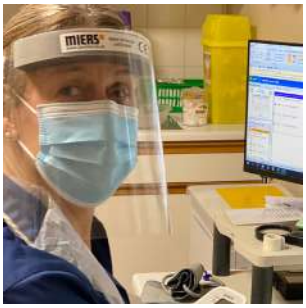
2020/21

NHS
Gloucestershire
Clinical Commissioning Group



Annual **Report**

A review of our year

2020/21

A MESSAGE FROM

Mary Hutton
Accountable Officer

Dr Andy Seymour
Clinical Chair

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

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

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

Whilst the pandemic has undoubtedly impacted on planned services, providers have excelled in using innovative methods, including technology to deliver patient care and support to those in need, including some of the most vulnerable people in our communities.

There is no doubt that we face a long and difficult recovery and we are conscious that many of our patients will have to wait longer for planned operations and treatments during this period.

We have been honest about this reality, but the CCG and our NHS Trust partners are determined to work tirelessly to do all we can to reduce this backlog, support people throughout and put patient care first.

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

We remain committed to taking into account the views and ideas of patients, carers the public and staff working across and health, care, community and voluntary services.

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

In this report, you can read more about our engagement and consultation activities and how local people's views have shaped the future of health and care services in Gloucestershire this year.

Looking forward, as part of the 'One Gloucestershire Way' we are placing even greater emphasis on preventing ill health, whilst promoting the benefits of good health, and helping people to live in more active communities with strong networks of support.

We are supporting people to look after themselves when they can, and retaining their independence for as long as possible, but when they do need the help of the NHS, we're working to ensure people can access consistently high quality, safe, physical and mental health care.

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

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

Joined up care and communities

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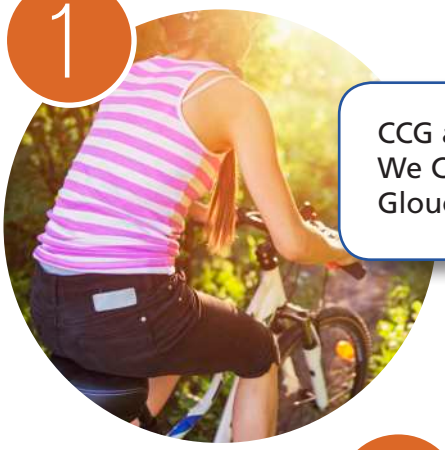
2020/21

TOP 20

Highlights of the year

1



CCG and council partners pledge **£750k** over 5 years to support We Can Move programme, aiming to halve rates of inactivity in Gloucestershire by 2030.

2

More than **1,000** patients use KiActiv®, a digital personalised health programme, to help manage conditions like type 2 diabetes, hypertension and COPD.

3

More than **6,200** people with, or at risk of, diabetes taking positive steps to improve their health through the diabetes prevention programme.

4

51 businesses have signed up to the Gloucestershire Workplace Wellbeing accreditation programme.

5

3,093 people with a learning disability attended an Annual Health Check.

6

5,428 local people referred by GPs to community activities or support through 'Social Prescribing'.

Over **80** people supported through the 365 day a year Learning Disability Intensive Support Service – preventing the need for stays in hospitals and facilities outside the county.

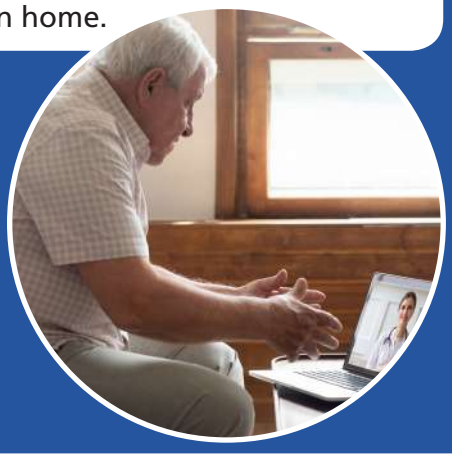
7

8

Around **400** adults and children have been supported to manage their long-term health conditions through targeted arts and nature-based opportunities e.g. singing groups for people with respiratory conditions.

9

62,000 video consultations in GP surgeries, allowing patients to access appointments from their own home.



10

The referral assessment service avoided more than **2,000** unnecessary outpatient appointments, with hospital specialists reviewing referrals and advising GP practices on how to support patients.

11

Around **640,000** prescriptions were ordered online in the last 12 months either through GP practice websites or the NHS App.

12

£27.6m has been invested in GP surgery buildings over the last 12 months, including new purpose-built centres, extensions and refurbishments.

13

Around **4,000** 'fall-proof packs' were distributed to people who were at risk of falls to help with exercise at home.

14

Over **300** seriously unwell respiratory patients have been supported by new non-invasive ventilation machines on the dedicated respiratory support unit since October 2020.

15

Around **1,500** children and young people received support with their mental health from teams including Young Minds Matter and TiC+

16

1,200 patients at risk of deterioration with COVID-19 used the COVID Virtual Ward, allowing them to recover at home safely.

18

Around **66,000** video consultations in hospital and community services, so patients could access appointments online.

17

The Vulnerable People's Telephone Support Service contacted around **10,000** individuals who were shielding or at highest risk from COVID-19, linking them up with support services.

19

More than **34,000** referrals to integrated health and social care community teams, 7 days a week. Around **3,100** referrals were made to the rapid response service.

20

Clinical and support teams have supported more than **2,000** cancer patients to develop personalised care plans.

News Digest

Top stories from around the county

Gloucestershire at the forefront of the COVID-19 community vaccination programme

Gloucestershire responded quickly to the call to set up the local COVID-19 community vaccination programme. Groups of GP practices, known as Primary Care Networks, worked closely with colleagues from community services, third sector organisations, and The Fire and Rescue Service, with all ten sites beginning to vaccinate patients before Christmas. Volunteers have contributed enormously; at just one of the sites 150 volunteers have donated 2,407 hours of their time so far. By April this year more than 400,000 vaccinations had been given.

Over **400K** vaccinations given by April this year

Dr Andy Seymour, Clinical Chair, NHS Gloucestershire CCG said:

"What has been achieved across Gloucestershire is truly extraordinary. There are so many people to thank – but I would particularly like to mention the incredible Primary Care Network GP led community vaccination services and the brilliant hospital vaccination team who have been in this from the very start."

Professor Steve Hams, Senior Responsible Officer for the Gloucestershire COVID-19 Vaccination programme added:

"I feel very proud. These achievements and the continuing progress being made in the county is truly staggering and its great credit to all those involved – their hard work, passion for protecting people and selfless approach are making this all possible."

COVID-19 patients supported to stay at home safely

Some patients with COVID-19 are unaware of how sick they are, due to not showing the usual symptoms of breathlessness or wheeze. The COVID Virtual Ward (provided by G DOC and Baywater Healthcare) monitors a patient's oxygen levels at home using a Pulse Oximeter. This then identifies early warning signs that a patient needs further treatment as soon as possible. Since November 2020, 1,200 patients at risk of deterioration have used the service, allowing them to stay at home safely.

Dr Jo Bayley, Chief Executive of G DOC, said:

"We know that people often recover best in their own home, but getting a diagnosis of COVID can feel frightening, especially for people who live alone. The virtual ward allows us to support people recovering at home; they feel reassured that help is available if they need it."

Supporting people with the long-term effects of COVID-19

A community based Post-COVID Syndrome Assessment Service is supporting patients who have long-term symptoms following a COVID-19 infection. Provided by Gloucestershire Health and Care NHS Foundation Trust, the service can help with both the physical and psychological symptoms people experience with Post-COVID Syndrome.

Patients are assessed by a clinician and signposted to the most appropriate service or support for their needs. Since the service launched in March 2020, 32 people have received an initial assessment.

Angela Potter, Director of Strategy and Partnerships at Gloucestershire Health and Care NHS Foundation Trust, said:

"Patients may be signposted to a number of specialist services such as psychological support, specialist respiratory services, community-based support via The Healthy Lifestyle Service or Live Better to Feel Better group or access to an online platform which offers advice and support."

Telephone support line helping vulnerable people through the pandemic

A telephone support service made more than 10,000 calls to shielding and other vulnerable patients early in the pandemic to ensure they were supported.

Working with GP practices, the Complex Care at Home team are continuing to provide telephone support through 2021 for people living with frailty most likely to be adversely affected by the need to socially isolate. To date, the team have contacted 3,350 people, providing support, clinical interventions and referrals to specialist services where required.

Supporting people with Type 2 diabetes to lose weight

Patients with Type 2 diabetes are being supported to achieve significant weight loss and potentially diabetes remission through a new low-calorie diet programme. The Total Diet Replacement programme in Gloucestershire, delivered digitally by Oviva, is part of a national pilot, with 500 places available over a two-year period. Since its launch in September 2020, 119 referrals had been received, with 60 people starting the programme. The average weight loss at 12 weeks is 8.6kg.

Helping people to live well with pain

We know that medicines do not always work well for people with persistent pain and can cause many side effects. A specialist recovery worker has been helping patients to understand their pain better and live as good a life as possible. Virtual exercise classes are also being trialled, as research shows that activity can help with pain. Additionally, clinicians have been trained using a health coaching approach, helping them to understand long-term pain and have 'positive conversations' with patients to support them in managing it.

Young people's emotional wellbeing

In partnership with Young Gloucestershire, 100 young people aged 16-25 with mental health and social needs have received practical support with things that were impacting their emotional wellbeing. This included housing, finances, relationships and employment. Everyone was offered counselling and the support of a youth worker to help combat long-standing difficulties alongside emerging challenges as a result of the pandemic, such as isolation and loneliness.

Working together to protect children

We have been working in partnership with Gloucestershire County Council and the police to safeguard the county's children. This Safeguarding Children Partnership has introduced a new rapid review process to take place within 15 days of an incident of serious harm to children, which could include significant abuse, neglect or death. The review focuses on the children and supports professionals to identify what needs to happen with an action plan to ensure lessons are learned and Gloucestershire's children are kept safe.

Improving early diagnosis of cancer

200 men rapidly accessing an MRI scan

Local NHS teams have been embracing new ways of working, reducing the need for patients to attend hospital in person during the pandemic.

GPs introduced a new test to rule out colorectal cancers, with more than 6,000 people using simple and reliable stool tests from home.

In urology, the team at Gloucestershire Hospitals NHS Foundation Trust are making sure patients can go straight for a diagnostic test, with over 200 men attending a telephone appointment with a clinical nurse specialist before rapidly accessing an MRI scan

Access to cancer services in the pandemic

Ensuring people were able to access cancer services was prioritised during the pandemic, with 94.5% of patients being seen within two weeks of referral and 97% of patients starting treatment within 31 days of diagnosis. In addition, Gloucestershire was the best performing area in the country with 88.9% of patients starting Lung Cancer treatment within 62 days of referral by a GP.

We continue to encourage anyone with worrying symptoms to contact their GP surgery for advice.

Establishment of the Inpatient Respiratory Support Unit (RSU)

Some of the sickest patients with respiratory conditions in Gloucestershire Hospitals are receiving better care thanks to investment in improved equipment and collaboration between the Critical Care Unit and Respiratory Support Unit (RSU). The dedicated RSU can access non-invasive ventilation machines to support more unwell patients, in addition to telemetry and continuous monitoring of oxygen levels, heart rate and blood pressure. Since October 2020, 312 patients (including 221 COVID-19 patients) have been supported by the RSU.

Supporting people at the end of life

Palliative and end of life care teams, in partnership with hospices, adapted quickly to the pandemic. Support was given to help people plan for their future care needs, including treatment options. Where families chose to care for loved ones at home, guidance and PPE was provided and a carers support line was set up by Sue Ryder Hospice.

Around 300 people have been involved in a review of the Gloucestershire Palliative and End of Life care strategy, which will launch spring 2021.

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

Cinapsis is an advice and guidance tool which GPs and others in primary care can use to ask hospital specialists questions before making a referral. There are now 13 specialities live, with another seven to follow in 2021. On average, 1,800 calls are made each month and more than 600 primary care clinicians use the service. This means patients are directed to the right service first time, with around 82% of calls about urgent care avoiding a visit to A&E.

Making it easier for patients to access services

Technology is making it easier for patients to access GP services. Using text messages sent securely via electronic patient records, GP surgeries can provide sick notes, referral letters, leaflets or links to access video consultations. Patients can also book or amend appointments or ask questions securely via practice websites. In addition to making it easier for patients to access services, this also frees up phone lines and appointment slots for patients who need urgent advice and care.

Primary Care Networks go from strength to strength

GP practices continue to work more closely together in Primary Care Networks (PCNs) and have expanded the range of healthcare professionals in their teams. Since March 2020, the additional workforce has grown from 30 to 107 staff. Roles include clinical pharmacists and technicians, social prescribing link workers, care coordinators, physiotherapists, physician associates and a health and wellbeing coach.

PCN teams will continue to grow and diversify in 2021, with paramedics and mental health practitioners among the new roles.

Investing in the surgeries of the future

Patients in Cinderford and the surrounding area are benefitting a brand new £5 million health centre which opened last August. The facility on Valley Road houses both Dockham Surgery and Forest Health Care.

Building work on a brand new £10m health centre development in Cheltenham got underway last November. Three town centre practices (Berkeley Place, Crescent Bakery and Royal Crescent) will relocate to the new purpose-built centre on Prestbury Road to provide GP services to around 25,000 patients.

A new £5.4m health centre development in Coleford received approval from the CCG last autumn, allowing Brunston and Lydbrook Practice and Coleford Family Doctors to progress plans to move from their current three buildings into one new purpose-built facility and also merge into one practice.

In the heart of Gloucester, the Quayside and Blackfriars regeneration masterplan is transforming part of the site into a multi-purpose building which includes two GP surgeries, Gloucester City Health and Gloucester Health Access Centre.

Around £2m has been invested in the extension of Highnam Surgery and the refurbishment and extension of Chipping Surgery in Wotton-Under-Edge.

Brand new **£5m** health centre in Cinderford

Performance report - overview

Performance Report – an overview

Over the last twelve months we have seen many achievements, but also faced some challenges. This section of the report provides you with an overview of our Clinical Commissioning Group (CCG), its main objectives, strategy, performance and principal risks in-year.

About Us

The CCG is a clinically led organisation made up of 72 GP member practices working across 6 localities and 14 Primary Care Networks (PCNs).

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

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

This includes:

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

How we work

Our 72 member GP member practices are at the heart of our communities and in a good position to understand the needs of their local population alongside partners in the 15 Primary Care Networks and 6 Integrated Locality Partnerships (ILPs).

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

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

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

- Accountable Officer's team – Mary Hutton
- Commissioning Implementation – Mark Walkingshaw
- Finance and IM&T – Cath Leech
- Integrated Commissioning (joint commissioning with the County Council) – Kim Forey
- Locality Development and Primary Care – Helen Goodey
- Nursing and Quality – Marion Andrews-Evans
- Transformation and Service Re-design – Ellen Rule.

Our constitution

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

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

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

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

The population we serve

The CCG covers a population of 650,000 registered with a Gloucestershire GP, with 71% living in an urban area and 29% in a rural area.

Gloucestershire's registered population is projected to rise to 674,000 by 2030. There are currently 47,500 people over 65 with a long term condition in the county and this is set to rise to 77,000 by 2030.

There are pockets of deprivation in the county although these are lower than the national average. Life expectancy is also better than the average however this masks significant differences between parts of the population.

The CCG and partners are committed to reducing health inequalities and more information can be found on page **35**.

Our providers

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

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

Our headquarters

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

Our Integrated Care System (ICS)

In recognition of the progress made, we were accepted by NHS England as one of 14 second wave Integrated Care Systems in 2018/19.

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

Over the last 12 months, we have been strengthening our relationships with partners, taking further responsibility for finances in return for greater flexibility in delivering NHS services.

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

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

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

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

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

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

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

Mary Hutton

Accountable Officer

June 2021

Performance report - analysis

Performance Report – 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 and Risk Committee and the Quality and Governance Committee (for more information about the committees and their purpose please see page **49**.

The Governing Body 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 the NHS organisations in the county.

The group aims to develop and maintain resilience across the system and support effective leadership and operational management of high quality care delivery.

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

Principle Risks and Uncertainties

We have developed a Governing Body Assurance Framework to ensure that there is a streamlined approach to assurance, enabling the Governing Body and delegated committees to focus only on the strategic risks of the organisation. For assurance see the full governance statement from page **XXX**.

This is supported by the Corporate Risk Register which documents all strategic and operational risks of the organisation. The Corporate Risk Register and Governing Body Assurance Framework are reported regularly to the Governing Body, Audit and Quality Committee and the Directors' performance meeting. The CCG is committed to reducing the risks, whatever their cause, it faces to reduce the possibility of impacting on service delivery for the Gloucestershire population.

There were a number of key risks identified by the CCG during 2020/21. These are summarised below and further details can be found in the Governance Statement. Further information on Covid-19 and management of the CCG's response to the pandemic can be found at the end of the Corporate Governance Report.

Key risks:

- Risk to population health and delivery of healthcare related services due to the impact of COVID-19, rated as 16 (RED). A range of risk mitigating actions have been put in place including establishing the Gloucestershire Operations Centre with a remit to cover COVID-19, Winter Planning & Brexit arrangements.
- Risk of non-delivery of reduction in delays for patients who are clinically ready for hospital discharge, risk rated 16 (RED).
- Risk of non-delivery of NHS Constitution standard for maximum wait of 4 hours within the Emergency Department. This risk is rated as 16 (RED).
- Risk of failure to reduce demand and prevent avoidable emergency acute attendances and admissions, risk rated as 16 (RED).
- Risk of failure to comply fully with NHS Constitution standards for planned care waiting times, this risk is 16 (RED).
- SWAST have identified a risk in the South West to patients due to call stacking (was QD11) currently rated as 16 (RED).
- Risk that benefits are delayed due to short term pressures related to the COVID-19 incident, risk rated 16 (RED).

- Post COVID-19 risk that some of our system partners are no longer able to support or drive ICS/CPG programmes and projects. This also includes insufficient CCG programme staffing resource to facilitate change or undertake corporate programmes. This risk is rated as 15 (RED).
- The CCG does not meet its breakeven control total in 2020/21. This risk was rated 16 (RED) however before year end this risk was reduced to 8 (Amber), as significant progress was made with achieving financial balance. This was primarily through a robust financial plan aligned to commissioning strategy and allocations had been received from top-ups/COVID budgets.

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

At the end of January 2020 the NHS declared a level 4 incident as part of the Government response to the global pandemic caused by a novel coronavirus - Covid-19. The impact on healthcare delivery in direct response to this virus, changes in demand and capacity for other healthcare and the impact on wider society (through social distancing and the so-called 'lockdown') and economy has been dramatic.

As a part of this response, the UK Government stated it will fund the NHS 'whatever it takes' to manage the pandemic, alongside this there was a significant overhaul of the financial architecture of the NHS. The interim financial framework for the NHS has continued into the first half of 2021/22 and in additional there has been the announcement of additional funding for the NHS to help progress the recovery of services including elective and mental health services in particular. Taken together, this package and Government statements effectively demonstrate how the Clinical Commissioning Group, as a statutory body in the NHS, will have its finances supported by the Government. This is in addition to the Secretary of State direction that, where Parliamentary funding continues to be voted to permit the relevant services to be carried out elsewhere in the public sector, this is normally sufficient evidence of going concern.

In addition to this, NHS England issued a Board paper in November 2020 which outlined the transition from non-statutory Integrated Care Systems to a statutory Integrated Care System. The functions of the CCG will continue and will transition to the new organisation.

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

Sustainable development

Climate mitigation has reached a new urgency and NHS Gloucestershire Clinical Commissioning Group (The CCG) is committed to play its part.

The CCG continues to use a sustainable approach when commissioning healthcare services, taking into consideration the use of its financial, environmental and social resources while maximising health and health outcomes for its current and future population.

The CCG's Chief Finance Officer (CFO)) and Director of Nursing and Quality Lead take responsibility for Sustainability at Board level. Action on sustainability continues to be initiated through the CCG's Joint Staff Consultative Forum, which regularly includes sustainability as an agenda item and promotes sustainability through staff briefings.

Honouring 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.

Where sustainability is considered during competitive tendering, it is incorporated in the service quality weighting using a standard scoring matrix or methodology.

In January 2020, the CCG acknowledged the Greener NHS programme announced by NHS England and Improvement.

The programme will support and encourage all NHS staff to play their part to tackle climate change and improve people's health. The CCG is proactively working towards the NHS's new target which has been revised to reduce directly emitted carbon emissions by -80% by 2028-32 and net-zero carbon emissions by 2040.

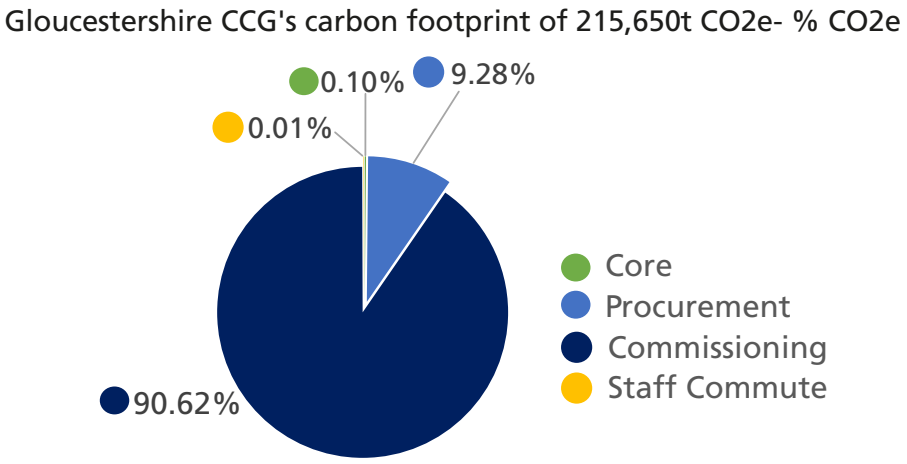
Since 2014/15, The CCG has been completing the SDU's sustainability reporting template annually to monitor its own progress in emissions reduction. However, the SDU reporting model for NHS carbon emissions is due to change in 2021/22 and carbon emissions will be reported in line with the NHS Carbon Footprint for emissions emitted directly, and NHS Carbon Footprint Plus for all non-direct emissions.

The data from carbon emissions will be used to inform decision making and developing sustainable strategies for the 5 year overarching CCG Green Plan (formally known as a Sustainable development Management Plan).

In 2020/21, the total carbon footprint[1] of Gloucestershire CCG was 215,650 tonnes of carbon dioxide equivalents (tCO2e).

In common with all previous years the commissioning of services stands out as the highest contributor to the CCG's greenhouse gas emissions, being responsible for 90.62% (195,419 tCO2e) of the CCG's total carbon footprint.

