NHS
Gloucestershire
Clinical Commissioning Group

annual Review

Highlights of 2017/18

Investing in the future of surgeries

Winter service success

1,100 join fight against diabetes

Thousands go the extra mile

inside your county and locality news special

Plus 40,000 extra GP appointments

2017

2018

A message from:

This is the fifth Annual Report for the NHS Gloucestershire Clinical Commissioning Group and it's good to highlight the progress made.

As you will see, great work is going on across the county and within our local communities to improve health and care despite the challenges facing the NHS.

The year has been characterised by a strong joined up approach through our Gloucestershire Sustainability and Transformation Partnership (STP). This has helped us to make steady progress in improving NHS service performance for the benefit of patients, whilst preparing for the longer term and ensuring health and care services are fit for the future.

Increasingly, we are commissioning services together with local authority partners, helping to deliver seamless care that meets the specific needs of the individual.

We know that we face significant challenges as a result of a growing population with more complex needs and increasing demands for services.

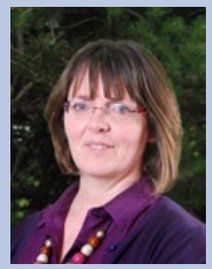
Looking forward, we will be placing even greater emphasis on prevention, helping people to live in more active communities and stay independent for longer in their own homes. This includes a focus on developing primary care with more appointments and improving premises.

We will be supporting people to look after themselves when they can, but when they do need the help of the NHS, we will ensure people are able to access consistently high quality, safe, physical and mental health care.

Alongside engagement with local people and partners, we will be taking a logical approach to developing priorities and proposals for how we organise services and support across the county to meet the challenges of the future and make best use of the Gloucestershire pound.

We will continue to value the skills, knowledge, expertise, professionalism and dedication of staff over the coming months and years and while we recognise certain roles and services will need to evolve and change to best serve local people, care and support will remain at the heart of what we do.

Thank you for your support as we work to improve the health and wellbeing of the population.



Mary Hutton

Mary Hutton
Accountable Officer

Andy Seymour

Dr Andy Seymour
Clinical Chair

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The Year in Numbers

Emergency and Hospital Care

Increase in % of patients seen within the 4 hour max wait time target (A&E)

86.7% - 2017/18

83.5% - 2016/17

78%
– the reduction in ambulances waiting over 30 minutes to transfer patients to hospital care

Reduction in the % of patients in a hospital bed due to delays

5.3%
End March 2017

2%
End March 2018

Primary and Community Services

40,000
more GP surgery appointments by April 2018 (from Sept 2017)

750 extra evening and weekend GP surgery appointments a week over the same period

Community Rapid Response Service
– **more** monthly patient contacts than ever before –
over **2,000**

Mental Health

Improvements in access to psychological therapies (IAPT) e.g. through Let's Talk

National target met –
50%
of eligible referrals to IAPT services moving to recovery

Estimated diagnosis rate for people with dementia

up to **67%** in 2017/18

Highest ever year end figure

Better Health

Daily Mile –
An extra **11,121** pupils and **63** schools taking part in 2017/18

34 organisations received a Workplace Wellbeing Charter Award in 2017/18

Over **1,100** people taking part in the NHS Diabetes prevention programme in 2017/18

1,000 people supported by the Community Wellbeing Service in 2017/18

60%
of people accessing weight management support achieved at least 5% weight loss

Health and Wellbeing

Helping people of all ages and fitness levels to get more active is a huge priority and together with our partners across Gloucestershire, the CCG has been involved in a number of projects which are making a real difference to communities.

Getting Gloucestershire Moving

More than £1.2m has been pledged by the CCG and other partners across the county to help get 30,000 inactive people doing daily exercise.

Gloucestershire Moves is a major new project which aims to create a sustained culture of physical activity by everyone in the county.

The CCG has committed £500,000 to the programme which will enable a range of exciting schemes to be delivered during 2018/19. They will focus on children and young people in schools and older people at risk of falling.

It will encourage people to adopt healthier ways to travel and an innovative scheme will be developed in Gloucester called 'Beat the Street' which uses electronic tap boxes on lampposts to encourage people to walk and cycle across the city.

Aim of getting 30,000 inactive people active

"The Daily Mile is part of a massive journey for the school. We are raising aspirations, showing the children they can be better, and do better. The Daily Mile helps with their learning. We do it every day, all year round."

Alison Walker, Head teacher, Moat Primary School

Best foot forward in schools

More than 21,600 pupils from at least 120 schools are now walking, jogging or running their way to better health thanks to the huge take up of the Daily Mile in Gloucestershire.

A partnership between the CCG, Active Gloucestershire, the County Council and local schools, the initiative got underway in March 2017 and its success keeps marching on.

An extra 11,121 pupils and 63 schools jumped on board in 2017/18.

Being physically active at a young age not only leads to a range of health benefits but it has shown to improve academic performance.

Healthier and happier places to work

Running a business is not just about a healthy balance sheet, you also need a healthy and happy workforce.

Here in Gloucestershire, 34 organisations were proud to receive a Workplace Wellbeing Charter Award in recognition of their efforts to support their staff.

The CCG commissioned the charter in partnership with Gloucestershire County Council, the Local Enterprise Partnership and Active Gloucestershire to help organisations work towards achieving a healthy workplace culture.

To gain accreditation, staff were interviewed and an audit against topics such as leadership, absence management, health and safety, mental health, smoking, physical activity, healthy eating and alcohol was carried out.

Health initiatives at work can deliver a wide range of benefits to both employers and staff, such as reduced absenteeism, better health and more harmonious working environments and those businesses which have taken part are now reaping the benefits.

"Achieving the Workplace Wellbeing Charter has made a positive impact and has inspired us to embrace health and wellbeing globally.

As part of our continuous improvement we are also making a pledge to the Time to Change campaign and focussing more on smoking cessation, healthy eating and physical activity. Our vision is to achieve excellence for all standards."

Jenny Hudson, HR Manager, JD Norman Lydney Ltd

An extra 63 schools are now involved

Teachers are reporting that children concentrate better in class and come back from their Daily Mile refreshed and ready to learn. Parents comment that their children are eating and sleeping better.

12 steps to improving your health

Patients with diabetes are being motivated to make positive changes to their health using everyday bouts of physical activity and the results are highly promising.

People lost an average of 3kg in weight

More than 200 people in Gloucestershire are already taking part in a personalised health improvement programme called KiActiv®

Those involved are provided with a FitBit equivalent supported by a health coach to take part in a 12 week exercise programme.

This scheme has run successfully at Hucclecote Surgery in Gloucester, Hilary Cottage in Fairford and Lydney Surgery and patients have seen improvements to their health including:

- Reduction in weight (the average reported loss was more than 3kg per person)
- Reduction in blood glucose levels
- Improvement in mental wellbeing
- Increase in physical activity levels.

The scheme was funded by the West of England Academic Health Sciences Network (AHSN).

I can say with some conviction the programme is brilliant. It enabled me with the graphs and visual aids to determine a safe way to monitor my health, see at a glance my exercise levels and how many calories I was using.

I personally used this information to gently step up my exercise levels, and slightly change my diet to safely lose weight (I lost about a stone).”

Phil Hibberd, from Hucclecote

Positive action helps those at risk of diabetes

More than 1,100 people have been given a new lease of life thanks to a free diabetes prevention programme in the county.

The scheme targets individuals who have been identified by their GP surgery as having high blood sugar levels as this puts them at significant risk of developing Type 2 diabetes.

Sessions cover nutrition, exercise and suggested behavioural changes to maintain a healthy weight and become more physically active. Just a few simple lifestyle changes can prevent or delay the onset of the life-threatening disease.

So far, the programme has been introduced in Gloucester, Cheltenham and the Forest of Dean and plans are in place to extend it across the county by June this year.

When my GP referred me to the programme, I realised I needed to take action to sort out my sugar levels.

It’s a slow burner, but the seeds have been sown, and it’s working; my weight is already going down.”

Richard Goddard,
from Gloucester

How to take care of your own wellbeing

People in Gloucester and the Forest of Dean who live with a long-term condition can join a new programme where they can learn useful skills to build their confidence and improve their own health.

The Live Better to Feel Better programme offers participants an opportunity to meet others in a similar situation to share some of the common challenges they face and ways to manage their condition.

They will also learn how to use simple techniques such as controlled breathing and approaches for sleeping better or managing a low mood through relaxation. There is also advice about how to get the best from the professional support that is available.

The programme is run by Gloucestershire Care Services NHS Trust. It takes place over five sessions run by skilled staff and trained volunteers who really understand the challenges and feelings involved as they have long-term conditions themselves.

It is free to take part and the scheme will be available across the county from September this year. It is anticipated around 400 people will join the programme in 2018/19.

It took me a few weeks of self-management sessions to connect the dots but slowly and surely I had a light bulb moment where I realised what self-management could be for me. I realised that if I had the right tools and the determination that I could take small manageable steps and rebuild me inside and out, and that’s exactly what I did!”

Selina Williams,
LBFB Tutor and reference group member

Supporting people living with frailty to live well at home

Teams of health and social care professionals have been working more closely together in communities this year to support people living with frailty who have ongoing and complex care needs.

The teams include GPs, nurses, mental health nurses, social workers, physiotherapists, occupational therapists and community wellbeing coordinators.

People with frailty have reduced resilience and so do not recover quickly after a relatively 'minor' illness, accident or other stressful event.

Working together with the person to understand their unique and specific needs, the team of professionals coordinate their care and offer them the support they need to continue to live independently and safely at home.

The teams may provide people with technical equipment which they can use to monitor their health at home, such as their blood pressure. They can also support people who are lonely or isolated to connect with their local community and engage in activities.

Frailty may be kept at bay or improved by gently increasing levels of activity. With this in mind, the NHS is working with Active Gloucestershire to encourage older adults in the county to keep active and exercise more, and let people know about the activities that are available.

The CCG is also working with Active Gloucestershire to encourage older adults in the county to exercise more and keep active.

Shaping the future of support for carers

Around one in 10 people in Gloucestershire are carers including more than 3,500 under the age of 18.

A carer is anyone of any age who on an unpaid basis looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without support.

The CCG and Gloucestershire County Council jointly commission Carers Breaks and the Carers Emergency Scheme, Carers Voice, Carers Support Planning and Carers Assessment, Carers Information, advice and guidance, Carers Emotional Support and the Positive Caring Programme.

The current contracts for these services end on 31 March 2019 and will be recommissioned during 2018. As the first stage of this, the CCG and the council are undertaking a substantial engagement programme to help shape future support and services for carers.

It will explore themes which carers themselves have said are important to them such as taking regular breaks, training and development, peer and family support and their own personal health and wellbeing.

Health & Wellbeing

Support on prescription

When many people access the NHS, it could be the answer lies not in medical treatment but in community support or activities in their local neighbourhood.

The Community Wellbeing Service, a joint CCG and Gloucestershire County Council service, has gone from strength to strength this year proving to be a vital link between healthcare professionals and help in the community.

It forms part of the innovative social prescribing initiative which helps people with mainly non-medical needs who go to their surgery or other health services.

More than 1,000 people have been given one to one support with social prescribing facilitators and/or community wellbeing agents this year. They help connect people to community groups, services and activities in their area which can help improve their wellbeing. Referrals can come from GPs and other healthcare professionals, friends or family, or people can self-refer.

> *"I am definitely more in control of my life now. Even though I have been signed off social prescribing I feel that the door has very much been left open for me to get back in touch.*
>
> *I was listened to and I think that has meant the most to me. Depression is very lonely especially being the sole carer of two children. But I feel like a new woman now."*
>
> **Louise*** from Gloucester

How to help yourself when aches and pains affect your daily life

With time, most muscular and joint aches and pains will get better by themselves and there is often no need for people to visit their GP.

To help people feel more confident about managing their ailments themselves, we are making it easier to access good quality online information on local NHS websites with useful tips and advice on how to manage common ailments such as back, knee, shoulder or hip pain.

Anyone who needs additional support can refer themselves to physiotherapy services, again without going via a GP. Physiotherapists offer specialist assessment and treatment for a wide range of problems and work with people to help them help themselves.

For help, advice and information about how to refer yourself to physiotherapy services, visit gloshospitals.nhs.uk/physio or glos-care.nhs.uk/physio.

Care in Communities

Surgeries face challenge of increased demand for care head-on

GP practices across Gloucestershire have continued to embrace new ways of working this year to ensure the needs of patients can be met well into the future.

They have grouped themselves into 16 GP 'clusters' so they can work more closely together, be more resilient and provide a wider range of services in their communities.

In many areas of the county, other health professionals such as clinical pharmacists, physiotherapists and mental health staff, are working in, and with, GP surgeries.

More than 33 clinical pharmacists have now been employed across Gloucestershire to work in surgeries as part of the practice team.

Signs are that this is making a real difference in surgeries with GP time being freed up to spend with patients with chronic long term health conditions.

> *Clinical pharmacists are increasingly becoming fully integrated members of practice teams around Gloucestershire. Many are independent prescribers managing patients with long term conditions such as chronic pain and hypertension.*
>
> *Experts in medicines, they answer medication queries from patients, community pharmacy colleagues and clinical staff on a daily basis and manage the repeat prescribing processes within the practices".*
>
> **Nicky O'Brien,** a clinical pharmacist in Tewkesbury

More GP surgery appointments than ever before

Huge strides have been made to improve access to GP surgery appointments in Gloucestershire.

By April this year, more than 40,000 more appointments will have been made available including at least 750 extra evening and weekend slots a week.

As part of local initiatives from the GP practice clusters, patients who need an urgent appointment with a doctor can wait for the next available slot at their GP surgery or choose to attend another healthcare centre in their area.

Increasing the number of appointments and improving access is a big benefit for patients as it means they can see a GP or nurse more quickly. It also reduces some of the pressure on practice staff and receptionists.

Joining up to offer community support

Working closely with GPs in their clusters, joined up Health and Social Care Community Teams are benefitting thousands of patients across the county, 7 days a week.

This service, run by Gloucestershire Care Services NHS Trust, received more than 65,000 referrals in 12 months.

The Integrated Community Teams (ICTs) provide help to people in their own homes to reduce unnecessary hospital stays and support patients to return home sooner after operations and treatment.

Despite increases in both the volume and complexity of their work, the ICTs continue to look for better ways to help people achieve the best possible outcomes.

Also this year, there were more monthly patient contacts than ever before (over 2,000) with the community rapid response service (response at home or the community within an hour).

> *"Every single member of the team that have visited me has been excellent, friendly and approachable. They have made what is an unpleasant situation into a more pleasant one because of their care and compassion."*
>
> **William*** from Tewkesbury

Care in Communities

From the hospital bed to your own bed

When discharged from hospital, some people can feel anxious and lacking confidence about returning home.

The Hospital to Home Service, provided by home care agencies Radis and Crossroads, was launched in May 2017. It has already helped 323 people to continue to live independently in their own home by assisting them with their personal care, such as washing, dressing and taking medications.

Voluntary sector provider Age UK Gloucestershire provides a less 'hands-on' Out of Hospital Service which also supports people to settle back at home by helping with day-to-day tasks such as food shopping, accessing benefits and advice about other services which might be helpful.

Better quality of life for people with learning disabilities

People with learning disabilities and/or autism are being better supported to live in the community and closer to their families with a number of projects including the development of two new flats.

The CCG has funded this accommodation in Westbury-on-Severn which enables individuals who have spent time in hospital to live long-term in their own secure home supported by specially-skilled staff.

The flats give people who display behaviours which may be deemed as challenging the opportunity to live in their own home, and through this, to have a meaningful quality of life and become involved in the community.

Help at home for those most in need

Patients who are struggling to manage their health and independence because they are becoming older, frail or suffering from dementia are being supported by a new scheme.

Launched in April this year, by Gloucestershire Care Services NHS Trust working with local GPs, Complex Care at Home Service in Cheltenham and Gloucester enables people to live independently for as long as possible.

It is being led by Community Matrons who proactively identify people with complex needs and visit them to ensure they are receiving the care and support they need. This could range from making a specialist health appointment for them, arranging for community support or giving people advice about how to manage their condition.

The team keeps in regular contact through visits and phone calls and this personal support helps people to stay well and can often ease issues such as loneliness.

Investing in the surgeries of the future

It is vital the bricks and mortar of our practices themselves are fit for the future. That is why the CGG is investing in a number of new surgery buildings and refurbishments as part of its local infrastructure plan.

- A new £3.8 million GP surgery in Kingsway is on schedule for completion in November 2018. The new premises will have capacity for 13,000 patients and will include 10 consulting rooms, four treatment/minor operations rooms, first-rate facilities for reception and administration staff and an on-site pharmacy.
- Up to 10,000 patients to the north of Cheltenham are also set to benefit from a new medical centre this year. Seven Posts Surgery, in Prestbury, and Greyholme Surgery, in Bishop's Cleeve, are coming together under the Cleevelands Medical Centre which has 14 clinical rooms, a suite for minor operations and an onsite pharmacy.
- In Churchdown, a new surgery development, in Parton Road, opened its doors to patients in March. It can cater for up to 20,000 patients and the premises include additional consulting rooms, nurse treatment areas, a lift, training rooms and excellent facilities for reception and administration staff.
- Building work on another new GP surgery development in Stow-on-the-Wold is also in progress and will include seven GP consulting rooms, four nurse consulting rooms and space for phlebotomy and minor operations. It is due for completion in winter 2018 and will cater for 5,500 patients.
- Meanwhile, work on a £5 million refurbishment and extension programme at Glevum Surgery in Abbeydale, Gloucester is due for completion in August 2018. The development includes a new three-storey extension and a new car park which triples current capacity and which was recently opened in April 2018. As well as offering a mixture of consulting and treatment rooms, there will also be a suite for minor procedures.

"After many years of careful planning, we are absolutely delighted to welcome our patients to their wonderful new surgery.

We have put a lot of thought into creating an attractive, modern building with pleasant landscaping, and very much hope that both patients and staff will appreciate and benefit from this.

The premises will enable us to offer first-rate care to our patients and ensure that we can continue to provide high quality services for years to come."

Dr Jeremy Halliday,
GP Partner at Churchdown Surgery

"We are delighted to have completed the first stage of our renovation programme, and excited to be welcoming our patients into their wonderful new surgery.

Work will continue over the next few months, whilst the old building is fully refurbished. Once finished, we will have considerably more capacity to meet the needs of our growing population. The extended premises will enable us to offer first-rate care to our patients and ensure that we can continue to provide high quality services for years to come."

Ian Robertson, management partner at Hadwen Medical Practice

Stronger Together

Harsh winter avoided thanks to team effort

Unprecedented partnership working and an immense effort from frontline NHS and social care staff has led to significant improvements in service performance this winter.

In the seven months from June 2017, compared against the national maximum four hour waiting time standard, the county's emergency departments was one of the strongest in the region.

Performance over the four winter months to the end of February 2018 stood at 91.1% compared to 78.2% for the same period last year.

There was a big reduction in delays for patients fit to leave hospital, a 78% reduction in ambulances waiting more than 30 minutes to transfer patients into hospital and considerably fewer cancelled operations.

NHS and social care staff have helped patients to avoid unnecessary visits and stays in hospital and reduced delays in a range of ways. These include:

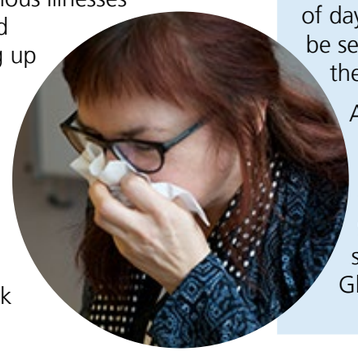
- GP surgeries offering a greater number of 'on-the-day' appointments
- The ambulance service providing clinical advice and treating patients at the scene
- Community staff seeing more patients at home or close to home
- New hospital-based assessment services reducing delays in the Emergency Department
- More social care staff working in hospitals to assess patients and an increase in home care
- Mental health and voluntary sector services working with people who need more support at home
- More GPs and mental health professionals working in the Emergency Department.

Fighting flu

More of the county's at risk residents chose to get their free flu jab this year and 75% of NHS healthcare staff opted to have the vaccination.

For most healthy people, flu is an unpleasant illness from which they recover within a week. However, for anyone who is more susceptible – such as those with a long-term condition such as asthma, diabetes, liver or heart disease – it could mean an increased risk of developing serious illnesses such as bronchitis and pneumonia or ending up in hospital.

More than half of people under-65 who are deemed at risk had the vaccination and almost 75% of everyone over 65 took up the jab.



Tackling cancer waiting times and improving support

The CCG has been working very actively with Gloucestershire Hospitals NHS Foundation Trust and other partners this year to steadily reduce cancer waiting times and improve support for patients.

There are national standards for the number of days a patient waits to be seen by a specialist and then to start treatment.

At the time of publication, the NHS in Gloucestershire was close to ensuring 93% of people with suspected cancer in Gloucestershire are seen within 2 weeks and 85% of patients with a cancer diagnosis start their treatment within 62 days.

The CCG, with partners, has introduced new GP guidance and patient information to improve arrangements for referral to hospital and are continuing with an extensive Macmillan GP Masterclass programme to support the early recognition of suspected cancer.

The NHS is also working to ensure patients receive faster and more joined-up care. This has included more combined clinics; in the urology service, patients can see a specialist and have tests in a single visit and, in dermatology, people with some skin cancers can be diagnosed and treated on the same day. Also to speed up the process, when a GP suspects bowel or lung cancer, more patients will go straight for a diagnostic test, such as a colonoscopy or CT scan.

Health outcomes for people with cancer have remained very good and patient experience has continuously improved since 2013. Gloucestershire is also gaining national recognition for its partnership project with Macmillan Cancer Support to develop rehabilitation.

Saving lives by early detection

More people are surviving sepsis in Gloucestershire thanks to improvements in diagnosing and treating the condition.

Also known as blood poisoning, it is caused by infections such as pneumonia or gut problems and can be very serious. It is often hard to spot but can be treated easily if it is detected early.

Gloucestershire Hospitals has increased assessment for sepsis in the Emergency Departments (A&Es) from 52% to 96% and timely treatment from 49% to 91% in the same period through an ongoing improvement programme.

