commended the report as it highlighted areas for improvement and requested that CGi ensure the report was included on the Quality & Governance Committee agenda. CG concurred emphasising that recommendations be actioned. JT confirmed that as action dates became due the lead would be contacted for an update and evidence of completion requested. Follow up reports on action plans would be brought to Audit & Risk Committee to flag any overdue actions. **Item closed.**
- 4.7 **11/09/18, Item 6.1.1** External Audit Progress Report (EAPR). Due to a change in the audit software being used for 2018-19 with requirements to ensure the issues facing the CCG were

fully addressed, external auditors would not be able to provide the audit plan until the next committee meeting in March. This would be in line with the timeline of last year. **Item to remain open.**

- 4.8 **11/09/18, Item 6.1.3** EAPR. The data and coding supporting GHFT reported activity was reviewed on a monthly basis. GHFT colleagues were requested to respond to these challenges highlighting when and how coding amendments would be made. **Item closed.**
- 4.9 **11/09/18, Item 8.1.3** Registers of Gifts and Hospitality (RGH). CG requested that historical records be kept in an archive; with the last two years recorded in the report going forward. Noted and actioned. **Item closed.**
- 4.10 **11/09/18, Item 8.1.4** RGH. Declarations of interest. **Item closed.**
- 4.11 **11/09/18, Item 9.2.4** Corporate Risk Register (CRR). AE stated the normal process was that a risk was put on the register, reviewed, dealt with and monitored. CGi agreed that the risk could be articulated in a clearer way and would feed that back. The risk was rearticulated. **Item closed.**
- 4.12 **11/09/18, Item 9.2.5** CRR. CG requested the narrative of the Primary Care risks be reduced further. CGi was asked to liaise with Primary Care to review the risks in accordance with comments. CGi sent all risk leads feedback and the primary care risk was reviewed and feedback given. **Item closed.**
- 4.13 **11/09/18, Item 9.2.6** CRR. The committee discussed well written risks, training already undertaken and what more could be done to continue making improvements. PM asked the external auditors to provide an example of a best practice risk register. Many issues were raised about risk articulation and risk mitigation would be addressed with the roll-out of 4Risk. **Item closed.**
- 4.14 **11/09/18, Item 9.4.1 Corporate Risk Discussion on Risk Appetite.** CGi explained the CCG had a Risk Management

Policy rather than a Strategy and it would be good to have a Governing Body discussion about risk appetite in order to formulate a Risk Management Strategy. This would go to the Governing Body followed up with a discussion around risk appetite and developing a Risk Management Strategy.

CG requested a short paper detailing risk management going forward including a potential procurement of a risk management tool. CGi presented the papers detailing risk management and procurement of a risk management tool. These were Agenda Items 8.1 & 8.2 of the Audit & Risk committee meeting held on 11 December 2018. It was suggested to the Chair of the A&R Committee the Committee is delegated responsibility for developing a risk appetite statement for inclusion in the Risk Strategy Policy. **Item to remain open.**

- 4.15 **11/09/18, Item 10.3 Summaries of Procurement Decisions.** CG stated the Governing Body would need to approve the Assisted Conception service (ACS) procurement and queried when it was going to come to the meeting? DP responded that the procurement plan was drafted but a date had not yet been agreed. DP/CGi to agree a meeting date. **Item to remain open.**
- 4.16 **11/09/18, Item 11.5 Register of Waivers of Standing Orders – Waivers.** CG noted that an external consultancy had been sourced for the ICS One Place work but the cost was not split with GHFT. The CCG was incurring all One Place project costs in 2018/19, although he acknowledged that some of this had been funded through ICS Transformation monies. **Item closed.**
- 4.17 **11/09/18, Item 12.3 STP/ICS Solutions Report.** AE stated there was further learning relating to schemes that were thought to be effective and running well but not reaching optimum activity like OPAL. AB agreed and added that regular reporting would support improved forecasting. **Item closed.**
- 4.18 **11/09/18, Item 16.1 Audit Committee Checklist (Self-Assessment).** CGi explained that all committees complete an

annual review process. **Item closed.**

4.19 **11/09/18, Item 17.1 Any Other Business.** AB reported that the CCG Financial Control Plan governance templates needed to be completed for NHS England. The Committee agreed. **Item closed.**