Internal procurement (CCG office procurement plus pharmaceuticals) is the second highest contributor, responsible for 9.28% (20,005 tCO2e) 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 – 0.10% (213.96 tCO2e).



Graph 1: ***Proportions of 2020/21 NHS Gloucestershire CCG's carbon footprint***

Compared to last year, the CCG's 2020-21 carbon footprint has increased by 12.48% - see Table 1. This increase is mainly due to a rise in the greenhouse gas emissions embedded in commissioning and increase in commodity associated with COVID-19.

Table 1: ***Comparison of NHS Gloucestershire CCG's carbon footprint 2019/20 and 2020/21***

	Carbon Footprint (tCO2e)		
Category	**2019-20**	**2020-21**	**Increase/ decrease**
Core energy use	290.19	213.96	-26.27%
Procurement	18,555	20,005	7.81%
Commissioning	172,785	195,419	13.10%
Commuting	105	12	-87.63%
Total	**191,735**	**215,650**	**12.48%**

Staff commuting

In 2020/21, commuting reduced to 12 tCO2e (or -87.63%) which is 0.01% of the CCGs overall carbon emissions. The reduction comes as a result of the CCG new homeworking policy with most staff working at home since the outbreak of COVID-19.

The CCG has put incentives in place to reduce commuting emissions. It is offering a car share and a bike to work scheme.

The CCG is also working closely alongside Gloucestershire Health and Care NHS Foundation Trust to introduce electric vehicle charge points at the nearby Edward Jenner Court. The new facility is due to go live on the 4th May 2021 and will provide four 7.2Kw electric vehicle charging sockets for use by all staff working for Gloucestershire NHS.

1. 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.

Procurement

There has been a rise of 9.28% in greenhouse gas emissions associated with the CCG's overall procurement – from **191,727 tCO2e** in 2019-20 to **215,650 tCO2e** in 2020-21.

Within procurement, pharmaceuticals are the highest contributor of greenhouse gas emissions, currently at 19,531 tCO2e in comparison to last year at 18,199 tCO2e, meaning that the carbon footprint of the CCG's pharmaceuticals has increased by 7.31% for 2020/21.

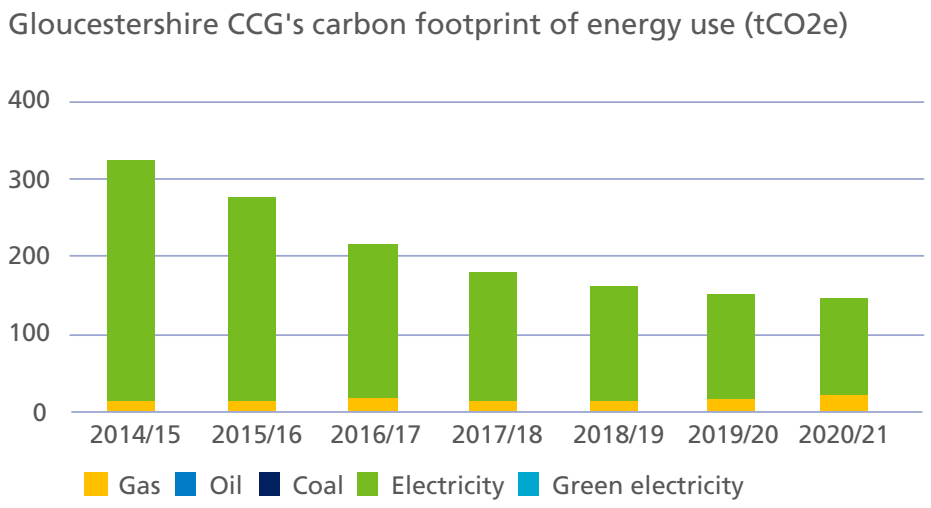
2020/21 has seen an increase of 39.96% in greenhouse gas emissions associated with information and technology, this increase is as a result of a purchasing IT equipment so staff could work from home during COVID-19, therefore increasing the expenditure for IT services.

The carbon footprint due to food and catering has seen a decrease by -71.42%, this is as a result of less networking and conferencing events taking place and staff inductions being held remotely from the office.

The carbon emissions associated with paper products have remained at 7.0 tCO2e for 2020/21 although it is likely that this paper may have only been purchased throughout the year and not used for printing. The CCG has continued to encourage its staff 'to think before we print'. Moreover, the photocopier at the CCG now indicates the cost of printing urging staff to think if photocopying is really needed. In addition, the CCG will take a review of how much paper they will need to order now that staff are working more remotely.

Core emissions

In contrast to commissioning and procurement, core emissions have decreased in 2020-21 from 290.19 to 213.96 tCO2e (-26.27%). This is as a result a -74.84% reduction in business travel, largely because staff are now using Microsoft Teams for meetings as opposed to traveling to meetings held face-to-face. The consumption of energy has remained consistent with the previous reporting year 2019-20 with emissions currently at 147.21 tCO2e for gas and electric in 2020-21.



Graph 2: ***Carbon emissions due to energy use (tCO2e)***

Electricity and business travel are still the biggest contributor to the CCGs core emissions, while emissions from electricity use has continued to go down, this is largely due to de-carbonisation of the grid and the design of the building from which the CCG operates being very energy efficient.

The carbon emissions embedded in water use has decreased by -46.77% respectively, this is due to having less staff working within the office during the COVID-19 outbreak, and a reduction in use of the washing and toilet facilities.

Besides water, 2020/21 has seen a decrease in waste disposal emissions by -54.29%. Waste is generally the lowest contributor towards the CCGs carbon emissions due to segregation systems in place, whereby waste is either recycled or sent for energy recovery by the CCGs incumbent waste contractor. Under desk bins have also been removed and replaced with shared recycling stations. The CCG also has a system in place for reuse.

Table 2: ***Comparison of NHS Gloucestershire CCG's core greenhouse gas emission 2019/20 and 2020/21***

	Carbon footprint (tCO2e)		
Core category	**2019-20**	**2020-21**	**Increase/ decrease**
Electricity	134	123.10	-8.13%
Gas	20.6	24.11	17.04%
Business travel	134	65.93	-50.80%
Water	1.24	0.66	-46.77%
Waste	0.35	0.16	-54.29%
Total	290.19	213.96	-26.27%

Commissioning

The national NHS Long Term Plan (LTP) was published in January 2019. In response the CCG has been engaging on the development of a local NHS Long Term Plan.

With the Long Term Plan's emphasis on prevention, support for self-care and nurturing of community strength and assets the CCG is taking a big step towards a more sustainable health system.

Though there has been a 13.10% increase in carbon emissions associated with commissioning due to a rise in the CCG's commissioning expenditure in 2020/21, the Long-Term Plans' initiatives are predicted to alleviate the pressure on environmental and social resources whilst improving patient care. Below is an example.

Social prescribing

In 2019, GPs in Gloucestershire have referred over 3,500 people to social prescribing through the community and wellbeing hub.

The 2016 evaluation[2] of social prescribing in Gloucestershire showed, that social prescribing improved patients wellbeing, reduced hospital emergency admissions and the number of GP appointments, including GP home visits and calls to the GP.

With a visit to the A&E department and a GP consultation being responsible for 13.8 kgCO2e/visit and 1.14 kgCO2/visit respectively, social prescribing has the potential to reduce the impact of healthcare on the environment.

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.

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' highlights in sustainability in 2020/21.

Gloucestershire Hospitals NHS Foundation Trust

Gloucestershire Hospitals NHS Foundation Trust declared a 'Climate Emergency' in December 2019, recognising that climate change as one of the biggest threats to public health.

2. www.glosvcsalliance.org.uk/wp-content/uploads/2017/02/Social-prescribing-Evaluation-report-FINAL-201216.pdf.

This pledge sets out the Trust's commitments to fast tracking the reduction of carbon emissions and to take collaborative action with civic partners to improve carbon reduction in Gloucestershire.

The Trust continues to embed sustainability within its day to day business and has appointed a new Head of Sustainability in 2020.

The Head of Sustainability will be leading on all aspects of sustainable development and the new Gloucestershire Hospitals Green Plan from 2021 onwards.

The Trust's new Green Champions network has about 90 members and will provide a network and platform for people to take action as individuals and within their departments and to support the Trust in the move to net zero carbon by 2040.

The Trust has been awarded £13.7 million from the Public Sector Decarbonisation Fund for works with which will reduce carbon and increase energy efficiency across the estate.

Schemes include the installation of air source heat pumps, improvements to the Building Management Systems, solar panels and installation of a battery storage system.

The introduction of the Attend Anywhere system has enabled telephone and video consultations for patients. By not travelling to their sites patients have saved mileage, travel costs and time, whilst the avoided travel has saved carbon emissions and contributions to air pollution.

Gloucestershire Health and Care NHS Foundation Trust

From 2021, the Trust will be replacing the Sustainable Development Management Plan with the new (NHS) Green Plan.

The Green Plan is in line with the Greener NHS programme and is a mandatory requirement for all NHS organisations. The aim of the plan is to develop system wide strategies and enable the NHS on its journey towards Net-zero carbon emissions.

In response, the Trust has an Executive Lead for sustainability and recently appointed a new Head of Sustainability. The Trusts narrative is to raise the profile of sustainable development by making sustainability one of the organisations strategic objectives. This will be achieved by working strategically with the Gloucestershire ICS partners to develop a systems wide approach towards sustainable development and embedding plans for net-zero.

In January 2021, the Trust was successful in their application for funding from the Public Sector Decarbonisation Scheme (PSDS) and has been granted £684,000 to install LED lighting and roof mounted solar PV.

It is anticipated that the programme will save a minimum of 250 tCO2e per annum by reducing energy demand at the designated hospitals and outpatient centres.

Electric vehicle charge points have now been installed across five various hospitals and outpatient centres, with a view to install further charge points as and when the demand for electric vehicles increases. In addition, the Trust has installed a new lockable bike shelter at Pullman Place which can securely house up to 20 bikes.

South Western Ambulance Service NHS Foundation Trust

Environment and Sustainability

During 2020/21 the Trust has continued to work on its Green Plan for sustainable development.

This is overseen by the Environment and Sustainability Group (formally called the Environmental Management Group) which was relaunched in November 2020 and is now chaired by the Acting Director of Finance.

The Trust has also launched a Green Champions network to support and engage staff with a particular interest in environmental sustainability.

Energy Management

The Trust switched its electricity provider to a 'green tariff' and has appointed consultants to develop the Trusts energy strategy, which will guide the Trust in the coming years as it works to achieving a net-zero estate.

Fleet

The lease car policy has been revised so that those entitled to 'essential use' lease cars have to opt for either electric or hybrid options i.e. can no longer opt for diesel cars.

The Trust is working with its double crewed Ambulance converter to reduce the weight of Ambulances in order to reduce the amount of fuel used.

The Trust continue to engage nationally with other Ambulance Trusts and Emergency Services on development of non-fossil-fuelled blue light response vehicles, both double crewed Ambulances and rapid response vehicles.

The fleet strategy is under development with the aim of removing diesel vehicles from the non-front-line fleet where possible.

Quality Improvement

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

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

This has been a challenging year for the NHS, with our provider organisations working in difficult circumstances created by the COVID-19 pandemic.

Despite Covid the focus on patient safety and the patient experience has continued to be a priority for our work. We have had specific concerns at 8 Never Events that occurred during the year, many of which involved wrong site surgery. The quality team have spent time with the surgical teams understating the actions they are taking to ensure these events are not repeated.

We have continued to undertake quality monitoring processes though site visits have been limited this year.

We have welcomed the opportunity offered by our main providers to attend their quality committees which has provided the CCG with an in-depth understanding of the issues they are facing and their response to the risks to quality that have been identified.

A particular area of focus this year has been maternity services following the publication of the Ockenden report and the CCG will continue to work closely with the Trust to support the delivery of the local maternity action plan. An assessment of the Trust's response to the key actions from Ockenden was undertaken nationally and overall the Trust scored well when compared with other Maternity Services in the South West. Of note was their performance in managing complex maternity patients with a score of 83% compared with a regional average of 68%.

The CCG recognises that it has responsibility for assuring quality in a wide range of health and care providers. This year the out of hospital care experience has been a high priority for the CCG quality team.

Early on in the pandemic, the CCG quality team initiated a training programme for care homes to support them with infection control and the use of PPE. Training was offered to all 234 care homes across the county with support from Fire & Rescue, Police, the County Council, local Trusts and the CCG, 23 PPE trainers plus 1 Super Trainer were recruited. 190 (81%) of care homes were trained with 44 (19%) declining the offer of training (mostly due to not wanting someone from outside the care home coming into the building). Overall 976 of the 3,223 total care workforce were trained (30%) with many homes then using a cascade training approach for staff who were unable to attend training on the day. Further training was available using web-based training packages which was also offered to domiciliary care staff.

During the pandemic the CCG Medicines Team continued to closely monitor the prescribing of antibiotics in primary care. There was an initial increase in antibiotic usage but this declined following guidance issued by the local microbiologist. We have therefore continued to see the use of all antibiotics in the county below the national threshold for yet another year.

The Quality Team have also been monitoring the rate of other common infections amongst the population. It is evident that the precautions the public have taken to control the spread of Covid has also had a significant impact on the incidence of other infections. There has been a 22% reduction in the cases of C.Difficile; a 62% reduction in MRSA and a 20% reduction in the incidence of E. Coli.

The establishment of pulse-oximetry COVID virtual wards in the patient's home has required work from the clinical staff in the CCG to ensure the patients are safe and feel reassured by remote monitoring.

In addition the quality team have been fully involved in the establishment of the local COVID-19 vaccination hubs. 217 CCG staff have been supporting the vaccination sites with 51 of the staff being trained as vaccinators. The CCG vaccination training team has provided 108 staff with face to face vaccination skills training.

The team developed a system of quality assurance standards and periodic monitoring visits to ensure safe delivery of a large number of vaccinations given at the PCN Vaccination Hubs.

The CCG has a responsibility for the quality of primary care general medical services.

The delivery of primary care throughout the pandemic has led to innovative practices such as remote monitoring and virtual consultations.

The quality team has continued to monitor service quality despite the CQC suspending their inspections.

In addition the CCG experience team have continued to support patient participation groups so we can hear the patients' views on the new ways of working.

Finally the Quality Team have been working with NHS England to establish the ICS Quality Surveillance Group. Meetings of the QSG have taken place during this year involving a wide range of partners and covered several topical areas such as maternity and learning disabilities.

Working Together to Safeguard Children in Gloucestershire

Working together to Safeguard Children 2018 (updated December 2020 – see web link at the end of this section) placed 'shared and equal duty' on the partners of Gloucestershire County Council, NHS Gloucestershire CCG, and Gloucestershire Police to agree partnership arrangements to safeguard children.

Gloucestershire's Safeguarding Children Partnership has worked productively over the past year focusing on its prioritised action plan.

The Partnership Safeguarding Executive is chaired by the CCG Executive Nurse.

The Quality Improvement in Practice (QIIP) subgroup chaired by the CCG Designated Nurse demonstrated many examples of the Partnership's innovative management of the new Rapid Review process by consistently facilitating focused learning from Serous Incidents to children.

Gloucestershire's first Local Safeguarding Child Practice Review (Feb 2021) was a succinct action focused report which differed markedly from previous Serious Case Reviews.

Following the publication of this report, the National Panel (DofE) Chief Social Worker met with representatives of the safeguarding executive partnership to learn from our proactive approach and processes so that is might be shared with others across England.

Web link: **www.gov.uk/government/publications/working-together-to-safeguard-children--2**

Engaging People and Communities

The Health and Social Care Act 2012 S26 (14Z2) sets out how NHS Clinical Commissioning Groups have a duty to work to ensure there is public involvement and consultation.

The CCG is committed to taking into account the views and ideas of patients, carers the public and staff working across and health, care, community and voluntary services. Our intention is always to develop potential solutions to the challenges and opportunities that come our way with local people, so that the services we commission can be truly responsive to the people and communities who use them and the staff and partners who deliver them.

COVID-19 Engagement and Experience

At the start of the incident response, the CCG established regular COVID-19 staff briefings and a weekly VLOG from a member of the Executive Team. A GCCG staff wellbeing newsletter has provided the opportunity to share ideas and provide feedback about how to cope during the pandemic and new ways of working.

During 2020/21, the CCG Patient and Public Engagement and Experience (PPE) team has adapted to 'socially distanced' new ways of working; some programmes and projects were temporarily paused and some of the Engagement staff have been partially redeployed to support the local incident response to COVID-19.

From PPE to PPE

Members of the CCG Patient and Public Engagement (PPE) team worked for several months this year with colleagues from Gloucestershire County Council, Gloucestershire Fire and Rescue Service, Gloucestershire Constabulary and Army Logistics to set up a local process to procure, store, distribute and record the issuing of Personal Protective Equipment (PPE) to 'out of hospital' settings such as: GP practices and Hubs, care homes, hospices, funeral directors, emergency dental hubs and individuals receiving Continuing Health Care (CHC) packages at home and those with Personal Health Budgets.

As well as deliveries of items the NHS had procured we received numerous donations of visors, surgical gloves and hand-made items from many local people and businesses such as farms, schools and colleges, vets, mechanics, hairdressers – too many to mention.

As community engagement practitioners we recognised the importance of recording all donations and making sure that everyone received a personal thank you letter from the CCG Accountable Officer and Clinical Chair. Everyone involved demonstrated a 'can do' approach; it has been an incredible example of the effectiveness of integrated partnership working.

Members of the CCG PPE Team have also been involved with prescription delivery and collection, developing the design and content of the Gloucestershire COVID-19 information portal, supporting the delivery of vaccine equity and producing information to support conversations about vaccine hesitancy. One of the team has been seconded for six months to coordinate the public volunteers at one of the county's Vaccination Hubs.

We have all learned a lot from our collective experience of the last year and it's likely to change the way we work together across the ICS and wider community for the better into the future.

COVID-19 Experience Feedback

COVID-19 incident management gave all parts of the CCG opportunities to work differently and innovate. Capturing and sharing the experience of patients, carers and staff has been crucial so we can continue to improve as a system after COVID-19 and learn from all the incredible hard work that has been done during this time.

Local activity undertaken

During the pandemic all Patient Support, Advice and Liaison Services (PALS) have adapted to ensure that patients, carers are families have been able to access the support they require.

As well as resolving issues, these services have recorded experience of local services. The CCG Patient Advice and Liaison Service (PALS), which focuses on 'Patient and Public Experience', has maintained a 5 day a week CCG PALS and Complaints service throughout the year.

There has been a significant increase in PALS contacts from an average of 120 a quarter previously to over 250 contacts a quarter in 2020/21. We have been pleased to welcome an additional PALS Advisor to the team to support the increased activity. The PALS team established a daily (now weekly) reporting mechanism, recording and sharing all coronavirus related contacts with the COVID-19 Incident Control Room.

The CCG and system partners have been proactive in gathering feedback of local people's experience of services using a variety of different methods throughout the year. Below are some examples:

Vulnerable Peoples Phone Service

GCCG experience and engagement staff undertook telephone interviews to capture the experience of individuals who had been contacted by the Vulnerable Peoples Phone Service. A weekly survey was also been sent to members of this service to capture their experience and to identify learning.

Patient Stories

The CCG (GCCG) collected Patient Stories of Covid-19, inviting patients and carers to tell their story in their own words either in writing or through a telephone interview.

Healthwatch Gloucestershire research

Through a series of online surveys and online focus groups, Healthwatch Gloucestershire gathered feedback from local people about their health and care experiences during the virus outbreak. HWG

also undertook a series of online workshops. The valuable insight gained has been shared with local ICS partners to help them to understand how to adapt and improve services during the last year and in the longer term.

Regional Covid-19 Experience Survey

GCCG worked with colleagues from NHS England/Innovation (NHSE/I), Dorset CCG and Somerset CCG to develop a regional Covid-19 Experience Survey.

The CCG Engagement Team undertook all digital design, hosting and administration of the survey, producing qualitative data reports for the region and individual areas.

All qualitative data analysis was commissioned from the Commissioning Support Unit (CSU) by NHSE/I.

The purpose of developing a regional survey was to identify any regional variation in patient experience of COVID-19 and to allow for comparison across systems.

The survey was 'live' throughout July 2020. More than 6,500 people completed the survey with over 1,600 responses from the Gloucestershire area. Analysis of the data identified specific themes affecting patients and focussed in particular on groups with protected characteristics/demographic profiles:

- Ethnic Minority Groups
- Carers
- Learning Disabilities
- LGBTQ+
- Under 30's
- End of Life
- Cancer.

The Qualitative data from this survey has been analysed and grouped into the following themes:

- Accessible and Timely
- Quality and Equity
- Improved Pathways and Communication
- Workforce and Resilient Services
- Value for Money/Funding.

Provider Trusts

Reporting of Friends and Family Test (FFT) data to NHSE/NHSI was suspended between March and December 2020. However, **Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)** made the decision to continue to monitor FFT feedback as the Trust runs surveys electronically and could continue to use this as a Quality measure of services during Covid-19.

The **Gloucestershire Health and Care NHS Foundation Trust (GHCNHSFT)** Social Inclusion Team have remained actively involved with over 100 people: including Experts by lived Experience, Students and Peer support Volunteers within Recovery College and Live Better, Feel Better programmes and other Patient representatives through community stakeholder groups, e.g. Inclusion Gloucestershire.

This was achieved via a combination of:

- Holding MS teams virtual weekly meetings (with those registered on the Experts programme: Carers, Service Users and Patients)
- Email communications
- Co- production and sharing of newsletters to Student and Peer Support Volunteers
- Using and sharing Easy Read resources developed by GHC for example the Coronavirus Easy Read Patient Resources for People With a Learning Disability, which were endorsed by NHS England
- Regular phone calls and text messages.

Maintaining these connections ensured that Experts by Experience, Patients, Service Users and Carers felt valued as part of the organisation and provided an opportunity to test the use of technology to support involvement activity.

Feedback from Trusts' staff during COVID-19

GHNHSFT has coordinated its collection of feedback from staff under the 'Silver Linings' programme.

'Silver Linings' has facilitated the collection of feedback using a variety of approached such as Daily Staff Update emails, 2020 Staff Support Hub and a dedicated Silver Linings Mailbox.

At GHCNHSFT the process for capturing lesson learned included workshops hosted between operational/ service delivery teams to capture feedback from operational service managers and professional leads.

The methods for capturing feedback from all GHCNHSFT staff built on the organisation and system wide work already underway for capturing key learning points from COVID-19. These included:

- A questionnaire for capturing key lesson learned targeted at Senior Leadership Network staff members
- Global emails requesting All Staff to share experiences and learning from Covid-19 incident management arrangements
- Programmes and Transformation Team have facilitated de-briefing meetings in district localities sites - A combination of drop in sessions in main site foyers to give direct feedback alongside facilitated sessions with Staff invited to attend (via MS Teams).