The National Early Warning Scoring system is now in operation across Gloucestershire which helps identify sepsis and prioritise the patient's care and clinicians have also been raising awareness of the condition in care homes and GP surgeries to help ensure that it gets recognised and diagnosed promptly.

This campaign work resulted in the CCG winning the Nursing Times Patient Safety Award and it was also asked to share the approach with NHS England to help other organisations.

Genetic testing going from strength to strength

About one in 250 people could have Familial Hypercholesterolemia (FH) a genetic condition which means cholesterol levels are higher than normal from birth.

If left untreated, about 50 per cent of men and 30 per cent of women will develop coronary heart disease by the time they are 55. Siblings and children of a person with the condition also have a 50% chance of inheriting it.

The Familial Hypercholesterolemia Testing Service was introduced in Gloucestershire in collaboration with the British Heart Foundation and it has gone from strength to strength this year. Since the service was set up, 180 patients have been screened with 33% testing positive.

When referred, patients are offered an appointment with the Clinical Nurse Specialist (CNS) at Gloucestershire Hospitals NHS Foundation Trust, where a detailed family history is taken together with a cholesterol profile.

Patients are then offered genetic testing. If the patient tests positive for FH, they then go for family cascade testing where immediate relatives are invited for testing and treatment.

In 2018, the intention is for the nurse specialist to work with GP surgeries to improve case finding and the quality of referrals to the service.

Working together to talk about mental health

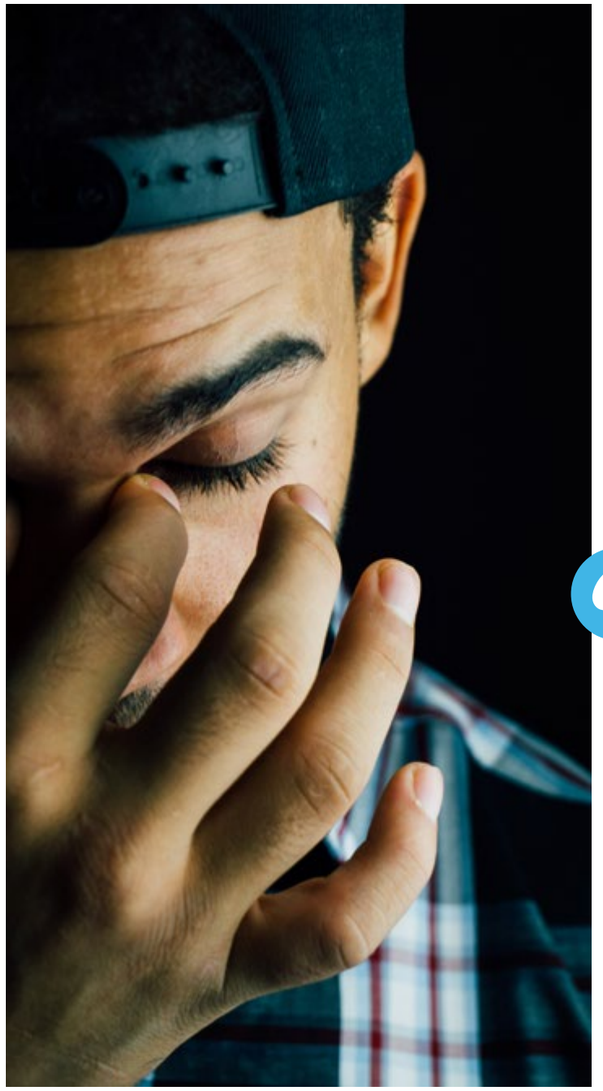
Mental health continues to be a top priority for county health and care partners with extra money given to bolster the support and care available for people.

An additional £825,000 has been spent on Let's Talk, the county's psychological therapy service to help people experiencing common conditions such as stress, anxiety and depression. This year alone, Let's Talk helped more than 7,000 people access support.

Gloucestershire was one of only 20 areas across the country to be awarded national funding (£1.5m), which is being used to improve specialist community mental health support for pregnant women and new mums.

Other developments include the opening of a wellbeing house in partnership with national charity Mind and funding extended hours at The Cavern, in Gloucester, so people can benefit from non-clinical support and feel less isolated.

The county's NHS and local authority has also improved the support provided to those in mental health crisis, including better links with the emergency services.



I cannot thank the service enough for all the help it has given me – my life wouldn't be what it is now without it.

Working over the phone with a psychological wellbeing practitioner has helped me adopt strategies to help cope with my worries and anxieties."

Tom,* from Cheltenham

Providing a brighter future for children and young people

Great strides have also been made this year to improve mental health provision for children and young people.

Early advice and help has been a feature of developments this year with the involvement of young people, parents, carers and professionals key to their success.

The 'On your Mind' website which is designed to help young people cope with life's ups and downs had 10,000 visitors in its first 12 months.

More than 900 people were seen this year by Teens in Crisis which provides online and face to face counselling for young people aged 9 to 21. Of those receiving this support, 88% said they had been helped a lot or totally.

The CCG has also spent £300,000 over the last two years which has seen six more mental health workers providing support and training in schools. Half of all secondary schools in the county are now on board, with more to follow.

So far, 19 schools have also been accredited as part of the Mental Health Champions Award Scheme which sets a universal standard for education providers when it comes to early help and intervention.

At the start of the Teens in Crisis counselling I felt like I no longer wanted to live. The mindfulness methods that were taught to me had started to work but the extra 7 weeks meant that I am now a strong powerful person that can cope and deal with the issues that may happen in the future."

Steven,* from the Forest of Dean

The Mental Health Champions awards scheme has been a great opportunity for us to celebrate all the good work we do to support mental health and well-being in school.

Maintaining both good mental and physical health is a priority for us at Berry Hill Primary and by working towards this award, it has empowered both children and staff to talk about their mental health and to recognise signs of anxiety and stress.

This has helped children in particular to identify and address any issues they may have and to find effective solutions.

Lucy Stevens, special educational needs coordinator at Berry Hill Primary School, in the Forest of Dean

Online Innovation

In order to provide a better service for patients, it is vital that the NHS in Gloucestershire makes the most of new technologies.

Right information in the right place at the right time

Health and social care professionals across the STP will be able to share important information with carefully controlled access to a new secure online system.

With patient consent, the Joining Up your Information (JUYI) allows the most up to date records to be instantly and securely shared online with people involved in their care. Previously this information would have been obtained through telephone calls, letters and faxes.

The new system should be up and running by summer 2018. More information is available at **juyigloucestershire.org**

Health advice at your fingertips

Patients will have access to even more help and advice online in Gloucestershire.

The CCG is working with NHS England to design a new digital system which will allow people to:

- enter a query or their symptoms on-line
- receive self-help advice and signposting to the right local service (if needed)
- contact their GP practice electronically – including direct access to a nurse or GP for online advice or to book an appointment.

The aim is to integrate existing patient digital services, including the popular ASAP website and App, so people have a consistent online experience.

In the future, patients may also be able to submit blood pressure readings directly to the doctor or nurse or carry out online GP consultations.

The system will be available to all patients in Gloucestershire, with a phased rollout over the next two years.

Online help for patients with lung conditions

Healthcare professionals responsible for developments in respiratory care are introducing innovative digital technology to help support their patients.

myCOPD is a web-based application that allows individuals diagnosed with the lung condition chronic obstructive pulmonary disease (COPD) who are referred for rehabilitation the chance to manage their symptoms digitally.

This includes how to use inhalers and what to do if they are becoming unwell.

As well as learning material, the application provides a programme of exercise videos that will take people through an approved programme safely allowing individuals to do physical activity within their home.

Paramedics in Tewkesbury and Cheltenham work with GPs in the community

Mythe and Church Street GP surgeries in Tewkesbury and St Paul's in Cheltenham have partnered with the South Western Ambulance Service on an innovative scheme to treat patients in their community.

Paramedics are working alongside the practices to carry out urgent home visits meaning patients are seen more quickly by skilled staff trained to an advanced level.

The St Paul's service started in July last year with the emergency care practitioners supporting the on-call GP and carrying out 5 to 6 visits a day. In Tewkesbury, it began in December, seeing around 7 patients a day.

The scheme will soon be evaluated with a view to developing it further for the benefit of patients.

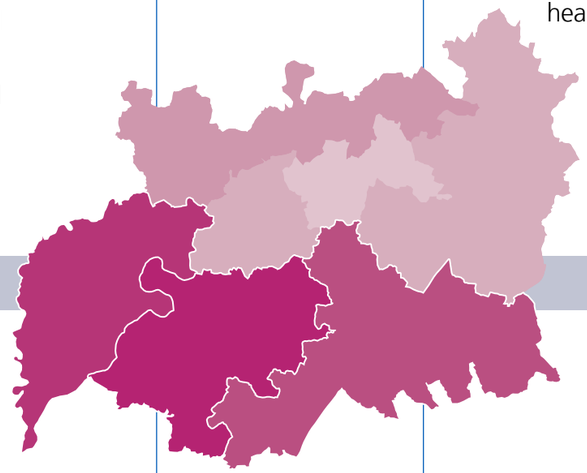
Frailty professionals improving care for older people

Groups of GP practices in the North Cotswolds and Gloucester have employed frailty nurse professionals this year to support older people closer to home.

Two matrons and a nurse are now working within local surgeries to support, provide care and monitor the health of people with long term health conditions.

They are working as part of the wider GP practice teams across their areas ensuring excellent patient care and reducing the likelihood of people needing a hospital stay or supporting patients to return home after treatment as soon as possible.

Hundreds of patients are already benefitting from the service.



Tewkesbury | Gloucester | North Cotswolds | Cheltenham

Physiotherapy set to be available in a number of GP surgeries

An exciting new initiative which sees physiotherapists providing services at a number of GP practices in Cheltenham and Gloucester is now underway.

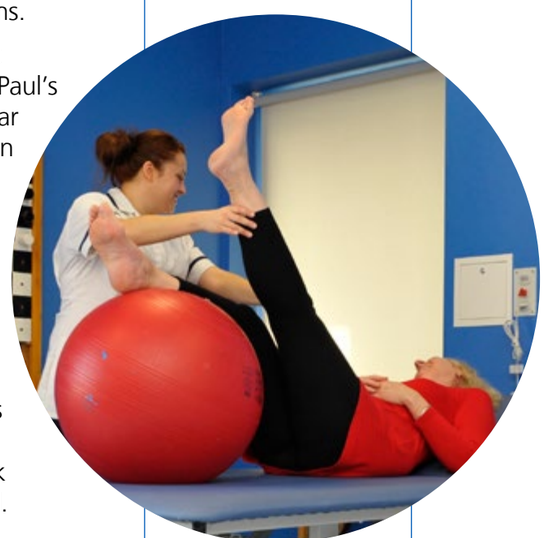
The surgeries at St Paul's Medical Centre, in Cheltenham, and the Aspen Centre, in Gloucester, have been working closely with Gloucestershire Care Services NHS Trust to employ three physiotherapists and provide treatment more locally.

This means many more patients who need physiotherapy advice and support are being seen in the GP surgery rather than having to attend an appointment at hospital.

The physiotherapists are providing increased expertise in assessment, diagnosis and management of a range of common joint, bone and muscle conditions.

The services got underway at St Paul's in March this year and at the Aspen Centre in May.

It is expected hundreds of physiotherapy appointments will be available within the GP surgeries in 2018/19. Patient feedback will be reviewed.



Specialist mental health workers in GP surgeries

Mental health professionals are working within GP practices in two areas of inner city Gloucester as part of a new pilot scheme.

The practitioners, employed by ²gether NHS Foundation Trust, offer 20 minute appointments and provide specialist mental health advice and support, freeing up GP time to spend with other patients.

The service has been well received by surgeries and patients alike and is already seeing results. Access to care is speeded up with more than 2,000 patient contacts this year.

> *"I can't thank the mental health practitioner enough for his advice. It's been four weeks since my last appointment and I have changed my life massively with baby steps."*
>
> **Jane*** from Gloucester

Supporting people with Dementia in Stroud

> *Lisa started to visit us about a year ago and it's been a great help. If she didn't have the answers she would find them out for us. Lisa is reassuring and always at the end of the telephone if I was worried. This helped to lift the worry off my shoulders.*
>
> **June,** from the Stroud area

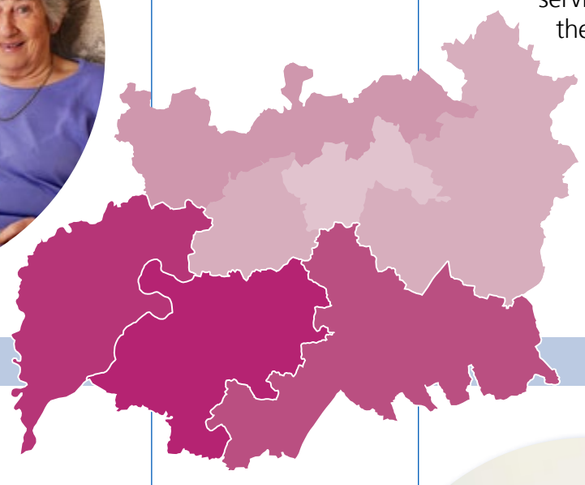
A pilot nursing scheme is already making a difference to the services and help available for people with dementia in Stroud.

Working within four local GP practices, a dedicated mental health community dementia nurse is now supporting diagnosis and helping to develop patient care plans.

The initiative is reducing the need for some people to go to hospital and aiding the joined up approach between service providers.

Since the scheme started in April 2017, around 300 patients with dementia have received annual reviews, helping to ensure they get the care they need. This includes access to mental health consultant psychiatry support if needed.

The initiative has been made possible thanks to partnership working between the practices, [2]gether NHS Foundation Trust, Gloucestershire Care Services NHS Trust and the county and district councils.



Stroud and Berkeley Vale | Forest of Dean | South Cotswolds

More convenient access to GP surgery appointments in the Forest of Dean

Working together, GP surgeries in the Forest of Dean have made great strides this year to support better and more convenient access to appointments, including during evenings and at weekends.

The pilot scheme in the area started in October last year and it is already being hailed a fantastic success. More than 2,000 additional appointments have been made available in 2017/18 with 145 extra hours offered a month.

To access the additional appointments, patients phone their usual GP surgery. If they are unable to be seen during normal hours, they will be offered one at the HUB surgery which offers longer opening hours between 6.30pm and 8pm on weekdays and on Saturday morning. There are five HUBS in the Forest of Dean.

Patient feedback →

New Community Frailty service in the South Cotswolds receives positive feedback

GPs in the South Cotswolds have worked with local partners to set up a new community service to help people with frailty and their carers.

The new team, which includes nurses, a senior matron and wellbeing coordinators, provides advice, support and care as well as helping to meet health, emotional and social needs to end of life support.

They work closely with a range of partner services, including hospitals, GPs, and the voluntary and community sector.

More than 430 patients have benefitted from the service this year with extremely positive feedback.

> *The Frailty Unit gave our mother a new lease of life.*
>
> *"She is now taking short walks, enjoying her garden, going to the cinema, playing bridge and being somewhat sharper mentally.*
>
> *"She does still have good days and bad ones, but overall it's such a joy for us to see her being herself again."*
>
> **Sarah Holloway,** from Tetbury

Patient feedback has been positive with comments including:

"Everyone very friendly and helpful. Excellent!"

"Brilliant service"

"Very pleased that my daughter didn't need to miss school to come to an appointment. All I needed was covered. Dr and receptionist were very helpful"

"Excellent being able to have later appointments due to work commitments."

*Some names have been changed to protect patient confidentiality

Performance Report – an overview

About NHS Gloucestershire Clinical Commissioning Group

NHS Gloucestershire Clinical Commissioning Group (CCG) was established on the 1 April 2013 and buys (commissions) services on behalf of patients registered with Gloucestershire GPs to meet the health needs of the county's population.

The CCG is a clinically led organisation with 76 GP member practices which help to shape Gloucestershire's health services based on evidence of what works best clinically, making best use of available resources and ensure that patient safety and quality of services is paramount.

The CCG commissions a wide range of hospital, community, mental health, learning disability and primary care (GP) services. From 1 April 2015 the CCG was approved to take on the delegated commissioning of primary medical care services. This means the CCG took on responsibility from NHS England for buying of primary care (GP) medical services.

A key role of the CCG is to work with health providers to ensure they provide services that meet national and local service standards such as waiting times.

The CCG is placing greater emphasis on prevention, empowering people to self-manage their health conditions where appropriate and working with partners to develop active communities.

By developing community services and support, the CCG and local partners aim to reduce the need for hospital stays, but work to ensure that safe, timely and effective hospital care is there when needed.

In addition, the CCG is increasingly focused on ensuring that the patient experience of services and the effectiveness of services is a good as it can be.

The CCG works closely with other organisations that deliver services across Gloucestershire to ensure that planning is properly coordinated with, for example, social care, housing, the voluntary and community services.

By doing this, the delivery and planning of health and social care services is effectively joined up with organisations working together to ensure high quality services and support to Gloucestershire residents.

Constitution

The CCG appointed a governing body to discharge the CCG responsibilities on their behalf. It includes four independent lay members as well as GPs, a secondary care doctor, an independent nurse member and executive members.

Lay members have been appointed to bring specific expertise and experience to the work of the governing body. Their focus is strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation. Each lay member for Gloucestershire has specific skills which enable them to carry out this role.

Sub committees of the governing body monitor the controls in place to ensure the CCG is carrying out its functions in an effective manner.

The CCG employs 263 whole time equivalent (WTE) members of staff who work alongside the GP members to carry out the work of the CCG as set out in its plans and priorities.

The Population:

The CCG covers a population of 630,000 registered with a Gloucestershire GP with 71% living in a rural area and 19% in an urban area. There are pockets of deprivation in the county although it is lower than average. Life expectancy is also better than the average; however, this masks significant differences between parts of the population.

Performance Report – an overview
Performance Report – performance analysis
Accountability Report
Governance Statement
Remuneration and staff report
The Financial Statements

	Life expectancy at birth	
	Least deprived area	Most deprived area
Male	83 years	74 years
Female	85½ years	79 years

The major causes of death are cancer, cardiovascular and respiratory problems.

Key issues and risks that could affect the entity in delivering its objectives

2017/18 was the first year of implementation for the Gloucestershire Sustainability and Transformation Plan; a system wide plan for the health and care system which built on work already underway within Gloucestershire. Core members of the STP are: the CCG, Gloucestershire Hospitals NHSFT, Gloucestershire Care Services NHST, 2gether NHSFT, South West Ambulance Services NHSFT and the County Council.

The key themes within the work programme were:

- Enabling Active Communities: Focus on helping people to stay healthy and avoiding being unwell and the development of strong networks within communities including social prescribing
- One Place: Development of 16 health and social care communities based around clusters of existing GP practices to better manage the care for people with long term conditions and prevent unnecessary hospital attendances, using the resources of the area in a more integrated manner
- Develop further the urgent care model and 7 day services further shifting the provision of care from an acute setting to community and primary care
- Clinical Programme approach: Each clinical programme group (CPG) covers a condition or group of conditions and involves medical and other professionals, VCS and patient representatives working together to improve the patient's journey through care. The approach ensures care is safe, joined up and provides value for money. It places an emphasis on prevention and self-management advice at an early stage
- Reviewing evidence of clinical effectiveness to ensure that services commissioned have an evidence base.

To help deliver these, there are a number of supporting 'enabling' cross-cutting programmes:

- Quality academy
- Estates
- Workforce
- IM&T
- Primary care.

The wider partnership in the STP work programme includes the District Councils, Gloucestershire Police, the Police and Crime Commissioner, the Voluntary Community and Social Enterprise (VCSE) sector, the public, Healthwatch and partner agencies including Health Education England and the Academic Health Science Network and specialist commissioning.

There has been further development of Gloucestershire's collaborative working in 2017/18 and this has been well illustrated through the work of the A&E Delivery Board. It has reviewed and managed emergency department performance and a number of measures have been put in place to deflect activity into alternative and appropriate settings, encourage and support patients to manage health conditions to prevent escalation, improve flow through the hospital and focus on longer term preventative health schemes. This resulted in a marked improvement in the 4 hour A&E standard in year and work is ongoing to ensure this is sustainable.

Other key areas of development in collaborative working resulted in the formation of 16 clusters of GP practices with populations of between 30,000 – 50,000 people. The practices, community and mental health services and others including social care and the voluntary sector are furthering locality working to ensure better co-ordinated care for individuals, particularly those with a long term condition.

Key risks identified within the STP are:

- Delivery of Constitution targets is compromised
- Transformation changes: slippage in programmes to deliver the changes as a result of capacity, cultural or other constraints
- Slippage in delivery of financial savings due to delays in planned programmes, unexpected cost pressures
- Recruitment and retention of key staff within the health and social care system
- As part of the resilience work following the implementation of the new Patient Administration System, TrakCare, there have been capacity issues impacting on outpatient utilisation.

Monitoring and management of delivery of Constitution targets at the CCG's main acute provider, Gloucestershire Hospitals NHSFT, has been especially challenging in 2017/18 as the impact of the implementation of their new Patient Administration System has meant significant change and delays in reporting. These issues are being resolved, however, the time required to rectify this will mean that full reporting will not be achieved until part way through 2018/19. This remains a key risk for Gloucestershire in 2018/19.

The CCG monitored its financial position during the year which included progress on savings. Pressures emerged in 2017/18 in relation to the supply of drugs in primary care and a resultant financial pressure, complex placements for individuals and some areas of the savings delivery. However, these have been managed and the CCG has delivered the planned financial position. The budget set for 2018/19 remains challenging and there is a continued focus on robust financial management.

Principle risks and uncertainties

There were a number of key risks identified by the CCG during 2017/18. These are summarised below and further details can be found in the *Governance Statement*.

- Implementation of Trakcare within our main acute provider has led to reporting issues for clinical correspondence, national performance reporting and contractual management
- Risk around the current lack of knowledge of NHSE strategy for specialised services and current lack of engagement with NHSE in relation to specialised services
- Risk that delayed implementation of STP solutions or failure of projects to deliver anticipated benefits, leading to under-delivery on planned STP savings targets
- Failure to comply with NHS Constitution and national and local access targets for planned care.
- Risk of the non-delivery of the Constitution standard for a maximum wait of 4 hours within the emergency department.