4.20 **11/09/18, Item 17.2 Any Other Business.** PM stated that one of the checklist questions queried if the Committee reviewed its effectiveness and suggested this be added as an agenda item to facilitate this discussion. **Item closed.**

4.21 **11/09/1, Item 17.3 Any Other Business.** CG informed the committee that normally he and other lay members would be meeting with both the internal and external auditors before the end of the year; however, as BDO were new auditors, CG suggested delaying the meeting with them until 2019. The Committee agreed. CG would meet with Grant Thornton. **Item closed.**

4.22 **ICS Update – MOU and Planning**

4.22.1 An ICS MoU update was considered by the committee. The ICS had a long-term strategic plan broken down into short-term operational plans. 2019/20 is the first year of a required 5-year system response to the Long Term NHS plan (LTP). Planning for implementation was progressing. CG commented that the diagram constituted an important tool for elaborating the MoU and planning activities.

4.22.2 HLR probed the level of cooperation and cohesiveness to develop an Integrated Care System (ICS) operating plan. CL stated that the exercise faced structural challenges. In terms of integrated care, partners facing a collective goal, but as entities, they were accountable to their own separate governance bodies, constitutions and statutory obligations. CL added there was a requirement for a cultural shift pursuant to promoting integrated care.

4.22.3 The ICS MoU and plan pointed toward the need to make

significant progress in the development of integrated health management capabilities and a system-wide plan setting out locally determined population health priorities. JD emphasised the need to effectively engage partners in promoting the CCG perspective of the ICS framework. PM enquired as to the efficiency of managing ICS resources. CL explained that in terms of managing required resources, there was proactive interaction between chief finance officers and deputies within the system.

- 4.22.4 CG stated that it was not the committee's role to judge the ICS, but it had an obligation to monitor its resources. CG requested CGi appraise the committee on progress. **Action: CGi to report back on progress.**

Kim Forey and Debbie Sanders joined the meeting at 09:20am.

4.23 Verbal Update on Personal Health Budget (PHB) and Continuing Health Care (CHC)

- 4.23.1 KF and DS delivered the verbal update on PHB and CHC. KF addressed the strategic aspects of PHB and CHC risk mitigation. KF explained relevant risk mitigation tools had been in place and operational for some time and the CCG had the competency to apply such tools.
- 4.23.2 KF added that the CCG and the County Council (CC) jointly held controlled packages of care, which were designed to limit the risk of fraudulently accessing packages that share common elements with PHBs.
- 4.23.3 KF stated that their team was developing a structured operating environment providing a platform which promoted transparency in application and monitoring of PHBs and CHCs. KF explained one of the tools being developed was a prepayment card which would provide a real time data of how the PHBs were being used by patients and create an audit history.
- 4.23.4 KF stated that the prepayments cards promoted efficient use of

funds by restricting card use to purchasing health services, rather than other items. Any monies that were not spent were kept as a contingency fund by patients. Such funds could be recovered by the CCG from patients, if not spent on health services.

- 4.23.5 DS addressed the strategic aspects of the PHB and CHC. DS explained the CCG worked with the County Council to tighten control of funds by closing gaps leading to fraudulent inflating of services from service providers. DS gave an example of the rules relating to signing of timesheets had been tightened. DS added that the team tightened the monitoring of day to day use of PHB by each individual patient.
- 4.23.6 CG acknowledged the effort of KF and DS's teams but expressed concern that the budget provision for CHC showed financial risk arising from material underestimates.
- 4.23.7 KF warned the CCG was not facing only CHC financial risk, but also performance risks. The CCG was performing below both the national and regional targets. KF added that there was also a need to build comprehensive social work capacity which would contribute towards establishing multi-disciplinary teams.
- 4.23.8 CG requested that KF and DS should return at a future date and provide information on how such material risks occurred and how the risks were being addressed. **Action: KF and DS.**
- 4.24 RESOLUTION: The committee noted the ICS, PHB and CHC verbal updates.**

Kim Forey and Debbie Sanders left the meeting at 09:50am

5. Internal Audit

5.1 Progress Report

- 5.2 AS stated that the internal audit team had experienced good cooperation from the CCG staff in completing the audits. AS updated the committee of progress made against the 2018/19

internal audit plan (IAP). AS also stated that BDO had either reviewed or will review: Key Financial Systems, Primary Care Commissioning, Conflict of Interests, Data Security & Protection Toolkit, Human Resources, CHC, QIPP Management, Adult Safeguarding and GDPR Implementation Processing to ensure the processes and operating tools were effectively embedded across the CCG.