All feedback will help to build a picture of the overall impact of COVID-19 to inform future decisions about services.

Engagement and Consultation in 2020/21

Mindful of the need to communicate in different ways during the pandemic, all engagement and consultation activities have widely publicised through the media and through cooperation with our partners in the public, voluntary and community sectors.

We have used the Royal Mail delivery service for door-to-door promotion of consultations.

We use the NHS Gloucestershire CCG and the One Gloucestershire Integrated Care System websites as part of our engagement consultation process. In October 2020, we launched the 'Get Involved in Gloucestershire' online participation Platform.

Get Involved in Gloucestershire

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

Get Involved in Gloucestershire is the CCG's new online participation space where local people can share their views, experiences and ideas about local health and care services.

Their input helps us to inform and influence the decisions local NHS organisations make.

Registration opened for people to become part of the Get Involved in Gloucestershire community in October 2020 and by March 2021 almost 300 local people have become registered members, with over 2,000 individual site visits.

Registering on the site is really easy and only takes a few moments. Individuals don't have to register to participate in our work, but if they do it helps us to keep them informed about our latest projects.

The registration form asks people to express their preferences for how we communicate with them and identify any particular areas and topics of interest.

The system provides a range of integrated online engagement tools, information and communication resources, as well as participant record management, reporting and data analysis capabilities.

Key Feedback Tools in each engagement/consultation project include: Independently moderated Discussion Forums, Patient/Stakeholder stories, Ideas boards, surveys and quick polls.

Key Communication and Information Resources in each consultation project include: Email and e-Newsletter Formats, Documents Library, FAQs; Project Life Cycle and Key Dates, video and image

galleries. The system has so far been used for COVID-19 and non-COVID-19 activity, in particular it supported the Fit for the Future and Forest of Dean Community Hospital consultation activities (see next page).

Engagement support to GP member practices

The CCG Engagement Team supports practices and Patient Participation Groups to engage with their practice population about changes and developments such as branch closures, staff changes and premises developments.

From April 2016, it has been a contractual requirement for all English GP practices to form a Patient Participation Group (PPG).

In Gloucestershire we have a countywide network of active PPGs who meet together on a quarterly basis. The CCG offers support and advice to our PPGs and this year we have created a dedicated space on the Get Involved in Gloucestershire online participation space for them **https://getinvolved.glos.nhs.uk/ppg-network** which includes, Latest news and Ideas space, a place for discussions and a place where PPG members can vote for agenda items for the countywide PPG Network Meetings.

Online PPG Network in 2020/21

The CCG Engagement Team has hosted bi-monthly Microsoft Teams Countywide Patient Participation Group (PPG) Network meetings with between 30 and 40 PPG participants attending each meeting.

Meetings have focused on experience of services during the pandemic, but not exclusively.

PPG Members have participated in discussions about: Use of digital in the NHS, Carers support, PPG's getting back to a new normal, including how PPG's have adapted, plans for the future and any help they may need from NHS Gloucestershire CCG in future.

PPGs also had the opportunity to talk about two public consultations undertaken this year: Fit for the Future: Developing specialist hospital services and A new Hospital for the Forest of Dean (see more below).

Involvement Opportunities in 2020/2021

This year's involvement work, in addition to activity associate with the Covid-19 incident response, has been dominated by two public consultations: **Fit for the Future – developing specialist hospital services in Gloucestershire and A New Community Hospital for the Forest of Dean.**

The two public consultations; Fit for the Future, developing specialist hospital services in Gloucestershire and A new Community Hospital for the Forest of Dean; took place from October to December 2020.

Both consultations had been preceded by extensive public and staff engagement in previous years. Detailed information about both consultations can be found on the Get Involved in Gloucestershire online participation platform:

- Fit for the Future, developing specialist hospital services in Gloucestershire **https://getinvolved.glos.nhs.uk/fit-for-the-future**
- A new Community Hospital for the Forest of Dean **https://getinvolved.glos.nhs.uk/fit-for-the-future11**

Two comprehensive Output reports have been prepared summarising the consultation activities and responses to the consultations. These can be found at: **www.onegloucestershire.net/yoursay/fit-for-the-future-developing-specialist-hospital-services-in-gloucestershire/** and **www.fodhealth.nhs.uk/consultation/**

Section 8 of both of the Fit or the Future and A New Hospital in the Forest of Dean Output of Consultation Reports: **www.onegloucestershire.net/wp-content/uploads/2021/03/FINAL-Fit-for-the-Future-Output-of-Consultation-Report-FINAL.pdf** and **www.fodhealth.nhs.uk/wp-content/uploads/2021/01/FOD-OoC-Report-A-new-hospital-in-the-Forest-of-Dean.pdf** sets out the actions that will be undertaken following feedback received during the two consultations.

Fit for the Future Citizens' Jury

A second Jury, independently facilitated by Citizens Juries CIC, was held at the end of January 2021to consider the 'Fit for the Future' consultation process.

18 independently recruited jurors (not the same jurors who participated in Jury #1), representative of local communities from a broad range of demographics, received evidence from a range of witnesses, recorded their observations and made their recommendations to decision makers of the NHS organisations involved.

Evidence presented included key feedback from the consultation process, which has been taken into account by the CCG Governing Body in reaching final decisions on the future configuration of five specialty acute hospital inpatient services in March 2021.

The Citizens' Jury was hosted online; audio recordings of the plenary sessions were available on request from Citizens Juries CIC, witness presentation recordings and slides were available on the One Gloucestershire website **www.onegloucestershire.net/yoursay/fit-for-the-future-developing-specialisthospital-services-in-gloucestershire/**

The Fit for the Future, developing specialist hospital services in Gloucestershire consultation was independently Quality Assured by The Consultation Institute as meeting 'good practice' standards.

In March 2021, NHS Gloucestershire Clinical Commissioning Group's Governing Body approved a number of resolutions relating to the medium and long term future of some specialist hospital services across the Cheltenham General and Gloucestershire Royal hospital sites.

Members gave conscientious consideration to all of the information they were presented with, including the detail within the Output of Consultation Report as a key element of the Fit for the Future Decision Making Business Case (DMBC).

The resolutions approved were as follows:

- Acute Medicine (specifically Acute Medical Take): Centralise the *Acute Medical Take at Gloucestershire Royal Hospital
- Emergency General Surgery: Centralise Emergency General Surgery at Gloucestershire Royal Hospital
- Gastroenterology inpatient services: Formalise (make permanent) the 'pilot' configuration (arrangements) for Gastroenterology inpatient services at Cheltenham General Hospital
- Image Guided Interventional Surgery (IGIS): Create an Image Guided Interventional Surgery 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital
- Centralise Vascular Surgery at Gloucestershire Royal Hospital
- Trauma and Orthopaedic (T&O) inpatient services: Formalise (make permanent) the 'pilot' configuration (arrangements) for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital
- Planned General Surgery: Governing Body members also approved a resolution that recommended that further work is done to define a new option to deliver Planned General Surgery across the Cheltenham General and Gloucestershire Royal Hospital sites. Local people and staff will be given the opportunity to be involved in this work.

We would like to thank everyone who has participated in the Fit for the Future programme over the course of the last few years, in particular community partners, members of the public and staff who have played such an active role in feeding in their perspectives and views through both the engagement and consultation process and have helped shape local services for the future."

The implementation of the recommendations will be completed in stages over the next two to three years.

A New Community Hospital for the Forest of Dean

After careful review of all the feedback from the consultation and detailed consideration of developments in local healthcare and health needs in the area, the CCG Governing Body confirmed in January 2021 the range of services the CCG will commission in the new Community Hospital in the Forest of Dean.

The new hospital will be run by Gloucestershire Heath and Care NHS Foundation Trust, with services primarily provided by their staff, healthcare professionals from Gloucestershire Hospitals NHS Foundation Trust and local GPs.

The new hospital is expected to be open in 2023. The services that will be commissioned include:

- 24 inpatient beds with en suite bathrooms in predominantly single rooms
- An urgent care facility, open from 8am to 8pm, seven days a week, supported by a range of diagnostic services
- Outpatient services, including a range of consultation, treatment and group rooms and additional areas for online consultations for the provision of outpatient services
- Diagnostic services, including a dedicated endoscopy unit, x-ray, ultrasound and blood-testing (phlebotomy) and space for mobile units such as the Chemotherapy Bus and Breast Screening Service
- Parking for approximately 150 vehicles and agreement on a bus stop, either within the site or adjacent to it
- Flexible meeting space that can be accessed by health and care organisations plus wider voluntary sector organisations.

Alongside the Consultation there is a commitment to explore options for the provision of urgent care services in the south of the Forest, and it is pleasing that over 100 people have expressed an interest in being involved in this work.

We are committed to progressing with the engagement in the South of the Forest of Dean. We have included a new primary care premises as a priority in our plan and primary care (GPs) in the South of the Forest will be working up their plan with partners in the coming months.

A formal business case produced by Gloucestershire Health and Care NHS Foundation Trust setting out the design specification and financial plan for the building along with the ongoing operation of the new hospital will be presented to the Board of Gloucestershire Health and Care NHS Foundation Trust for approval in May 2021.

Strategy and Reporting

Engagement and Experience Strategy

'An open culture' is our strategy for engagement and experience.

Refreshed in 2019/2020 it sets out our commitment to listen to the views of our local communities and involve people in the planning, development and evaluation of services. T

The full document is available at: **www.gloucestershireccg.nhs.uk/about-you/strategy-and-reports**

Our engagement strategy celebrates the diversity of our county and recognises the need to ensure we commission services that lead to Better Health Outcomes and Improved Patient Access and Experience.

Equality, Diversity and Inclusion

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

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

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

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

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

Testing our approach and learning

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

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

Governance: engagement and involvement activity

The CCG working together with partners

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

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

Much of the strategic engagement activity in Gloucestershire is organised across the countywide One Gloucestershire Integrated Care System partnership.

We believe building strong and sustainable relationships and engaging in open conversations avoids surprises, builds trust, confidence and credibility and engenders mutual respect; providing firm foundations for the development of better future services.

Individual Provider Trusts also undertake involvement within their organisations, seeking patient, carer and staff views to inform the development of services and monitor the quality of services they provide.

There are comprehensive structures and processes for involving patients and the public in the work of the CCG and across Gloucestershire's Integrated Care System (ICS).

The feedback received from public engagement and consultation is reported and heard at all levels of the CCG's Governance structure from the groups that report into the sub-committees and boards up to the Governing Body. There are feedback loops back to patients and members of the public who have shared their views on how they wish to see services changes and improve.

Governing Body:

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

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

Over the past 12 months, patient stories have covered: Experience of COVID-19 and going into ITU and longer term issues; Oncology Experience, Cancer during a pandemic and Post Cancer care during 2020; and 'Mindsong': A Gloucestershire charity reaching people with dementia through therapeutic music and song, unlocking memories and offering hope and joy.

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

The Governing Body receives strategies and reports on a wide breadth of services, projects and programmes which incorporate patient experience and feedback and what changes have been made in light of that feedback. For example work on gathering COVID-19 Patient Experience.

Additionally, the Governing Body has held an extraordinary meeting in public to give conscious consideration to the feedback from consultation relating to the Fit for the Future Proposals prior to making decisions informed by the FFTF Decision Making Business Case (see above).

Quality and Governance Committee:

The Quality and Governance Committee has specific responsibility for assuring the Governing Body of the quality and safety of services the CCG commissions on behalf of Gloucestershire residents.

Part of the remit of the Committee is to consider and review the quality of patient and public involvement and engagement. At each meeting, an over-arching quality report is received. There are individual quality reports relating to commissioned services including Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Health and Care Foundation Trust, Care Homes, Non-Emergency Patient Transport, and Safeguarding reports. In addition, the provider's quality accounts, PALS/complaints data and engagement activities are included in reports to the Q&G Committee.

Each of these groups will have methods for including patients and the public in their group's work for example Individual Funding Request Panel receives submissions from patients and the HR/OD group includes staff members from across the organisation.

The HR/OD group is responsible for ensuring that the findings and recommendations from the Staff Survey are acted upon and reported to the Quality and Governance Committee.

Primary Care Commissioning Committee (PCCC):

The PCCC receives and reviews the bi-monthly primary care quality reports. This includes an overall summary of engagement activities undertaken over the past two months within primary care.

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

Additionally, every application that is submitted for practice merger/acquisition or out to tender includes an analysis of the patients' feedback from the practices affected, as well as wider stakeholder engagement. This feedback along with other important factors is used in determining for example practice location and premises etc.

Regular reporting of patient experience and engagement activities at the CCG

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

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

Patient Experience Team

Our Patient Experience Team reactively deals with patient experience feedback.

This includes assisting with local resolution of individual patients' concerns and handling the complaints process.

We can also signpost to independent advocacy support through POhWER. We regularly liaise across multiple NHS organisations both locally in Gloucestershire and our neighbouring counties to help resolve complex issues.

Patient and Public Engagement Team

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

We are a small team and are there to help people and communities to get involved in shaping health and care in Gloucestershire. We also provide advice and support CCG staff and our member GP practices.

This year we have continued to present information about the CCG's approach to Patient and Public Engagement at all new staff online induction sessions.

Patient and Public Engagement Team skills include:

- the planning, design and delivery of engagement and consultation activities
- developing and undertaking survey work and reporting
- providing support to patients who want to share their experiences of using NHS services, raise a concern, ask questions or need help to access healthcare
- providing advice on equality good practice
- Graphic Facilitation
- training; we have an accredited trainer for NHS England's10 Steps to Even Better Engagement supporting NHS Gloucestershire Clinical Commissioning Group staff with patient and public engagement.

CCG Information Bus

Recognising the value of partnership working, we support the shared use of the CCG Information bus to support active community involvement across Gloucestershire.

Using our Information Bus enables us to reach out to local communities and visit events and festivals across the county. The CCG's Information Bus facilitates partnership working, offering information and activities to support self-care, health and wellbeing and self-management across the communities of Gloucestershire. The Bus is also a fantastic engagement resource to support service planning and design activities.

In the last twelve months the Information Bus has not been as active due to COVID-19 lock down restrictions. When we have used the Bus it has been under strict social distancing arrangements. The Information was used to promote the Fit for the Future and Forest of Dean Community Hospital consultations during periods of eased restrictions in late autumn 2020.

Contact the Information Bus Facilitator (**GLCCG.informationbus@nhs.net**) to find out how we can help you plan and deliver your event. The team can also be contacted on 0300 421 1794 or 07900 737 346.

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

'Working together to improve health and social care for all'[1] sets out proposals which will abolish Clinical Commissioning Groups and establish Integrated Care Systems as statutory NHS commissioning organisations.

NHS and local authorities will have the duty to collaborate with each other. Measures for statutory integrated care systems (ICSs) will be legislated.

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

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

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

It is our understanding that public involvement will remain central to the planning, development and operation of NHS services, but that the organisations responsible and the precise mechanisms for public involvement will change.

We anticipate that CCGs statutory duties relating to public engagement set out in the Health and Social Care Act 2012 S26 (14Z2) will transfer in legislation to Integrated Care Systems in the next year. We will pay due regard to any changes to our duties.

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

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

During the pandemic we have ensured that we continue to engage with our local communities, despite the challenge of social distancing.

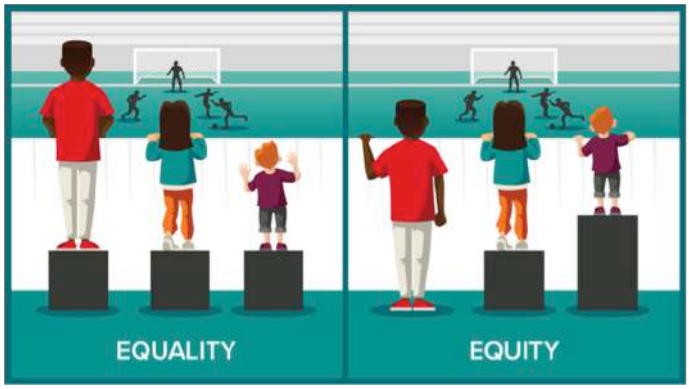
We have ensured that we provide information in an accessible and timely way, developing our online COVID-19 information portal and launching our new on-line engagement platform, Get Involved in Gloucestershire. The platform has provided a forum for sharing feedback and ideas, and encouraged people to attend webinars and live chat sessions.

Although more people have turned to the use of technology over the last twelve months, it is important to recognise that not everyone will want, or be able, to engage in this way.

Whilst we ensure that our on-line materials meet accessibility guidance, we have also utilised other more traditional ways of hearing the views of our Gloucestershire residents.

During our recent consultation *Fit for the Future: developing specialist hospital service in Gloucestershire*, a mailer was sent to households across the county and we continued to undertake small, socially distanced, face-to-face engagement using our NHS Information Bus.

Supporting our communities



We recognise that to ensure equity for our diverse communities, flexibility in the support we provide is essential.

COVID-19: We know the impact of the virus has been greater on some communities, for example people from ethnic minorities, those with a learning disability, people living in areas of high deprivation. Our COVID-19 webpages: **https://covid19.glos.nhs.uk** were developed to provide important information about the pandemic and support people to access appropriate health care support during these challenging times.

More recently we have undertaken work with some of our more vulnerable communities, encouraging everyone to take up the offer of vaccination. We've been working with people from across Gloucestershire to help us:

- deliver information in the most frequently spoken languages, including British Sign Language;
- produce resources in Easy Read; and
- develop information using video and radio, featuring trusted members of our diverse communities.

Further information is available at **https://covid19.glos.nhs.uk/vaccinations/**

Accountability

Equality Impact Assessment

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

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

We routinely undertake an Equality Impact Assessment (EIA) to assess the potential impact of any service review, design or changes in service delivery.

Completing an assessment helps us identify particular communities who may be disadvantaged by any proposals for change, and ensure our services are accessible and non-discriminatory.

Over the last year we have undertaken additional work through an **Integrated Impact Assessment (IIA) Reference Group**, a task and finish group established to oversee the process and development of the Integrated Impact Assessment work needed to support the Fit for the Future (FFTF) programme. The Groups role was to ensure that:

- the Integrated Impact Assessment process was adequately specified;
- the products/documents developed were fit for purpose; and
- the views and requirements of key stakeholders were represented.

In addition to health and care partners, membership of the group includes Experts by Experience, patient/public representatives and community partners.

The IIA group extended its interest into the overall FFTF programme, taking the opportunity to comment on the Output of Consultation Report noting in particular, activity undertaken to ensure participation of groups identified in the IIA.

Due to the positive impact of the IIA Group, members have been invited to discuss the future involvement of the group in guiding strategic engagement for the ICS as an ICS Insight Group.

EDS2 (Equality Delivery System)

To find out more about our approach to achieve the Goals and Outcomes of EDS2 (Equality Delivery System) visit the Equality and Diversity section on the CCG website at:
www.gloucestershireccg.nhs.uk/about-you/equality-diversity/

The webpages feature case studies that contribute to better health outcomes and improved patient access and experience.

How we help you to get involved and share your experiences

For further information about how you can get involved, visit our new engagement platform Get Involved in Gloucestershire.

We support people to get involved by:

- providing information in an accessible format
- ensuring that any event we hold has a hearing loop installed, microphones are used and presentations are displayed on a large screen
- ensuring that an interpreter is available for anyone that may require one in order to fully participate
- ensuring that our venues are accessible to those attending
- paying reasonable expenses as outlined in the Patient and Public Reimbursement Policy **www.gloucestershireccg.nhs.uk/wp-content/uploads/2020/01/94_Patient_and_Public_Reimbursement_Policy_V1.pdf**

Reducing Health Inequalities

Avoidable health inequalities are – by definition - unfair and socially unjust.

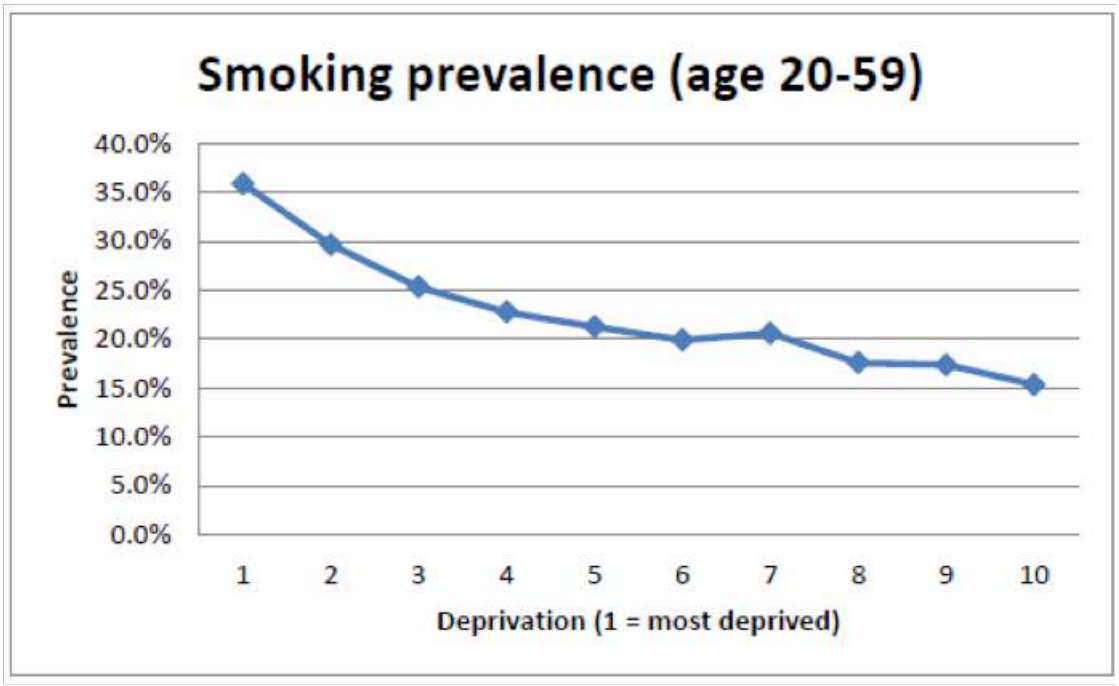
A person's chance of enjoying good health and a longer life is determined by the social and economic conditions in which they are born, grow, work, live and age.

These conditions also affect the way in which people look after their own health and use services throughout their life. Addressing such avoidable inequalities and moving towards a fairer distribution of good health requires a life course approach and action to be taken across the whole of society.