No significant risks have been identified that specifically relate to:

- The effectiveness of governance structures
- Responsibilities of directors and committees
- Reporting lines and accountabilities between the governing body, its committees and sub-committees and the executive team; or
- The submission of timely and accurate information to assess risks to compliance with the Clinical Commissioning Group's licence.

An explanation of the going concern

The CCG is required to give an explanation of its consideration of its status as a going concern.

This is effectively in relation to its intention to continue its operations for the foreseeable future and the awareness of any circumstances affecting this in its preparation of these financial statements.

The CCG has prepared a five year financial plan which shows the organisation achieving its financial duties in each of the respective years and has considered through its Audit Committee, the appropriateness of this approach. No issues were noted which would affect this although the level of financial challenge has increased. The plan has been developed as a part of the STP process and brings in risks identified within Gloucestershire as a whole in addition to those specific to the CCG.

This is in addition to the Secretary of State direction that, where Parliamentary funding continues to be voted to permit the relevant services to be carried out elsewhere in the public sector, this is normally sufficient evidence of going concern. As a result, the governing body of Gloucestershire CCG has prepared these financial statements on a going concern basis.

The performance of the organisation 2017/18

We have made significant progress this year in delivering on our strategic objectives working closely with local partners and also in developing the Gloucestershire Sustainability and Transformation Plan. This plan covers the period to 2020/21 and builds on the previous five year plan for Gloucestershire.

This includes:

- Building a sustainable and effective organisation with robust governance arrangements
- Developing strong leadership as commissioners
- Working with our partners and patients to develop and deliver ill health prevention, supporting people to take more control over their health and well-being and enabling active communities and building strong networks of support
- Transforming services to meet the future needs of the population using the Clinical Programme Approach
- Working with patients, carers and the public to inform decision making and develop services.

Building a sustainable and effective organisation with robust governance arrangements

The CCG undertook a comprehensive review of its governance structures in 2015/16 when it took on delegated commissioning for primary care. Since then, systems and processes have been reviewed in practice and changed where necessary; this includes the Conflicts of Interest Policy.

Details of our Governance arrangements are set out in the Governance Statement in this Report. Each Committee within the organisation has reviewed their effectiveness and produced an annual report.

The CCG has also discharged its duties under section 14R of the Health and Social Care Act 2012. The CCG has developed a quality strategy 'Our Journey for Quality' (see Quality Improvement section).

Developing strong leadership as commissioners

We have further developed our leadership role in 2017/18.

The CCG Accountable Officer is the lead for the Gloucestershire Sustainability and Transformation Plan (STP) and, with the other Chief Executives, is now driving forward the development of the Gloucestershire STP in line with the agreed plan.

The STP plan has four key programme areas, each one led by a Chief Executive:

The governance structure also includes four enabling work streams and an STP Advisory Group which includes a range of stakeholders, including District Councils, third sector organisations and partner organisations.

As a part of the above, the CCG has also worked to:

- Support the development of sustainable primary care
- Be an active partner on the Gloucestershire Health and Wellbeing Board and supporting the delivery plans on tackling health inequalities, improving mental health, reducing obesity, improving health and wellbeing into older age and reducing the harm caused by alcohol
- Play a key role on the Leadership Gloucestershire Board.

We are assessed on a quarterly basis by NHS England (CCG Assurance Framework 2016/17) and have been assured as good for leadership.

Our Financial Performance

The CCG set a balanced budget at the start of the financial year with an in year financial position of breakeven and a cumulative surplus of £17.249m. This cumulative surplus was brought forward from 2016/17 and previous years.

As a part of the planning process for 2017/18, all CCGs were required to create a 0.5% system risk reserve. This was a reflection of the significant financial risk identified by NHS England, NHS Improvement and the Department of Health in the combined plans for the NHS for 2017/18, especially in the provider sector.

CCGs were not allowed to utilise the system risk reserve because of the overall financial position within the NHS. They were notified by NHS England in March 2018 that they were required to release the system risk reserve into their financial positions thus leading to an increase in their surplus for the year of an amount equivalent to the reserve. For NHS Gloucestershire CCG, this amount was £3.7m. In addition to this, the Department of Health negotiated additional savings on medicine prices in year. These savings were initially held centrally, however, CCGs received notification in March that these would be released to local areas, and as a result the CCG's in year position has improved by £0.793m.

The CCG achieved its financial duties for 2017/18 with an in year surplus of £4.518m, leading to a cumalitive surplus of £21.767m. The details of the financial position are given below:

Financial Summary	Programme Costs including primary care £m	Running Costs £m	**Total** £m
Revenue resource limit	830.725	13.602	844.327
Total net operating cost for the financial year	830.768	13.539	844.307
In Year surplus prior to the release of the system risk reserve & central medicines savings	(0.043)	0.063	0.020
Release of system risk reserve	3.705		3.705
Central medicines savings	0.793		0.793
Surplus in year	4.455	0.063	4.518
Brought forward surplus	17.249		17.249
Cumulative surplus	21.704	0.063	21.767

There have been a number of financial pressures in year including:

- Additional costs due to significantly increased costs of drugs
- Additional costs resulting from individual placements
- Increased costs within continuing health care.

However, within the year the CCG implemented a number of savings schemes which have delivered results, a number of schemes started in year will deliver savings in 2018/19.

Examples include:

- Medicines management optimisation – focus on improving the management of prescribing where clinical effectiveness evidence is low, reducing waste
- Pathway redesign, further implementation of ophthalmology changes, implementation of changes to musculoskeletal pathways for patients which should mean that patients are seen by the right professional first time.

At the end of the financial year, the CCG delivered a surplus of £0.02m prior to the inclusion of the system risk reserve and medicines savings; this is an achievement given the significant financial pressures faced by the CCG in 2017/18. With the addition of the system risk reserve and the central medicines savings, the CCG's cumulative surplus increased to £21.767m.

The cumulative surplus above 1% of the CCG's allocation is available to the CCG in future years to use non-recurrently, this will be subject to NHS England agreement of the CCG's plans.

In addition, the CCG:

- Remained within its maximum cash drawdown as agreed with NHS England
- Complied with the Better Payments Practice Code (details provided within note 7 of the annual accounts).

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

For the financial year 2018/19, the CCG will receive an additional allocation of £1.543m for delegated primary care and £18.416m for all other areas of expenditure excluding running or administration costs. This includes Gloucestershire's share of the additional funding announced in the autumn for the NHS.

The level of allocation increase is higher than the previous years because of the additional autumn funding, however, the financial situation remains very constrained and the focus on initiatives that improve efficiency and value for money needs to remains intensive. The CCG's plans for 2018/19 show an in-year position of breakeven and comply with the NHS England business rules including investments in primary care and mental health.

The CCG, with its partners, has identified a challenging programme of savings and opportunities over the period 2020/21 based on the Right Care Programme and other benchmarking information. These are informing the work streams within the Gloucestershire STP. Savings for the CCG will fall into two main areas:

Transactional Savings

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

Service Design/Redesign

- For example the new pathways and services for Musculoskeletal and Ophthalmology services
- Informed by the CCG's participation in the Right Care Programme we are using benchmarked intelligence on spend and outcomes to focus our improvement activities.

Performance Report – performance analysis

How do we monitor performance?

The CCG's Governing Body is responsible for discharging the duties of its constitution, which includes monitoring and scrutinising performance. The Governing Body receives an integrated performance report at their bi-monthly meetings in public.

The CCG has formal committees of the Board which scrutinise how the CCG and our health providers are performing; these are the Audit Committee and the Integrated Governance and Quality Committee (for more information about the committees and their purpose please see page 52); the Governing Body also receives more in depth Finance and Performance updates on a monthly basis at Development Sessions.

The A&E Delivery Board also has a role to play in monitoring performance. Its members include the chief operating officers from NHS organisations in Gloucestershire.

The group aims to develop and maintain resilience across the planned and unplanned care pathways and support effective leadership and operational management of high quality care delivery. It operates from a whole system perspective, considering health and social care from primary through community to hospital care, whether statutory or independent; and will offer systems leadership from the highest levels, to achieve these ends.

The CCG is also assessed by NHS England on a quarterly basis under the Improvement and Assessment Framework

Sustainable Development

The CCG continues to be committed to using a sustainable approach when commissioning healthcare services, making efficient use of financial, environmental and social resources while maximising health and health outcomes for its current and future population.

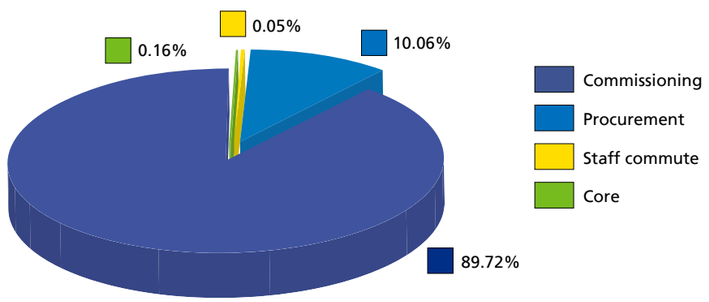
The CCG's Executive Nurse and Quality Lead takes responsibility for Sustainability at Board level. Action on sustainability is initiated through the CCG's Joint Staff Consultative Forum, which includes sustainability as an agenda item each month and promotes sustainability through staff briefings.

Honoring the Public Service Value Act (2012), the CCG considers the social and environmental impact of all its procurement and commissioning activities. The CCG carries out a Quality and Sustainability Impact Assessment for all proposals and contracts which would lead to changes in the way services are commissioned and delivered. During competitive tendering, sustainability is one of the considerations included, attracting a small percentage of the overall weighting; sustainability is frequently incorporated in the service quality weighting using a standard scoring matrix or methodology.

The CCG has acknowledged the NHS's ambitious target to reduce its carbon emissions[1] by 80% by 2050 in line with the Climate Change Act (2008). To monitor its own progress in emissions reduction, the CCG is completing the SDU's sustainability reporting template annually. In 2017/18, GCCG has been working towards reducing its energy consumption, minimising pollution and waste, building resilience to a changing climate and nurturing community strength and assets.

In 2017/18, the total carbon footprint[2] of the CCG was 180,805 tonnes of carbon dioxide equivalents (tCO_2e). In common with all previous years the commissioning of services was the highest contributor to the CCG's greenhouse gas emissions, being responsible for 90% (162,222 tCO_2e) of the CCG's total carbon footprint. Internal procurement (CCG office procurement plus pharmaceuticals) is the second highest contributor, responsible for 10% (18,196 tCO_2e) of the CCG's emissions. Core emissions, which cover those released during energy and water use, waste disposal and business travel, make up only a very small proportion of the CCG's carbon footprint – 0.16% (291 tCO_2e). Staff commuting adds another 0.05% (96.53 tCO2e).

Graph 1: **Proportions of 2017-18 NHS Gloucestershire CCG's carbon footprint of 180,805 tCO2e - % Co2e**



Compared to last year, the CCG's 2017-18 carbon footprint has increased by 1.3% - see Table 1. This increase is due to a rise in the greenhouse gas emissions embedded in commissioning and in staff commuting.

1 In this report the terms carbon emissions, greenhouse gas emissions and carbon footprint are used interchangeably.

2 The term carbon footprint is used to describe the sum of all greenhouse gas emissions released in relation to an organisation, product or service expressed in carbon dioxide equivalents.

Table 1: **Comparison of NHS Gloucestershire CCG's carbon footprint 2016/17 and 2017/18**

	Carbon footprint (tCO_2e)		
Category	**2016/17**	**2017/18**	**Increase/ decrease**
Core	308.56	290.58	-5.83%
Commissioning	159,195.51	162,221.90	1.90%
Procurement	18,853.26	18,195.65	-3.49%
Staff commute	85.39	96.53	13.04%
Total	**178,442.72**	**180,804.65**	**1.32%**

Staff commuting

The CCG's carbon footprint due to staff commuting has increased by 13%. This is due to an increase in staff whole-time equivalent. However, the CCG has put incentives in place to reduce commuting emissions. It is offering a car share and a bike to work scheme. A roadshow is planned for the Bike to Work scheme to encourage more employees to sign up.

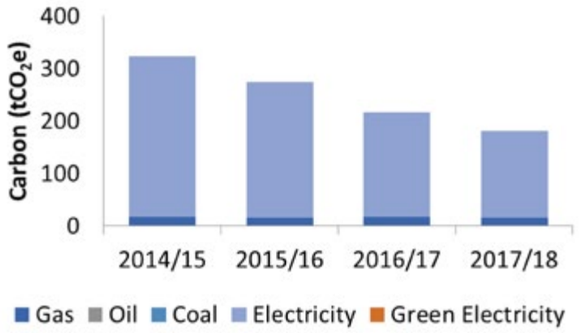
Procurement

There has been a 3.5% reduction in greenhouse gas emissions associated with the CCG's overall procurement. Within procurement, pharmaceuticals are the highest contributor of greenhouse gas emissions (97%). Compared to last year, the carbon footprint of the CCG's pharmaceuticals decreased by 5%. The CCG has worked actively to reduce the carbon emissions associated with prescribing by implementing two programmes:

- There are now 33 clinical pharmacists working in Gloucestershire's general practices to help with prescribing and medication-related issue. This helps to alleviate the pressure on GP workloads whilst ensuring that patients receive expert advice. Moreover, it reduces medicine waste and therefore the greenhouse gas emissions embedded in the production and disposal of medicine.
- In July 2017, the CCG introduced a new service for patients, the Prescription Ordering Line or "POL", giving patients a dedicated phone line to call to request repeat prescriptions. The service saves administration time at both the surgery and pharmacy plus patients' time as they do not have to drop off their prescription requests at the surgery. It also ensures that medications patients do not need, are not re-ordered. The resulting reduction in patient travel and medicine waste will have a positive impact on the environment. So far, fourteen practices have signed up to use the service, covering a patient population of around 125,000. The Berkeley Vale Cluster has been benefitting from a similar initiative as the Prescription Ordering line (POL), called the Prescription Ordering Centre (POC), which is based within the May Lane practices in Dursley, and has been operating since April 2017.

Core emissions

The cut in the CCG's core emissions is due to a reduction in energy, gas and water consumption – see Graph 2 and Table 2.



Graph 2: **Carbon emissions due to energy use**

Emissions related to waste disposal have grown over the last year as there has been a slight increase in general waste going to landfill and a reduction in recycling waste. Greenhouse gas emissions associated with business travel have gone up by 20%, with a 22% rise in business travel by car and a 7% increase in travel by rail. This is due to an increase in business mileage.

Table 2. **Comparison of NHS Gloucestershire CCG's core greenhouse gas emission 2016/17 and 2017/18**

	Carbon footprint (tCO_2e)		
Core category	**2016/17**	**2017/18**	**Increase/ decrease**
Water use	1.68	1.63	-3.08%
Waste products and recycling	2.08	2.41	15.49%
Business mileage	87.43	105.22	20.35%
Gas	17.63	15.43	-12.46%
Electricity	199.74	165.89	-16.95%
Total core	**308.56**	**290.58**	**-2.28%**

Benchmarking the CCG's greenhouse gas emissions per population and operational expenditure has seen a negligible increase compared to last year – 0.1% and 1.5% respectively. The greenhouse gas emissions per operational expenditure are now at the level of 2015/16. However, per whole time equivalent (WTE) the carbon footprint has gone down by 12% per CCG employee. This decrease is mainly caused by an increase in WTE at the CCG and the fact that the overall rise in greenhouse gas emissions at the CCG was very small.

Commissioning

Though there has been a slight increase in carbon emissions associated with commissioning, the CCG has implemented several initiatives which are estimated to have a positive impact on the environment whilst improving patient care. Below are a couple of examples.

Fire service

The CCG, Gloucestershire County Council Adult Social Care (GCC) and Gloucestershire Fire and Rescue Service (GFRS) are working in partnership to reduce harm from falls. GFRS has a dedicated team of operational firefighters and Community Safety Advisors (CSA) who conduct 'Safe and Well' visits at people's homes throughout Gloucestershire to give individuals not only fire safety advice, but also advice on their general wellbeing. CSAs are trained to recognise winter-related illnesses and issues, such as falls, cold homes, flu and social isolation during health and wellbeing checks for the over 65s. 'Safe and Well' visits are likely to reduce the number of A&E visits. With an A&E visit being responsible for an estimated 49.9kgCO_2e, not taking into account any number of resulting bed days, 'Safe and Well' visits are likely to reduce the carbon emissions associated with health services.

In 2017/18, GFRS conducted 7644 visits. If 10% of visits prevented future A&E visits by ambulance, 38 tCO2e could be avoided.

Care home enhanced care (CHES)

The Gloucestershire Care Homes enhanced service which was launched in 2013 is still continuing. The service includes GPs carrying out regular planned visits (at least fortnightly), assessing medical needs, reviewing medicines and reviewing the reasons for hospital visits. An evaluation of the scheme at the end of the first year showed a 25% reduction in emergency hospital attendances amongst care home residents and a 5% reduction in admissions. With 49.9kgCO_2e being embedded in emergency visits and 37.9 kgCO_2e in inpatient bed days a reduction will cut the overall emissions associated with hospital services for care home residents.

Provider performance

The CCG understands that most of its carbon emissions derive from its commissioning activity. To alleviate its environmental impact, the CCG supports sustainability improvements across provider trusts by working with the largest provider trusts in Gloucestershire to share best practice as part of a quarterly sustainability forum. Moreover, all providers are asked to demonstrate their plans and policies on sustainability as part of the CCG's contracting processes. Below is a summary of the providers' performances and highlights in sustainability in 2017/18.

Gloucestershire Hospitals NHS Foundation Trust

In 2017/18, Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) achieved a carbon emissions reduction in the area of energy use – including gas, oil and electricity – and business travel – 29% and 52% respectively. However, the Trust experienced a slight increase in the emissions embedded in waste disposal, 2%, mainly in the category of landfill waste and other recovery methods – see Table 3. Carbon emissions caused by incineration reduced by 3%.

Table 3: **Carbon emissions of Gloucestershire Hospitals NHS Foundation Trust**

	Carbon footprint (tCO_2e)		
Categories	**2016/17**	**2017/18**	**Increase**
Energy use	24,191.31	17,173.42	-29.01%
Waste disposal	106.23	108.10	1.76%
Business travel	586.36	281.60	-51.98%

The Trust has implemented several sustainable travel, energy and waste initiatives in 2017-18 to lessen its environmental impact.

In August 2017, a new shuttle bus contract started. Buses are operating longer hours and are a larger size to encourage more staff to use the service. Staff can park at the Arle Court *Park and Ride* in Cheltenham and travel directly to either Cheltenham General or Gloucestershire Royal Hospitals. An additional stop at Gloucester bus station has proved popular and provides two additional buses each hour to the hospital. Two more stops will be added when the staff parking permit system is revised in autumn 2018.

The Trust is also working with the Gloucestershire County Council transport team and the other Gloucestershire NHS organisations on a variety of other transport projects including investigating better ways to promote bus use amongst patients, visitors and staff and exploring options for the joint procurement of pool cars and fleet vehicles together with ways in which the fleet can be 'greened'.

A combined heat and power unit is being commissioned at Gloucestershire Royal hospital and will be fully operational by summer 2018. Within the PFI building the program for replacement of LEDs will be completed by December 2018 and is expected to deliver total annual savings of £65,000 per annum. This translates to estimated yearly carbon emissions savings of 185 tCO_2e.

In the area of waste, the trial of a new range of recycling bins in the clinical utilities and bed bays of two Gloucestershire Royal Hospital wards was successful and the project has been rolled out to other wards. This

has increased the volume of cans and other recyclables from ward areas.

[2]gether NHS Foundation Trust

In 2017-18, [2]gether NHSFT reduced its carbon emission caused by energy use by 15% – see Table 4. Oil usage was reduced by the most, followed by electricity. Waste disposal emissions increased by 4% due to an increase in recycling and other recovery methods. However, waste disposal via landfill and incineration has been reduced. Emissions associated with business travel by car have been cut by 8%, but business travel by public transport increased by 53%.

Table 4: **Carbon emissions of [2]gether NHS Foundation Trust**

	Carbon footprint (tCO_2e)		
Categories	**2016/17**	**2017/18**	**Increase**
Energy use	2,864.20	2,434.75	-14.99%
Waste disposal	9.22	9.61	4.28%
Business travel by car and public transport	706.76	653.07	-7.60%

In 2017/18, the Trust has focussed on sustainable initiatives focussing on waste reduction and energy efficiency improvements.

In Nov 2016, the Trust adopted Warp It, an online re-use market place where members can offer their own or claim items from other organisations. This includes electrical and various furniture items. Since Nov 2016, [2]gether NHSFT has achieved £43,533 avoided cost savings. This is based on savings achieved by staff claiming items via Warp It and not having to buy new items. The savings figure also includes avoided administration time relating to raising purchase orders.

The Trust also encourage sites to have furniture repaired. The Trust's local office furniture and business equipment supplier, Robert Hall, provides a repair service for various furniture items – especially office chairs. Seats can be recovered and gas lifts replaced economically, resulting in fewer new chairs being purchased. Using Gumtree, the Trust has been able to offer various items of furniture to the public. This was very successful when clearing five recently closed sites. By using Gumtree and offering the items for no charge, the Trust was able to attract the interest of two furniture re-sellers (one from Worcester and one from Birmingham). Utilising their free collection service, at least £4,000 of disposal costs was avoided.

[2]gether NHSFT tends to use Warp It for about 95% of reusable items and Gumtree for the 5% remainder.

To improve energy efficiency, the Trust has installed new high efficiency gas condensing boilers at five properties, new Building Management control systems and inverter drivers at a few buildings, replaced dishwashers and a washing machine with A* rated machines, installed LED lighting and used celotex for insulation on a new roof.

Gloucestershire Care Services NHS Trust

The Trust continues to look at energy efficiency and sustainability opportunities.

Whilst Gloucestershire Care Services NHS Trust undertook some roofing and window replacements during the year (primarily at Stroud and Cirencester Hospitals), the most significant piece of work under this umbrella was the replacement of the lighting systems in Tewkesbury, North Cotswold Hospital and The Vale Hospitals.