5.3 AS presented the Risk Maturity, Primary Care Commissioning and HR Internal Audit reports. AS stated, that they were completing the fieldwork on Key Financial Systems and General Data Protection Regulation and they anticipated presenting these reports at the next Audit & Risk Committee.

5.4 **Assessment of Risk Maturity**

5.4.1 AS clarified the purpose of the risk maturity assessment was advisory and to help ensure that an effective risk management culture became embedded across the CCG by highlighting areas where processes could be improved.

5.4.2 AS stated, the CCG's Governing Body Assurance Framework (GBAF) was put in place to provide assurance, and that controls were in place to mitigate the key risks that could impact on the CCG's delivery of its corporate objectives.

5.4.3 AS explained that the fieldwork had been undertaken. Internal Audit established the risk appetite of the CCG should be agreed, clearly documented and communicated. This was because it was found that members of staff interviewed during the review were unable to say what the CCG's risk appetite was. AS added that the CCG risk management tools required an upgrade and replacement of the current use of spreadsheets to record directorate risks, corporate risks and the governing body assurance framework.

5.4.4 CGi reiterated that dedicated risk management software would effectively support the identification and reporting of risk as well as produce a suite of risk. AS further emphasised risk management software would help create an audit trail and enable the study of risk trends. AS added Key Performance

Indicators (KPIs) were needed to drive risk management activity and added the Risk Management Policy needed to be updated.

- 5.4.5 AS identified the following as areas of good practice in the CCG:
- The CCG had clear themed strategic objectives
 - The Governing Body provided leadership for the risk management process.
 - All directorate risks were recorded in the corporate risk register
 - Risks identified were assessed using the risk matrix
 - Training was offered to all directorates by the Associate Director of Corporate Governance.
 - Governing Body and Senior Managers received Risk Appetite training.

5.4.6 JD commended the overall positive effort and development in risk management in the CCG.

5.5 **Primary Care Commissioning**

5.5.1 JT presented the Primary Care Commissioning report and explained that NHSE had issued an internal audit framework based around primary care commissioning; this formed the basis of the audit.

5.5.2 JT stated that the internal audit found evidence of good practice by the CCG teams in a number of areas, including estates management and GP resilience funding showing some good processes. Progress had been made across Adult Safeguarding Risk Maturity assessment. Actions and performance targets were met.

5.5.3 JT stated that she hoped to see progress on the medicine management recommendation on the Prescription Ordering Line (POL).

5.6 **HR Starters and Leavers Report**

- 5.6.1 JT presented the starters and leavers report. She reported that internal audit did not find any evidence of any staff overpayment or that people were being improperly employed.
- 5.6.2 JT stated that internal audit discovered duplication of some staff email accounts and missing email addresses. There was a process for removing staff having left the IT system. However, there was no systematic process to check that staff had been removed from the system once the request had been made. JT acknowledged that the problems and were being addressed.
- 5.6.3 JT explained that staff statutory and mandatory training was also covered in the corporate induction. It was constantly promoted and monitored by the Governance Team with monthly reports on uptake and compliance.
- 5.6.4 AE expressed concern regarding what appeared to be a lack of adequate transparency in vetting and monitoring work permit documentation and added that there were risks that the CCG was breaching its duties. CGi stated that the problem was of a structural nature, as it was exacerbated by the outsourced structure of HR.
- 5.6.5 CGi acknowledged the cited problems and the need for improvement of processes. She reassured committee members that actions had been taken to improve the starters and leavers processes. CGi had met with Andrew Mitchell and Victoria Nangreave from the CSU to work through the processes and had uploaded new forms to the intranet and disseminated updated guidance to CCG staff.

5.7 **RESOLUTION: The committee noted the Internal Audit reports.**

6. **External Audit Report**

- 6.1 AW read out the External Audit report (EAR). AW explained that they had started planning for the 2018/19 financial

statements audit and were due to commence an interim audit in early 2019.

6.2 AW advised they were rolling out a new audit methodology and they would subsequently discuss the new approach with officers of the CCG. The external audit team expected to issue an audit plan summarising its approach to the key risks related to the audit in March 2019.