The Health and Social Care Act 2012 S26 (14T) sets out how Clinical Commissioning Groups have a duty to work to reduce inequalities in their populations, paying particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

Health inequalities exist across the country and Gloucestershire is no exception. Although Gloucestershire is typically a healthy place this overall picture hides inequalities throughout the county. Generally, men living in the least deprived areas of Gloucestershire can expect to live 8.1 years longer than men living in the most deprived areas and women can expect to live 5.3 years longer.

However, county level data masks even greater inequality in certain parts of the county, such as within Gloucester City, where the gap is 11.9 years for men and 10.5 years for women. Through our use of insight and data the CCG is aware that these inequalities exist and is committed to reducing them. We have a well-developed linked data set across the system (primary, community and secondary care data) which allows us to dig deeper into the data to target our efforts to reduce inequalities to the area's most in need and help us understand the true scale of the issue. For example, we know that GP data shows smoking prevalence across the county is 18.3%. However, using local data we are able to dig deeper into this data, by doing so we can see the true extent of inequality. The following graph shows the disparity in smoking prevalence across deprivation deciles (working age adults 20-59).



We are then able to use our Population Health Management approaches and data to identify specific cohorts, communities or populations. Allowing us to take a proportionate universalism approach, putting greatest resource and effort specifically where need is greatest.

Two events in 2020/21 will mark it out as the year when efforts were redoubled to tackle the pervasive inequities in society which so unjustly determine an individual's life chances and life expectancy: COVID-19 and the Black Lives Matter movement.

COVID-19 has shone harsh light on some of the health and wider inequalities that persist in our society.

It has become increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination.

The impact of the virus has been particularly detrimental on people living in areas of high deprivation, on people from Black, Asian and minority ethnic communities (BAME), and on older people, men, those with a learning disability and others with protected characteristics.

A central part of responding to COVID-19 and restoring services is to increase the scale and pace of NHS action to tackle health inequalities to protect those at greatest risk.

A national advisory group of leaders from within and beyond the NHS identified eight urgent actions for health systems, building on the measures to implement the NHS Long Term Plan.

These are:

- Protect the most vulnerable from COVID-19
- Restore NHS services inclusively
- Develop digitally enabled care pathways in ways which increase inclusion
- Accelerate preventative programmes which proactively engage those at risk of poor health outcomes
- Particularly support those who suffer mental ill-health
- Strengthen leadership and accountability
- Ensure datasets are complete and timely
- Collaborate locally in planning and delivering action.

Confronted with the evidence on the impact of COVID-19, and in the wake of the BLM movement, the Gloucestershire Director of Public Health's Report in *2020 Beyond Covid: Race, Health and Inequality in Gloucestershire* set out important local recommendations, which also form the basis of our plans for action in the coming year.

In Gloucestershire, we recognise that the complexity of causal factors which influence individual health outcomes requires a change in our approach with a shift away from the traditional models of care to holistic, empowering approaches that consider not only the individual but also the context they live in.

In Gloucestershire, we are looking to step outside the traditional boundaries of the NHS as a 'sickness service'. We are applying the concept of proportionate universalism to the delivery of action, which means that our most intensive focus is in the areas where need is greatest.

We are working with people, communities and organisations across the county aiming to improve health and wellbeing through mobilising assets within communities, promoting equity and increasing people's control over their health and lives.

This requires us to work in a different way, with a broader set of partners, shifting the power balance and being an active part of local communities.

We have just embarked on an ambitious programme in conjunction with partners across the system, alongside the Kings Fund and National Lottery Community Foundation, to build on the momentum we already have and to tackle some of the more complex and ingrained inequalities present across Gloucestershire.

This system-wide approach takes time, but does not come at the expense of action and the following examples demonstrate how the CCG has effectively discharged its duty to have regard to the need to reduce inequalities during 2020/21:

Preventative Health Programmes – We can move

Historically interventions have failed to make much difference to physical activity levels, largely because they have not been joined up, big enough, or for long enough. Nor have they been aimed at a whole systems approach to change.

At the start of 2020, we published an interim evaluation of the first year of *We Can Move*, which represents a departure from traditional models of increasing physical activity towards a whole system approach grounded in asset-based community development.

The approach combines both system wide action and change alongside targeted, bespoke interventions focussed on areas of highest inequality.

Working in an asset based community development way, in collaboration with other local organisations and networks (i.e. Community Builders, Community Organisers and community volunteers) many residents within Barton and Tredworth have been supported to take action on things they feel passionate about locally; this support includes signposting to services, connecting people, providing advice or guidance or links to local funding pots to kick start an idea.

Although not exclusively 'physical activity' projects, many of the initiatives created, have resulted in people being more active, moving more or accessing local activities.

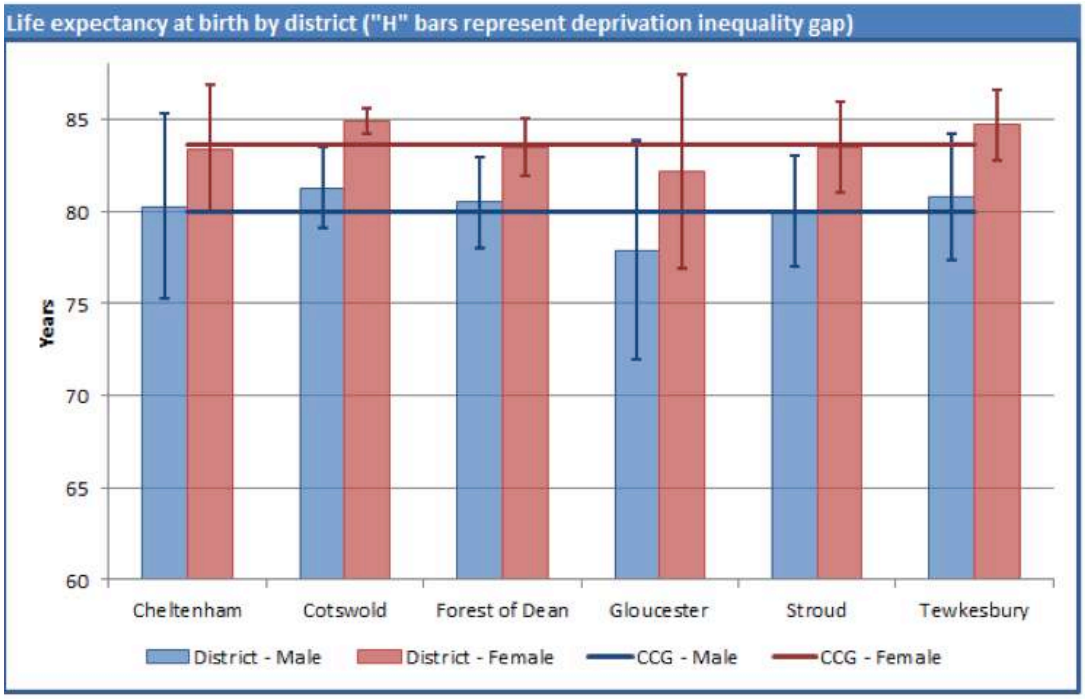
For example, a Barton and Tredworth Active Women Steering Group was formed as a result of the connections made amongst local women. Active Gloucestershire staff supported 11 women to meet monthly and shape a future plan that '*supported more women in Barton and Tredworth to be active*'.

They created a WhatsApp group, Facebook group and organised a variety of events and sessions; weekly ladies-only fitness classes, ladies-only learn to cycle courses (beginners and improvers), ladies-only couch to 5k course, ladies-only badminton, youth street dance sessions and one off taster events including climbing and giant inflatable assault course.

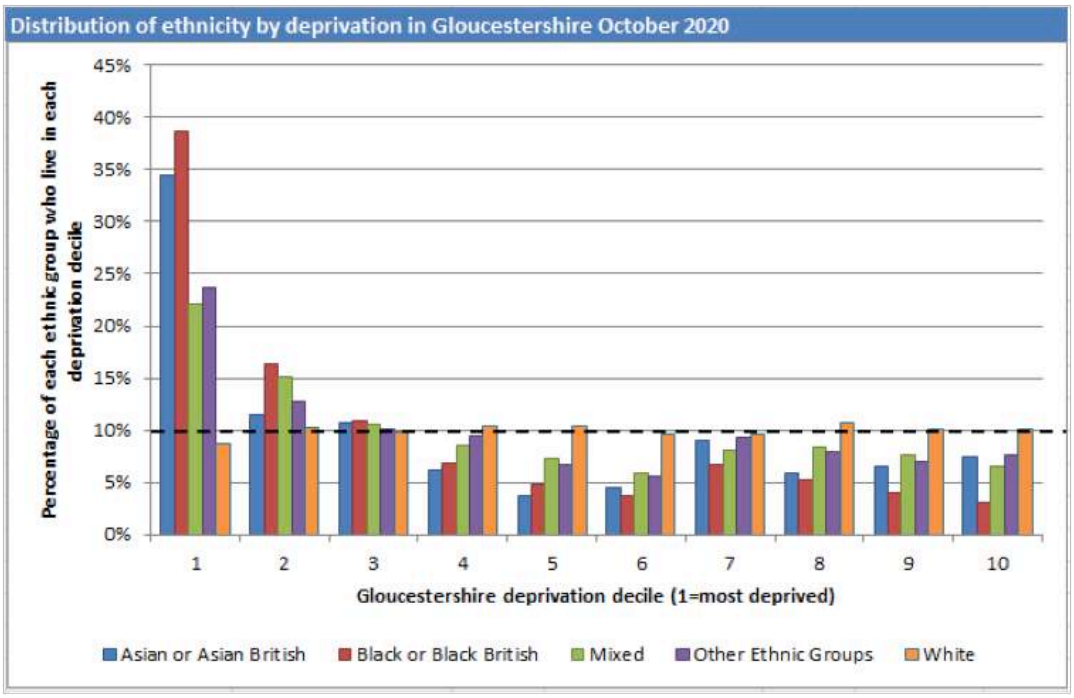
Gloucester City Health Equalities Project

During 2020/21, the CCG initiated a collaborative project, bringing stakeholders from Gloucester City together to better target our approach and joint resources to those communities and groups most impacted by health inequalities.

We are focussing on Gloucester because 14 out of the 20 most deprived neighbourhoods in Gloucestershire are located within Gloucester City, including all of the top 5. When compared with the rest of the county, residents of Gloucester City have the lowest life expectancy in the county and the widest inequality in life expectancy between most and least deprived residents: Men in more deprived areas die 11.9 years earlier, and women 10.5 years earlier than in more affluent areas:



There is a strong relationship between deprivation, life expectancy and ethnicity, with the chart below showing a high proportion of Asian, Asian British, Black or Black British and Mixed ethnicity groups living in the most deprived areas:



The project is jointly sponsored by the *Gloucester Integrated Locality Partnership*, the local community safety partnership, *Safer, Stronger Gloucester* and the *Know Your Patch* VCSE network lead.

The project uses the Population Intervention Triangle[3] to identify initiatives across the city, and provides a forum for project leads to share learning and outcomes, test evidence-based approaches and support future closer collaboration between partners and communities.

Some examples of the initiatives underway in Gloucester City include:

The Anchor: delivered by Kingfisher Treasure Seekers, this is a programme of work providing focused support for individuals with complex needs. It takes a balanced and holistic approach to securing the wellbeing of the individuals, from housing to nutrition, to building social networks and beyond.

Throughout the pandemic, The Anchor has continued to run face-to-face with staff happy to continue in this way to offer the support that is needed.

Case Study: *C4 is a 25 year old woman, who struggles with self-harm, overdoses and has spent a period of time at Wotton Lawn. She began The Anchor in order to develop independence and to be able to reduce her 10 hours of social care support in the future.*

C4 set many goals at the start of the programme such as; attending a college course, building a friendship network and setting appropriate boundaries. The Anchor has supported her to develop skills and her confidence for her to live her life the way she wants to and she is making remarkable progress.

C4 is now registered and attending a college course and has been successful in keeping up with her coursework. She is managing to have difficult conversations around her self-harm and has real hope for her future. Without the interventions she would likely still be in a cycle of self-harming and being hospitalised and coming out.

[3]**www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report**

Vulnerable Women Project (the Nelson Trust): identifies women who have experienced four or more adverse childhood experiences and who typically have a history of sexual abuse, domestic abuse, sexual violence, mental ill health and/or substance misuse. The aim of the programme is to enable women to feel more empowered, improve their personal sense of well-being and develop their self-esteem and life skills.

Wellbeing keyworkers work with the women to agree a holistic trauma-informed approach, and women also have access to a wellbeing worker who helps to support the women and navigate healthcare pathways with them. The programme can be described as being there to 'hold the hand' of vulnerable women in order to help them remove the barriers and allow them to access the healthcare they require.

Case study: *Shona's Story*

Shona grew up in an environment where she witnessed violence at home, her father was in and out of prison and her mother drank heavily. Furthermore, her mother was a regular in-patient at a mental health hospital. Shona was introduced to drugs and alcohol at 13 and was pregnant at age 17.

In adulthood Shona struggled with being a young mother, she began to abuse substances and had frequent depressive episodes. She experienced homelessness and lost custody of her children. Beyond this, Shona's mental health continued to deteriorate, she began hearing voices and self-harming. She was reluctant to access healthcare, she believed this may be used against her by social services, and had difficulties accessing mainstream healthcare support. She had an ACE score of 10.

Since starting working with The Nelson Trust, Shona has made vast steps in recovery. She has now got stable accommodation, lives with her children and is soon to marry the father of her children. She has started taking anti-psychotic medication and now volunteers and has gained part-time work. Furthermore, she has abstained from substances for 4 years now.

Health Equalities Partnership Programme

In November 2020, the CCG bid successfully to join a national Health Equalities Partnership Programme.

This provides an opportunity for us to test and learn approaches to collaborative working to tackle the wider determinants of health at a place-level. We have used the opportunity and some associated funding to:

- Jointly commission, with Gloucestershire VCS Alliance, a research project into the black-led voluntary and community sector and how to build their long-term capacity and sustainability.
- Launch a community-led project at place level to engage with individuals experiencing multiple disadvantage and the community groups who support them. This will be a co-designed project between the individuals, VCSE organisations, health and local authority partners.
- Alongside these two initiatives, participants are benefitting from national workshops sharing best practice examples on how to achieve health equality.

Health and Wellbeing Strategy

During 2020/21, a new Health and Wellbeing Strategy was approved for the county: **www.gloucestershire.gov.uk/council-and-democracy/gloucestershire-health-and-wellbeing-board/our-focus/**

The new strategy was developed through the Health and Wellbeing Board, of which the CCG is an active partner, engaging with partners and communities across the county.

The vision for the health and wellbeing strategy is 'Gloucestershire is a place where everyone can live well, be healthy and thrive.'

The new strategy was developed through the Health and Wellbeing Board, of which the CCG is an active partner, engaging with partners and communities across the county. The Clinical Chair of the CCG is Vice Chair of the Health and Wellbeing Board.

Under this vision we have identified 7 priorities:

- Physical Activity
- Adverse Childhood Experiences (ACEs)
- Mental wellbeing
- Social isolation and loneliness
- Healthy lifestyles (with an initial focus on healthy weight)
- Best start in life
- Housing.

The work to deliver against these priorities is overseen by the Health and Wellbeing board and delivered in partnership with organisations, communities and the public across the whole county.

Although COVID-19 has caused some disruption, action against all of the seven priorities is well underway.

Some examples of the work we are doing include:

Physical Activity Priority

Delivery of our 'We Can Move' countywide physical activity movement.

Working with partners we are creating a social movement which enables people to build physical activity into their daily lives. The 'We Can Move' programme aims to create a culture of daily physical activity through:

- Influencing peoples' day to day behaviours so they get active and stay active
- Creating social norms and support networks that enable and support people to get and stay active
- Tackling the barriers that prevent people getting or staying active.

Social Isolation and loneliness Priority

Following on from the deep dive carried out in 2019, the Enabling Active Communities and Safer Gloucestershire Board are working together on the priorities for action.

This work recognises the strong link between having meaningful social connections and living a healthy and fulfilled life: by pursuing action in these areas we will aim to have a real and lasting impact on reducing the levels of loneliness and the impact of social isolation in our county.

We are starting off by collaborating closely with colleagues in the Cotswolds who have chosen this as a shared priority across system partners.

A county-wide Steering Group will be responsible for drawing on this local learning as well as investigating national areas of best practice to formulate a detailed approach for Gloucestershire.

Our aims are to:

- Develop a community-wide response which offers opportunities for creation and development of meaningful relationships
- Build a plan and a movement that focuses on:
    - The engagement of people, neighbours and communities in **recognising social isolation and loneliness** and wanting to make a difference
    - Planning support for children, young people, adults and older people through **predictable life event** transition points that can result in social isolation and loneliness
    - The level of support statutory, community, voluntary and private sector organisations are able to provide to **create opportunities for people to interact with each other**
    - **Resources available** in both staff resource and monetary terms to implement the key objectives.

Through the implementation of this approach we aim to be a county where the importance of social infrastructure to grow connectivity and community cohesion is understood and acted upon, and in which loneliness and social isolation are recognised openly as something likely to affect us all.

Performance 2020/21 and the impact of COVID-19

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

NHS Gloucestershire CCG commissions healthcare services and works collaboratively with healthcare providers to ensure that patients and the public have timely access to high quality care in accordance with the rights and pledges given in the NHS constitution. See here: **www.gov.uk/government/publications/the-nhs-constitution-for-england**

The CCG monitors progress against national and local targets via its performance framework with accountability to its Governing Body.

During the 2020-2021 financial year, NHS healthcare and public health more widely has been dominated by the response to the COVID-19 global pandemic. The exit from the EU has not impacted on performance standards.

Whilst in previous years, this publication has focussed upon the performance of the Gloucestershire system against each of the key NHS constitutional standards for timely and quality care, in this year; we must acknowledge that all healthcare services have been severely impacted by COVID-19. This has manifested in numerous ways, from the redirection of services and supporting staff to ensure that priority services are maintained, to loss of space and capacity through the need to implement social distancing and enhanced infection prevention and control measures to attempt to stop the spread of COVID-19. There has also been a significant impact upon patient behaviour as a result of the pandemic.

Whilst the South West region has had a lower COVID-19 incidence than many areas across England, Gloucestershire has at times been under extreme pressure with more than 27% of hospital beds in the local acute trust (Gloucestershire Hospitals NHS FT) occupied with COVID-19 patients at the peak of infection incidence locally. This has resulted in widespread deterioration in performance across the majority of the national performance indicators, in common with the NHS across the whole of England and the devolved nations of the UK.

GCCG Performance comparison 2019/20 to 2020/21

Service area	2019/20 performance	2020/21 performance (provisional)
Emergency Department waiting times – Type 1		
Emergency Department waiting times – Type 3		
Ambulance Response Times		
Referral to Treatment waiting times		
Diagnostic Test waiting times		
Cancer referral waiting times		
Cancer Treatment waiting times		

The priority throughout the COVID-19 pandemic has been to ensure that services continue to be provided to patients with an urgent need, and to avoid causing or contributing to harm to patients if they may have a longer wait for a service than usual.

Urgent care services (such as Emergency Departments, Minor Injury Units, Out of Hours and NHS 111) have continued to provide access and triage to patients with injury or illness requiring same day assessment and treatment, working in new ways in many cases to increase virtual access and introduce enhanced infection control procedures to make the services as safe for the public as possible.

Whilst some of the standard performance targets may have been missed, it is testament to the staff and patients of Gloucestershire that services have been maintained and that patients have felt confident to access them, with the local system seeing less of a decline in access of urgent care services when compared to the national picture for serious conditions such as heart attack and stroke – even during the first COVID-19 surge in spring 2020.

The need to prioritise services for patients requiring urgent treatment has meant that some elective (planned) healthcare services in particular have seen increasing wait times and growing patient treatment lists.

Again, the picture in Gloucestershire is similar to the rest of the country, with increasing numbers of patients now waiting more than 18 weeks and 52 weeks for consultant led treatment. However the prioritisation of cancer services throughout the pandemic has led to cancer performance improving in relation to 2019/20 levels and seeing the best performance since current standards were implemented.

Diagnostic tests for patients without symptoms of cancer have also been delayed, with particular difficulty in maintaining activity at pre-pandemic levels for endoscopic investigations due to the theatres used for these tests especially being more likely to be repurposed as additional intensive care or acute bed capacity during the height of COVID-19 incidence, in addition to the procedures themselves requiring more stringent infection control procedures due to their aerosol generating nature.

The whole of the NHS is now working on plans to resume all healthcare activity at pre-pandemic levels, with focus for the 2021/22 financial year predominantly being the recovery of elective (planned) healthcare whilst maintaining urgent services.

Despite nationally promised investment, and significant work across the local system to optimise pathways, it is unlikely that full recovery of performance targets will be seen in the 2021/22 financial year, and total recovery is acknowledged to be a long term response to the COVID-19 pandemic.

As COVID-19 incidence has reduced, capacity has been able to be reclaimed for elective (planned) services, and activity is increasing.

The use of independent sector capacity throughout the year has enabled hundreds of patients with long waits for routine surgery to access treatment, and has also supported urgent surgery requirements where possible.

The use of virtual outpatient appointments has also ensured that patients continue to be seen by consultants for assessment of their condition in a COVID-secure manner. This programme has been so successful that outpatient activity has recovered to above 2019/20 levels recently with 40% of patients accessing appointments delivered in a non-face to face way (by telephone or video call). These initiatives will continue support recovery in the coming months.

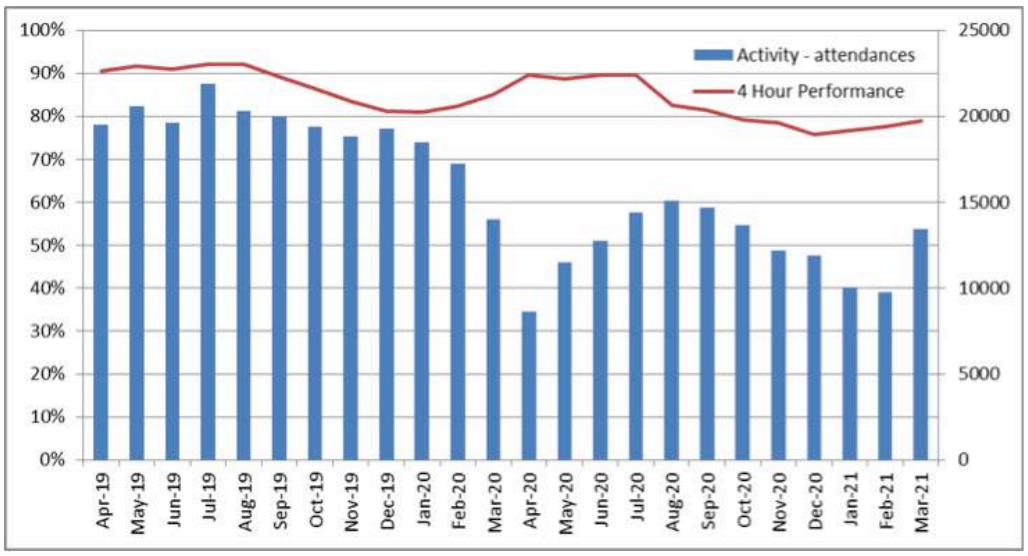
Mental health services are expected to also play a significant role in recovery, with demand from patients likely to increase in the months following the gradual relaxation in national restrictions. There has been strong demand for mental services throughout the pandemic, and the Gloucestershire system is reviewing and planning services to respond to the anticipated increase as part of the whole system recovery from COVID-19.