It has been calculated that the new lighting at North Cotswold Hospital will reduce energy consumption by 70%, lead to annual savings of £14,470 and carbon emissions savings of 3.8 tCO_2e. As Tewkesbury and the Vale Hospitals are of a similar size to the North Cotswold Hospital it can be assumed that the savings are of a similar magnitude resulting in the Trust saving overall £43,410 and 11.4 tCO_2e.

Quality Improvement

The Health and Social Care Act 2012 S26(14R) sets out that Clinical Commissioning Groups have a duty to continually improve the quality of service. Our governance structure (see IGQC – page 54) ensures that Quality is embedded across the local health care system, supported by the development of our Quality Assurance Framework, which monitors and challenges quality in the organisations we commission services from. Gloucestershire CCG takes responsibility for Quality Assurance by holding providers to account for the delivery of contractual obligations and quality standards. We also take our own responsibility as system leaders seriously and offer training and development opportunities to facilitate service improvement.

Learning, Development, and Service Transformation

A highlight of the last year was the 'Hot Topics in Health and Social Care' conference, which ran for the second time and was organised by the Quality and Nursing Directorate. This conference reached care givers from across community settings and upskilled them in a wide range of topics, including key training on the awareness of pressure ulcers and infections.

The CCG is committed to developing a greater understanding of, and learning from, unexpected deaths within the county both in and out of hospital. We have therefore brought STP partners together to develop a county wide Mortality Review Group. This is in addition to supporting the national Learning Disabilities Mortality Review (LeDeR) run by Bristol University.

Both reviews share the same methodology and aim to streamline processes from across different organisations to avoid duplication, share best practice and improve outcomes for patients, families and carers the future.

The CCG worked alongside STP partners to deliver a one day conference on 'The Care Interface'. This brought together a variety of organisations to look at improving the experience of care when moving between hospital and community settings, including returning home or if required into a care home.

NHS England visited the STP to celebrate the system wide End of Life Strategy and the new End of life Care Clinical Programme Board. This brings together people who work in all the county's key health and social care organisations to continually plan and improve care for residents of Gloucestershire. Of particular note was the sense of collaboration, innovation and the number of patients and carers who had been involved in the development of this strategy.

Infection Prevention and Control

2017/18 saw the introduction of county-wide action plans to address the incidence of Escherichia coli and Clostridium difficile. These plans aim to reduce infection across the whole county and thus improve health outcomes. As the plans move to the implementation phase, the CCG is acting in a leadership role to offer support to all our partners for effective delivery.

A success for the county over the last year has been the increase of flu vaccination for frontline healthcare staff, which reached over 70% in all of Gloucestershire's main providers. This is a step change in improvement and is the result of hard work and determination from across the STP. Similar hard work was also needed to address the measles outbreak seen in Stroud in 2017. The CCG led the development of a 'Stroud Engagement Group' to increase MMR vaccination uptake in the district in those aged 16 – 19. The Group has already staged events at Stroud College and worked with the CCG's InfoBus to raise awareness.

Primary Care

The Health and Social Care Act 2012 S26(14S) also places a responsibility on the CCG to support primary medical services to continually improve. Over the course of the last year we have worked with a wide range of GPs to help share learning from Care Quality Commission (CQC) inspections, celebrate success and where needed provide additional support to improve care. In the case of one practice, our support together with their own hard work has helped them move from a CQC rating of 'inadequate' to 'good'.

Under the banner of 'raising awareness of adult safeguarding' our Adult and Children Safeguarding Team facilitated face to face level two safeguarding training for Primary Care and also developed a video focused on identifying potential abuse. It is our aim to increase confidence across Primary Care and in care homes to recognise and respond to safeguarding concerns.

In July 2017, we introduced a new service for patients – the Prescription Ordering Line, or "POL" for short. This gives patients a dedicated phone line to call – 0300 421 1215 – to request their repeat prescriptions. Our team can then process the request through the patient's registered GP, and the prescriptions are sent electronically to their chosen Chemist. Patients like being able to request their repeat prescriptions over the phone instead of having to drop off a request at the GP surgery. It also saves admin time at both the Surgery and the Chemist, as well as saving money by ensuring medications don't get ordered that patients no longer want.

The service is open from 9am to 5pm Monday to Friday. Fourteen practices have signed up to use the service so far, covering a patient population of c.125,000. Over 14,000 calls have now been handled, and the service is proving increasingly popular: in the eight months since the service started, the number of calls has been increasing by an average of 8% per week.

Engaging people and communities

Supporting patient and public participation (communication, involvement and engagement)

The CCG has two Lay Members of its Governing Body with responsibility for Patient and Public Involvement: Akan Elkin and Joanna Davies, and a further Lay Member with responsibility for matters relating to Equality and Diversity: Peter Marriner. The Executive lead for both patient and public involvement and diversity is the CCG Director of Nursing and Quality Lead: Dr Marion Andrews-Evans.

Strategic approach

The CCG has two strategies currently associated with matters related to Engagement people and communities, the GCCG Experience and Engagement Strategy 'Our open Culture' and GCCG Strategy for promoting equality 'An Open Culture':
www.gloucestershireccg.nhs.uk/feedback/gccg-engagement-and-experience-strategy/
www.gloucestershireccg.nhs.uk/about-us/equality-diversity/

The 'Open Culture' approach promotes three participation principles: 'Equality' and working in 'Partnership' and the desire to enable 'Anyone and Everyone' to have a voice. To achieve this we will utilise three methods of delivery: 'Information and good Communication', focus on 'Experience' feedback and undertake good 'Engagement and Consultation'.

The CCG's aim is to ensure that it achieves the essential conditions and culture within the organisation to make effective engagement a reality and to ensure that the individual's experience of care is a driver for quality and service improvement. We want to understand the needs of our diverse community and strive to treat everyone as an individual, with dignity and respect, in accordance with their human rights.

Assurance

Engagement activity undertaken by the CCG as a commissioner of services and as a system partner involved in specific joint projects or through the STP programme, as well as provider performance in relation to patient experience measures such as national surveys, Patient Reported Outcome Measures (PROMs) and Friends and Family Test (FFT), is reported bi-monthly to the CCG Integrated Governance and Quality Committee, with highlights reported monthly through the CCG Performance dashboard.


3.11 Performance – Patient Experience

PROMS

FFT Top Line Messages:

Levels of engagement

The CCG is committed to co-production of service developments with the public. For us engagement consists of three levels of engagement, which describe a continuum from activities associated with responding to an individual's experience of care through to formal public consultation.

Our approach recognises that some individual's engagement with us will not extend beyond the receipt of treatment and care, but for others it will be an important element of their lives. We respect the fact that each individual's wish to be involved will depend on their own circumstances, which may change at any time.

We have a range of opportunities for involvement, which are responsive to individuals' changing circumstances. These pay attention to the differences between particular individuals and groups and we tailor our approach accordingly.

For instance:

- all Clinical Programme Groups (CPGs) include public representatives, who work alongside clinicians and managers as equal partners to develop new care pathways and design new services
- we have an established Patient and Public Group (PPG) Network, which meets quarterly and draws PPG (GP practice patient participation group) representatives from across Gloucestershire to hear about progress, latest developments and participate in shaping new ones
- our Information Bus visits parts of the county, literally taking engagement 'on tour', sharing information, promoting opportunities to get involved and collecting feedback from local people
- designing workshops, facilitating 'in the field visits' and preparing reports and presentations to support the role of members of the county's Health and Care Overview and Scrutiny Committee (HCOSC)
- reaching out using methods which local people have told us work to enable and support them to get involved, such as using social media, dedicated engagement and consultation websites, preparing easy read versions of information and visiting schools and colleges during study time
- targeted engagement with patients and carers to support the procurement of new services, such as primary care services e.g. GP services
- the CCG co-produced a Polish Health Fest working with a community representative and Healthwatch Gloucestershire and local statutory and VCS partners.

Impact of engagement

The CCG produces a stand-alone Annual Report: An Open Culture: Engagement – Equality – Experience
www.gloucestershireccg.nhs.uk/about-us/equality-diversity/reports/

The report is supported by case studies, all of which describe 'what we learned /outcome and what went well' and 'next steps':
www.gloucestershireccg.nhs.uk/about-us/equality-diversity/case-studies/

The following are two examples of the impact of engagement/consultation activities undertaken:

Gloucestershire localities in support of the National Diabetes UK Campaign for 2017: "Know Diabetes, Fight Diabetes"

What we learned/outcome

It's important for all diabetes patients to know about their diabetes and how best to manage it. Unfortunately, we know that not all patients are aware of how to access educational resources to give them the knowledge and confidence to manage their diabetes well.

With a particular high rate of minor amputations reported in the county, it is vital to improve awareness of good foot care and reduce the number of people with diabetes undergoing preventable amputations.

The Information Bus events were well attended and we anticipate replicating this type of event in the future. There were some challenges in staffing the full range of health checks/advice anticipated and

further consideration needs to be given to see whether it is possible to monitor "take-up" of onward referral.

What worked well

- A targeted message about healthy lifestyles for pre-diabetes and raising general awareness of diabetes with signs and symptoms contributed to the success of the campaign
- It was important to stock plenty of information resources for members of the public to take away
- The variety of organisations involved and represented on the Information Bus widened the appeal to members of the public and provided great networking opportunities for those on board.

National Diabetes UK Campaign: Next Year

Future campaigns need to ensure:

- We reach our "target audience." Further consideration needs to be given to some of the locations/ times of events – consider weekend session
- All nurses have necessary professional indemnity to deliver testing in a community setting
- Representation from podiatry services, or contact details for follow-up, for people identified as "high risk"
- We can always deliver the full range of professional testing/advice at each event
- Resource is available to actively seek feedback from attendees. A feedback survey was developed, but not many of these were completed at the events
- Consideration is given to how we could follow-up with local practices to see whether people acted on the referrals.

Community Hospitals in the Forest of Dean – public consultation

What we learned/outcome

In total, members of the consultation team supported 52 events, accounting for 1318 face-to-face contacts at consultation events with local residents

During the consultation there were:

- 3,456 individual visitors to the consultation website
- 27,498 Twitter impressions
- 3,779 Facebook impressions
- Facebook consultation advertisement, total number of people reached:
- 15,420, of which 11,918 was a result of paid-for advertising, and 3,502 as a result of organic sharing
- 38,720 Facebook consultation advertisement impressions – the number of times our advert was displayed, whether the post was clicked on or not. The advertisement can be attributed to generating an additional 834 clicks to the consultation website home/landing page. Once the campaign finished online, Facebook gave us a relevance score of 8 out of 10. The high score shows how relevant our advert was to our target audience, compared to other adverts which may have targeted the same audience.

In response to the consultation activity we received:

- 3344 surveys (including 354 Easy Read surveys) submitted between 12 September and 10 December (receipt of postal surveys extended by 2 extra days to account for inclement weather conditions at the end of the consultation period)

- 28 items of correspondence received (emails and letters).

Healthwatch Gloucestershire, the county's independent health and care champion, took a keen interest in the consultation. This took the form of attending a number of the presentations and 'drop-ins' as well as reviewing the information available to the public.

Healthwatch Gloucestershire's made three specific comments regarding the consultation process. These are highlighted below:

1. "Healthwatch Gloucestershire was impressed by the high level of preparation that had gone into the consultation which provided a good opportunity for residents of the Forest of Dean to participate and share their views. The consultation included a range of ways for people to have their say including attending public meetings, visiting an information bus, and drop-ins – all delivered in local venues. There was also on online option to share views via a survey. We were impressed by the number of face-to-face opportunities for engagement with nearly 100 people present at the Lydney meeting and a high number of drop-ins. Every presentation we attended was handled professionally including when there was robust challenge and questioning by local people
2. The consultation was supported with good quality information which explained the 'case for change', background, FAQs, and the options. We were impressed by the dedicated website which provided clear and very comprehensive information. The audio-visual content was useful for those who like to access information in this way as was the easy-read documentation
3. The information available clearly set out the preferred option of the commissioners and the provider and invited local people to say whether or not they agreed with this option. We believe that taking such a clear position is helpful."

Community Hospitals in the Forest of Dean: Next steps

Following the consultation, the decision was taken to proceed with the preferred option of a new community hospital in the Forest of Dean.

The next steps in the programme include identifying a location for the new hospital; this process will be supported by a Citizen's Jury.

Citizens Juries Community Interest Company (CIC) has been appointed to run an independent citizens' jury, to consider the location of a new hospital.

The appointment of Citizen's Juries CIC reflects feedback from the public consultation where people who responded were clear that they wanted local residents to be involved in making a recommendation to Gloucestershire Care Services NHS Trust and NHS Gloucestershire Clinical Commissioning Group regarding the preferred location of a new community hospital for the Forest of Dean.

The "jury" will be made up of 18 local residents and four health care professionals. In April, Citizens Juries CIC will invite applications from local residents to be involved in the jury, ensuring a balance in terms of age, gender and geography.

It is expected that the jury will sit for three and a half days and be presented with information and hear from expert witnesses to take a view on whether they think the new hospital should be located in, or near, Cinderford, Coleford or Lydney.

Engaging people and communities in 2018/19

Strategic approach: During 2018/19 the CCG plans to integrate the two strategies described above to create a comprehensive 'Open Culture' Strategy encompassing engagement, experience and equality. Adopting a co-production approach, this strategy will be shared at an early stage of development with key stakeholders such as Lay Members, PPG representatives and Healthwatch Gloucestershire.

Levels of engagement: This year the CCG and Healthwatch Gloucestershire are co-producing facilitation training for patient and community representatives and hosting a workshop entitled: Why do people become patient and public contributors? Inviting people to share their experience and knowledge of being a public and patient contributor to help the CCG to recruit new volunteers.

We will continue to work with our partners across the health and social care system in Gloucestershire, a key focus for 2018/19 will be activity to support engagement and consultation associated with the county's Sustainability and Development Plan (STP). A communication and engagement plan has been developed to support the STP approach, to ensure comprehensive and planned engagement and communication with the public and key stakeholders.

Reducing health inequalities

Reducing health inequalities is at the core of our work and is central to the Clinical Programmes Approach.

A Clinical Programmes Approach describes how we work with clinicians, patient representatives, public health and members of the public to improve the access, quality, effectiveness and delivery of health care through the re-design of services.

This can include diabetes, circulatory problems, breathing problems to name a few.

Our innovative Enabling Active Communities Board sets the strategic direction for how we work with our communities and make the most of local resources to enable communities to become more active, stronger and more sustainable.

The board is made up of key partners which includes public health, district councils, parish councils, police, fire service, and the voluntary and community sector. This ensures a multi-agency approach that aims to tackle the causes and the wider determinants of health.

The CCG is currently advertising for a GP Health Inequalities Fellowship for Gloucester City that will look to tackle local issues and support the most vulnerable people within our society.

Health and Wellbeing Strategy

The CCG continues to play an active part in the implementation of the Joint Health and Wellbeing Strategy.

This includes the development of a new Prevention and Self-Care Board that provides oversight of the Joint Health and Wellbeing Strategy, Joint Strategic Needs Assessment and STP Prevention and Self-Care Plan.

A Joint Strategic Needs Assessment looks at the current and future health and care needs of our population to inform and guide the planning and commissioning (buying) of health, well-being and social care services across Gloucestershire.

The CCG has worked alongside the Director of Public Health and partners to plan and deliver a suite of prevention activities spanning different settings, life stages and clinical programmes.

Some examples include working with Leeds Beckett University and Gloucestershire County Council on a whole system obesity pilot, as well as leading on the implementation of the National Diabetes Prevention Programme.

Constitution Standards 2017-18

The CCG aims to ensure that local patients benefit from the best quality care through meeting targets set out in the NHS Constitution. CCG performance is monitored by the Governing Body throughout the year.

Where issues persist, an investigation is undertaken by the CCG and the CCG works with the provider concerned to try to remedy the issue. Contractual measures may also be used.

2017/18 has continued to be a challenging year with regards to performance against NHS constitutional targets and the CCG and local providers have been working through a number of issues to try to improve the position and good progress against a number of areas is being made

Performance indicators relating to the urgent care system were already below national target levels in 2016/17. However, despite continuing pressure on the system, significant progress has been made in improving performance for patients and this is highlighted elsewhere in this Report. In addition to this, these challenges have negatively impacted performance in elective care. This an area that the CCG will be looking to improve in 2018/19.

2017/18 Performance against the NHS Constitution Indicators is given below with the standards being achieved:

	2017/18 Status	2018/19 forecast
Cancer – first definitive treatment within 31 days of a cancer diagnosis	Green	Green
Cancer – subsequent treatment for cancer within 31 days – surgery	Amber	Green
Cancer – subsequent treatment for cancer within 31 days – Drug Regime	Green	Green
Cancer – subsequent treatment for cancer within 31 days – Radiotherapy	Green	Green
62 day wait for first treatment following referral from an NHS cancer screening service	Green	Green
62 day wait for first treatment for cancer following a consultant's decision to upgrade the patient priority	Green	Green
Dementia Diagnosis rate	Green	Green
IAPT Recovery rate	Green	Green

However, there are some areas where the performance has fallen short of the required targets or standards in 2017/18 which require particular attention in the year ahead to improve performance. These are:

	2017/18 Status	2018/19 forecast
The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period	National Reporting Suspended	National Reporting to Recommence
Ambulance Category 1 mean response time	Amber	Amber
Two week wait for breast symptoms (where cancer was not initially suspected)	Amber	Green
All cancer 2 week waits	Red	Green
Diagnostic test waiting times – under 6 week waits	Red	Green
Referral to Treatment pathways greater than 52 weeks	Red	Amber
62 day cancer target (percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer	Red	Green
Four hour A&E target	Amber	Amber
Mixed sex accommodation breaches	Red	Green
IAPT Access rate	Amber	Green

The tables above relate to NHS Constitution requirements. The method of calculation can be found at: **www.england.nhs.uk/everyonecounts**

Referral to Treatment (RTT): Due to the implementation of the GHFT TrakCare System (a new Patient Administration System) national reporting against this standard was suspended during 2017/18. We are working closely with the Trust to resolve these issues which include offering support from the CCG data/ information team. TrakCare meetings are in place with CCG, NHSE, NHSi and GHFT.

The CCG regularly receive updates on the progress of treatment for Gloucestershire patients at out of county providers. Commissioners are provided with assurance that all patients have been clinically reviewed and have confirmed dates to come into hospital. Performance management is being undertaken in conjunction with the lead commissioner for planned care, through the Access and Performance meetings.

For the Trusts where we are an associate commissioner, we receive the monthly performance position highlighting the issues and have an opportunity to challenge progress.

4 hour Emergency Department maximum wait: Delivery of this standard has been very challenging but significant progress has been made during 2017/18, with key actions focused on reducing delays in discharge from hospital and ensuring that all providers involved in urgent care are working together to respond to pressures on the urgent and emergency care system. This resulted in the Trust achieving 95.3% in November 2017, meeting the national target in full. The last time that was achieved was June 2015. Overall for 2017/18 the Trust achieved 86.7%.

The CCG continues to implement 10 work programmes to increase urgent and emergency care system resilience to ensure that the system can cope with peaks in demand. These actions are set out in our system resilience plans and focus upon self-care, signposting, admission avoidance, reduction in acute bed base capacity, in-hospital care, hospital discharge and community services.

Diagnostic waits: The proportion of patients waiting over 6 weeks for a diagnostic procedure has improved from the previous year, but despite significant improvements performance still remains below the national target over the full year. There has been continuous improvement seen in quarter 4 of 17/18, which we look to maintain going into 18/19.

Cancer waiting times: Delivery of cancer targets has been pressured with increased demand for 2 week waits throughout 2017/18. Urology continues to be an area of concern. The CCG has worked closely with the Trust and NHS improvement to agree a plan for recovery in 2018/19, including pathway reviews and the introduction of a multi assessment and diagnostic cancer clinic.

Mental health targets: Gloucestershire CCG continues to meet dementia diagnosis rates achieving the 66.7% standard in 2017/18. IAPT Recovery rates are expected to continue to deliver the target of 50% in 2018/19, with a trajectory agreed with [2]GT and NHS England to bring IAPT Access rates back to the stretch target during the year. A detailed plan has been worked up to support the full delivery of the IAPT target at the end of 2018/19; further investment has been made along with a service development and improvement plan. The development plan focuses on review of the current pathways and stabilisation of workforce.

Children and Young People – our investment in online and face to face counselling services has increased the number of children and young people accessing support for mental health issues by over 700 per annum. This together with other initiatives means that we have met the NHS England target to improve access for more young people and are on track to deliver our target for the coming year.

Quality Premium

The Quality Premium is intended to reward the CCG for improvements in the quality of the services that we commission and for associated improvements in health outcomes and reducing inequalities. The Quality Premium is assessed in the year following delivery, results for 2016/17 are shown below:

Domain	Description	Achievement
Cancer – Cancers diagnosed at early stage	Demonstrate a 4% improvement in the proportion of cancers diagnosed at stages 1 and 2 in the 2016 calendar year compared to 2015 OR achieve greater than 60% of all cancers diagnosed at stages 1 and 2 in the 2016 calendar year. *Note: The CCG, and partners, are continuing to deliver extensive GP education, public awareness and care streamlining projects to improve the early diagnosis of cancer in the county*	Not Achieved
E-Referral – Increase in the proportion of GP referrals made by e-referrals	Meet a level of 80% by March 2017 (March 2017 performance only) and demonstrate a year on year increase in the percentage of referrals made by e-referrals (or achieve 100% e-referrals) OR exceed March 2016 performance by 20 percentage points. *Note: Significant progress continues to be made and the CCG is on track to deliver 100% of GP referrals to consultant led first outpatient services ahead of the national target date (1st October 2018)*	Not Achieved
GP Patient Survey – Overall experience of making a GP appointment	Achieve a level of 85% of respondents who said they had a good experience of making an appointment OR A 3% increase from July 2016 publication on the percentage of respondents who said they had a good experience of making an appointment	Achieved
Improved antibiotic prescribing in primary care – Part a) reduction in the number of antibiotics prescribed in primary care	A 4% (or greater) reduction on 2013/14 performance OR Equal to (or below) the England 2013/14 mean performance of 1.161 items per STAR-PU	Achieved
Improved antibiotic prescribing in primary care – Part b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care	Either to be equal to or lower than 10%, OR to reduce by 20% from each CCG's 2014/15 value	Achieved
LOCAL: Respiratory - Emergency COPD admissions relative to patients on disease register	Reduction of COPD Emergency Admissions from 14/15 result (1136) to 1074 (5.5% Reduction)	Achieved
LOCAL: Trauma and Injury: Injuries due to falls per 100,000 population ages 65+	Reduction from 14/15 result 1749.75 per 100K pop to 1666.62 per 100K pop	Not Achieved
LOCAL: Cross Cutting: Emergency admissions for chronic ambulatory care sensitive conditions for people of all ages per 100,000 total population	Reduction from 14/15 result of 652.9 per 100K pop to 603.20 per 100K pop (8% Reduction)	Not Achieved

The total quality premium payment for a CCG will be reduced if its providers do not meet the NHS Constitution rights or pledges for patients in the following key indicators;

NHS Constitution Indicator	Achievement
Ambulance clinical quality – Category A – 8 (Red 1) minute response	**Achieved**
Four hour A&E target	**Not Achieved**
Ensure that patients start their consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions	**Not Achieved**
Maximum two week (14-day) wait from urgent GP referral to first outpatient appointment for suspected cancer.	**Not Achieved**

CCG Improvement and Assessment Framework

CCGs play a major role in achieving good health outcomes for the population that they serve. NHS England has designed a set of outcome measures (or domains), described below, that help to demonstrate how well an individual CCG is tackling important health outcomes.