6.3 AW stated that the external auditors planned to report their interim findings in March, and these would be incorporated into the Progress Report. AW added that the Audit Findings Report would be brought before the committee in May and the Annual Audit Letter would be produced in June.

6.4 RESOLUTION: The committee noted the External Audit Report.

7. Counter Fraud Report

7.1 PK presented the Counter Fraud report to the committee. Before this he announced that Lee Sheridan was leaving the Counter Fraud team. He also announced that Tom Taylor (TT) was the new chair for the Counter Fraud Authority (CFA) and TT was introducing structural changes aimed to flatten the organisation, introducing counter fraud champions with more involvement at local level.

7.2 KP stated that CFA aimed to strategically position itself to increase provision of support to Audit Committees. Through enabling greater exchange of data and information with increased use of new technologies and innovations. KP announced two Counter Fraud newsletters had been issued and the newsletters were accessible via the organisation's intranet.

7.3 KP stated the Counter Fraud team (CFT) had developed an e-learning training package which was planned to be incorporated into the existing mandatory training programme.

CG commended the progress on the introduction of the new e-learning tool.

7.4 PK stated that the Counter Fraud Survey was launched in November 2018 in order to measure fraud awareness levels across the organisations. The results of the survey would be benchmarked against other Gloucestershire organisations and members of the National Counter Fraud Managers Group. PK advised that further updates would be brought before the next committee.

7.5 RESOLUTION: The committee noted the Counter Fraud report

8. Risk Report

8.1 CGi presented the Risk Management Paper, Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF). The committee discussed high level risks registering 12 or above which were included in the Governing Body Assurance Framework (GBAF). The CCR brought together all the directorate risks. CGi stated that some of the old risks were closed or required closure whilst some new risks were emerging and required attention.

8.2 CGi requested the T12 risk be closed. This risk had been reduced from 12 (Amber) to 4 (Yellow) as the actions had been completed.

8.3 CGi requested that risk K9 be included in the CRR and GBAF. The risk involved the CCG's inability to meet the national target for Continuing Health Care (CHC). Risk T18 was recommended for inclusion in the CRR and GBAF as it identified a lack of a detailed plan for specialist services transfer.

8.4 CGi referred to the Internal Audit review of risk management,

which focused on risk maturity. The purpose of this was to ensure that an effective risk management culture became embedded across the CCG, by highlighting areas where processes could be improved.

8.5 CGi discussed the acquisition and implementation of new risk management software called 4Risk. CGi explained 4Risk was cloud based and had a provision for 500 users with an annual fee of £5000. CGi also explained that although RSM suppliers required a standard 3-year contract, they had agreed a 2year contract with the CCG.

8.6 CGi added that the advantage of 4Risk was that RSM provided on-site training and support to the users. In addition, 4Risk software was user friendly and would be able to support the specific requirements of each directorate.

8.7 CGi stated that the software had risk appetite supporting features and allowed the user to develop and use their own Key Performance Indicators (KPIs) on the 4Risk platform. The Corporate Governance team planned to conduct 2day training for 4Risk risk leads in April 2019.

8.8 CG stated that 4Risk was a step in the right direction in terms of bringing improvement to the scope and management of risks because it makes it easier to understand a broader area of risk exposure and establish better monitoring and control.

8.9 **RESOLUTION: The committee recommended the inclusion of risk K9, the inclusion of risk T18 and the closure of risk T12.**

David Porter joined the meeting at 10:45am

9. Procurement Waiver of Standing Orders

9.1 DP presented the 17 waivers of standing orders, and said most

of the waivers were associated with primary care and were of low value. DP added the waiver with the most significant value was the Beezee Bodies waiver with a value of £332,000. DP emphasised such a waiver could at face value appear significant but in reality, this was a high intrinsic value scheme aimed at reducing child obesity.

9.2 **RESOLUTION: The committee noted the Procurement Waiver of Standing Orders.**

David Porter left the meeting at 10:55am and Haydn Jones joined the meeting.

10. **Declarations of Interest Report**

10.1 GN presented the Declarations of Interest Report (DOIR). GN highlighted that the level of compliance in the CCG was lower than expected. GN explained that only 87.5% of members complied with the statutory requirement to declare interests and the overall level of compliance in the CCG was 66.2%.