Service areas and specific performance targets:

Urgent Care

Emergency Department – waiting and treatment times

Despite seeing a significant activity reduction across all emergency departments during the periods of national restrictions, emergency departments across the country have struggled to meet the 4 hour target throughout the 2020/21 financial year.



This is due to a reduction in patients attending with minor ailments (meaning the patient mix is more acutely unwell) and the significant impact of social distancing, and infection control procedures (including the need to test patients attending emergency departments for COVID-19) on the physical space in the department.

For example in in February 2021, Gloucestershire ICS has achieved 81.0% seen and treated or admitted within 4 hours – which compares similarly to the national position of 84.1% (against a national target of 95% of patients to be seen and treated or admitted within 4 hours at an Emergency Department or Minor Injury Unit).

There have been an increased number of patients waiting more than 12 hours in the emergency department following a decision to admit them – although this does remain rare. This is caused by increasingly difficult discharges from the acute hospital, especially for COVID-19 positive patients requiring onward care, which has put pressure on the flow of patients through the whole system.

To support the system in maintaining patient flow through the acute hospital and beyond, Gloucestershire has:

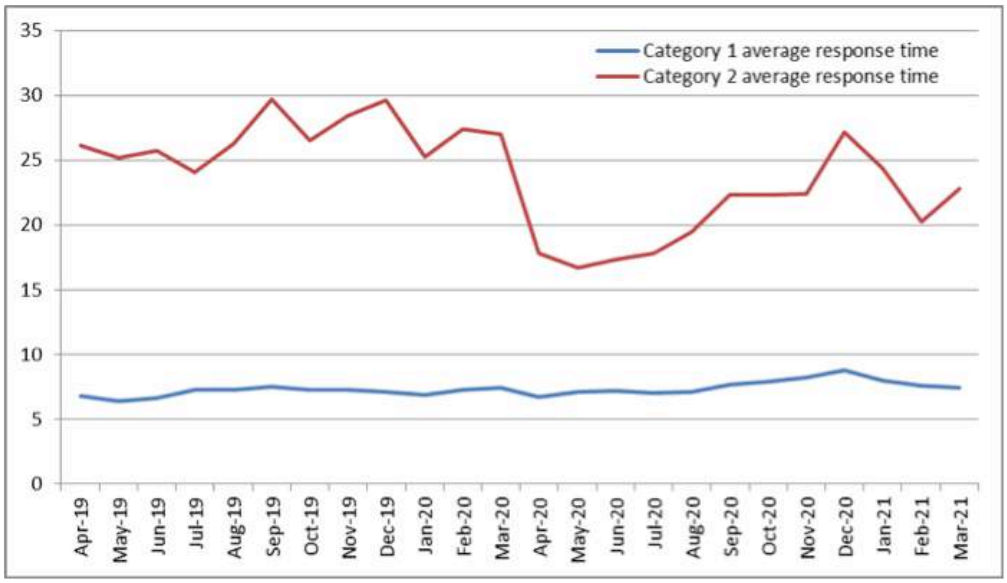
- Procured (purchased) additional out of hospital bed based care to support recovery for patients following acute stays
- Enhanced support for patients requiring health and social care support in their homes
- Worked with NHS 111 and increased advice and guidance to clinicians and the public to ensure patients are signposted and referred to the right place at the right time.

Ambulance Response times

Performance against the Ambulance Response Programme targets (7 minute average call response time for life threatening incidents, 18 minute average response time for a potentially serious condition that may require rapid assessment) has been inconsistent across the 2020/21 financial year, with performance improving in months where demand was lower, likely due to national "stay at home" orders.

In Gloucestershire, performance has remained consistent with the position across the whole South West, with a slightly improved Category 2 response time which is encouraging as patients requiring urgent

assessment are receiving a similar standard of care to the pre-pandemic position.



Average response time in 2020/21 for Category 1 incidents has been 7.7 minutes across the county, with a 20.9 minute average response time for Category 2 incidents.

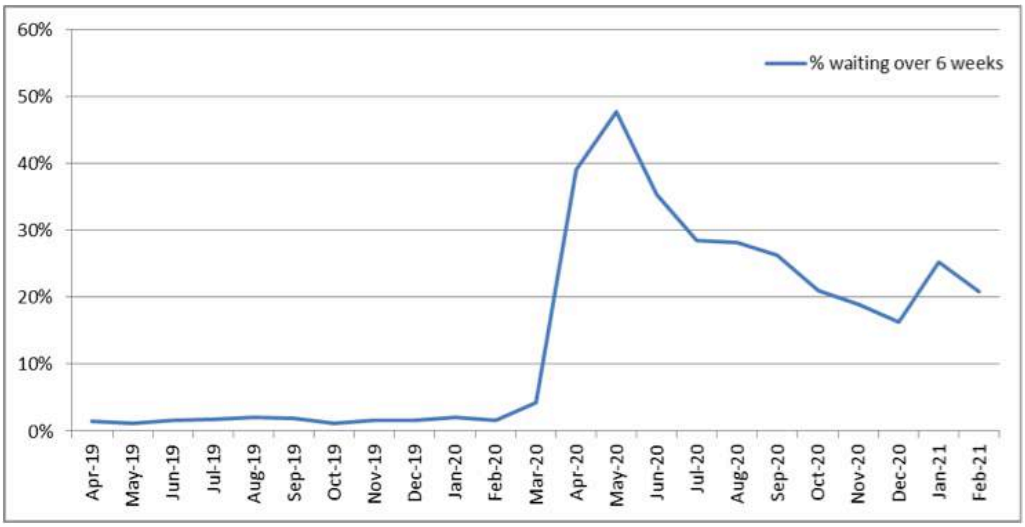
However across all incidents, ambulance response times have been affected by the pressure on acute hospital services, with handover delays at hospitals rising across the country, and also at Gloucestershire Royal Hospital, particularly at times of high COVID-19 incidence.

As a system, Gloucestershire has been working to reduce the demand on the ambulance service (South Western Ambulance Services Trust), by ensuring there are alternative pathways to conveyance to a hospital available to paramedics where it is appropriate for the patient, and has invested in clinical triage of calls to SWAST from NHS 111 to ensure that patients who can be treated appropriately elsewhere are signposted appropriately.

Planned Care

Diagnostic Services – Waiting times

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



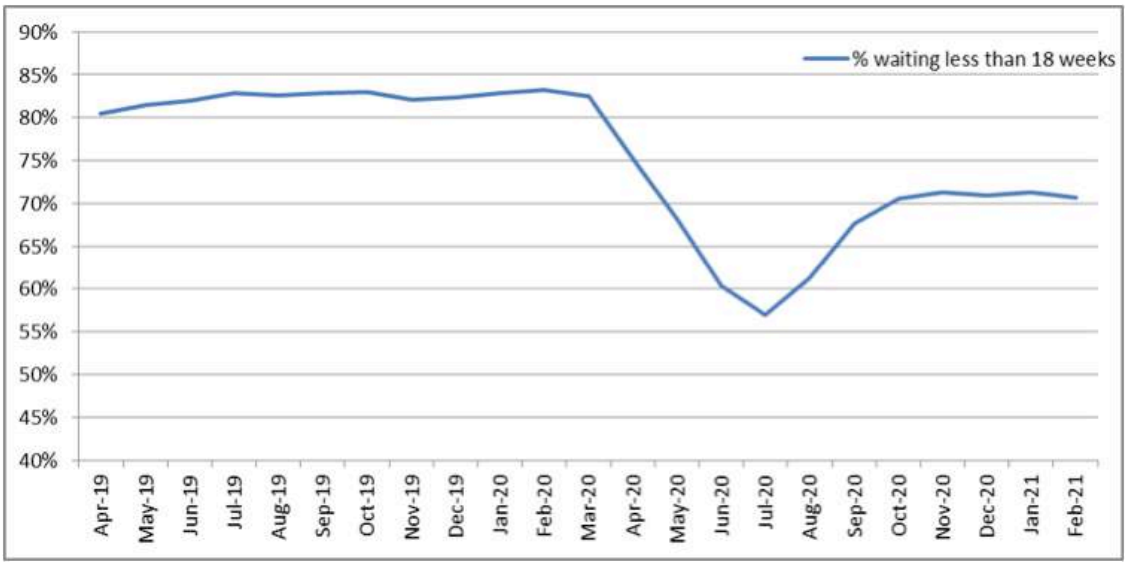
Following the initial COVID-19 incidence peak in spring 2020, most test types have managed to significantly recover their activity, with imaging tests (CT and MRI) performing extremely well locally in the latter part of the financial year. There are backlogs of patients waiting for test in some specialties; however patient waiting lists are triaged to ensure that urgent cases are dealt with quickly, with cancer diagnostics remaining top priority throughout the pandemic.

Overall performance is expected to remain well above the 1% target into the new financial year, as recovery of elective healthcare continues locally and nationally.

Referral to Treatment (RTT) – Waiting times

The national target is that patients should not be waiting more than 18 weeks for consultant led treatment, however in the early part of 2020/21 elective (planned) care was stood down in the majority of areas to support the COVID-19 response.

This has led to deterioration in performance against the RTT standard, with a yearly average of 70% of patients on the waiting list having waited fewer than 18 weeks (the national target is 92%).



Elective (planned) patients waiting for surgery have all been prioritised by clinical need and waiting lists validated to ensure they are accurate and up to date. The highest urgency patients continue to be treated first along with cancer patients with the remainder of the waiting list being treated in wait time order. The total waiting list size for elective (planned) treatment has remained relatively stable throughout the year, however the number of patients with longer waits has increased – in particular, the total number of patients waiting more than 52 weeks.

Despite this drop in performance, Gloucestershire benchmarks well against other areas nationally, with a lower proportion of the total waiting list breaching the 52 week mark than the national position.

Cancer – Waiting times

Cancer services have been prioritised locally throughout the pandemic to make sure that patients referred with suspicious symptoms are seen within 2 weeks of referral.

Due to this prioritisation, and the focus on ensuring cancer services were not compromised by COVID-19, cancer performance is extremely good in Gloucestershire with fewer people waiting and more patients being seen and treated within target than in 2019/20.

There has been extensive innovation across cancer pathways in particular to support patients receiving timely diagnostics and only requiring in person appointments where necessary.

For example, primary care screening for Lower GI cancer has been maintained throughout the pandemic and now patients who may have been previously referred straight to endoscopy are able to access Faecal Immunoprecipitation Testing (FIT) through their GP, potentially avoiding the need for a hospital appointment completely.

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

Across the nine standards for cancer referrals and treatments, Gloucestershire Hospitals NHS Foundation Trust has met eight in full, and continues to perform above the national average for the % of patients treated within 62 days of referral from a GP:

	2020/21 performance (provisional)
Cancer Referral - All cancer 2 week waits – At least 93% of patients seen for the first time within 2 weeks of referral	94.5%
Cancer Referral - Two week wait for breast symptoms – At least 93% of patients seen for the first time within 2 weeks of referral	93.3%
Cancer Treatment – at least 96% patients to receive first definitive treatment within 31 days of a cancer diagnosis	97.0%
Cancer Treatment - at least 98% of patients to receive subsequent treatment for cancer within 31 days of diagnosis - Drug Regime	94.8%
Cancer Treatment - at least 94% of patients to receive subsequent treatment for cancer within 31 days of diagnosis - Radiotherapy	99.6%
Cancer Treatment – at least 94% of patients to receive subsequent treatment for cancer within 31 days of diagnosis – surgery	97.7%
Cancer - 62 day cancer treatment target (percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer to be greater than 85%)	83.0%
Cancer Treatment - 62 day wait for first treatment following referral from an NHS cancer screening service	94.4%
Cancer - 62 day cancer treatment target (percentage of patients receiving first definitive treatment for cancer within 62 days of consultant referral for suspected cancer to be greater than 90%)	87.1%

A new cancer standard was due to be introduced in 2020/21, which aims to see patients receiving a diagnosis of cancer (or cancer ruled out) within 28 days of referral on a cancer pathway.

This target is expected to improve patient experience and support delivery of faster treatment times. Due to the COVID-19 pandemic, this was delayed, but will be fully implemented and used in performance monitoring during 2021/22.

Shadow reporting during 2020/21 suggests more than 70% of Gloucestershire patients currently receive a diagnosis or "all clear" result within 28 days.

Mental health targets

Dementia Diagnosis Rate

Dementia diagnoses have declined in Gloucestershire during 2020/21, partly as COVID-19 has been associated with a higher risk of death in the dementia patient population.

Patients may have been less likely to access their GP, therefore not be receiving a diagnosis in as timely a manner as before the COVID-19 pandemic began.

Again, this is a national trend, with Gloucestershire seeing a drop to 62.1% of patients estimated to have dementia receiving a recorded diagnosis (down from the 2019/20 level of 67%).

National performance has declined to 61.4%. This is a priority area for COVID-19 recovery in 2021/22 for

Gloucestershire with work planned to support GPs and dementia services with identifying and supporting this group of vulnerable patients.

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

Patient access to IAPT has been maintained throughout the 2020/21 financial year, with appropriate changes to allow online therapy and minimise social contact.

The service has developed group therapy using platforms such as MS Teams to continue to support patients in their preferred setting, and has achieved the local access target for service provision in year.

During the early part of 2020/21, the COVID-19 surge caused the service to miss the national recovery target, as service configurations caused some appointment cancellations and some patients chose to not complete therapy courses.

From June onwards however, the service has achieved the national recovery standard of more than 50% of those patients completing therapy moving to recovery, and consistently achieves a higher % of patients moving to recovery than the national average.

CCG Improvement and Assessment Framework

CCGs play a major role in achieving good health outcomes for the population that they serve and are subject to annual assessment by NHS England on their overall performance and performance across domains related to healthcare.

The NHS Oversight Framework replaced the Improvement and Assessment Framework (IAF) for CCGs in 2019/20, bringing CCGs into a similar oversight framework to NHS provider trusts.

The oversight framework for 2019/20 continued to use many of the indicators previously associated with the IAF framework with CCGS receiving an overall assessment in one of four categories: outstanding, good, requires improvement, or inadequate.

Overall rating

For NHS Gloucestershire CCG, the overall rating in 2019/20 was "Good", which was consistent with the IAF assessment in 2018/19 when the CCG was also rated "Good" in the previous Improvement and Assessment Framework.

Across the country 104 CCGs out of 191 were rated Good (54%), with 22 rated Outstanding, 56 Requiring Improvement and 9 rated as inadequate.

The Framework is split into five broad areas:

- New Service Models
- Preventing Ill Health and Reducing Inequalities
- Quality of Care and Outcomes
- Leadership and Workforce
- Finance and Use of Resources

In general, Gloucestershire performance is close to the national average for the majority of indicators.

There are some indicators where performance is meeting the national target, but is lower than the national average (for example prescription of broad spectrum antibiotics), and some indicators were assessed prior to the COVID-19 pandemic, meaning that their performance has changed significantly since this time (for example 18 week RTT).

Further information can be found here:
www.england.nhs.uk/publication/nhs-oversight-framework-for-2019-20/

Our Financial Performance

The CCG set a balanced budget in March for 2020/21 with an in year financial position of breakeven and a cumulative surplus of £20.474m; this was based on the planning guidance issued at that time from NHS England.

The Government announced in the latter part of March additional measures nationally to seek to reduce the spread of COVID-19 across the Country, the NHS response to these was to:

- Free-up the maximum possible inpatient and critical care capacity
- Prepare for, and respond to, the anticipated large numbers of COVID-19 patients who will need respiratory support
- Support staff, and maximise their availability
- Play our part in the wider population measures newly announced by Government
- Stress-test operational readiness
- Remove routine burdens.

To support the NHS in implementing its actions, NHS England issued two interim financial frameworks covering the first and second six months of the year. Key elements of these included:

- changed contractual arrangements between NHS providers and commissioners replacing them with block payments to provide financial stability and enable them to focus on the pandemic response with a similar approach to GP practices, enabling additional capacity
- the suspension of savings programmes, plus the funding of additional costs resulting from implementing COVID-19 measures, including Infection Prevention and Control
- the provision of additional funding for a number of programmes outside main funding, most notably the Hospital Discharge programme and the COVID-19 vaccination programme
- The suspension of efficiency plans

For the first six months of the year the NHS was reimbursed retrospectively for validated costs incurred above the initial envelope issued to the Gloucestershire NHS System (NHS Gloucestershire CCG, Gloucestershire Health & Care NHSFT and Gloucestershire Hospitals NHSFT).

In the second six months of the year, the Gloucestershire NHS System was issued with a fixed financial envelope (or budget) plus the ability to claim funding for specific areas of spend such as the vaccination programme and hospital discharge programme with an expectation that the System would achieve a breakeven financial position in 2020/21.

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

£'s	Area of Expenditure	
12.64	Hospital Discharge Programme	Funded the cost of up to 6 weeks care following discharge from hospital above existing costs of package for those needing assessment post discharge, this facilitated speedier discharge from hospital therefore increasing capacity.
1.5	Personal protective equipment (PPE)	The CCG purchased additional PPE which was supplied primarily to GP practices and care homes. This enabled those providers to comply with the significantly increased infection prevention and control measures required to provide safe environments.
3.4	Remote management of patients	This expenditure covered digital developments to enable remote working for GP practices; examples include remote consultations, e-consult. In addition a number of other initiatives were stood up which included increased rollout of digital advice services to GP practices by acute clinicians and support to the vulnerable patient initiative.
0.93	Additional capacity (Excluding care homes)	Additional costs incurred by primary care in enabling additional capacity

In addition, the CCG incurred expenditure on payments to care home providers to help cover additional staff costs, payments to patient transport providers for infection control measures and in a number of other areas to progress the response to covid-19.

For the first half of the 2020/21 financial year COVID-19 costs were reimbursed in arrears each month by NHS England, the CCG's claims as at month 6 totalled £17.351m. During the second half of the year the CCG and Gloucestershire NHS System received a fixed funding allocation. However, certain areas of COVID-19 spend were reimbursed in addition to the fixed funding allocation, these included the Hospital Discharge Programme and COVID-19 vaccination programme.

The CCG has not incurred any direct costs in preparing for the exit from the EU.

The CCG's financial performance is reflected in table 1 with the overall system performance in table 2.

NHS Gloucestershire CCG achieved its financial duties for 2020/21 with a surplus of £0.022. The Gloucestershire NHS System also met it's financial target with a surplus of £0.091. The CCG's cumulative surplus at the end of 2020/21 is £20.496m.

Table 1

Financial Summary	Programme Costs including primary care £m	Running Costs £m	Total £m
Revenue resource limit	1,033.944	13.126	1,047.070
Total net operating cost for the financial year	1,034.067	12,981	1,047.048
Surplus in year	(0.123)	0.145	0.022
Brought forward surplus			20,474
Cumulative surplus			20,496

Table 2

	CCG £m	GHC £m	GHFT £m	Total £m
System position Surplus/(deficit)	0.022	0.047	0.022	0.091
System target	0	0	0	0
Variance to target	0.022	0.047	0.022	0.091

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

- Additional costs due to significantly increased costs of drugs in primary care
- Additional costs resulting from individual personalised commissioning, particularly individual placements.

The cumulative surplus above 1% of the CCG's allocation is available to the CCG in future years to use non-recurrently, as part of the development of the five year long term plan, these are subject to overall affordability for the NHS.

In addition, the CCG:

- Remained within its maximum cash drawdown as agreed with NHS England
- Complied with the Better Payments Practice Code (details provided within note **XXX** 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 2021/22, the NHS as a whole remains with an interim financial framework for the first six months of the year, arrangements for the second six months have not yet been announced.

Under the interim framework, the Gloucestershire NHS System has been given a fixed financial envelope, including a small efficiency target, with specified costs such as the vaccination programme remaining outside the envelope and a financial target of breakeven.

The system is currently working through the system funding envelope to develop a system and organisational plan for the first six months of the year. This work sits alongside the ongoing work on the underlying recurrent costs for each organisation and the system in total to develop a longer term financial position for Gloucestershire; this work is using the previously announced allocations for programme, delegated primary care and running costs.

The financial situation remains very constrained and the focus on initiatives that deliver value has resumed.

The original CCG and System plans for 2020/21 showed an underlying financial pressure. The focus on the pandemic response over the last year has meant that measures originally planned to start to address this have not, in the main, proceeded.

A key part of the planning for 2021/22 and future years includes a review of the challenging 2020/21 programme of savings and opportunities to determine if these remain the right areas for the system. For example, some areas, such as digital consultations, have accelerated beyond original 2020/21 plans, these areas are being included in planning for 2021/22.

Areas included in the programme of work include:

Service Design/Redesign, informed by intelligence on spend and outcomes to focus our improvement activities to look at how we deliver value, this will include:

- Outpatient service redesign
- New pathways and services for areas such as respiratory, Musculoskeletal and Ophthalmology services
- Digital programmes of work.