All CCG's are assessed on a quarterly basis by Area teams of NHS England against these domains/indicators based on a standardised framework.

The framework is intended as a focal point for joint work and support between NHS England and CCGs, and was developed with input from NHS Clinical Commissioners, CCGs, patient groups and charities. It draws together the NHS Constitution, performance and finance metrics and transformational challenges and will play an important part in the delivery of the Five Year Forward View.

Domain	Q1	Q2	Q3	Q4 forecast
Better Health	Good	Good	Good	Good
Better Care	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Sustainability	Good	Good	Good	Good
Leadership	Good	Requires Improvement	Good	Good

Mary Hutton,
Accountable Officer
May 24 2018

Corporate Governance Report

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

It comprises the:

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

Members' report

Gloucestershire CCG (The CCG) is responsible for planning and commissioning health services for a local population of 630,000. The CCG was authorised in April 2013 and operates in accordance with its **constitution** with a governing body comprising clinicians, lay members and executive directors. Dr Andy Seymour is the Chair of the CCG.

Member Practices

The CCG is a clinically led organisation with 76 GP member practices, organised into 16 cluster and 7 localities. Our member practices help to shape local health services. A listing, by Locality, of each of the 76 member practices is provided in the main body of the Annual Report.

Member profiles

For a list of Governing Body members and their records of attendance at Governing Body meetings see the CCG website: www.gloucestershireccg.nhs.uk/about-us/the-governing-body/

Member's profiles

These can be viewed on the CCG website: www.gloucestershireccg.nhs.uk/about-us/the-governing-body/

Committee(s), including Audit Committee

For a list of Audit Committee members and a record of their attendance at meetings, which also includes details of sub-committees of the governing body and members record of attendance at meetings visit: www.gloucestershireccg.nhs.uk/about-us/the-governing-body/

Register of Interests

The CCG maintains a Register of Interests in line with its Standards of Business Conduct Policy and details are set out within its Constitution. The **Register of Interests** is updated whenever there is an update or change and posted on the CCG website quarterly: www.gloucestershireccg.nhs.uk/about-us/the-governing-body/

In addition, at the start of each meeting of the Governing Body and formal committee meetings, members are required to declare any conflicts of interests in relation to the items on the agenda and discussion is held around how any conflicts have been handled and this is formally recorded in the minutes.

Personal data related incidents

There were no personal data related incidents that took place from 1 April 2017 to 31 March 2018

Statement of Disclosure to Auditors

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

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

Modern Slavery Act

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

Section 54 of the UK Modern Slavery Act (2015) requires commercial organisations that operate in the UK and have an annual turnover above £36m to produce a Slavery and Human Trafficking statement each year. The statement sets out how a business is taking steps to address and prevent the risk of modern slavery in operations and supply chains. Although NHS GCCG is a public sector organisation, the CCG has taken steps to ensure that its procurement processes have been reviewed in light of the legislation; so that a section on the Modern Slavery Act (2015) is included in the Standard Selection Questionnaires (SSQs) formerly known as Pre-Qualification Questions for companies interesting in bidding for health service contracts. This section requires bidders to confirm that they are compliant with the annual reporting requirements contained in s.54 of the 2015 Act.

Statement of Accountable Officer's Responsibilities

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

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

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

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

Under the National Health Service Act 2006 (as amended), NHS England has directed each Clinical Commissioning Group to prepare for each financial year financial statements in the form and on the basis set out in the Accounts Direction.

The financial statements are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its net expenditure, changes in taxpayers' equity and cash flows for the financial year.

In preparing the financial statements, the Accountable Officer is required to comply with the requirements of the Group Accounting Manual issued by the Department of Health and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the Group Accounting Manual issued by the Department of Health have been followed, and disclose and explain any material departures in the financial statements
- Prepare the financial statements on a going concern basis.

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

I also confirm that:

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

Mary Hutton,
Accountable Officer
May 24 2018

Performance Report – an overview
Performance Report – performance analysis
Accountability Report
Governance Statement
Remuneration and staff report
The Financial Statements

Governance Statement

Introduction

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

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

As at 1 April 2017, the clinical commissioning group is not subject to any directions from NHS England, issued under Section 14Z21 of the National Health Service Act 2006.

The CCG is a membership organisation and the provider of primary medical services drawn from seven localities:

- Cheltenham
- Gloucester City
- North Cotswolds
- South Cotswolds
- Stroud and Berkeley Vale
- Forest of Dean
- Tewkesbury, Newent and Staunton.

Practices that provide primary medical services to a registered list of patients under either a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract are eligible to apply for membership of the CCG.

Gloucestershire GPs have a strong tradition of being involved in the planning and design of services for their patients and are committed to working with patient groups, local stakeholders and partners across the county to put residents at the heart of the CCG's work. Renewed energy has been put into reviewing the CCG's vision and values in 2017 and communicating this widely to its member practices, staff and partners.

Scope of responsibility

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

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

Governance arrangements and effectiveness

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

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

Governance Statement

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

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

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

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

Governing Body – Structure

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

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

Governing Body – Meetings

The Governing Body is chaired by Dr Andy Seymour. It met six times in 2017-18 and all meetings were quorate. During the year, the Governing Body:

- Approved the preferred option of a new community hospital in the Forest of Dean to replace Dilke Memorial Hospital and Lydney and District Hospital
- Ratified a number of key governance documents including the Standards of Business Conduct Policy recommended by the Audit Committee
- Approved the Primary Care Workforce Strategy and Organisational Development Strategy
- Received reports on the Future In Mind project, Winter Resilience Plan and the Sign Up to Safety initiative and
- Approved the Local Health Resilience Partnership Mutual Aid Agreement.

Audit Committee

The Audit Committee is responsible for the oversight of financial assurance matters and reviews all internal and external audit reports, and has no executive membership. The committee met six times in this financial year and was quorate on each occasion. The committee is chaired by Colin Greaves, Lay Member for Governance. The membership of the committee can be found on the CCG website: www.gloucestershireccg.nhs.uk/about-us/the-governing-body/

Across the year, the committee reviewed a number of internal audit reports including action plans, relating to the following service areas:

- Medicines Management
- Human Resources
- Conflicts of Interest
- Cyber Security
- Risk Management

- Continuing Healthcare
- Joining Up Your Information (JUYI) project.

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

- Counter Fraud
- Declarations of Interest including the gifts and hospitality register
- Quality, Innovation, Productivity and Prevention (QIPP) Report
- Procurement Decisions
- Waivers of Standing Orders
- Aged Debtor report.

Integrated Governance and Quality Committee (IGQC)

The Integrated Governance and Quality Committee is chaired by Julie Clatworthy, Registered Nurse and is responsible for the assurance of quality and patient safety issues, and integrated governance including policies and risk management. The membership of the committee can be found on the CCG website: www.gloucestershireccg.nhs.uk/about-us/the-governing-body/ During 2017-18 the committee met six times and was quorate on each occasion. The committee had oversight of the following:

- Quality issues across Gloucestershire providers through the Quality Report and Dashboard
- Policies including approval of the effective clinical commissioning, HR and governance policies
- Health and Safety briefings
- C Difficile deep dive report
- Fractured Neck of Femur Mortality Report
- Improving the quality of Cancer care in Gloucestershire report.

Primary Care Commissioning Committee (PCCC)

As the CCG has delegated authority for the commissioning of primary care, it has an established sub-committee which manages the delivery of primary care services as within the context of the overall CCG Plan. The committee is chaired by Alan Elkin, Lay Member for Patient and Public Involvement. The membership of the committee can be found on the CCG website here: www.gloucestershireccg.nhs.uk/about-us/the-governing-body/ This year, the committee met six times during the year and was quorate on each occasion. The committee approved the following:

- Standard Operating Procedure for applications for contractual mergers
- Contractual merger for Barnwood Medcial Practice, Heathville Medical Practice, London Medical Practice and Saintbridge Surgery
- The merger of Lechlade Medical Centre and The Park surgeries
- The merger of the College Yard Surgery and Highnam Surgery and Cheltenham Road Surgery
- The closure of the branch surgery at Tetbury Hospital from Romney House Surgery, and branch surgery at Andoversford from Sixways Clinic
- Request to close branch surgery at Wheatway and St Michael's Square from Hadwen Medical Practice, Gloucester.

Priorities Committee

The purpose of the priorities committee is to advise the local NHS health economy as to the health care interventions and policies that should be given high or low priority. The priorities committee helps the CCG and its localities choose how to allocate its resources to promote the health of the local community, based on the local health needs assessment. The committee is chaired by Dr Andy Seymour, Clinical Chair. Committee membership is detailed on the CCG website: www.gloucestershireccg.nhs.uk/about-us/the-governing-body/

During 2017/18 the committee met eight times and was quorate at each occasion. The committee approved business cases for the following schemes:

- Online Counselling for Children and Young People
- New Born Hearing Screening service at Gloucestershire Hospitals NHS Foundation Trust
- Continuous Glucose Monitoring
- Dispensing Appliance Contractors
- MSK Triage from April 2018.

Remuneration Committee

The Remuneration Committee determines and approves the remuneration, fees and other allowances for CCG employees (specifically, very senior managers, consultants and contractors etc.). The membership of the committee can be found on the CCG website: www.gloucestershireccg.nhs.uk/about-us/the-governing-body/. The Remuneration Committee is chaired by Alan Elkin, Lay Member for Public and Patient Engagement. It formally met twice in 2017-18.

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

Annual assessment of committee effectiveness

Each of the Governing Body sub-committees conducts an annual assessment of the committee's effectiveness. A survey is completed by committee members and a report along with recommendations for improvement is produced for each of the committees. Committee chairs are schedule to meet in March 2018 to consider the findings and recommendations relating to each committee. A review will be undertaken to ascertain any gaps or duplication of functions and business activities with a view to making systematic changes and improvements.

UK Corporate Governance Code

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

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

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

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

Discharge of Statutory Functions

In light of recommendations of the 1983 Harris Review, the clinical commissioning group has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the clinical commissioning group is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

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

Risk management arrangements and effectiveness

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

Core Leadership team. All directorate risk registers are held and managed at a local level.

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

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

The GBAF identifies the key risks, actions, controls and assurances that have been put in place by the organisation and that may have an impact on the CCG's principal and strategic objectives. The CRR identifies those high-level operational risks that could threaten the achievement of the CCG's operational objectives. The CCG has utilised the National Patient Safety Agency (2006) Risk Assessment Tool and the (5x5) Risk Matrix to grade and frame risk scores, and to demonstrate what type of risk the CCG looks to identify in the areas of safety, quality, finance, statutory compliance, people, claims and complaints. Key risks are owned by an Executive Director to ensure appropriate accountability for the management of risk. The Governance team provides oversight, challenge and consistency checks of risks on the directorate risk registers that populate the CRR and GBAF.

Throughout 2017-18, the Governing Body regularly received reports on risk through its respective committees. The Integrated Governance and Quality Committee (IGQC) scrutinise and challenge the risks on the CRR and GBAF providing effective feedback to directors. The IGQC is "the Assurance Committee" and monitors the quality of the GBAF and the CRR and refers significant issues to the Governing Body. The committee supports the Governing Body by ensuring that effective internal control arrangements are in place. IGQC receives and considers the latest iteration of the GBAF and CRR at every meeting along with updates on significant developments.

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

Capacity to Handle Risk

In 2016/17 PwC Internal Audit review focussed upon the addition and removal of risks from the risk register; the nature and extent of risk discussion in key management meetings and a high level review of risk registers. The report was issued as low risk. Following on from this report, in March 2018, Internal Audit undertook a Risk Management Advisory Review of the CCG's approach to risk management. The objective was to review the controls that the CCG had established for risk identification through an advisory approach. The report presented their observations from meetings held with four of the CCG Directors in February 2018 where they challenged them on their approach to risk identification.

As background it was noted in the 2016/17 report that work had been undertaken to improve the rigour with which directorates undertook risk assessment and management. The new project management software Verto was commended. The software includes risk management functionality where project risks, if relevant, can be linked to corporate level objectives; thereby integrating risk identification and management throughout project management. Additionally, the report highlighted detailed reporting to IGQC of red rated risks, which was noted as an area of good practice. There were three low recommendations and one advisory which have been resolved *(see improvements made)*.

- There was limited documented evidence of challenge of risk ratings and actions where risks had not been moved over time
- There was inconsistent consideration of risk within directorates (for example not all directorates had risk as a standing agenda item in their meetings)
- There was a recommendation to update the Risk Management Policy to reflect the CCG's risk appetite.

2017/18 Advisory review

Three areas of good practice were noted including

- Directors were comfortable that risks were discussed appropriately at departmental meetings. This is an important part of ensuring that risks are understood across the CCG and that staff can raise areas of concern for escalation
- Broadly Directors were confident that the risks on their registers were accurately scored when challenged. Equally, the action plans against each risk were seen as targeted and sufficient to manage the risks
- Directors were confident that risk owners were aware of what is expected of them to manage their risks.

There were opportunities for improvement including:

- Risk identification of key concerns needs to be systematically reported
- Risk identification and articulation could be improved by systematically applying the guidance provided to directorate teams
- Cross cutting risk themes could be developed by an improved understanding of other directorates risks
- Risk closure needs to be communicated better
- The organisation's approach to risk appetite needs to be discussed and understood and applied.

Risk Management improvements

During 2017/18 further improvements have been made to respond to the Internal Audit's recommendations as follows:

- Redesign of the corporate risk register and the Governing Body assurance framework
- Implementation of directorate risk registers
- Implementation of new guidance for risk leads and directorates on completing the risk registers
- Improved identification and articulation of risk, and dynamic approach to assessing risk escalation and closure
- Narrative report produced to accompany CRR and GBAF for IGQC and the Governing Body
- Detailed reporting of risk to IGQC with a deep dive into 'red' risks
- Risk deep dive template developed that will be implemented to provide risk leads with clearer guidance on producing a 'deep dive' report and answering committee concerns
- Risk management training delivered either 1:1, at directorate team meetings and via lunch and learn session based on case studies of risk and understanding risk appetite. This training provides guidance on risk identification, description, scoring and interrelated risk across directorates
- Governing Body risk management training, will be delivered focusing on identifying the CCG's risk appetite scheduled for June 2018
- A scheduled review of the Risk Management Policy in March 2018 with plans to produce a Risk Management Strategy in July 2018/19 financial year including the CCG's approach to risk appetite
- Verto the project management software incorporates risk registers linked to projects. High level project risks are escalated to the relevant directorate risk register
- The Project Management Office incorporates impact assessment of all kinds e.g. equality, quality, sustainability, into the CCG project management process. Risks identified through this process are then included in the project risk register on Verto
- Incident reporting is encouraged both in relation to CCG day-to-day business and within provider contracts and is monitored though provider quality review groups. Primary Care contractors are encouraged to report primary care incidents though an online reporting tool 'Quality Alert', promoted widely to CCG member practices. Risks that emerge through incident reporting are included on the relevant directorate risk register
- The CCG's programmes and projects actively seek the engagement of patients, carers and local communities and draw upon patient and service user experience feedback to inform performance and risk monitoring and service redesign. [See Engaging people and communities].

Key risks identified in 2017-18

There were a number of key risks reported during the 2017-18. These were the focus of dedicated governing body business sessions taking a deep dive risk analysis of Trakcare; specialised commissioning and constitutional targets.

- Failure to effectively implement Trakcare at GHFT. This has led to risks around patient safety, quality and experience and lack of robust data for effective contract management leading to financial risks. The CCG has facilitated a recovery plan working alongside GHFT to provide sufficient resources both human and financial to address the implementation of the patient administration system. However there are effective recovery plans in place to reduce the risk during 2018-19 with an expected reduction in the risk rating as more accurate data is reported through Trakcare
- There is a risk that the current lack of knowledge of NHSE strategy for specialised services and lack of engagement with NHSE in relation to specialised services results in significant uncertainty. Specialised commissioning had transferred to NHSE but there has been a lack of effective communication and liaison. The plans for an established Project Management Office include a role that has responsibility for specialised services liaison
- Risk that delayed implementation of STP Solutions or failure of projects to deliver anticipated benefits, leading to under-delivery on planned care STP savings target. Therefore transformation projects may not deliver the expected outcomes. Risk mitigation plans are in place with robust project management structure and processes in place; all projects have KPIs and are reported on Verto, there is monthly performance monitoring and reporting to the Executive Team at the Senior Managers meeting and the Governing Body through the performance reports
- Failure to comply with NHS Constitution and national and local access targets for planned care, including 2ww, over 52 ww, 62 day cancer target, diagnostic 6-week target and planned follow-ups. There are a range of actions being taken to address this risk including the implementation of the Trakcare recovery plan. Additionally, there are monthly access and performance meeting with GHFT, close working with specialties to secure alternative capacity and arrange patient transfers. Additional CCG resource has been provided in the short term to support referral to treatment (RTT) recovery and the creation of an RTT Operational Delivery Group by GHFT with CCG representation. The group meets every 2 weeks and prioritise remedial actions in combination with TrakCare validation plans
- Risk of the non-delivery of the constitution standard for maximum wait of 4 hours within the emergency department. Resulting in poor patient care and inability of the CCG to meet its constitutional targets. A range of measures have been taken to improve performance over the past year that is proving successful. This includes the establishment of the Frailty Service, additional evening sessions at the front door, a rapid action project group established; the Acute Emergency Care (AEC) now collocated in Acute Medical Unit (AMU) and improved working with Emergency Department and AEC, with a weekend service established at Gloucester Royal Hospital to take patients from the Emergency Department.

Other sources of assurance

Internal Control Framework

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

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

Annual audit of conflicts of interest (CoI) management

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2016) requires CCGs `to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published a template audit framework.

A follow up review of the conflicts of interest audit undertaken in 2016/17 was carried out by the Clinical Commissioning Group's internal auditors in February 2018. The previous report's four findings, which were all low risk were followed up and supporting evidence provided. The findings were closed.

Overall the internal audit review was positive. The report noted that all CCG staff were aware of their responsibilities regarding conflict of interest, the CCG's arrangements in place to manage conflict of interest, and how to make declarations and seek help or support. The report stressed the importance of ensuring that the registers are updated and accurate.

However the auditors identified one low risk finding through the follow-up review.

- The Gifts and Hospitality declaration should be approved by the line manager and details of approving officer. This finding was based on one incident due to an administrative error and has been corrected.

Significant work has been undertaken to improve the CCG's systems and processes for conflicts of interests:

- The Standards of Business Conduct policy was updated in June 2017 to reflect NHSE guidance on CoI along with gifts and hospitality
- Guidance notes and information sheets have been produced to provide staff with handy and concise guides to CoI, gifts and hospitality
- Specially designed CoI, gifts and hospitality guidance has been produced for general practice and circulated to GPs and practice managers meetings
- CoI forms have been updated and circulated on a quarterly basis for updating
- CoI, gifts and hospitality registers are reported to the Executive Team on a quarterly basis and to the Audit Committee on a bi-monthly basis
- CoI training has been given to the Governing Body, directorate team meetings, via the Corporate Induction and through lunch and learn seminars.

Data Quality

Governing Body members consider data quality to be *an integral part of its system* of internal controls in order that it can assess both the effectiveness and performance of the organisation and its contracted services. During the course of 2017-18, the business information and activity data supplied to the CCG by one of its main providers Gloucestershire Hospitals NHS Foundation Trust (GHFT) failed to consistently meet the standards expected by the Governing Body to allow it to make informed commissioning decisions. This was due to problems associated with the implementation of Trakcare (Patient Administration System). As a result, the CCG has taken appropriate steps through additional human and financial resources allocated to GHFT to improve its system and consequently data quality. In the absence of good quality data the CCG agreed a block contract with GHFT for the financial year 2017-18.

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

We have submitted a satisfactory level of compliance with the information governance toolkit assessment at Level 2.

There were no serious incidents that have been reported by the Clinical Commissioning Group relating to data security breaches.

Information risk management is integrated with the Clinical Commissioning Group's overall risk management approach and key risks are reported to the IG Working Group which meets on a monthly basis. In compliance with NHS Digital Information Governance Toolkit the CCG ensures that all key information security risks are monitored and controlled, this is via its informatics providers: South, Central and West Commissioning Support Unit (CSU) and Countywide IT Services who ensure that the CCG operates secure information networks and systems. New systems and processes are assessed by governance and information security staff at the point of design or procurement, and appropriate safeguards to minimise risk are put in place. The CCG has a robust process for recording and managing incidents which are monitored by the CSU's governance team with input from Information Governance and Information Security experts as required.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and have developed information governance processes and procedures in line with the information governance toolkit. We have ensured all staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities. At the end of March 2018 approximately 95% of CCG staff had completed IG mandatory training.