10.2 CG stated that the level of non-compliance was worrying and there was a need to improve compliance to a satisfactory level. CG emphasised the executive team should further investigate the problem. **Action: Executive team.**

10.3 CGi also added that the Corporate Governance team could develop a programme to train and appraise staff, during team briefings, on managing conflicts of interest. **Action: GN and LN (Lisa Netherton).**

10.4 **RESOLUTION: The committee noted the Declarations of Interest Report.**

11. **STP Solutions Report**

11.1 HJ provided an overview of the STP (ICS) Solutions. HJ added overall risk adjusted delivery at Month 7 was £17.509m out of a total savings target of £18.602m (94.1%). HJ explained the savings plan of £18.602m was included in the financial plan for 2018/19.

11.2 HJ stated the financial risk for 2018/19 was mitigated by a risk share agreement with GHFT. HJ further commented GHFT had agreed a block contract for all activity except elective inpatients and day cases. There was a further risk share with GCS for specific schemes where GCS provided services to support delivery of schemes such as MSK.

11.3 HJ stated the Finance team had developed methodologies and models to map the links between savings plans and contract performance. HJ added the team had focused on refining best practice by also studying the approach and models employed by other CCGs. Members discussed the report.

11.4 RESOLUTION: The committee noted the STP Solutions Report.

Paul Kerrod and Dr Hein Le Roux left the meeting at 11:00am

12. Scheme of Delegation Report

12.1 AB presented the Scheme of Delegation (SD) to the committee. The committee considered SD and the proposed changes. AB explained that the review had focused on procurement limits.

12.2 Other proposed changes included an explicit inclusion of primary care payments, the reporting of waivers to the committee; the signing of Personal Health Budget contracts and an increase of petty cash from £25 to £50.

12.3 RESOLUTION: The committee noted and recommended changes for approval by the Governing Body.

13. Aged Debt Report

13.1 AB presented the Aged Debt report. The report provided a summary of the aged debt as at 27th November 2018. AB added the Aged Debt report showed escalating figures. However, at the time of presenting the report some payments had been made to the CCG.

13.2 AB gave an outline of outstanding debts which included an NHS England debt, which stood at £849,000. Members considered the report.

13.3 RESOLUTION: The committee noted the Aged Debt report.

14. Audit & Risk Committee Self-Assessment & Checklist

14.1 CG presented the Audit & Risk Committee Self-Assessment & Checklist which provided an overview of responses from Audit & Risk Committee members and attendees, to the self-assessment survey and exercise, undertaken regarding the committee's effectiveness.

14.2 The committee considered the outcome of the self-assessment exercise and agreed that the committee should agree to a set of strategic objectives at the beginning of the financial year. To be clearly followed by supporting and guiding operational objectives for the committee.

14.3 RESOLUTION: The committee noted the Audit & Risk Committee Self-Assessment & Checklist.

Jo Davis left the meeting at 12:28pm

15. ISAE3402 Service Auditor Report in Respect of Primary Care Support Services

15.1 CL presented the ISAE3402 Service Auditor Report to the committee. The report explained that NHS England had commissioned reporting accountants to review controls over systems that impacted on CCG accounts and related to primary care support services.

15.2 The CCG developed its controls to ensure it had confidence in the numbers within the accounts and payments being made. External Audit would carry out substantive testing of the CCG's own controls and sampled transactions to give assurance.

15.3 CG stated that the ISAE3402 Service Auditor Report was an

important report. However, the committee and the CCG could also gain assurance on this matter from the work of External Audit.

15.4 RESOLUTION: The committee noted the ISAE3402 Service Auditor Report

16. Any Other Business

16.1 CG mentioned it was necessary for the Committee and its members to commit themselves to the benchmarks derived from themes in the Audit & Risk Committee Self-Assessment & Checklist to drive committee effectiveness. CG added the committee appeared to be operating effectively.

16.2 PM suggested attendees should feel free to contribute to discussions relating to the committee's effectiveness.

The meeting was closed at 11.35am

Date and time of the next meeting

The next meeting would be held at 9:00am on Tuesday 12 March 2019, in the Board Room, Sanger House.

Minutes Approved by Gloucestershire Clinical Commissioning Group
Audit Committee:

Signed (Chair): _____ Date: _____