Transactional Savings:

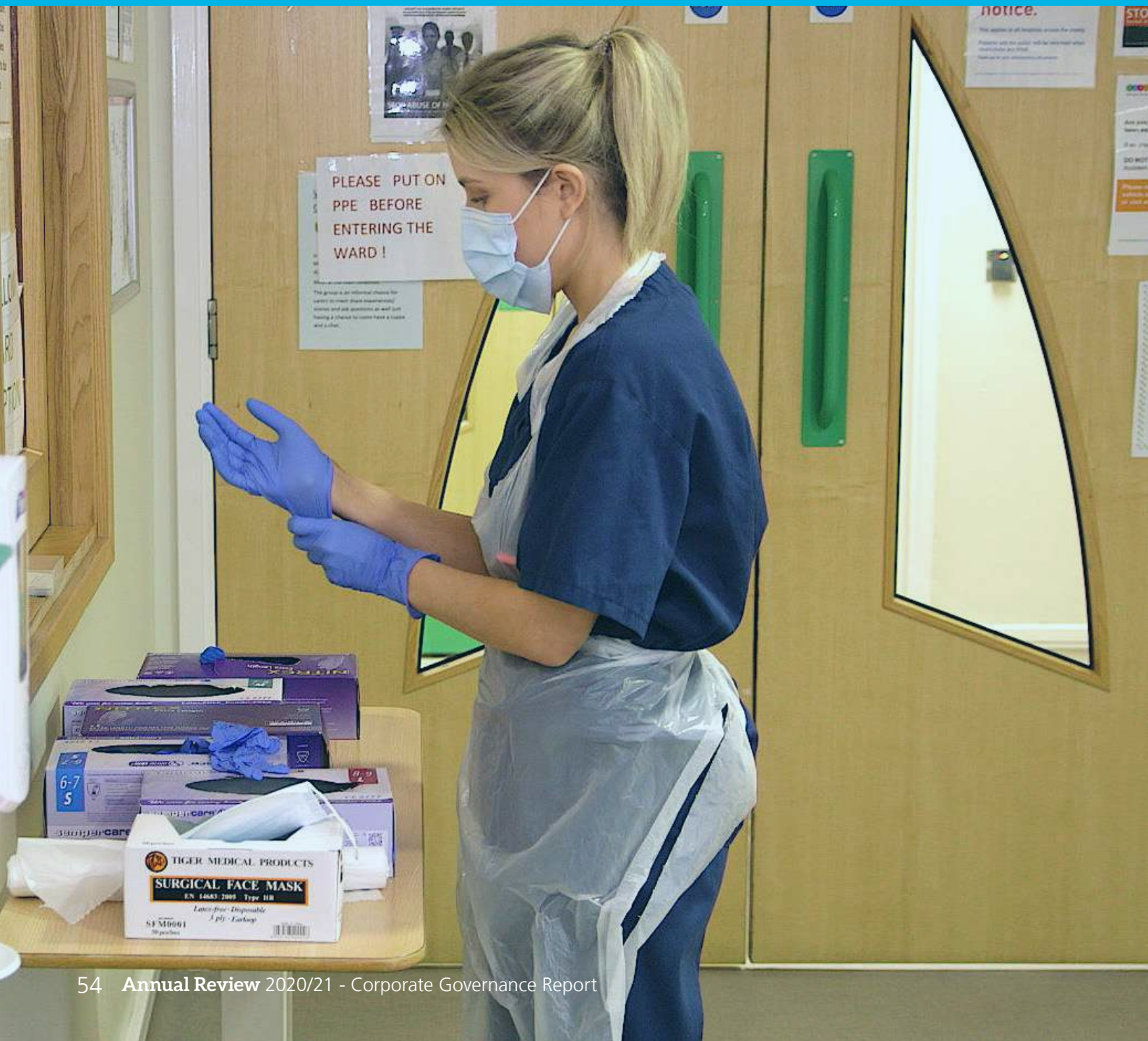
- The agreement of evidence based activity planning and activity management actions with providers including appropriate clinical controls on the access to and type of treatment
- Engagement and influence on primary care prescribing behaviour and costs
- Procurement savings on contracts.

Mary Hutton

Accountable Officer

June 2021

Corporate Governance report



Accountability Report - Corporate Governance Report

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

It comprises the:

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

Members' report

Gloucestershire CCG (The CCG) is responsible for planning and commissioning health services for a local population of 650,000. The CCG was authorised in April 2013 and operates in accordance with its Constitution (**www.gloucestershireccg.nhs.uk/about-us/publications/**) with a Governing Body comprising clinicians, lay members and executive directors. Dr Andy Seymour is the Chair of the CCG.

Member Practices

The CCG is a clinically led organisation with 72 GP member practices.

The practices are organised into 15 Primary Care Networks (PCNs) and 6 Integrated Locality Partnerships (ILPs). The ILPs cover Cheltenham, Cotswolds, Forest of Dean, Gloucester, Stroud & Berkeley Vale and Tewkesbury, Newent and Staunton.

The Practices, PCNs and ILPs all help to shape local health and care services.

More information, including a listing of the 15 Primary Care Networks and the practices within those networks can be found at:
www.gloucestershireccg.nhs.uk/about-us/primary-care-networks/

Member profiles

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

Committee(s), including Audit and Risk Committee

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

Register of Interests

The CCG maintains a Register of Interests in line with its Standards of Business Conduct Policy and details set out within its Constitution. The Register of Interests (**www.gloucestershireccg.nhs.uk/about-us/the-governing-body/**) is updated whenever there is a change and posted on the CCG's website at the least on a biannual basis. There are registers of interest for Governing Body members, CCG staff (those in AFC Band 8A and above), along with registers detailing any gifts and hospitality received during the year.

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

Personal data related incidents

There was one personal data related incident that took place on 23 December 2020 that was reported to the Information Commissioner's Office (ICO).

The incident reported to the ICO was effectively managed and formally closed by the ICO in January 2021. More information about this incident and the mitigating actions undertaken to resolve this incident can be found on p**62** on Data Security and Protection.

Statement of Disclosure to Auditors

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

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

Whistleblowing policy

The CCG has a Whistleblowing, Freedom to Speak Up Policy to support staff in having the freedom to speak up and raise any concerns they may have. The policy can be found on the CCG website here: **www.gloucestershireccg.nhs.uk/about-us/nhs-publication-scheme/our-policies-and-procedures**/. The policy is currently under review. For the financial year 20-21 there were no concerns raised by staff or members raised under this policy.

Modern Slavery Act

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

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

Statement of Accountable Officer's Responsibilities

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

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

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

continuous improvement in the quality of services (in accordance with Section14R of the National Health Service Act 2006 (as amended))

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

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

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

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

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

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

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

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

I also confirm that:

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

Mary Hutton

Accountable Officer

June 2021

Governance Statement

Introduction – COVID-19 Pandemic

The financial year 2020/2021 was like no other year. The COVID Pandemic, an unprecedented global disaster, has been a long time coming, but is unique in the breadth and depth of global and national disruption to everyday lives and the way that governments operate.

The NHS has responded determinedly building hospitals in a matter of days, developing treatments that tackle the worst aspects of the virus and rolling out mass vaccination; while maintaining as much of its core business as possible; particularly during the second COVID wave.

During the first wave when little was known about the virus, NHS organisations quickly enacted command and control structures that mobilised NHS resources and staffing. During that initial phase much of the routine NHS work was suspended, along with some of its governance processes and procedures.

The CCG was no exception to this state of affairs and during the first wave of pandemic, resources (including staff) were redeployed to setting up the governance structures required for the COVID-19 response through the Gold, Silver and Bronze cell structure.

This meant that during the initial COVID phase some of the less immediate and essential CCG governance processes, groups and committees were temporarily suspended.

This situation allowed staff to effectively respond to the COVID crises, and ensure that the governance processes underpinning the COVID response were set up and working well. By the end May 2020, business as usual was re-established.

This Governance report reflects the CCG's COVID response and recovery work undertaken over the past 12 months, and the way in which the CCG has set up robust system wide governance structures, processes and reporting during the COVID pandemic (see BDO Internal Report on Recovery and Restoration) and reporting to the CCG's sub-committees.

Background

NHS 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 an extent as it considers necessary to meet the reasonable requirements of its local population.

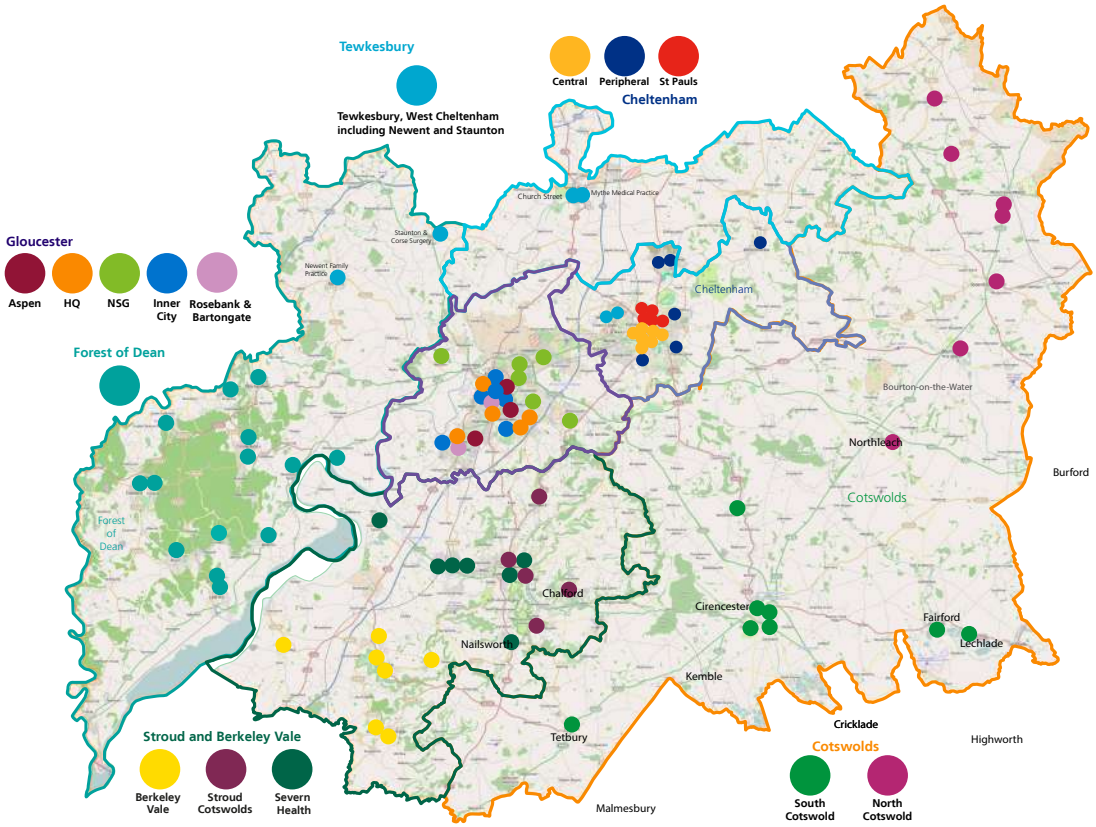
As at 1 April 2018, the clinical commissioning group is not subject to any directions from NHS England, issued under Section 14Z21 of the National Health Service Act 2006.

The CCG is a membership organisation and the provider of primary medical services drawn from 15 Primary Care Networks linked to Integrated Locality Partnerships. Primary care is delivered by 72 GP practices, organised into 15 Primary Care Networks (PCNs) of between 1 and 11 practices with populations of between 30,000 and 65,000 people.

There are now 15 PCNs following the reconfiguration in Gloucester City to 5 PCNs.

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

Map of Primary Care Networks (March 2021)



Gloucestershire GPs have a strong tradition of being involved in the planning and design of services for their patients and are committed to working with patient groups, local stakeholders and partners across the county to put residents at the heart of the CCG's work.

During 2020/21, the CCG focused on providing support to practices to effectively respond to the COVID pandemic and its consequences including rolling out GPIT, facilitating virtual consultations, supplying personal, protective equipment (PPE) and supporting PCNs to deliver the mass vaccination programme across Gloucestershire.

The Primary Care Team within the CCG also continued with its work supporting practices with contractual and estates development and helping PCNs recruit to additional roles.

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

The six ILPs are:

- Cheltenham ILP with 3 PCNs comprising 16 GP practices
- Cotswolds ILP with 2 PCNs comprising 10 GP practices
- Forest of Dean ILP with 1 PCN comprising 11 GP practices
- Gloucester City ILP with 5 PCNs comprising 13 GP practices
- Stroud and Berkeley Vale ILP with 3 PCNs comprising 18 GP practices
- Tewkesbury, Newent and Staunton ILP with 1 PCN comprising 5 GP practices.

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the clinical commissioning group's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money.

I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

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

Governance arrangements and effectiveness

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

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

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

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

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

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

Governing Body - Structure

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

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

Governing Body meetings during COVID-19

During 2020/21, all Governing Body meetings were held at the scheduled appointed dates. The meetings were held virtually using MS Teams.

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

Public questions were submitted in advance of the meeting, read out at the meeting, with a response sent to the requester thereafter. The public questions and answers are routinely included in the meeting minutes and all Governing Body Q&As received during 2020/21 have been posted onto the CCG's website at **www.gloucestershireccg.nhs.uk/category/board-meetings/**

Governing Body - Meetings

The Governing Body is chaired by Dr Andy Seymour. It met 8 times in 2020/21, two additional public meetings were held including an Extraordinary Governing Body meeting on 18 February 2021 to hear the outcome of the Trauma and Orthopaedics Pilot Evaluation Report.

This was followed by an Extraordinary Governing Body meeting held on 18 March to consider the Decision Making Business Case for Fit for the Future.

All of the Governing Body meetings were quorate.

During the year, the Governing Body received the following reports:

- Director of Public Health Annual Report;
- Governing Body Assurance Framework and risk report at each meeting;
- Performance and Finance report at each meeting;
- Integrated Care System report at each meeting;
- Quality report including an update on the CCG's response to COVID-19, the vaccination programme roll-out and a summary of patient engagement and experience activities at each meeting;
- Forest of Dean Community Hospital - Outcome of Consultation Report;
- Fit for the Future reports including the Interim Output of Consultation Report, full Output of Consultation Report and the Decision Making Business Case.

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

However, during the year stories were told by patients of their experiences of health services responding to COVID-19, cancer care and supporting patients with dementia through music therapy - Mindsong.

During 2020/21, the Governing Body approved the following:

- CCG Annual Accounts and Annual Report;
- Gloucestershire Seasonal Flu Plan;
- Section 75 Agreement;
- Annual Emergency Prevention Preparedness and Response (EPRR) Annual Assurance);
- Decision Making Business Case - Fit for the Future.

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

Audit & Risk Committee

The Audit & Risk Committee is responsible for the oversight of financial assurance matters and reviews all internal and external audit reports, and has no executive members.

The committee is responsible for risk management, providing assurance to the Governing Body that risk structures, processes and practices are robust and embedded throughout the organisation. The committee receives regular reports on risk management, copies of the Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF).

The committee met 7 times in the financial year 2020/21 including an Extraordinary Audit and Risk Committee in June 2020 to consider the Final Statutory Accounts for 2019/20 and the External Audit Report.

The committee was quorate on each occasion. The committee is chaired by Colin Greaves, Lay Member for Governance. The membership of the committee can be found here: **www.gloucestershireccg.nhs.uk/about-us/the-governing-body/**.

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

- Conflicts of Interests;
- Homeworking Audit (Advisory report);
- Recovery and Restoration Lessons Learnt from the COVID-19 Pandemic (Advisory Report);
- Partnership Working – Gloucestershire MSK Clinical Programme Group;
- Individual Funding Review;
- Key Financial Systems;
- Contracts Management;
- Primary Care Commissioning, Additional Role Reimbursement Scheme;
- Data Security and Protection.

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

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

There was additional reporting to ensure that robust governance processes were in place for handling expenditure related to the pandemic.

The Committee received reports on the COVID-19 Response - Non-NHS Supplier Arrangements, Bronze Cell Risk Report arising from the ICS COVID-19 response and the Gifts and Hospitality report related to Personal Protected Equipment (PPE).

During 2020/21, the Committee ensured that its Terms of Reference were reviewed and updated, and the Annual Committee Effectiveness Report was produced in December 2020.

The Quality & Governance Committee

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

The committee is responsible for reviewing and scrutinising clinical risks, as well as governance matters covering policies and human resources. The membership of the committee can be found at: **www.gloucestershireccg.nhs.uk/about-us/the-governing-body/**.

During 2020/21 the committee met 5 times and was quorate on each occasion. The April 2020 committee meeting was cancelled due to the initial planning phase of the COVID-19 response.

The Committee received the following reports:

- County wide Quality Report;
- Gloucestershire Joint Annual Health Report for Children in Care 2019-20;
- Safeguarding Annual Report;

- Reports on infection control (including COVID-19) serious incidents and complaints relating to commissioned services and the CCG;
- Care Homes Update;
- Individual Funding Request Annual Report;
- Review of clinical risks include on the Corporate Risk Register (including COVID-19 risks);
- Provider Quality Reports (Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care NHS Foundation Trust etc.);
- Received the Ockenden Report and the CCG's response including actions being taken to address the findings;
- Staff Survey report 2019 (findings and action plan);
- Data Security and Information Security updates.

From January through to March prior to the lockdown, the Committee was given regular updates on the ICS actions being undertaken to respond to the Covid-19 outbreak. This was reported to the Governing Body through the bi-monthly Business Sessions.

The Quality and Governance Committee approved a range of policies including:

- Gloucestershire LeDeR Policy Framework;
- Weight Management Commissioning Policy;
- Joint Policy on Section 135 and Section 136 MHA;
- Health and Safety Policy;
- Individual Funding Request Policy;
- Digital Clinical Safety Policy;
- GCCG Safeguarding Children Policy;
- The Lone Worker Policy;
- Homeworking Policy;
- Flexible Retirement Policy;
- Career Break Policy;
- Working Time Directive Policy;
- Secondment Policy.

Primary Care Commissioning Committee (PCCC)

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

The committee is chaired by Alan Elkin, Lay Member for Patient and Public Involvement. The membership of the committee can be found at **www.gloucestershireccg.nhs.uk/about-us/the-governing-body/**

This year, the committee met 5 times during the year, with the April meeting cancelled due to COVID-19 pressures. Meetings were quorate on each occasion. The Committee received the following:

- Quality Reports on Primary Care;
- Primary Care Workforce Report;
- Primary Care Report on response to the COVID-19 pandemic, lessons learnt and silver linings from working differently (e.g. virtual consultations);
- Primary Care Networks Update Report;
- Delegated Primary Care Finance Report;

- Preparations for Winter and COVID-19 response;
- Update on General Practice Nurse Training and Development;
- Primary Care Infrastructure Plan 2019/2020 review and key objectives for 2020/ 2021.

The Committee approved:

- Application from The Brunston and Lydbrook Practice) to close their branch surgery at Lydbrook;
- Application to merge from Rosebank Health and Bartongate Surgery;
- Application from Rendcomb Surgery to close their two branch surgeries at Winstone and Duntisbourne Abbotts;
- Agreed to the development of a new primary care centre in Coleford.

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

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; all members of the Governing Body are also members of the Priorities Committee.

During 2020/21 there was only one meeting of the Priorities Committee in March 2021 which focused on Phase 4 Planning – an investment discussion.

Remuneration Committee

The Remuneration Committee determines and approves the remuneration, fees and other allowances for CCG employees (specifically, very senior managers, consultants and contractors etc.) The membership of the committee can be found here: **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 on 6 occasions during 2020/21 and was quorate on each occasion. The Remuneration Committee makes its recommendations to the Governing Body.

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

Annual assessment of committee effectiveness

There is an established process in place for each of the Governing Body sub-committees to conduct 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.

During 2020/21 only the Audit and Risk Committee had completed its self-assessment report. The Chair of the committee reported the findings and actions being taken to improve the effectiveness of the committee at its December 2020 meeting. The Governance Team is currently implementing the recommendations.

The Quality and Governance Committee has commenced the self-assessment process and will produce its report at the April 2021 meeting.

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 (CRR), containing high level operational risks and Directorate Risk Registers with detailed directorate risks.

The GBAF along with the CRR is reported to the Audit and Risk Committee at each meeting.

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

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;
- Risk appetite;
- Their potential impact on the successful achievement of the CCG's objectives.

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

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

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

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

Throughout 2020/21, the Governing Body regularly received reports on risk through its respective committees.

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

The Audit and Risk Committee receives and considers the latest iteration of the GBAF and CRR at every meeting along with updates on significant developments. During 2020/21, the Committee had oversight of the development of the confidential GBAF and confidential CRR. During 2020/21, the Audit and Risk Committee also commenced a deep dive review into each of the directorates risk registers on a cyclical basis.

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

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

Capacity to Handle Risk

During 2020/21, the Governance Team continued with its work on implementing the 4Risk system.

The risk management system provides an easily accessible platform for the recording and reporting of risk. The risk layout ensures that Risk Leads identify the controls and assurances linked to the risk, update the risk mitigation plans and assess the risk appetite (e.g. traffic lights system denoting the level of risk appetite).

In the early part of the financial year progress with implementing the 4Risk system was halted due to the redeployment of staff to work on the COVID-19 response, with many Risk Leads working on other priorities.

By summer 2020 the rollout of the 4Risk system recommenced and directorates reappointed their directorate risk leads. Over a 7 month period approximately 27 risk management training sessions were organised by the Governance Team, approximately half of the sessions had been organised on an individual basis with risk leads.

Key risks identified in 2020/21

There were a number of key risks reported during 2020/21.

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

There are currently a total of 52 contemporary risks on the 4Risk system. Approximately 40 risks are on the directorate risk registers with 12 on confidential directorate risk registers.

There are 9 high rated red risks (7 at 16 and 1 at 15), 26 Amber rated risks and 6 low rated risks, yellow (as at 30/03/2021).

The top red rated risks on the Governing Body Assurance Framework are as follows:

- QD 14: Risk to population health and delivery of healthcare related services due to the impact of COVID-19, rated as 16 (RED). A range of risk mitigating actions have been put in place including establishing the Gloucestershire Operations Centre with a remit to cover COVID-19, Winter Planning & Brexit arrangements.
- CD 2: Risk of non-delivery of reduction in delays for patients who are clinically ready for hospital discharge, risk rated 16 (RED).

- CD 3: Risk of non-delivery of NHS Constitution standard for maximum wait of 4 hours within the Emergency Department. This risk is rated as 16 (RED).
- CD 4: Risk of failure to reduce demand and prevent avoidable emergency acute attendances and admissions, risk rated as 16 (RED).
- CD 5. Risk of failure to comply fully with NHS Constitution standards for planned care waiting times, this risk is 16 (RED).
- CD 8: SWAST have identified a risk in the South West to patients due to call stacking (was QD11) currently rated as 16 (RED).
- TSR 5: Risk that benefits are delayed due to short term pressures related to the COVID-19 incident, risk rated 16 (RED).
- TSR6: Post COVID-19 risk that some of our system partners are no longer able to support or drive ICS/CPG programmes and projects. This also includes insufficient CCG programme staffing resource to facilitate change or undertake corporate programmes. This risk is rated as 15 (RED).
- F&ID2: The CCG does not meet its breakeven control total in 2020/21. This risk was rated 16 (RED) however before year end this risk was reduced to 8 (Amber), as significant progress was made with achieving financial balance. This was primarily through a robust financial plan aligned to commissioning strategy and allocations had been received from top-ups/COVID budgets.

The outstanding risks in place on 31 March 2021 are carried over into the new financial year and will continue to be managed within the Risk Management Framework described within this statement.

The risk profile of the CCG is subject to on-going in-year revision. At the end of the 2020/21 financial year, there were 27 risks on the Corporate Risk Register.