There are processes in place for incident reporting and investigation of serious incidents. During the latter part of 2017-18 financial year work has been undertaken to review the CCG's information governance framework, policies and procedures as well as the information received and processed to ascertain the work that is required for compliance with General Data Protection Regulations (GDPR). Once the guidance has been received and the implications understood, the detailed work will begin.

Business Critical Models

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

Third party assurances

The CCG is working in partnership with Gloucestershire County Council to manage both the Better Care Fund and other partnership budgets. The operation of the Better Care Fund is considered as part of the performance monitoring report received at every formal meeting of the Governing Body. The arrangement is governed by a Section 75 agreement signed off by both organisations.

Control Issues

The CCG can state that it has no critical issues of control to report.

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

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

- the Governing Body receives a report from the Chief Finance Officer at each of its Public Governing Body meetings in addition to finance and performance reporting at the Business Sessions
- the Audit Committee receives regular reports on financial governance, monitors the Internal Audit programme and reviews the draft and final annual accounts
- the CCG has a programme of Internal Audits that provides assurance to the Governing Body and Executive Team of the effectiveness of its internal processes
- the CCG's annual accounts are reviewed by the Audit Committee and audited by our external auditors
- following completion of the planned audit work our external auditors will issue an independent and objective opinion on the CCG's arrangements for securing economy, efficiency and effectiveness in the use of resources.

CCG Improvement and Assessment – Quarter 3 (December 2017)

Quarter 4 NHS Assurance meeting will take place on 25 April; it is expected that we will retain our Q3 assessment rating Good/Green. In the meantime this section has been included until the Q4 ratings are confirmed.

Following the NHSE Assurance meeting held in January 2018, the CCG IAF ratings for Quarter 3 moved from 'requires improvement' to a 'good' rating. The NHSE regional office agreed the Good/Green rating in response to the evidence of strengthened leadership to improve performance across Urgent and Emergency Care and partnership working that has enabled the STP to achieve ICS Wave 2 exemplar status.

Quarter 3 IAF Ratings

Better Health	Better Care	Sustainability	Leadership
GOOD	Requires Improvement	GOOD	GOOD

Delegation of functions

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

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

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

The Governing Body receives regular reports from all its committees to provide assurance regarding the arrangements for the discharge of delegated functions, including those relating to quality, finance, risk and performance, particularly relating to constitution targets. The Governing Body receives minutes from the Primary Care Commissioning Committee ensuring they are meeting their delegated duties and that conflicts of interests are being effectively managed. Internal Audit provides independent assurance on the processes in place as part of the annual internal audit plan which is supplemented by the oversight of the assurance of the CCG's value for money, economy, efficiency and effectiveness by the External Auditors.

Counter fraud arrangements

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

The Head of Counter Fraud meets regularly with the Chief Finance Officer to discuss progress against the Action Plan and areas of potential risk. During 2017-18 the Counter Fraud, Bribery and Corruption policy was ratified by IGQC and disseminated to all staff via email and team brief. The policy is available on the CCG's intranet. An anti-bribery statement was also produced and features on the CCG's website.

Counter Fraud deliver face to face training to all staff either as an annual refresher or via the induction programme to new starters. Counter Fraud training is included within the CCG's Statutory and Mandatory Training programme. Training compliance reports are submitted to the Core Leadership team on a monthly basis. A member of the Counter Fraud team is present within the CCG for three half days per month to raise the Counter Fraud profile and give staff opportunity to raise any concerns. This is publicised to all staff via email.

Staff receive regular Counter Fraud updates via the CCG's newsletter Team Brief and staff meeting notices.

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

Counter Fraud ensures that the CCG receive appropriate national alerts and guidance from NHS Protect and offer specialist advice where needed.

Head of Internal Audit Opinion

Following completion of the planned audit work for the financial year for the clinical commissioning group, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the clinical commissioning group's system of risk management, governance and internal control. The Head of Internal Audit concluded that:

We are satisfied that sufficient internal audit work has been undertaken to allow an opinion to be given as to the adequacy and effectiveness of governance, risk management and control. In giving this opinion, it should be noted that assurance can never be absolute. The most that the internal audit service can provide is reasonable assurance that there are no major weaknesses in the system of internal control.

Our opinion is as follows:

Governance, risk management and control in relation to business critical areas is generally satisfactory. However, there are 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 key areas requiring improvement were identified in IT Business Continuity and Medicines Management. There has been positive progress made towards the agreed actions, currently two actions remain open for 2017/18 and one for 2016/17.

Some improvements are required in those areas to enhance the adequacy and effectiveness of the framework of governance, risk management and control.

The organisation has made progress in improving and strengthening its internal control environment during 2017/18. There has been a positive direction of travel in terms of the number and severity of issues noted in the course of our reviews.

Basis of opinion

Our opinion is based on:

- All audits undertaken during the year
- Any follow up action taken in respect of audits from previous periods
- Any significant recommendations not accepted by management and the resulting risks
- The effects of any significant changes in the organisation's objectives or systems
- Any limitations which may have been placed on the scope or resources of internal audit
- What proportion of the organisation's audit needs have been covered to date.

Commentary

The key factors that contributed to our opinion are summarised as follows:

- To date we have completed all 13 of the internal audit reviews in the 2017/18 internal audit plan for the year ended 31 March 2018. Two reviews had an overall rating of medium, seven were low risk rated and four were advisory, not risk rated reports
- Our work has identified 15 low, 8 medium and no high risk rated findings
- We did not classify any other internal audit reports as high risk and we did not identify any individual high risk findings in our other internal audit reviews. The organisation has implemented a number of the recommendations raised during 2017/18 and has action plans are in place to implement those that have not been implemented
- There is one low risk recommendation from 2016/17 which is still ongoing, we recognise that progress has been made with regard this findings however further work is required for its completion; the CCG is currently waiting on NHS England for a response to enable complete closure of the action.

During the year 2017-18, Internal Audit issued the following audit reports:

Review	Report Classification	Number of Findings		
		H	M	L
IT Business Continuity	Medium		2	3
Contract Management – PPV	Low			2
Human Resources	Low			2
Savings (benefits realisation)	N/A Not Risk Related			
Risk Management	N/A Not Risk Related			
Continuing Healthcare	Low		1	1
Information Governance	Low			2
Conflicts of Interest	Low			1
Medicines Management	Medium		4	2
Cyber-phishing	Low		1	
GDPR	N/A Not Risk Related			
Core Finance	Low			2
JUYI – Agile	N/A Not Risk Related			
Total		**0**	**8**	**15**

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

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within Gloucestershire Clinical Commissioning Group who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

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

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

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

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

Conclusion

No significant internal control issues have been identified during 2017-18.

Mary Hutton,
Accountable Officer
May 24 2018

Governance Statement

Remuneration and staff report

Remuneration and Staff Report

The Remuneration Committee makes recommendations to the Governing Body about the remuneration, fees and allowances for senior managers and the persons in senior positions within the CCG, including those who regularly attend the Governing Body meeting, who are appointed by or who provide services to the CCG. Details on the Remuneration Committee are shown within the Governance report including membership and number of meetings. Full details of the remuneration paid to the Governing Body members and senior employees are provided within the Remuneration Report included herein, together with their pension entitlements.

Senior Managers Remuneration Report

For the purpose of this report, senior managers are defined as being 'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Clinical Commissioning Group'. This means those who influence the decisions of the organisation as a whole rather than the decisions of individual directorates or departments. Such persons will include Lay Members. It is the Remuneration Committee that recommends the reward packages of Executive Directors to the Governing Body. Information on the Remuneration Committee can be found in the Governance Statement.

Remuneration Policy

The policy on remuneration of senior managers has been set using national CCG remuneration guidance and principles within "Clinical Commissioning Groups: Remuneration guidance for Chief Officers (where the senior manager also undertakes the Accountable Officer role) and Chief Finance Officers". The CCG does not have a policy for performance related pay for its senior managers.

Senior Manager Contracts

Senior officer appointments to the CCG are consistent with the employment policies of the CCG. Where appropriate, duration of contracts is determined by the needs of the business. Notice periods take account of statutory requirements and terms previously established by the NHS very senior managers' pay framework. Liability in the event of early termination is in accordance with the NHS Agenda for Change terms and conditions handbook. Further guidance is also provided by NHS England on the termination and reengagement of senior managers. They also include any additional pension benefit accrued to the members as a result of their purchasing additional years of pension service in the scheme at their own cost. Cash Equivalent Transfer Values (CETVs) are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Staff Report

Gloucestershire CCG is one of the largest CCG's in England, employing a headcount staff of 361 (282 Whole Time Equivalents) as at the 31 March 2018. The CCG has a well-structured HR service with the Commissioning Support Unit's ConsultHR service providing transactional and employee relations HR services. The CCG has internal HR resources with Associate Director of Corporate Governance responsible for HR strategy and organisational development working closely with ConsultHR. She is supported in this role by a Business Manager.

The CCG has set up a HR/OD Steering Group that meets on a quarterly basis and includes representation from the six directorates, members of the governing body and HR professionals. The group is responsible for oversight and delivery of the HR/OD strategy and plan which is aligned to the STP HR/OD strategy.

The group has had oversight of number of key projects and plans including the HR/OD action plan; annual staff survey; HR policies, staff event programmes; staff appraisals and learning and development activities. The group also supports the work undertaken by the Disability Confident Employer Task and Finish Group. The Joint Staff Consultative Committee (JSCC) has an important role providing staff feedback and input to the development of HR plans, policies, staff events and staff survey, amongst many other things. The committee meets on a bi-monthly basis and is chaired by the Executive Nursing Director and Quality Lead. There is good representation from staff working across the CCG, as well as HR professionals in attendance.

Staff engagement

As part of the CCG's HR/OD strategy, work has been undertaken to strengthen its staff engagement activities including:

- Active engagement of JSCC and staff in shaping the staff survey; production of the report findings, presentations at staff forums and the development of an action plan
- Produced staffing events based on the feedback staff have given via the staff survey and suggestion email box
- Monthly face to face Team Briefing sessions (led by the Accountable Officer and Clinical Chair), which is supported by a written Team Brief e-bulletin which is then distributed and discussed within individual teams
- Monthly face to face Team Directorate team meetings
- Monthly Staff Awards. The presentation is held at the above session
- Lunch and learn sessions run by staff to share their work and learning with other staff members e.g. the Fitbit Challenge – health and hustle; diabetes workshops etc
- Coffee connect which has been established and is working well, bringing together staff members from across the CCG over a coffee
- Development of 'CCG Live,' a website that holds information on all team briefs, policies, procedures and other information
- New web-pages that have been developed by staff focusing on learning and development; disability confident employer, health and mental health well-being
- The CCG Executive Team meets with senior managers on a monthly basis
- Managers hold regular one-to-one meetings with staff and a robust appraisal system ensures all staff work towards clearly defined personal objectives which are supported with learning, training and development opportunities. By 31 March 2018, 94% of eligible staff had had an appraisal.

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

The CCG confirms that there are no relevant union officials who are staff members of the CCG. No employee of the CCG takes time off during their working hours for the purpose of taking part in any activities in relation to which they are acting as a representative of a union.

Staff survey results

The staff engagement activities undertaken by the CCG have been positively received by staff and are exemplified in the staff survey results as shown by some of the top scoring results.

1. 93% of respondents agreed or strongly agreed they knew who the senior managers were in the CCG
2. 92.4% of respondents reported that they had an appraisal in the last 12 months
3. 91% reported it was important for them to be accountable for the decisions they made in their area of work
4. 85% of respondents reported they agreed or strongly agreed that they are trusted to do their job
5. Over 86% of respondents reported they were satisfied or very satisfied with the support they received from their work colleagues
6. Over 80% of respondents felt that the work they do is valued by their line manager
7. 79.88% of responses to this question were positive in terms of agreeing and strongly agreeing *they would recommend the CCG as a place to work*
8. 79% of respondents reported they are enthusiastic about their job

9. 79% feel supported in a personal crisis with 78% of respondents reporting that they can rely on their line manager to help with a difficult task at work
10. 77% of line managers take a positive approach to the well-being of their teams.

Staffing policies

The CCG like other NHS employers has a host of HR policies, user guides, forms and resources. Policies are formally reviewed both by the Executive Management Team and the JSCC, before being ratified and adopted by IGQC prior to publication. Over the past 12 months the following policies have been reviewed and updated:

- Secondment policy
- Paternity Leave
- Recruitment and selection
- Temporary promotion
- Working time directive
- Further education
- Professional registration
- Recruiting Ex-offenders
- Purchase of additional leave procedure and form
- Reformatted Appraisal form.

The full range of HR policies currently in use can be found on the staff Intranet.

Sickness absence data

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

Sickness absence is managed in a supportive and effective manner by CCG managers, with professional advice and support from ConsultHR, Occupational Health and Care First (Employee Assistance Programme). The CCG's approach to managing sickness absence is governed by a clear HR policy and this is further reinforced by the provision of HR support and training sessions for all line managers on the effective management of sickness absence. Bi-monthly sickness triggers are reported to managers, highlighting where staff have either breached the sickness triggers or coming close to breaching. The manager is advised to have a supportive conversation with the staff member.

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

Staff sickness absence data 2016-17

NHS Gloucestershire CCG	17-18	16-17
Total days lost	1,444	1,467
Total staff	257	217
Average working days lost	5.6	6.77

Staff sickness absence and ill health retirement in 2016-17

	17-18	16-17
Number of persons retired early on ill health grounds	0	0
Total additional Pensions liabilities accrued in the year	£0	£0

Disabled employees

The CCG has developed an integrated approach to delivering workforce equality so it does not have a separate policy for disabled employees or for any other protected characteristics but it has incorporated equalities issues in policies covering all aspects of employee management ranging from recruitment to performance to discipline.

The CCG's aim is to operate in ways which do not discriminate our potential or current employees with any of protected characteristics specified in the Equality Act 2010 and to support our employees to maximise their performance including making any reasonable adjustments that may be required on a case by case basis. The CCG publishes their employee profile by each of the nine protected characteristics, this helps the organisation to identify and address areas of under-representation in a systematic manner as and when opportunities arise.

A Disability Confident Employer Task and Finish group has been established with the aiming of increasing the participation of disabled employees within the CCG's workforce. The group has representation from across the CCG and focuses on:

- ensuring our recruitment process is inclusive and accessible and follows best practice
- communicating and promoting vacancies where they are accessible to disabled people
- offering a guaranteed interview to disabled applicants who and meets the essential job criteria
- anticipating and providing reasonable adjustments as required
- supporting any existing employee who acquires a disability or long term health condition, enabling them to stay in work through reasonable adjustment and a supportive culture
- organising and delivering learning events to raise awareness and support managers to recruit and retain people with disabilities.

Disability Flag	Headcount	%	FTE
No	293	81.2	236.87
Not Declared	45	12.5	36.49
Unspecified	17	4.7	3.95
Yes	6	1.7	5.12
Grand Total	361	100.0	282.42

The Executive Team and IGQC receive regular reports on the profile of the workforce including staff with disabilities (where known) in the bi-monthly and six monthly HR reports.

More information about the CCG Equality and Diversity strategy can be found on the website:

www.gloucestershireccg.nhs.uk/about-us/equality-diversity/reports/

Equalities monitoring

The CCG monitors equalities information and reports are given to the HR/OD group, Executive Team and IGQC on the diversity of its workforce.

Gender	Headcount	%	FTE
Female	269	74.5	209.56
Male	92	25.5	72.86
Total	361	100.0	282.42

Remuneration and Staff report

Ethnic Group	Headcount	%	FTE
A White - British	303	83.9	239.44
B White - Irish	3	0.8	2.40
C White - Any other White background	5	1.4	3.80
CP White Polish	1	0.3	0.60
F Mixed - White & Asian	1	0.3	0.67
GE Mixed - Asian & Chinese	1	0.3	0.90
H Asian or Asian British - Indian	9	2.5	7.40
L Asian or Asian British - Any other Asian background	2	0.6	1.60
LH Asian British	2	0.6	1.80
M Black or Black British - Caribbean	1	0.3	0.48
N Black or Black British - African	1	0.3	0.80
R Chinese	1	0.3	0.60
S Any Other Ethnic Group	1	0.3	1.00
Unspecified	5	1.4	1.32
Z Not Stated	25	6.9	19.61
Grand Total	361	100.0	282.42

Age Band	Headcount	%	FTE
<=20 Years	2	0.55	1.00
21-25	13	3.60	10.80
26-30	20	5.54	19.20
31-35	36	9.97	29.57
36-40	45	12.47	35.88
41-45	43	11.91	33.55
46-50	58	16.07	45.04
51-55	65	18.01	54.46
56-60	45	12.47	36.53
61-65	26	7.20	15.68
66-70	4	1.11	0.30
>=71 Years	4	1.11	0.40
Grand Total	**361**	**100.00**	**282.42**

Please note these tables have been compiled on the number of staff in post as opposed to the contracted hours (expressed in average WTE where 1WTE = 37.5 hours)which forms the basis of the subsequent analysis.

Fair Pay (audited)

The annualised range of remuneration is £13.8k to £175.6k.

Reporting bodies are required to disclose the relationship between the remuneration fo the highest-paid director/Member in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid member of the governing body in the CCG in the financial year was £175k-£180k (£170k - £175k in 2016/17) on an annualised basis. This was 4.39 (4.61 in 2016/17) times the median remuneration of the workforce which was £40,428 (£37,403 in 2016/17). This is not a significant movement from the previous financial year. This figure is different to the remuneration table due to it being calculated on an annualised basis for part-time work.

In 2017/18, no employee received remuneration in excess of the highest paid member of the governing body. Total remuneration includes salary, non-consolidated performance-related pay, benefits in kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Off Payroll Engagements

For all off-payroll engagements as of 31 March 2018, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2018	5
Of which, the number that have existed:	
for less than one year at the time of reporting	1
for between one and two years at the time of reporting	2
for between 2 and 3 years at the time of reporting	1
for between 3 and 4 years at the time of reporting	1
for 4 or more years at the time of reporting	0

For all new off-payroll engagements as of 31 March 2018, for more than £245 per day and that last longer than six months:

	Number
Number of new engagements or those that reached six months in duration between 1 April 2017 and 31 March 2018 greater than £245 per day and that last for longer than six months:	1
Of which:	
No. Assessed as caught by IR35	1
No. assessed as not caught by IR35	0
Of which:	
No. engaged directly (via PSC contracted to department and are on the departmental payroll	1
No. of engagements reassessed for consistency/assurance purposes during the year	0
No. of engagements that saw a change to IR35 status following the consistency review	0

Off-payroll engagements of Board/Governing Body members and/or senior officials with significant financial responsibility between 1 April 2017 and 31 March 2018:

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

Remuneration Report for NHS Gloucestershire CCG 2017-18 (audited)

Name & Title	2017-18						
	Salary & Fees (bands of £5,000)	Taxable Benefits (rounded to nearest £00)	Annual Performance Related Bonuses (bands of £5,000)	Long Term Performance Related Bonuses (bands of £5,000)	Sub-total (band of bands)	All Pension Related Benefits (bands of £2,500)* •	Total (bands of £5,000)
Dr Andrew Seymour, Clinical Chair	120-125	-	-	-	120-125	17.5-20	140-145
Mary Hutton, Accountable Officer	140-145	-	-	-	140-145	17.5-20	160-165
Mark Walkingshaw, Deputy Accountable Officer/Director Of Commissioning Implementation	120-125	-	-	-	120-125	92.5-95	215-220
Cath Leech, Chief Finance Officer	115-120	-	-	-	115-120	80-82.5	195-200
Ellen Rule, Director of Transformation and Service Redesign	110-115	-	-	-	110-115	67.5-70	180-185
Helen Goodey, Director of Primary Care and Locality Development	110-115	-	-	-	110-115	52.5-55	160-165
Kim Forey, Director of Integration	50-55	-	-	-	50-55	75-77.5	125-130
Dr Caroline Bennett, Clinical Commissioning Lead (North Cotswolds)	45-50	-	-	-	45-50	10-12.5	55-60
Dr Lawrence Fielder, Clinical Commissioning Lead (Forest of Dean) From 1st June 2017	35-40	-	-	-	35-40	165-167.5	200-205
Dr Will Haynes, Clinical Commissioning Lead (Gloucester City)	45-50	-	-	-	45-50	10-12.5	55-60
Dr Hein Le Roux, Deputy Clinical Chair	45-50	-	-	-	45-50	-	45-50
Dr Jeremy Welch, Clinical Commissioning Lead (Tewkesbury, Newent & Staunton)	45-50	-	-	-	45-50	112.5-115	155-160
Dr Sheena Yerburgh, Clinical Commissioning Lead (Stroud & Berkeley Vale)	45-50	-	-	-	45-50	190-192.5	235-240
Julie Clatworthy, Registered Nurse	20-25	-	-	-	20-25	-	20-25
Dr Marion Andrews,Evans – Executive Nurse & Quality Lead	100-105	-	-	-	100-105	-	100-105
Dr Alan Gwyn, Clinical Commissioning Lead (South Cotswolds)	45-50	-	-	-		-	45-50
Alan Elkin, Lay Member, Patient And Public Engagement	15-20	-	-	-	15-20	-	15-20
Colin Greaves, Lay Member, Governance	20-25	-	-	-	20-25	-	20-25
Joanna Davies, Lay Member, Patient & Public Engagement	5-10	-	-	-	5-10	-	5-10
Peter Marinner, Lay Member, Business	5-10	-	-	-	5-10	-	5-10
Dr Raju Reddy, Secondary Care Clinical Advisor, to 30th April 2017	Payment is made to Dr Reddy's host Trust (Birmingham Childrens NHS Foundation Trust)						
Dr Lesley Jordan, Secondary Care Clinical Advisor, from 3rd July 2017	Payment is made to Dr Jordan's host Trust (Royal United Hospitals NHS Foundation Trust)						
Sarah Scott, Director of Public Health at Gloucestershire County Council	No payment is made from NHS Gloucestershire CCG						
Margaret Wilcox, Director of Adult Social Care at Gloucestershire County Council	No payment is made from NHS Gloucestershire CCG						

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

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

Remuneration Report for NHS Gloucestershire CCG 2016-17 (audited)

Name & Title	2016-17						
	Salary & Fees (bands of £5,000)	Taxable Benefits (rounded to nearest £00)	Annual Performance Related Bonuses (bands of £5,000)	Long Term Performance Related Bonuses (bands of £5,000)	Sub-toal (bands of bands)	All Pension Related Benefits (bands of £2,500)*	Total (bands of £5,000)
Helen Miller, Clinical Chair to 28/4/16	5-10				5-10		5-10
Dr Andrew Seymour, Deputy Clinical Chair 1/4/16-30/4/16, Clinical Chair 1/5/16 onwards	115-120				115-120	22.5-25	140-145
Mary Hutton, Accountable Officer	140-145				140-145	32.5-35	175-180
Mark Walkingshaw, Deputy Accountable Officer/Director of Commissioning Implementation	110-115				110-115	87.5-90	200-205
Cath Leech, Chief Finance Officer	105-110				105-110	37.5-40	145-150
Ellen Rule, Director of Transformation and Service Redesign	100-105				100-105	32.5-35	135-140
Helen Goodey, Director of Primary Care and Locality Development	100-105				100-105	115-117.5	215-220
Kim Forey, Director of Integration, from 1/12/16	10-15				10-15	177.5-180	190-195
Dr Caroline Bennett, Clinical Commissioning Lead (North Cotswolds)	45-50				45-50	12.5-15	55-60
Dr Charles Buckley, Clinical Commissioning Lead (Stroud & Berkeley Vale)	20-25				20-25	2.5-5	25-30
Dr Malcolm Gerald, Clinical Commissioning Lead (South Cotswolds) to 13/1/17	35-40				35-40		35-40
Dr Will Haynes, Clinical Commissioning Lead (Gloucester City)	45-50				45-50	10-12.5	55-60
Dr Hein Le Roux, Clinical Commissioning Lead (Stroud & Berkeley Vale) until 4/7/16, Deputy Clinical Chair from 5/7/16	45-50				45-50	20-22.5	65-70
Dr Jeremy Welch, Clinical Commissioning Lead (Tewkesbury, Newent & Staunton)	45-50				45-50		45-50
Dr Tristan Lench, Clinical Commissioning Lead (Forest of Dean)	45-50				45-50	7.5-10	50-55
Dr Marion Andrews-Evans – Executive Nurse & Quality Lead	100-105				100-105		100-105
Julie Clatworthy, Registered Nurse	20-25				20-25		20-25
Alan Elkin, Lay Member, Patient and Public Engagement/ Involvement	15-20				15-20		15-20
Colin Greaves, Lay Member, Governance	20-25				20-25		20-25
Peter Marriner, Lay Member, Finance, from 1/1/17	0-5				0-5		0-5
Valerie Webb, Lay Member, Business, to 31/5/16	0-5				0-5		0-5
Joanna Davies, Lay Member, Communications	5-10				5-10		5-10
Dr Raju Reddy, Secondary Care Clinical Advisor (From 1/11/15)	Payment is made to Dr Reddy's host Trust (Birmingham Childrens NHS Foundation Trust)						
Sarah Scott, Director of Public Health at Gloucestershire County Council	No payment is received from NHS Gloucestershire CCG						
Margaret Willcox, Director of Adult Social Care at Gloucestershire County Council	No payment is received from NHS Gloucestershire CCG						

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

Pensions Report 2017-18 (audited)

Pensions Report for NHS Gloucestershire CCG 2017-18 Name & Title	Real increase in pension at pension age (Bands of £2,500)	Real increase in pension lump sum at pension age (Bands of £2,500)	Total accrued pension at pension age at 31 March 2018 (Bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2018 (Bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2017 £000	Real increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2018 £000	Employer's contribution to partnership pension £000
Dr Andrew Seymour, Clinical Chair	0-2.5	2.5-5	10-15	40-45	234	39	275	18
Mary Hutton, Accountable Officer	0-2.5	5-7.5	35-40	105-110	715	74	796	21
Mark Walkingshaw, Deputy Accountable Officer/ Director Of Commissioning Implementation	5-7.5	7.5-10	40-45	100-105	543	110	658	18
Cath Leech, Chief Finance Officer	2.5-5	5-7.5	40-45	100-105	599	104	709	17
Ellen Rule, Director of Transformation and Service Redesign	2.5-5	2.5-5	20-25	45-50	241	42	286	11
Helen Goodey, Diretor of Primary Care and Locality Development	2.5-5	2.5-5	20-25	50-55	320	64	387	16
Kim Forey, Director of Integration	2.5-5	-	10-15	-	131	71	203	15
Dr Caroline Bennett, Clinical Commissioning Lead (North Cotswolds)	0-2.5	0-2.5	15-20	35-40	251	17	270	7
Dr Sheena Yerburgh, Clinical Commissioning Lead (Stroud & Berkeley Vale)	7.5-10	22.5-25	5-10	20-25	0	164	164	7
Dr Will Haynes, Clinical Commissioning Lead (Gloucester City)	0-2.5	0-2.5	15-20	35-40	251	18	271	7
Dr Jeremy Welch, Clinical Commissioning Lead (Tewkesbury, Newent & Staunton)	5-7.5	12.5-15	15-20	40-45	149	37	187	6
Dr Lawrence Fielder, Clinical Commissioning Lead (Forest of Dean) From 1st June 2017	5-7.5	17.5-20	5-10	20-25	0	132	159	5
Dr Raju Reddy, Secondary Care Clinical Advisor	Dr Reddy is not an employee of NHS Gloucestershire CCG and payment is made to his host trust (Birmingham Childrens NHS Foundation Trust)							
Dr Hein Le Roux, Deputy Clinical Chair	Dr Le Roux has opted out of the NHS pension scheme							
Dr Alan Gwyn, Clinical Commissioning Lead (South Cotswolds)	Dr Gwyn has opted out of the NHS pension scheme							
Dr Marion Andrews,Evans – Executive Nurse & Quality Lead	Dr Andrews-Evans has opted out of the NHS pension scheme							

Pensions Report 2016-17 (audited)

Pensions Report for NHS Gloucestershire CCG 2016-17 Name & Title	Real increase in pension at pension age (Bands of £2,500)	Real increase in pension lump sum at pension age (Bands of £2,500)	Total accrued pension at pension age at 31 March 2017 (Bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2017 (Bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2016 £000	Real increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2017 £000	Employer's contribution to partnership pension £000
Dr Andrew Seymour, Clinical Chair from	0-2.5	5-7.5	10-15	35-40	187	47	234	17
Mary Hutton, Accountable Officer	0-2.5	5-7.5	30-35	100-105	646	68	714	20
Mark Walkingshaw, Deputy Accountable Officer/Director Of Commissioning Implementation	5-7.5	2.5-5	35-40	90-95	472	71	543	16
Cath Leech, Chief Finance Officer	2.5-5	0-2.5	35-40	90-95	550	49	599	15
Ellen Rule, Director of Transformation and Service Redesign	0-2.5	0-2.5	15-20	40-45	202	39	241	15
Helen Goodey, Director of Primary Care and Locality Development	5-7.5	10-12.5	15-20	45-50	225	95	320	15
Kim Forey, Director of Integration, from 1/12/16 *	0-2.5	0-0	5-10	0	-	-	131	4
Dr Caroline Bennett, Clinical Commissioning Lead (North Cotswolds)	0-2.5	0-2.5	10-15	35-40	225	25	250	6
Dr Charles Buckley, Clinical Commissioning Lead (Stroud & Berkeley Vale)**	0-2.5	0-2.5	15-20	55-60	423	-	-	1
Dr Will Haynes, Clinical Commissioning Lead (Gloucester City)	0-2.5	0-2.5	10-15	35-40	226	25	251	6
Dr Hein Le Roux, Clinical Commissioning Lead (Stroud & Berkeley Vale) until 4/7/16, then Deputy Clinical Chair from 5/7/16	0-2.5	0-0	5-10	15-20	104	20	124	4
Dr Jeremy Welch, Clinical Commissioning Lead (Tewkesbury, Newent & Staunton)	0-2.5	0-2.5	10-15	25-30	129	20	149	7
Dr Tristan Lench, Clinical Commissioning Lead (Forest of Dean)	0-2.5	0-0	0-5	0	8	9	17	6
Dr Raju Reddy, Secondary Care Clinical Advisor	Dr Reddy is not an employee of NHS Gloucestershire CCG and payment is made to his host Trust (Birmingham Childrens NHS Foundation Trust)							
Dr Marion Andrews-Evans – Executive Nurse & Quality Lead	Dr Andrews-Evans has opted out of the NHS pension scheme							

* Kim Forey has no Prior Year Cash Equivalent Transfer Value due to her governing body role starting 1/1/17
** Dr Buckley has no Cash Equivalent Transfer Value at 31st March 2017 as he is in receipt of his pension

Cash Equivalent Transfer Values

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

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

Real Increase in CETV

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

Senior Manager composition of wte by band are as presented below:

Average WTE of Staff Groupings by Occupational Code (excluding Directors)	17/18			16/17		
	Male	Female	Total	Male	Female	total
Senior Manager G0 (Band 8D and Above)	5	5	10	8	12	20
Manager G1 (Band 8A, 8B, 8C)	21	55	76	21	43	64
Sub Totals	26	60	86	29	55	84

Staff profile (audited)

The Profile of staff within the CCG, based on the average number of Whole Time Equivalent employed in 2017-18, is as presented in the table below. This is referred to in note 5.2 of the Annual Accounts.

Avg No WTE employed	17/18			16/17		
	Director	Other Ee	Total	Director	Other Ee	Total
total Staff	7	256	263	6	245	251
of which:						
Perm	7	232	239	6	218	224
Other	0	24	24	0	27	27
of which:						
Male	1	65	66	1	69	70
Female	6	191	197	5	176	181

Staff costs including employers national insurance and pension (audited)

	17/18			16/17		
	Directors £'000	Other Ees £'000	Total £'000	Directors £'000	Other Ees £'000	Total £'000
total Staff Costs	1,006	12,620	13,626	870	11,359	12,229
of which						
permanent	1,006	12,552	13,558	870	9,841	10,711
other	-	68	68	-	1,518	1,518

Employee benefits and staff numbers (audited)

	2017-18			2016-17		
	Total	Permanent Employees	Other	Total	Permanent Employees	Other
	£'000	£'000	£'000	£'000	£'000	£'000
Employee Benefits						
Salaries and wages	11,272	10,339	933	10,148	8,630	1,518
Social security costs	1,105	1,105	0	915	915	0
Employer Contributions to NHS Pension scheme	1,393	1,393	0	1,155	1,155	0
Apprenticeship Levy	43	43	0	0	0	0
Termination benefits	0	0	0	12	12	0
Gross employee benefits expenditure	**13,814**	**12,881**	**933**	**12,229**	**10,711**	**1,518**
Total - Net admin employee benefits including capitalised costs	**13,814**	**12,881**	**933**	**12,229**	**10,711**	**1,518**
Less: Employee costs capitalised	0	0	0	0	0	0
Net employee benefits excluding capitalised costs	**13,814**	**12,881**	**933**	**12,229**	**10,711**	**1,518**

The largest increase in staff groups in 2017/18 related to increases in clinical staff within both the continuing healthcare and clinical pharmacy teams. This, also, included new pharmacist investment within general practice at locality level.

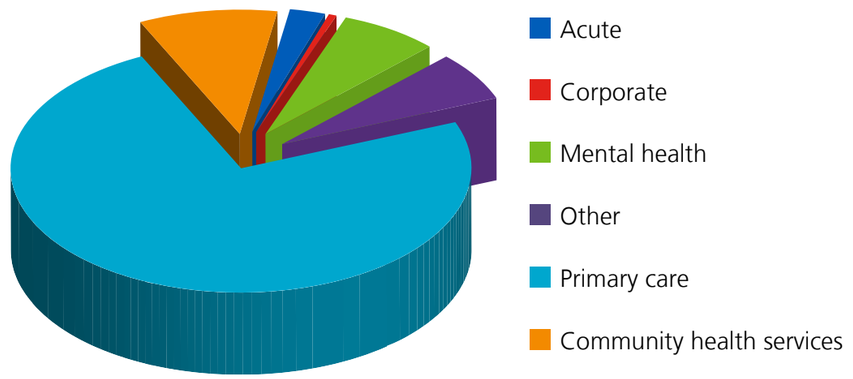
- ⌘ There have been no significant awards made to past senior managers in 2017-18
- ⌘ There has been no compensation on early retirement or for loss of office in 2017-18
- ⌘ There have been no payments to past directors in 2017-18
- ⌘ There have been no exit packages paid in 2017-18.

Exit Package cost band (including any special payment element)

⌘ No staff on Very Senior Manager contracts earn in excess of £150,000 pa on a pro-rata basis.

Consultancy

Consultancy costs of £318k in 2017-18 were spent in the following areas.



External Audit

The CCG's external auditors are Grant Thornton UK LLP. The cost of the annual statutory audit of the 2017/18 Financial Statements was £62.9k. The cost was determined based upon the size of the CCGs commissioning budget. The CCG did not receive any additional audit services from Grant Thornton in year.

Mary Hutton,
Accountable Officer
May 24 2018

Independent auditor's report to the members of the Governing Body of NHS Gloucestershire CCG

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of NHS Gloucestershire CCG (the 'CCG') for the year ended 31 March 2018 which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and the Department of Health and Social Care Group Accounting Manual 2017-18 and the requirements of the Health and Social Care Act 2012.

In our opinion the financial statements:

- give a true and fair view of the financial position of the CCG as at 31 March 2018 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2017-18; and
- have been prepared in accordance with the requirements of the Health and Social Care Act 2012.

Basis for opinion

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

Who we are reporting to

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

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the CCG's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of our work including that gained through work in relation to the CCG's arrangements for securing value for money through economy, efficiency and effectiveness in the use of its resource or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

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

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Governance Statement

does not comply with the guidance issued by the NHS Commissioning Board or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration Report and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2017-18 and the requirements of the Health and Social Care Act 2012; and

- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the CCG gained through our work in relation to the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Opinion on regularity required by the Code of Audit Practice

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

Matters on which we are required to report by exception

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

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

- we have referred a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we had reason to believe that the CCG, or an officer of the CCG, was about to make, or had made, a decision which involved or would involve the body incurring unlawful expenditure, or was about to take, or had begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or

- we have made a written recommendation to the CCG under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

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

Responsibilities of the Accountable Officer and Those Charged with Governance for the financial statements

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

In preparing the financial statements, the Accountable Officer is responsible for assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the CCG lacks funding for its continued existence or when policy decisions have been made that affect the services provided by the CCG.

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

The Governing Body is Those Charged with Governance.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

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

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

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

Under the Code of Audit Practice we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

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

Responsibilities of the Accountable Officer

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

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

We are required under Section 21(3)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, the CCG had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the CCG put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the CCG has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements – Certificate

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

Alex Walling

Alex Walling

Associate Director

for and on behalf of Grant Thornton UK LLP

2 Glass Wharf, Bristol BS2 0EL

24 May 2018

ANNUAL ACCOUNTS

Completed in accordance with the DH Group Accounting Manual 2017/18 and NHS England SharePoint Finance Guidance Library

Mary Hutton

Accountable Officer

24 May 2018

Data entered below will be used throughout the workbook:

Entity name:	NHS Gloucestershire CCG
This year	2017-18
Last year	2016-17
This year ended	31-March-2018
Last year ended	31-March-2017
This year commencing:	01-April-2017
Last year commencing:	01-April-2016

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

Please review and adjust to local reporting requirements

CONTENTS **Page Number**

Statement of Comprehensive Net Expenditure for the year ended 31 March 2018

	Note	2017-18 £'000	2016-17 £'000
Income from sale of goods and services	3	(24,449)	(24,264)
Other operating income	3	(3,473)	(1,054)
Total operating income		**(27,922)**	**(25,318)**
Staff costs	5	13,814	12,229
Purchase of goods and services	6	850,808	832,613
Depreciation and impairment charges	6	99	81
Provision expense	6	1,890	881
Other Operating Expenditure	6	1,120	1,186
Total operating expenditure		**867,731**	**846,990**
Total Net Expenditure for the year		**839,809**	**821,672**
Other Comprehensive Expenditure		0	0
Comprehensive Expenditure for the year ended 31 March 2018		**839,809**	**821,672**

Statement of Financial Position as at 31 March 2018

	Note	2017-18 £'000	2016-17 £'000
Non-current assets:			
Property, plant and equipment	9	369	398
Total non-current assets		369	398
Current assets:			
Trade and other receivables	10	5,667	4,288
Cash and cash equivalents	11	6	17
Total current assets		**5,673**	**4,305**
Total assets		**6,042**	**4,703**
Current liabilities			
Trade and other payables	12	(47,188)	(40,924)
Provisions	13	(2,637)	(1,712)
Total current liabilities		**(49,825)**	**(42,636)**
Non-Current Assets plus/less Net Current Assets/Liabilities		**(43,783)**	**(37,933)**
Non-current liabilities		0	0
Assets less Liabilities		**(43,783)**	**(37,933)**
Financed by Taxpayers' Equity			
General fund		(43,783)	(37,933)
Total taxpayers' equity:		**(43,783)**	**(37,933)**

The notes on pages 7 to 26 form part of this statement

The financial statements on pages 3 to 6 were approved by the Governing Body on 24th May 2018 and signed on its behalf by

Accountable Officer
Mary Hutton

Statement of Changes In Taxpayers Equity for the year ended 31 March 2018

	2017/18 General fund £'000	2016/17 General fund £'000
Balance at 1 April	(37,933)	(37,452)
Changes in NHS Clinical Commissioning Group taxpayers' equity		
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	(839,809)	(821,672)
Net funding	833,959	821,192
Balance at 31 March	**(43,783)**	**(37,933)**

The notes on pages 7 to 26 form part of this statement

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

Statement of Cash Flows for the year ended 31 March 2018

	Note	2017-18 £'000	2016-17 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(839,809)	(821,672)
Depreciation and amortisation	9	99	81
(Increase)/decrease in trade & other receivables	10	(1,379)	2,950
Increase/(decrease) in trade & other payables	12	6,384	(2,447)
Provisions utilised	13	(965)	(951)
Increase/(decrease) in provisions	13	1,890	881
Net Cash Inflow (Outflow) from Operating Activities		**(833,780)**	**(821,158)**
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment		(190)	(40)
Net Cash Inflow (Outflow) from Investing Activities		**(190)**	**(40)**
Net Cash Inflow (Outflow) before Financing		**(833,970)**	**(821,198)**
Cash Flows from Financing Activities			
Grant in Aid Funding Received		833,959	821,192
Net Cash Inflow (Outflow) from Financing Activities		**833,959**	821,192
Net Increase (Decrease) in Cash & Cash Equivalents	11	**(11)**	**(6)**
Cash & Cash Equivalents at the Beginning of the Financial Year		**17**	**23**
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		**6**	**17**

The notes on pages 7 to 26 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 2017-18 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 the 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 16 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 during 2017/18..

1.4 Critical Accounting Judgements & Key Sources of Estimation Uncertainty

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

1.4.1 *Critical Judgements in Applying Accounting Policies*

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

Notes to 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 Key Sources of Estimation Uncertainty

The following are the key estimations that management has made in the process of applying the clinical commissioning group's accounting policies that have the most significant effect on the amounts recognised in the financial statements:

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

• Accruals for delegated co-commisioning 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 2018
The provision for continuing healthcare has been calculated by taking those claims outstanding at 31 March 2018 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

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 Employee Benefits

1.6.1 Short-term Employee Benefits

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

1.6.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the clinical commissioning group of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.
For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the clinical commissioning group commits itself to the retirement, regardless of the method of payment.

1.7 **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.

1.8 **Property, Plant & Equipment**

1.8.1 **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.

1.8.2 **Valuation**

All plant and equipment are 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. All assets are measured subsequently at valuation.
Fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from current value in existing use.

1.8.3 **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.

1.9 **Depreciation & Impairments**

Depreciation is charged to write off the costs or valuation of plant and equipment, 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.

At each reporting period end, the clinical commissioning group checks whether there is any indication that any of its tangible 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.

1.10 **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.

1.10.1 **The Clinical Commissioning Group as Lessee**

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.

1.11 **Cash & Cash Equivalents**

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

1.12 **Provisions**

Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the clinical commissioning group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

- Timing of cash flows (0 to 5 years inclusive): Minus 2.420% (previously: minus 2.70%)
- Timing of cash flows (6 to 10 years inclusive): Minus 1.85% (previously: minus 1.95%)
- Timing of cash flows (over 10 years): Minus 1.56% (previously: minus 0.80%)

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.

1.13 **Clinical Negligence Costs**

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

1.14 **Non-clinical Risk Pooling**

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

1.15 **Continuing healthcare risk pooling**

In 2014-15 a risk pool scheme was been introduced by NHS England for continuing healthcare claims, for claim periods prior to 31 March 2013. Under the scheme, the clinical commissioning group contributed annually to a pooled fund, which was used to settle the claims.

Notes to the financial statements

1.16 **Contingencies**
A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.
A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group. A contingent asset is disclosed where an inflow of economic benefits is probable.
Where the time value of money is material, contingencies are disclosed at their present value.

1.17 **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.

1.17.1 **Loans & Receivables**
Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.
The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the initial fair value of the financial asset.

At the end of the reporting period, the clinical commissioning group assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in expenditure and the carrying amount of the asset is reduced through a provision for impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.18 **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.

1.18.1 **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.

1.19 **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.

Notes to the financial statements

1.20 **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).

1.21 **Joint Operations**
Joint operations are activities undertaken by the clinical commissioning group in conjunction with one or more other parties but which are not performed through a separate entity. The clinical commissioning group records its share of the income and expenditure; gains and losses; assets and liabilities; and cash flows.

1.22 **Research & Development**
Research and development expenditure is charged in the year in which it is incurred.

1.23 **Accounting Standards That Have Been Issued But Have Not Yet Been Adopted**
The DHSC Group accounting manual does not require the following Standards and Interpretations to be applied in 2017-18. These standards are still subject to FREM adoption and early adoption is not therefore permitted.