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

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the Clinical Commissioning Group to ensure it delivers its policies, aims and objectives.

It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

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

Annual audit of conflicts of interest (CoI) management

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

A detailed review of conflicts of interest audit was undertaken in 2020-21 and assurance of 'moderate assurance' for design and moderate for operational effectiveness was achieved.

The report identified a number of areas of good practice and areas for improvement. The areas of good practice identified included the CCG's Standards of Business Conduct Policy, Staff Handbook, staff guidance and procedures.

In addition, the report identified good processes in place around the administration of potential and actual conflicts during decision-making meetings. The CCG was commended for its comprehensive training materials regarding Conflicts of Interest, which is utilised as part of the Corporate Induction training and directorate training sessions.

The CCG has adopted a culture whereby all gifts and hospitalities that do not subscribe to a modest amount should be declined. This is exemplified in the Association of British Pharmaceutical Industry registry which showed that GCCG had declared and accepted no gifts/hospitalities in 2020/21.

The internal audit report also identified robust procedures for declaring and managing interests related to any procurement.

The report identified a number of areas for improvement, as follows:

- A review of the content on the CCG's website to determine the most appropriate page for current information to be accessed should be undertaken
- The Induction checklist and Declarations of Interest form should be amended so that they include reference to providing of "nil declarations" where an employee has no declarations of interest to make
- Quarterly reconciliations of staffing lists on Excel to track staff changes
- Implementation of a digital solution to Conflicts of Interest to reduce the bureaucracy involved in making manual declarations and recording them
- A process should be implemented to ensure that all new starters attend the corporate induction which includes a training session on conflicts of interests.

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

Data Quality

Governing Body members consider data quality to be an integral part of its system of internal controls in order that it can assess both the effectiveness and performance of the organisation and its contracted services.

There had been some initial problems with data quality arising from GHFT's patient administration system which have been resolved. There have been no significant concerns about data quality reported.

Data Security and Protection

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

The Data Security and Protection Toolkit for 20/21 is due for submission at the end of June 2021. As part of the annual Data Security and Protection Toolkit work for 20/21 a comprehensive assessment of information security has been undertaken; further assurance has been provided by the CCG's internal auditors who reviewed the mandatory elements. The will be submitting evidence for the Data Protection and Security Toolkit that evidences compliance.

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

In 2020/21, the CCG made a toolkit submission that met the Data Security and Protection standards.

There was one serious incident related to a data breach in December 2020 that has been reported by the Clinical Commissioning Group to the ICO.

This incident involved a breach of information relating to a number of different patients. The data breach was quickly identified, resolved and reported to the ICO. A detailed action plan was developed and submitted to the ICO, who were satisfied with the actions taken and closed the incident in January 2021.

In compliance with the 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 Data and Information Security experts as required.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and have developed data security and protection processes and procedures in line with the Data Security and Protection toolkit.

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

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 in March 2021 (reference 25 March 2021 Governing Body meeting in public).

The CCG receives and reviews the ISAE 3402 Service Audit type II reports to assess the state of the control environment for the period 1 April 2020 to 31 March 2021 for services used by the CCG; these include GP payment services, payroll and some financial services. In terms of these services, the CCG also has controls in place this ensures that any shortcomings in third party controls are mitigated for the CCG.

In terms of ISAE 3402 reports:

Qualified opinions were raised in the following service reports -

NHS Shared Business Service Limited: Finance and Accounting Services

A qualified opinion was given relating to one control objective, which indicated that one control did not operate effectively throughout the period 1 April 2020 to 31 March 2021 to achieve Control Objective 9: Controls exist to provide reasonable assurance that Sales Ledger transactions processed by NHS SBS are authorised by the appropriate client user on the approved user hierarchy.

NHS Business Services Authority: Prescription Payments Process

A qualified opinion was given relating to one control objective, which indicated that some controls did not operate effectively throughout the period 1 April 2020 to 31 March 2021 relating to the following areas:

- Control objective 1 "Controls are in place to provide reasonable assurance that payments are made to the correct, valid contractors".
- Control objective 3 "Controls are in place to provide reasonable assurance that payments are accurate and complete".
- Control objective 4 "Controls are in place to provide reasonable assurance that access to systems is appropriately restricted".

NHS Business Services Authority, Electronic Staff Record Programme (ESR)

A qualified opinion was given relating to one control objective, which indicated that some controls did not operate effectively throughout the period 1 April 2020 to 31 March 2021, relating to the following areas:

- Control Objective 1 ("Controls provide reasonable assurance that changes to the system software, hardware, and network components are documented and approved.") during this period.
- Control Objective 2 ("Controls provide reasonable assurance that security configurations are created, implemented and maintained to prevent inappropriate access") during this period.

In terms of these services, the CCG also has controls in place this ensures that any shortcomings in third party controls are mitigated for the CCG.

Control Issues

The CCG can state that there were no significant 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:

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

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

Delegation of functions

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

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

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

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

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

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

Counter fraud arrangements

The Chief Finance Officer is the lead for counter fraud, bribery and anti-corruption within the CCG and works with the nominated Local Counter Fraud Specialist to develop the annual work-plan which is approved by the Audit and Risk Committee. The CCG adheres to the NHS Counter Fraud Authority Standards for NHS Commissioners 2020-21 Fraud, bribery and corruption and reports to the Audit and Risk Committee on the implementation of those standards: **https://cfa.nhs.uk/resources/downloads/standards/NHS_Fraud_Standards_for_Commissioners_2020.pdf**

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

The Head of Counter Fraud meets regularly with the Chief Finance Officer to discuss progress against the Action Plan and areas of potential risk. During 2020/21, regular reports and updates were given to the Audit and Risk Committee on:

- Counter fraud Annual Report;
- Counter fraud work-plan;
- Counter fraud Alerts;
- National counter fraud initiative;
- Procurement Risk Review;
- Self-Review Tool;
- Counter Fraud Risk Assessment review;
- CCG Counter Fraud Survey Results;
- Current Cases And Proactive Counter Fraud Work;
- Updated Counter Fraud, Bribery and Corruption Policy;
- Counter fraud training – face to face and e-learning training available via ConsultOD.

Counter Fraud deliver face to face training to all staff as a part of the CCG's Statutory and Mandatory Training. The Governing Body also receives annual Counter Fraud training. Fraud, bribery and corruption awareness is also raised through updates via the CCG's newsletter, Team Brief and staff meetings.

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

Head of Internal Audit Opinion

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

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

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

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

In forming our view we have taken into account that:

- The CCG is forecast to deliver a breakeven position. As a result, its cumulative surplus will be a total of £20,470k. Due to the Covid-19 pandemic, the first six months were managed nationally for all CCGs on a breakeven basis. For the second six months, the Gloucestershire Integrated Care System was provided with a financial envelop with local agreement for the allocations
- Despite the impact on the staff due to the Covid-19 pandemic, we have been able to complete all of our planned audit work, during the year. There have been no limitations in scope due to the homeworking restrictions
- The CCG has displayed strong controls in relation the key financial system, procurement, contract and primary care commissioning processes. Significant assurance opinions on the design and operational effectiveness of the processes were provided for these audits
- The Covid-19 pandemic has resulted in aspects of the NHS Constitutions not being met, however, from the work we have undertaken and the reports provided, it was evident that the Governing Body has been kept informed on the issues a timely basis. However, this aspect has contributed to our overall opinion of moderate assurance
- Good progress has been made during the year with the implementation of the actions arising from the audit work.

Report Issued	Recommendations & Significance			Overall Report Conclusions	
	H	M	L	Design	Operational Effectiveness
Key Financial Systems	0	0	0	Substantial	Substantial
Individual Funding Requests	0	0	3	Substantial	Moderate
Primary Care Commissioning	0	0	1	Substantial	Substantial
Procurement	0	0	1	Substantial	Substantial
Contract Management	0	0	2	Substantial	Substantial
Conflicts of Interest	0	1	2	Moderate	Moderate
Human Resources – Home working and support (advisory)	0	2	1	n/a	n/a
Data Security & Protection Toolkit	0	3	0	n/a	n/a
Recovery & Restoration – Lessons Learnt from the Covid pandemic (advisory)	1	2	1	n/a	n/a

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 NHS Gloucestershire Clinical Commissioning Group who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me.

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

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

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

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

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

Conclusion

No significant internal control issues have been identified during 2020/2021.

Mary Hutton

Accountable Officer

June 2021

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

NHS Gloucestershire CCG employs a headcount staff of **412 (309.25 WTE) as at the 31 March 2021**.

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 the Associate Director of Corporate Affairs responsible for HR strategy and organisational development working closely with ConsultHR and ICS partners. The Deputy AO/Director of Commissioning has overall responsibility for HR within the CCG.

Staff Redeployment – COVID-19 Response

During the financial year 2020-21 a number of staff were seconded to other areas of work to support the response to the Covid-19 pandemic. Some of the staff have been engaged in this work full-time

for the entire year such as those redeployed to the Incident Control Centre and working in the Project Management Office (COVID Response), while other staff have been redeployed for a set number of months to support the vaccination hubs from December 2020 through to the end of March 2021 and beyond. A significant majority of staff worked both on the COVID response and their day jobs, such as those staff working in finance, communications, governance & HR, commissioning and digital.

Redeployment primarily affected the following staffing groups:

- Quality Directorate and administrative staff redeployed to the Incident Control Centre
- Integration Directorate staff redeployed to set up the Vulnerable People Hub from March 2020 through to the end of July 2020
- Continuing Healthcare staff working on complex discharge planning at GHNHSFT both in waves 1&2 of the pandemic
- Primary Care and Quality Directorate staff working on setting up the Covid-19 Vaccination Hubs
- Project Management Office and Transformation Directorate staff working on setting up and running the command and control structures for Bronze, Silver and Gold.

Staff Movements

Staff Movements	Apr 20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Turnover Rate (Headcount)	0.55%	1.64%	0.82%	0.82%	0.82%	1.09%	0.00%	1.37%	1.64%	1.37%	1.09%	1.64%
Turnover Rate (FTE)	0.33%	1.77%	0.86%	0.93%	0.83%	0.92%	0.00%	1.18%	1.89%	1.32%	1.33%	1.43%
Turnover Rate (12m)	16.57%	16.62%	16.34%	14.98%	15.02%	13.06%	11.86%	12.88%	13.37%	13.93%	14.09%	12.77%
Turnover Rate FTE (12m)	15.48%	15.76%	15.45%	14.57%	14.41%	12.82%	11.61%	12.52%	13.39%	13.74%	14.00%	12.69%

Assignment Category	Apr 20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Secondments	5.00	5.00	4.00	4.80	4.80	4.80	4.80	4.40	5.40	4.40	3.80	4.60

Governance arrangements for HR

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

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

The Committee also receives the following reports:

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

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

The Joint Staff Consultative Committee (JSCC) has an important role providing staff feedback and input

to the development of HR plans, policies, staff events and staff survey, amongst many other things. The committee meets on approximately 10 occasions during the year and is chaired by the Executive Nursing Director and Quality Lead.

Each directorate has one or more JSCC representatives who attend the meeting along with HR/OD colleagues and other senior managers. Throughout 2020/21, we have had good representation from staff at the JSCC meetings noting that staff reps have found the forum important to staff engagement.

Staff survey results 2020

The CCG partook in the national staff survey in 2020, and received early in 2021 a suite of reports including a full and detailed report of the findings, a summary report of the 10 key themes, and directorate reports providing a breakdown of the results.

This was the second year that the CCG partook in the national survey with benchmark data available from 2019 and from other CCGs. A total of 245 questionnaires were completed by CCG staff, representing 72% of the workforce; this compared nationally with an 80% median score.

This was a decrease in participation rates compared to 2019 where 79% of the CCG's workforce responded to the survey. However this was largely positive due to the additional pressures placed on our workforce with staff continuing to work both on their day jobs, responding to the pandemic and working remotely.

The national reports provide an overview of the 10 key themed areas detailing where NHS Gloucestershire CCG scored in terms of the best, worst and average compared to other CCGs.

These areas covered Equality, Diversity and Inclusion, Health and Wellbeing, Immediate Managers, Safety Culture, Morale and Team-working amongst other areas.

It should be noted that for 2020 the Quality of Appraisal category was omitted as staff appraisals were suspended for the early part of 2020 to allow organisations and their staff to respond to the COVID crisis.

Overall the CCG performed well compared to other CCGs and improved its score from 2019 in a number of key areas including:

- The CCG taking positive action on health and wellbeing which was above the average compared to other CCGs and a significant improvement on the 2019 score; a similar pattern was evident with immediate managers taking a positive interest in the health and wellbeing of staff;
- Morale including staff getting recognition for the work they do which was above average;
- Recommending the CCG as a place to work, which was well above the average;
- The opportunities the CCG provides for flexible working patterns which was above the CCG average and a significant improvement compared to the 2019 score;
- The CCG making adequate adjustments for staff to continue with their work which was above the average;
- The care staff can give to patients/service users being a top priority for the organisation which is above the average;
- Safety culture where the CCG performed the same as the best CCGs.

These over-arching results are underpinned by a range of detailed findings.

More information can be found on the National Staff Survey Coordination Centre website **www.nhsstaffsurveys.com/Page/1085/Latest-Results/NHS-Staff-Survey-Results/**.

The CCG has developed a Staff Survey Action Plan focusing on the key improvement themes from the 2020 survey including training for line managers, enhancing the wellbeing support provided to staff with additional health and wellbeing seminars and resources, and continuing with our programme of work around Equality, Diversity and Inclusion, which we began in Autumn 2020 through to 2021 (see section below), amongst many other actions.

Staff engagement

Over the past 12 months staff engagement has been made more challenging due to the requirements to work remotely.

However, we have used technology to reach many more staff in more flexible ways such as, organising meetings using MS Teams and recording those meetings and uploading them to the intranet to be viewed at a time convenient to staff. A summary of staff engagement activities is given below:

- Active engagement of JSCC reps and staff in shaping the staff survey; production of the report findings, presentations at directorate meetings and the development of an action plan
- Monthly Team Briefing sessions held on MS Teams (led by the Accountable Officer and Deputy Accountable Officer) which is supported by a written Team Brief e-bulletin which is then distributed after the meeting
- Weekly staff communications sent out each Friday providing the latest updates to staff
- Monthly Team Directorate team meetings
- Lunch and learn sessions run by staff to share their work and learning with other staff members including; Carers Support, Mindfulness and Sustainability
- Monthly Wellbeing Newsletter on a range of topics (see section on staff wellbeing)
- Development of 'CCG Live,' a website that holds information on all team briefs, policies, procedures and other information
- A-Z on the Staff Area of CCG Live containing new pages on corporate induction, policies and the staff survey 2020
- 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.

Staff Wellbeing

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

The Group produces a monthly Wellbeing Newsletter which is themed and includes guidance, information and resources about a vast array of topics and has covered homeworking, lifestyle (diet, exercise and sleep) musculo-skeletal health, stress and anxiety, loneliness and isolation, financial help, amongst many other topics.

Directorates are encouraged to 'guest edit' editions of the newsletter. Newsletters are sent out monthly via email to all CCG staff. In addition, the Homeworking policy provides an overview of the resources available to staff to assist with their wellbeing and homeworking; this also includes details of how Occupational Health and the Employee Assisted Programme can support staff.

Staffing policies

The CCG like other NHS employers has a host of HR policies, user guides, forms and resources. Policies are formally reviewed both by the Executive Management Team and the JSCC, before being ratified and adopted by the Quality and Governance Committee prior to publication.

The full range of HR policies currently in use can be found at **www.gloucestershireccg.nhs.uk/about-us/nhs-publication-scheme/our-policies-and-procedures/**

- Homeworking Policy
- Career Break Policy
- Flexible Retirement Policy
- Working Time Directorate Policy
- Approval given to develop a new ED&I compliant Recruitment and Retention Toolkit encompassing the R&R policy
- Secondment Policy.

Sickness absence data

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 are coming close to breaching. The manager is advised to have a supportive conversation with the staff member.

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

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

Ill health retirement

There were no early retirements on ill health grounds in 2020/21 (Nil in 2019/20).

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

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

The one union official has spent approximately 4 hours on facility time during the financial year 2020-21; at a cost of less than £100.

Equality, Diversity and Inclusion

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

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

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

During 2020/221, the CCG commissioned the ED&I service from Central South Commissioning Support Unit to undertake some dedicated work in this area. A review is currently being undertaken of the CCG's strategies, procedures and policies against best practice on ED&I.

In addition a cultural piece of work is being undertaken to understand how the CCG can be best placed to embrace diversity. The report will be submitted to the Quality and Governance Committee and Governing Body in the late summer/early autumn 2021.

During 2021 we seek to:

- Improve our reporting processes around bullying, harassment and victimisation. This will be through a redoubling of effort to raise the profile of our policies and procedures on bullying and harassment and training to staff. A compliance audit and review will be undertaken during 2021 by the CSU ED&I Team of our workforce policies, procedures, strategies and governance arrangement as well as training, to inform changes based on best practice
- Review all our recruitment policies and processes to ensure that they conform to best practice, producing a new R&R Toolkit. This will include targeted advertising and publicity of our jobs to ensure that they reach a diverse audience. There will also be entry level training positions comprising 6 month work experience placements for young people socially excluded and furthest away from the job market (Kickstart) and apprenticeships targeted at Black and Minority Ethnic (BAME) staff
- Implement new schemes designed specifically for Black and Minority Ethnic (BAME) staff that provide support and resources to enable staff to apply and secure job opportunities, temporary and permanent promotions. For example the Stepping Up programme
- Ensure that CCG staff participate in the Stepping Up programmes designed for disabled staff and LGBT+ which are currently being developed by the ICS HR/OD group
- Set up a BAME Network from the BAME staff group currently meeting.

The CCG's Workforce Race Equality Standard (WRES) and Disability Equality Standard (DES) action plans will be monitored through the BAME Group/Network, Joint Staff Side Committee (JSCC), Quality & Governance Committee and through ICS Board reporting.

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

Equalities monitoring

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

Gender

Gender	Headcount	%	FTE
Female	311	75.5	235.75
Male	101	24.5	73.50
Total	412	100.0	309.25

Ethnicity

Ethnic Group	Headcount	%	FTE
A White - British	347	84.22	266.60
B White - Irish	4	0.97	4.00
C White - Any other White background	7	1.70	5.02
CC White Welsh	1	0.24	0.00
CP White Polish	1	0.24	0.60
F Mixed - White & Asian	1	0.24	0.67
G Mixed - Any other mixed background	2	0.49	1.80
H Asian or Asian British - Indian	8	1.94	4.88
J Asian or Asian British - Pakistani	2	0.49	1.00
L Asian or Asian British - Any other Asian background	1	0.24	0.60
LH Asian British	1	0.24	0.40
M Black or Black British - Caribbean	3	0.73	1.48
N Black or Black British - African	2	0.49	1.40

PD Black British	1	0.24	1.00
R Chinese	2	0.49	1.40
S Any Other Ethnic Group	1	0.24	1.00
Unspecified	3	0.73	0.00
Z Not Stated	25	6.07	17.40
Grand Total	**412**	**100.00**	**309.25**

Disability

Disability Flag	Headcount	%	FTE
No	345	83.7	268.67
Not Declared	41	10.0	31.40
Prefer Not To Answer	1	0.2	0.00
Unspecified	17	4.1	2.66
Yes	8	1.9	6.52
Grand Total	**412**	**100.0**	**309.25**

Age Band

Age Band	Headcount	%	FTE
<20	1	0.24	1.00
21-25	30	7.28	26.99
26-30	19	4.61	16.55
31-35	36	8.74	29.23
36-40	40	9.71	31.16
41-45	51	12.38	34.85
46-50	48	11.65	34.32
51-55	78	18.93	67.23
56-60	59	14.32	39.07
61-65	35	8.50	22.45
66-70	11	2.67	5.98
>=71 Years	4	0.97	0.42
Grand Total	**412**	**100.00**	**309.25**

Religion

Religious Belief	Headcount	%	FTE
Atheism	67	16.26	56.74
Buddhism	3	0.73	2.00
Christianity	204	49.51	158.86

Hinduism	5	1.21	2.96
Islam	2	0.49	0.80
Not Disclosed	86	20.87	61.47
Other	31	7.52	22.24
Sikhism	2	0.49	1.32
Unspecified	12	2.91	2.86
Grand Total	**412**	**100.00**	**309.25**

Sexual Orientation

Age Band	Headcount	%	FTE
Bisexual	2	0.49	2.00
Gay or Lesbian	3	0.73	3.00
Heterosexual or Straight	341	82.77	263.89
Not Disclosed	54	13.11	38.90
Other sexual orientation not listed	1	0.24	0.00
Undecided	1	0.24	0.60
Unspecified	10	2.43	0.86
Grand Total	**412**	**100.00**	**309.25**

Other employee matters

Health and Safety at work

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

Fair Pay (audited)

The annualised range of remuneration is £16.9k to £180k (£18.8k to £179k 2019-20).