- IFRS 9: Financial Instruments (application from 1 January 2018)
- IFRS 14: Regulatory Deferral Accounts (not applicable to DH groups bodies)
- IFRS 15: Revenue for Contract with Customers (application from 1 January 2018)
- IFRS 16: Leases (application from 1 January 2019)
- IFRS 17: Insurance Contracts (application from 1 January 2021)
- IFRIC 22: Foreign Currency Transactions and Advance Consideration (application from 1 January 2018)
- IFRIC 23: Uncertainty over Income Tax Treatments (application from 1 January 2019)

The application of the Standards as revised would not have a material impact on the accounts for 2017-18, were they applied in that year.

1.24 **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 2017/18.

During 2017/18 the BCF was constituted of 40 separate schemes of which
- Gloucestershire CCG took the commissioning lead on 27 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 2017/18 the CCG planned for costs of £526k of a total service cost of £1,052k; representing 2.5% of the total BCF planned spend of £42,422k.

In 2017/18, 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	2017-18 Target	2017-18 Performance	Met (Y/N)?	2016-17 Target	2016-17 Performance	Met (Y/N)?
Expenditure not to exceed income	2.1	223H (1)	872,249	867,731	Yes	855,085	846,990	Yes
Capital resource use does not exceed the amount specified in Directions	2.2	223I (2)	70	70	Yes	190	190	Yes
Revenue resource use does not exceed the amount specified in Directions	2.1	223I (3)	844,327	839,809	Yes	829,767	821,672	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 not exceed the amount specified in Directions	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)	13,602	13,539	Yes	13,589	13,151	Yes

2.1/2.2 Performance against Resource limit

	2017-18			2016-17		
	Revenue £000	**Capital £000**	**Total £000**	Revenue £000	Capital £000	Total £000
Notified Resource Limit	844,327	70	844,397	829,767	190	829,957
Total Other operating revenue	27,922		27,922	25,318		25,318
Total Income	**872,249**	**70**	**872,319**	**855,085**	**190**	**855,275**
Employee benefits	13,814		13,814	12,229		12,229
Operating costs	853,917	70	853,987	834,761	190	834,951
Total Expenditure	**867,731**	**70**	**867,801**	**846,990**	**190**	**847,180**
In year Surplus/(Deficit) spend	**4,518**	**0**	**4,518**	**8,095**	**0**	**8,095**
Cumulative surplus brought forward at 1 April 2017	17,551		17,551	9,456		9,456
Cumulative surplus drawn down during the financial year	(302)		(302)			0
Cumulative surplus carried forward at 31 March 2018	**21,767**	**0**	**21,767**	**17,551**	**0**	**17,551**

The overall notified resource limit above includes specific funding for Primary Care Delegated Co-Commissioning of £79.980m (2016/17: £78.523m).

The CCG's original plan was to deliver an in-year breakeven position in 2017/18. However, as set out in the 2017/18 NHS Planning Guidance, CCGs were required to hold a 0.5% reserve uncommitted from the start of the year, created by setting aside the monies that CCGs were otherwise required to spend non-recurrently. This was intended to be released for investment in Five Year Forward View transformation priorities to the extent that evidence emerged of risks not arising or being effectively mitigated through other means.
In the event, the national position across the provider sector has been such that NHS England has been unable to allow CCGs' 0.5% non-recurrent monies to be spent. Therefore, to comply with this requirement, NHS Gloucestershire CCG has released its 0.5% reserve to the bottom line, resulting in an additional surplus for the year of £3.705m. This additional surplus has been will be carried forward for drawdown in future years.
In addition, NHS England actioned an apportionment of a national drug rebate (equating to £793k for NHS Gloucestershire CCG) in March 2018 which resulted in an equivalent increase to the CCG's reported surplus. As in the above case, this will be carried forward for future drawdown.
As a result, the in-year 2017/18 target surplus increased to £4.498m and the cumulative target surplus increased by these amounts to £21.747m. In addition, the CCG exceeded it's target by another £0.020m; delivering an actual in-year reported surplus of £4.518m; leading to a cumulative surplus of £21.767m as at 31 March 2018.

2.3 Revenue resource use on specified matters
This relates to delegated co-commissioning of primary care services and reports the initial indicative allocation as at 1 April 2017. The contingency and 0.5% headroom has been utilised during the year in this area to generate the reported outturn.

2.4 Performance against Revenue administration resource

	2017-18		2016-17	
	£000	**£000**	£000	£000
Gross employee benefits	8,549		8,548	
Other costs	5,127		4,743	
Other operating revenue	(137)		(140)	
		13,539		**13,151**
Revenue administration resource ("running costs" allocation)		**13,602**		**13,589**
Under/(Over) spend against Revenue administration resource		**63**		**438**

3 Other Operating Revenue

	2017-18 Total £'000	2016-17 Total £'000
Education, training and research	306	4
Charitable and other contributions to revenue expenditure: non-NHS	492	116
Non-patient care services to other bodies	24,143	24,260
Continuing Health Care risk pool contributions	0	0
Non cash apprenticeship training grants revenue	1	0
Other revenue	2,980	938
Total other operating revenue	**27,922**	**25,318**

The increase in income for education, training and research primarily refress to that received from Health Education England for the training of nurse associates in Gloucestershire.

Increased charges relating to the "Next Steps: Living With and Beyond Cancer" programme are reflected within charitable contributions for the year.

Non-patient care services to other bodies primarily relate to charges made to Gloucestershire County Council for their contribution to contracts where the lead commissioner is NHS Gloucestershire CCG.

Increases in other revenue during the year include charges made to NHS England for national programmes in Cancer and Estates and Technology Transformation Fund (ETTF) projects.

Revenue in this note does not include cash received from NHS England which is drawn down directly into the bank

4 Revenue

Revenue is totally from the supply of services. No revenue is received from the sale of goods

5. Employee benefits and staff numbers

5.1 Summary of employee benefits

	2017-18			2016-17		
	Total £'000	**Permanent Employees £'000**	**Other £'000**	Total £'000	Permanent Employees £'000	Other £'000
Employee Benefits						
Salaries and wages	11,273	10,340	933	10,148	8,630	1,518
Social security costs	1,105	1,105	0	915	915	0
Employer Contributions to NHS Pension scheme	1,393	1,393	0	1,154	1,154	0
Apprenticeship Levy	43	43	0	0	0	0
Termination benefits	0	0	0	12	12	0
Gross employee benefits expenditure	**13,814**	**12,881**	**933**	**12,229**	**10,711**	**1,518**
Less recoveries in respect of employee benefits	0	0	0	0	0	0
Total - Net admin employee benefits including capitalised costs	**13,814**	**12,881**	**933**	**12,229**	**10,711**	**1,518**
Less: Employee costs capitalised	0	0	0	0	0	0
Net employee benefits excluding capitalised costs	**13,814**	**12,881**	**933**	**12,229**	**10,711**	**1,518**

The largest increase in staff groups in 2017/18 related to increases in clinical staff within both the continuing healthcare and clinical pharmact teams. This, also, included new pharmacist investment within general practice at locality level. The 2017/18 figures also include a small investment for staffing to support Gloucestershire's Sustainability and Transformation Plan (STP).

5.2 Average number of people employed

	2017-18			2016-17		
	Total Number	**Permanently employed Number**	**Other Number**	Total Number	Permanently employed Number	Other Number
Total	**263**	**239**	**24**	251	224	27

5.3 Exit packages agreed in the financial year

There were no payments in 2017/18 for compulsory redundancies or other agreed departures. In 2016/17, there was one compulsory redundancy amounting to £12,008.

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.

Where **entities** has agreed early retirements, the additional costs are met by NHS **Entities** and not by the NHS Pension Scheme, and are included in the tables. Ill-health retirement costs are met by the NHS Pension Scheme and are not included in the tables.

5.4 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 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:

5.4.1 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 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 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.

5.4.2 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 last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

For 2017-18, employers' contributions of £1,393k were payable to the NHS Pensions Scheme (2016-17: £1,155k) were payable to the NHS Pension Scheme at the rate of 14.3% 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. The latest review used data from 31 March 2012 and was published on the Government website on 9 June 2012. These costs are included in the NHS pension line of note 5.1.

6. Operating expenses

	2017-18 Total £'000	2016-17 Total £'000
Gross employee benefits		
Employee benefits excluding governing body members	12,872	11,359
Executive governing body members	942	870
Total gross employee benefits	**13,814**	**12,229**
Other costs		
Services from other CCGs and NHS England	3,629	3,670
Services from foundation trusts	442,809	441,151
Services from other NHS trusts	105,525	107,319
Purchase of healthcare from non-NHS bodies	102,979	89,053
Purchase of social care	5,197	4,752
Chair and Non Executive Members	620	589
Supplies and services – clinical	1,630	2,005
Supplies and services – general	1,393	1,717
Consultancy services	317	184
Establishment	3,861	1,285
Transport	72	63
Premises	1,689	2,044
Depreciation	99	81
Audit fees	63	86
Prescribing costs	93,499	93,160
GPMS/APMS and PCTMS	86,057	83,869
Other professional fees excl. audit	1,028	1,154
Legal fees	145	220
Grants to Other bodies	433	502
Research and development (excluding staff costs)	60	60
Education and training	914	419
Provisions	1,890	881
CHC Risk Pool contributions	0	462
Non cash apprenticeship training grants	1	0
Other expenditure	7	35
Total other costs	**853,917**	**834,761**
Total operating expenses	**867,731**	**846,990**

The increased costs relating to the purchase of healthcare from non-NHS bodies reflects the in-year change of provider for Out of Hours services, an overall increase in the value of spend on Mental Health grants for both adults and children and increased costs of continuing healthcare and learning disability placements. The latter issue reflects both the increased costs of such placements and the national strategy to treat those individuals with a learning disability closer to home with the transfer of commissioning responsibilties from NHS England specialist commissioners to the CCG.

In 2017/18, expenditure on establishment costs included the costs of a number of IT projects including Estates and Technology Transformation Fund (ETTF) schemes in GP practices and the Gloucestershire Joining Up Your Information project.

The increase in education and training costs includes the training costs of nurse associates in Gloucestershire.

The internal audit fee (excluding recoverable VAT) of £73,428 is within Other Profesional fees.

The external audit fee included in the above note is £62,856; representing a net spend of £52,380 together with irrecoverable VAT of £10,476.

In accordance with SI 2008 no.489, *The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008* , there is no limitation on 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.

7 Better Payment Practice Code

Measure of compliance	2017-18 Number	2017-18 £'000	2016-17 Number	2016-17 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	12,898	71,486	14,072	64,387
Total Non-NHS Trade Invoices paid within target	12,696	70,715	13,759	63,627
Percentage of Non-NHS Trade invoices paid within target	**98.43%**	**98.92%**	**97.78%**	**98.82%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	3,808	546,596	3,842	552,519
Total NHS Trade Invoices Paid within target	3,736	546,299	3,798	552,377
Percentage of NHS Trade Invoices paid within target	**98.11%**	**99.95%**	**98.85%**	**99.97%**

8. Operating Leases

8.1 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 8.1.1.

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

8.1.1 Payments recognised as an Expense

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

2016-17	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense			
Minimum lease payments	1,831	7	**1,838**
Total	**1,831**	**7**	**1,838**

9 Property, plant and equipment

9.1 Asset summary by year

	2017-18			2016-17		
	Transport equipment £'000	Information technology £'000	Total £'000	Transport equipment £'000	Information technology £'000	Total £'000
Cost or valuation at 01 April	81	993	1,074	81	803	884
Additions purchased	0	70	70	0	190	190
Cost/Valuation at 31 March	**81**	**1,063**	**1,144**	**81**	**993**	**1,074**
Depreciation 01 April	81	595	676	61	534	595
Charged during the year	0	99	99	20	61	81
Depreciation at 31 March	**81**	**694**	**775**	**81**	**595**	**676**
Net Book Value at 31 March	**0**	**369**	**369**	**0**	**398**	**398**
Purchased	0	369	369	0	398	398
Total at 31 March	**0**	**369**	**369**	**0**	**398**	**398**
Asset financing:						
Owned	0	369	369	0	398	398
Total at 31 March	**0**	**369**	**369**	**0**	**398**	**398**

9.2 Cost or valuation of fully depreciated assets

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

	2017-18 £'000	2016-17 £'000
Transport equipment	81	81
Information technology	505	505
Total	**586**	**586**

9.3 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Transport equipment	0	0
Information technology	2	5

10 Trade and other receivables

	2017-18 £'000	2016-17 £'000
Current		
NHS receivables: Revenue	1,263	238
NHS prepayments	25	0
NHS accrued income	1,174	152
Non-NHS and Other WGA receivables: Revenue	803	2,599
Non-NHS and Other WGA prepayments	445	310
Non-NHS and Other WGA accrued income	1,889	866
Provision for the impairment of receivables	(57)	(57)
VAT	113	156
Other receivables and accruals	12	24
Total Trade & other receivables	**5,667**	**4,288**
Non current	0	0
Total current and non current	**5,667**	**4,288**

The great majority of trade is with NHS organisations and Gloucestershire County Council. As NHS organisations are funded by Government to provide funding to clinical commissioning groups to commission services, no credit scoring of them is considered necessary. A similar approach has been taken with Gloucestershire County Council.

10.1 Receivables past their due date but not impaired

	2017-18 £'000			2016-17 £'000
	DH Group Bodies	Non DH Group Bodies	All receivables prior years	All receivables prior years
By up to three months	77	305	382	324
By three to six months	216	3	219	14
By more than six months	8	15	23	2
Total	**301**	**323**	**624**	**340**

£66k of the amount above has subsequently been recovered post the statement of financial position date (2016/17: £117k)

The CCG did not hold any collateral against receivables outstanding at 31 March 2018. (2016/17: Nil)

10.2 Provision for impairment of receivables

	2017-18 £'000	2016-17 £'000
	DH Group Bodies	All receivables prior years
Balance at 01 April 2017	(57)	(52)
Amounts written off during the year	0	22
Amounts recovered during the year	0	29
(Increase) decrease in receivables impaired	0	(56)
Balance at 31 March 2018	**(57)**	**(57)**

10.3 Non-current: capital analysis

	2017-18 £'000	2016-17 £'000
Capital revenue	70	190
Capital expenditure	(70)	(190)

11 Cash and cash equivalents

	2017-18 £'000	2016-17 £'000
Balance at 01 April	17	23
Net change in year	(11)	(6)
Balance at 31 March	**6**	**17**
Made up of:		
Cash with the Government Banking Service	6	17
Cash in hand	0	0
Cash and cash equivalents as in statement of financial position	**6**	**17**
Total bank overdrafts	**0**	**0**
Balance at 31 March	**6**	**17**
Patients' money held by the clinical commissioning group, not included above	0	0

12 Trade and other payables

	2017-18 £'000	2016-17 £'000
Current		
NHS payables: revenue	6,282	3,863
NHS payables: capital	70	190
NHS accruals	3,334	1,919
Non-NHS and Other WGA payables: Revenue	4,092	2,711
Non-NHS and Other WGA accruals	31,346	30,582
Non-NHS and Other WGA deferred income	115	0
Social security costs	178	151
Tax	145	125
Other payables and accruals	1,626	1,383
Total Trade & Other Payables	**47,188**	**40,924**
Non current	**0**	**0**
Total current and non-current	**47,188**	**40,924**

Other payables include £1,079k of outstanding pension contributions at 31 March 2018 (2016/17: £1,109k)

13 Provisions

	2017-18 £'000	2016-17 £'000
Current		
Continuing care	925	800
Other	1,712	912
Total	**2,637**	**1,712**
Non current	**0**	**0**
Total current and non-current	**2,637**	**1,712**

	2017-18			2016-17		
	Continuing Care £'000	Other £'000	Total £'000	Continuing Care £'000	Other £'000	Total £'000
Balance at 01 April	**800**	**912**	**1,712**	**1,282**	**500**	**1,782**
Arising during the year	950	940	1,890	330	551	881
Utilised during the year	(825)	(140)	(965)	(812)	(139)	(951)
Reversed unused	0	0	0	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	**925**	**1,712**	**2,637**	**800**	**912**	**1,712**
Expected timing of cash flows:						
Within one year	925	1,712	2,637	800	912	1,712
Between one and five years	0	0	0	0	0	0
After five years	0	0	0	0	0	0
Balance at 31 March	**925**	**1,712**	**2,637**	**800**	**912**	**1,712**

The continuing care provision of £925k (2016-17: £800k) is for costs expected to be incurred in relation to backdated claims received by the CCG since 1st April 2013 for continuing healthcare and which have yet to be settled. Claims are assessed for eligibility using the national guidance and toolkit.

NHS England hold a provision for all backdated claims received prior to 1 April 2013

The claims outstanding at 31 March 2018 are expected to be paid within the 2018/19 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

14 Financial instruments

14.1 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 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.

14.1.1 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.

14.1.2 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.

14.1.3 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.

The carrying amount of the following financial assets and liabilities is considered a reasonable approximation of fair value; trade and other receivables, cash and cash equivalents and trade and other payables

14.2 Financial assets

	Loans and Receivables 2017-18 £'000	Loans and Receivables 2016-17 £'000
Receivables		
· NHS	2,437	390
· Non-NHS	2,693	3,465
Cash at bank and in hand	6	17
Other financial assets	12	24
Total at 31 March	**5,148**	**3,896**

14.3 Financial liabilities

	Other 2017-18 £'000	Other 2016-17 £'000
Payables:		
· NHS	9,687	5,972
· Non-NHS	37,064	34,676
Total at 31 March	**46,751**	**40,648**

15 Operating segments

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

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

16 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 commissionedby 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:

	2017-18 £000	2016-17 £000
Income	3,359	3,527
Expenditure	(3,359)	(3,527)

17 Losses and special payments

17.1 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 2017-18 Number	**Total Value of Cases 2017-18 £'000**	Total Number of Cases 2016-17 Number	Total Value of Cases 2016-17 £'000
Administrative write-offs	1	0	4	22
Total	**1**	**0**	**4**	**22**

17.2 Special payments

There have been no special payments made during 2017/18 (2016/17: Nil)

18 Events after the end of the reporting period

NHS planning guidance asked every health and care system to come together to create their own ambitious blueprint for accelerating implementation of the Five Year Forward View in 2016/17, through the production of a Sustainability and Transformation Plan (STP). The STP is a place-based, multi-year plan built around the needs of the local population and Gloucestershire's plan was produced in October 2016.

The Gloucestershire STP is not a new statutory body, it supplements but does not replace the accountabilities of individual organisations and comes together as the Gloucestershire Strategic Forum. The Gloucestershire STP footprint includes the following organisations

- Gloucestershire CCG
- Gloucestershire Hospitals NHS Foundation Trust
- 2Gether NHS Foundation Trust
- Gloucestershire Care Services NHS Trust
- Gloucestershire County Council
- South Western Ambulance Services NHS Foundation Trust

The Next Steps on the Five Year Forward View from NHS England lays out the further transition to population based integrated health systems through the creation of Integrated Care Systems (ICS). Gloucestershire have expressed an interest in developing such a model and will be looking to develop this proposal further over the next financial year.

19 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.

	2017/18 Payments to Related Party				2016/17 Payments to Related Party			
	Payments under delegated co-commissioning arrangements	Drugs reimbursed	Other payments	**Total Payments**	Payments under delegated co-commissioning arrangements	Drugs reimbursed	Other payments	Total Payments
	£000	£000	£000	**£000**	£000	£000	£000	£000
Dr Helen Miller (Clinical Chair of CCG until 28/04/16) *Partner - The College Yard and Highnam Surgery*	0	0	0	**0**	685	318	84	**1087**
Dr Caroline Bennett (CCG Member/GP Locality Lead) *Partner - Cotswold Medical Practice*	1394	720	183	**2297**	1542	529	191	**2262**
Dr Charles Buckley (CCG Member/GP Locality Lead until 31/03/17) *Partner - Frampton Surgery*	0	0	0	**0**	684	350	58	**1092**
Dr Malcolm Gerald (CCG Member/GP Locality Lead until 13/01/17) *Partner - Romney House Surgery*	0	0	0	**0**	895	128	224	**1247**
Dr William Haynes (CCG Member/GP Locality Lead) *Partner - Hadwen Medical Practice*	1863	86	336	**2285**	1811	70	294	**2175**
Dr Tristan Lench (CCG Member/GP Locality Lead from 09/04/15 to 31/03/17) *Partner - Severnbank Surgery*	0	0	0	**0**	604	145	41	**790**
Dr Hein Le Roux (CCG Member/GP Locality Lead until 04/07/16; Deputy Clinical Chair from 05/07/16) *Minchinhampton Surgery(16/17) and Phoenix Surgery(17/18)*	1458	124	124	**1706**	904	54	94	**1052**
Dr Andrew Seymour (CCG Deputy Clinical Chair until 30/4/17; Clinical Chair from 01/05/17) *Partner - Heathville Road Surgery*	1351	56	112	**1519**	1364	54	130	**1548**
Dr Jeremy Welch (CCG Member/GP Locality Lead) *Partner - Jesmond House Surgery*	1515	69	166	**1750**	1380	62	163	**1605**
Dr Alan Gwynn (CCG Member/GP Locality Lead from 01/04/17) *GP Partner - Avenue*	761	28	69	**858**	0	0	0	**0**
Dr Sheena Yerburgh (CCG Member/GP Locality Lead from 01/04/17) *GP Partner Prices Mill*	1001	24	119	**1144**	0	0	0	**0**
Dr Lawrence Fielder (CCG Member/GP Locality Lead from 01/06/17) *GP Partner -Brunston*	747	350	56	**1153**	0	0	0	**0**
Dr Raju Reddy (Secondary Care Doctor Advisor to CCG from 01/11/15 to 30/04/17) *Birmingham Childrens Hospital NHS Foundation Trust*	*0*	*0*	*0*	**0**	*0*	*0*	*34*	**34**
Dr Lesley Jordan - Secondary Care Doctor advisor to the CCG (from 03/07/17) *Royal United Hospital Bath NHS Foundation Trust*	0	0	11	**11**	0	0	0	**0**

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 regarded as the parent Department. For example:
- 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 in October 2016.

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 been with Gloucestershire County Council in respect of joint commissioning of services.

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.

NHS
Gloucestershire
Clinical Commissioning Group

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