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

The banded remuneration of the highest-paid director in Gloucestershire CCG in the financial year 2020-21 was £180k to £185k (£175k to £180k 2019-20). This was 4.46 times (4.06 2019-20) the median remuneration of the workforce, which was £40,894 (£43,774 2019-20). 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 2020-21, no employees (none in 2019-20) received remuneration in excess of the highest-paid director

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

Off Payroll Engagements

For all off-payroll engagements as of 31 March 2021, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2020	8
Of which, the number that have existed:	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	4
for between 3 and 4 years at the time of reporting	2
for 4 or more years at the time of reporting	2

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

For all new off-payroll engagements as of 31 March 2021, 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 2020 and 31 March 2021 greater than £245 per day and that last for longer than six months:	0
Of which:	
No. Assessed as caught by IR35	0
No. assessed as not caught by IR35	0
Of which:	
No. engaged directly (via PSC contracted to department and are on the departmental payroll)	0
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 2020 and 31 March 2021:

	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.	20

Remuneration Report for NHS Gloucestershire CCG 2020-21 (audited)

	2020/21						
Name & Title	Salary (bands of £5,000)	Expense Payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	Sub-total (band of bands)	All Pension Related Benefits (bands of £2,500) * ●	Total (bands of £5,000)
Dr Andrew Seymour, Clinical Chair	145-150	0	0	0	145-150	17.5-20	165-170
Mary Hutton, Accountable Officer	145-150	0	0	0	145-150	0	145-150
Mark Walkingshaw, Deputy Accountable Officer/ Director Of Commissioning Implementation	135-140	0	0	0	135-140	0	135-140
Cath Leech, Chief Finance Officer	115-120	0	0	0	115-120	0	115-120
Ellen Rule, Director of Transformation and Service Redesign	120-125	0	0	0	120-125	0	120-125
Helen Goodey, Director of Primary Care and Locality Development[1]	95-100	0	0	0	95-100	72.5-75	170-175
Kim Forey, Director of Integration[2]	55-60	0	0	0	55-60	25-27.5	80-85
Dr Caroline Bennett, Clinical Commissioning Lead (North Cotswolds)	45-50	0	0	0	45-50	7.5-10	55-60
Dr Lawrence Fielder, Clinical Commissioning Lead (Forest of Dean) Left in September 2020	20-25	0	0	0	20-25	0	20-25
Dr Will Haynes, Clinical Commissioning Lead (Gloucester City)	45-50	0	0	0	45-50	7.5-10	55-60
Dr Hein Le Roux, Deputy Clinical Chair[3]	60-65	0	0	0	60-65	27.5-30	85-90
Dr Maia Ubhi, Mental Health, Learning Disabilities and Autism Lead from 1 September 2020	25-30	0	0	0	25-30	92.5-95	120-125
Dr Sheena Yerburgh, Clinical Commissioning Lead (Stroud & Berkeley Vale)	45-50	0	0	0	45-50	7.5-10	55-60
Dr Will Miles, Clinical Commissioning Lead (Cheltenham)	45-50	0	0	0	45-50	2.5-5	50-55
Julie Clatworthy, Registered Nurse	20-25	0	0	0	20-25	0	20-25
Dr Marion Andrews-Evans, Executive Nurse & Quality Lead	115-120	0	0	0	115-120	0	115-120
Dr Alan Gwynn, Clinical Commissioning Lead (South Cotswolds)	45-50	0	0	0	45-50	0	45-50
Alan Elkin, Lay Member, Patient and Public Engagement	15-20	0	0	0	15-20	0	15-20
Colin Greaves, Lay Member, Governance	20-25	0	0	0	20-25	0	20-25
Joanna Davies, Lay Member, Patient and Public Engagement	10-15	0	0	0	10-15	0	10-15
Peter Marriner, Lay Member, Business	10-15	0	0	0	10-15	0	10-15
Dr Lesley Jordan, Secondary Care Clinical Advisor[4]	0-0	0	0	0	0-0	0	0-0

Remuneration Report for NHS Gloucestershire CCG 2019-20 (audited)

	2019/20						
Name & Title	Salary (bands of £5,000)	Expense Payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	Sub-total (band of bands)	All Pension Related Benefits (bands of £2,500) * •	Total (bands of £5,000)
Dr Andrew Seymour, Clinical Chair	120-125	0	0	0	120-125	15-17.5	140-145
Mary Hutton, Accountable Officer	160-165	0	0	0	160-165	52.5-55	210-215
Mark Walkingshaw, Deputy Accountable Officer/ Director Of Commissioning Implementation	135-140	0	0	0	135-140	57.5-60	195-200
Cath Leech, Chief Finance Officer	120-125	0	0	0	120-125	40-42.5	160-165
Ellen Rule, Director of Transformation and Service Redesign	120-125	0	0	0	120-125	0	120-125
Helen Goodey, Director of Primary Care and Locality Development[1]	95-100	0	0	0	95-100	40-42.5	135-140
Kim Forey, Director of Integration[2]	55-60	0	0	0	55-60	27.5-30	85-90
Dr Caroline Bennett, Clinical Commissioning Lead (North Cotswolds)	45-50	0	0	0	45-50	0	45-50
Dr Lawrence Fielder, Clinical Commissioning Lead (Forest of Dean)	45-50	0	0	0	45-50	5-7.5	50-55
Dr Will Haynes, Clinical Commissioning Lead (Gloucester City)	45-50	0	0	0	45-50	0	45-50
Dr Hein Le Roux, Deputy Clinical Chair[3]	60-65	0	0	0	60-65	42.5-45	100-105
Dr Jeremy Welch, Clinical Commissioning Lead (Tewkesbury, Newent & Staunton) Until 31st July 2019	15-20	0	0	0	15-20	0	15-20
Dr Sheena Yerburgh, Clinical Commissioning Lead (Stroud & Berkeley Vale)	45-50	0	0	0	45-50	15-17.5	60-65
Dr Will Miles, Clinical Commissioning Lead (Cheltenham)	45-50	0	0	0	45-50	2.5-5	50-55
Julie Clatworthy, Registered Nurse	20-25	0	0	0	20-25	0	20-25
Dr Marion Andrews-Evans, Executive Nurse & Quality Lead	115-120	0	0	0	115-120	0	115-120
Dr Alan Gwynn, Clinical Commissioning Lead (South Cotswolds)	45-50	0	0	0	45-50	0	45-50
Alan Elkin, Lay Member, Patient And Public Engagement	15-20	0	0	0	15-20	0	15-20
Colin Greaves, Lay Member, Governance	20-25	0	0	0	20-25	0	20-25
Joanna Davies, Lay Member, Patient & Public Engagement	10-15	0	0	0	10-15	0	10-15
Peter Marriner, Lay Member, Business	10-15	0	0	0	10-15	0	10-15
Dr Lesley Jordan, Secondary Care Clinical Advisor[4]	15-20	0	0	0	15-20	0	15-20

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

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

[1]Remuneration relates to Work for Gloucestershire CCG. Non-disclosed remuneration for role at Gloucestershire Health and Care NHSFT. Note that value of pension related benefits has been corrected from that reported within the 2019/20 Annual Report.

[2]Remuneration relates to Work for Gloucestershire CCG. Non-disclosed remuneration for role at Gloucestershire County Council

[3]Includes Remuneration for Dementia Clinical Lead role of £13k, not previously disclosed in 2018/19

[4]Payment is made to Dr Jordan's host Trust (Royal United Hospitals NHS Foundation Trust) In 2020/21, no payment was made in line with the temporary COVID financial regime.

Pensions Report 2020-21 (audited)

Name & Title	2020/21							
	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 2021 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2020	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2021	Employers contribution to stakeholder pension
Name & Title								
Dr Andrew Seymour, Clinical Chair (opted out of pension Feb-20)	0-2.5	0	15-20	50-55	390	16	431	17
Cath Leech, Chief Finance Officer (opted out of pension Dec-19)	0	0	45-50	105-110	912	8	945	10
Helen Goodey, Director of Primary Care and Locality Development*	2.5-5	2.5-5	30-35	60-65	530	67	622	16
Kim Forey, Director of Integration (Opted out of pension scheme in Oct-19)	0-2.5	0	20-25	0	301	27	350	16
Dr Caroline Bennett, Clinical Commissioning Lead (North Cotswolds)	0-2.5	0	15-20	30-35	276	10	297	7
Dr Sheena Yerburgh, Clinical Commissioning Lead (Stroud & Berkeley Vale)	0-2.5	0	10-15	20-25	218	9	237	7
Dr Will Haynes, Clinical Commissioning Lead (Gloucester City)*	0-2.5	0	15-20	35-40	325	11	348	7
Dr Will Miles, Clinical Commissioning Lead (Cheltenham)	0-2.5	0-2.5	10-15	30-35	247	11	269	7
Dr Hein Le Roux, Deputy Clinical Chair	0-2.5	0	15-20	15-20	240	19	270	7
Dr Maia Ubhi, Mental Health, Learning Disabilities and Autism Lead from 1 September 2020	0-2.5	5-7.5	5-10	15-20	38	35	104	4
Mary Hutton, Accountable Officer	Mary Hutton received her NHS pension benefits in November 2020							
Ellen Rule, Director of Transformation and Service Redesign	Ellen Rule has opted out of the NHS Pension scheme							
Mark Walkingshaw, Deputy Accountable Officer/Director Of Commissioning Implementation	Mark Walkingshaw has opted out of the NHS Pension scheme							
Dr Lesley Jordan, Secondary Care Clinical Advisor	Dr Jordan is not an employee of NHS Gloucestershire CCG and payment is made to the host Trust (Royal United Hospitals NHS Foundation Trust)							
Dr Alan Gwyn, Clinical Commissioning Lead (South Cotswolds)	Dr Gwyn has opted out of the NHS Pension scheme							
Executive Nurse & Quality Lead	Dr Andrews-Evans has opted out of the NHS Pension scheme							

Pensions Report 2019-20 (audited)

Name & Title	2019/20							
	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 2020 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2019	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2020	Employers contribution to stakeholder pension
Name & Title	£000	£000	£000	£000	£000	£000	£000	£000
Dr Andrew Seymour, Clinical Chair (opted out of pension Feb-20)	0-2.5	0-2.5	15-20	45-50	348	19	390	15
Mary Hutton, Accountable Officer (opted out of pension Feb-20)	2.5-5	7.5-10	40-45	120-125	900	80	1,021	19
Mark Walkingshaw, Deputy Accountable Officer/Director Of Commissioning Implementation (opted out of pension Nov-19)	2.5-5	0-2.5	45-50	105-110	800	53	884	11
Cath Leech, Chief Finance Officer (opted out of pension Dec-19)	2.5-5	0	45-50	105-110	840	40	912	11
Helen Goodey, Director of Primary Care and Locality Development*	0-2.5	0-2.5	25-30	55-60	0	35	530	11
Kim Forey, Director of Integration (Opted out of pension scheme in Oct-19)	0-2.5	0	15-20	0	242	45	301	8
Dr Caroline Bennett, Clinical Commissioning Lead (North Cotswolds)	0-2.5	0	10-15	30-35	269	0	276	7
Dr Sheena Yerburgh, Clinical Commissioning Lead (Stroud & Berkeley Vale)	0-2.5	0-2.5	10-15	20-25	191	16	218	7
Dr Will Haynes, Clinical Commissioning Lead (Gloucester City)*	0	0	15-20	35-40	319	0	325	7
Dr Jeremy Welch, Clinical Commissioning Lead (Tewkesbury, Newent & Staunton)	0	0	15-20	25-30	204	0	208	7
Dr Lawrence Fielder, Clinical Commissioning Lead (Forest of Dean)	0-2.5	0-2.5	5-10	20-25	175	12	199	7
Dr Will Miles, Clinical Commissioning Lead (Cheltenham)	0-2.5	0-2.5	10-15	30-35	225	10	247	7
Dr Hein Le Roux, Deputy Clinical Chair	2.5-5	0	15-20	20-25	215	13	240	0
Ellen Rule, Director of Transformation and Service Redesign	Ellen Rule is not included as she was only in the pension scheme for 4 months from Sep-19 to Dec-19							
Dr Lesley Jordan, Secondary Care Clinical Advisor	Dr Jordan is not an employee of NHS Gloucestershire CCG and payment is made to his host Trust (Royal United Hospitals NHS Foundation Trust)							
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							

*Note that the CETV value has been corrected from that reported within the 2019/20 Annual Report

Cash Equivalent Transfer Values

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

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

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

Real Increase in CETV

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

Average Contracted WTE of Staff Groupings by Occupational Code (excluding Off Payroll engagements only)	20/21			19/20		
	Male	Female	Total	Male	Female	Total
Governing Body members	4	7	11	4	7	11
Senior Manager G0 (Band 8D and Above)	5	6	11	6	5	11
Manager G1 (Band 8A, 8B, 8C)	16	29	45	16	31	47
Clerical and Administrative G2 (Band 7 and Below)	42	127	169	42	128	170
Nursing, midwifery and health visiting staff	1	1	2	3	30	33
Medical and dental staff	2	33	35	0	1	1
Scientific, therapeutic and technical staff	3	25	28	4	25	29
Local Snr Mgr Miscellaneous	0	0	0	0	0	0
Sub Totals	73	228	301	75	227	302
Grand Total	**301**			**302**		

Staff profile (audited)

The profile of staff within the CCG, based on the average number of Whole Time Equivalent contracted in 2020-21, is as presented in the table below. This is referred to in note 4.2 of the Annual Accounts.

Avg No WTE contracted (including Directors & Off Payroll engagements)	20/21			19/20		
	Director	Other Ee	Total	Director	Other Ee	Total
total Staff	7	297	304	7	296	303
of which:						
Perm	7	272	279	7	270	277
Other	0	25	25	0	26	26
of which:						
Male	1	74	75	1	74	75
Female	6	223	229	6	222	228

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

	20/21			19/20		
	Directors £'000	Other Ees £'000	Total £'000	Directors £'000	Other Ees £'000	Total £'000
total Staff Costs	1,050	17,126	18,176	1,081	16,332	17,413
of which:						
permanent	1,050	16,748	17,798	1,081	15,601	16,681
other	-	379	379	-	732	732

Employee benefits and staff numbers (audited)

	20/21			19/20		
	Total	Permanent Employees	Other	Total	Permanent Employees	Other
	£'000	£'000	£'000	£'000	£'000	£'000
Employee Benefits						
Salaries and Wages	14,221	13,842	379	13,447	12,715	732
Social Security Costs	1,391	1,391	0	1,393	1,393	0
Employer Contributions to NHS Pension scheme	2,504	2,504	0	2,503	2,503	0
Other Pension Costs	3	3	0	1	1	0
Apprenticeship Levy	57	57	0	54	54	0
Termination Benefits	0	0	0	15	15	0
Gross employee benefits expenditure	**18,176**	**17,797**	**379**	**17,413**	**16,681**	**732**
Total – Net admin employee benefits including capitalised costs	**18,176**	**17,797**	**379**	**17,413**	**16,681**	**732**
Less: Employee costs capitalised	0	0	0	0	0	0
Net employee benefits excluding capitalised costs	**18,176**	**17,797**	**379**	**17,413**	**16,681**	**732**

There were no significant increases in staff groups in 2020/21.

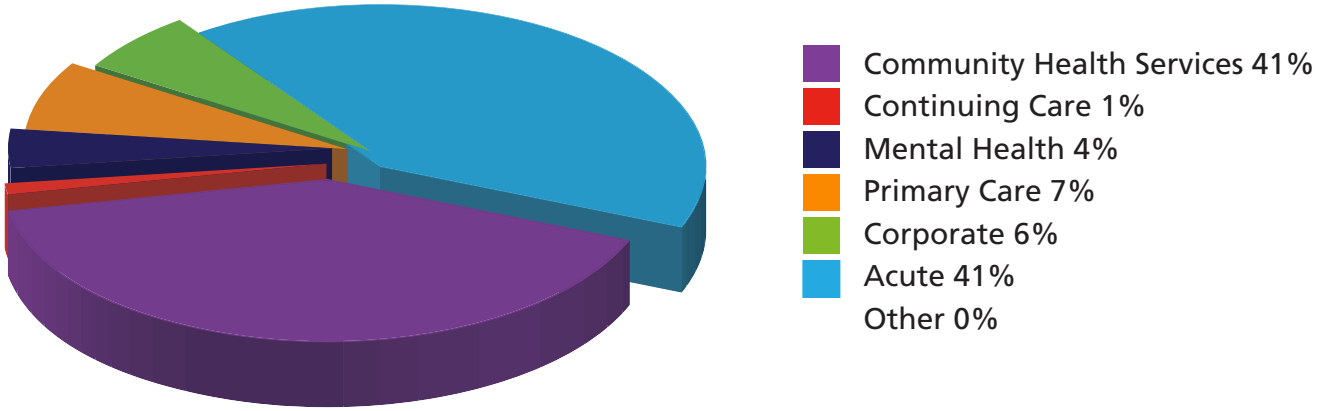
- There have been no significant awards made to past senior managers in 2020/21
- There has been no compensation on early retirement or for loss of office in 2020/21
- There have been no payments to past directors in 2020/21
- Two staff on Very Senior Manager contracts earn in excess of £150,000 pa on a pro-rata basis

Exit Package cost band (including any special payment element)

- There has been no exit packages paid in 2020/21 which fell in the remuneration band £10,001 to £25,000.

Consultancy

Consultancy costs of £406k in 2020-21 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 2020/21 Financial Statements was £78.9k (including irrecoverable VAT). 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

June 2021

The financial statements

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

In our auditor's report issued on 14 June 2021, we explained that we could not formally conclude the audit and issue an audit certificate for the CCG for the year ended 31 March 2021, in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice, until we had:

- Completed our work on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources.

We have now completed this work, and the results of our work are set out below.

Opinion on the financial statements

In our auditor's report for the year ended 31 March 2021, issued on 14 June 2021 we reported that, in our opinion the financial statements:

- give a true and fair view of the financial position of the CCG as at 31 March 2021 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave this opinion.

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

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

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

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

Responsibilities of the Accountable Officer

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

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

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

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these

arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

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

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

Report on other legal and regulatory requirements – Audit certificate

We certify that we have completed the audit of NHS Gloucestershire CCG for the year ended 31 March 2021 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

This report is made solely to the members of the Governing Body of the 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 audit certificate 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.

Julie Masci, Key Audit Partner

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

Bristol

3 September 2021

ANNUAL ACCOUNTS

Completed in accordance with the DH Group Accounting Manual 2020/21 and NHS England SharePoint Finance Guidance Library

Mary Hutton

Accountable Officer

June 2021

Data entered below will be used throughout the workbook:

Entity name:	NHS Gloucestershire CCG
This year	2020-21
Last year	2019-20
This year ended	31-March-2021
Last year ended	31-March-2020
This year commencing:	01-April-2020
Last year commencing:	01-April-2019

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

Please review and adjust to local reporting requirements

Page Number

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Statement of Comprehensive Net Expenditure for the year ended 31 March 2021

	Note	2020-21 £'000	2019-20 £'000
Income from sale of goods and services	3	(25,902)	(29,342)
Other operating income	3	(183)	(4,230)
Total operating income		**(26,085)**	**(33,572)**
Staff costs	4	18,176	17,413
Purchase of goods and services	5	1,050,191	938,204
Depreciation and impairment charges	5	199	127
Provision expense	5	3,089	(905)
Other Operating Expenditure	5	1,478	1,345
Total operating expenditure		**1,073,133**	**956,184**
Net Operating Expenditure		**1,047,048**	**922,612**
Other Comprehensive Expenditure		-	-
Comprehensive Expenditure for the year		**1,047,048**	**922,612**

Statement of Financial Position as at 31 March 2021

	Note	2020-21 £'000	2019-20 £'000
Non-current assets:			
Property, plant and equipment	8	0	199
Total non-current assets		0	199
Current assets:			
Trade and other receivables	9	8,017	5,917
Cash and cash equivalents	10	80	45
Total current assets		**8,097**	5,962
Total assets		**8,097**	**6,161**
Current liabilities			
Trade and other payables	11	(62,627)	(48,508)
Provisions	12	(4,080)	(1,413)
Total current liabilities		**(66,708)**	(49,921)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(58,610)**	(43,760)
Non-current liabilities		-	-
Assets less Liabilities		**(58,610)**	**(43,760)**
Financed by Taxpayers' Equity			
General fund		(58,610)	(43,760)
Total taxpayers' equity:		**(58,610)**	(43,760)

The notes on pages 7 to 22 form part of this statement

The financial statements on pages 3 to 6 were approved by the Governing Body on 10th June 2021 and signed on its behalf by:

Chief Accountable Officer
Mary Hutton

Statement of Changes In Taxpayers Equity for the year ended 31 March 2021

	2020/21	2019/20
	General fund £'000	General fund £'000
Changes in taxpayers' equity for 2020-21		
Balance at 01 April	(43,760)	(45,284)
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2020-21		
Net operating expenditure for the financial year	(1,047,048)	(922,612)
Net funding	1,032,198	924,136
Balance at 31 March	**(58,610)**	**(43,760)**

The notes on pages 7 to 22 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 2021

	Note	**2020-21 £'000**	2019-20 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(1,047,048)	(922,612)
Depreciation and amortisation	5	199	127
(Increase)/decrease in trade & other receivables	9	(2,100)	1,982
Increase/(decrease) in trade & other payables	11	14,119	(2,064)
Provisions utilised	12	(422)	(558)
Increase/(decrease) in provisions	12	3,089	(905)
Net Cash Inflow (Outflow) from Operating Activities		**(1,032,163)**	(924,030)
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment		0	(70)
Net Cash Inflow (Outflow) from Investing Activities		**0**	(70)
Net Cash Inflow (Outflow) before Financing		**(1,032,163)**	(924,100)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		1,032,198	924,136
Net Cash Inflow (Outflow) from Financing Activities		**1,032,198**	924,136
Net Increase (Decrease) in Cash & Cash Equivalents	10	**35**	36
Cash & Cash Equivalents at the Beginning of the Financial Year		**45**	9
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		**80**	45

The notes on pages 7 to 22 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 2020-21 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on a going concern basis.
Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

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

At the end of January 2020 the NHS declared a level 4 incident as part of the Government response to the global pandemic caused by a novel coronavirus - Covid 19. The impact on healthcare delivery in direct response to this virus, changes in demand and capacity for other healthcare and the impact on wider society (through social distancing and the so-called 'lockdown') and economy has been dramatic. Two specific items of relevance are firstly, the UK Government publically stating it will fund the NHS 'whatever it takes' to manage the pandemic; and secondly a significant interim change to the financial architecture of the NHS, for example suspending the current financial performance management regime, moving all NHS providers onto a cost based 'block' payment regime, authorising pre-payments of one month’s operating costs to NHS providers, centralising the procurement of Independent Sector Capacity, providing new funding for Hospital Discharge Programme and NHS Nightingale 'surge' capacity and the recharge of other specific Covid 19 costs to NHSE. Taken together, this package and Government statements effectively demonstrate how the Clinical Commissioning Group, as a statutory body in the NHS, will have its finances supported by the Government for the period of the pandemic and in the event of any future radical change to demand and funding for healthcare.

NHSE&I issued a Board paper at the end of November 2020 which outlined the transition from non-statutory Integrated Care Systems to a statutory Integrated Care System. Within this move, CCGs will cease to exist but the functions of the CCG will continue and transition to the new organisation.

On this basis of the above the Clinical Commissioning Group considers it remains a going concern

1.2 Accounting Convention

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

1.3 Movement of Assets within the Department of Health and Social Care Group

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

1.4 Pooled Budgets

The clinical commissioning group has entered into a pooled budget arrangement with Gloucestershire County Council [in accordance with section 75 of the NHS Act 2006]. Under the arrangement, funds are pooled for integrated community equipment services and Note 15 provides details of the income and expenditure.
The pool is hosted by Gloucestershire County Council. The clinical commissioning group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement. This arrangement has not changed in 2020/21.

Notes to the financial statements

1.5 **Operating Segments**

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the clinical commissioning group.

1.6 **Revenue**

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:
• As per paragraph 121 of the Standard the clinical commissioning group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
• The clinical commissioning group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the clinical commissioning group to reflect the aggregate effect of all contracts modified before the date of initial application.
The main source of funding for the Clinical Commissioning Group is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.
Payment terms are standard reflecting cross government principles.
Total net revenue expenditure for the year of £1,047,048k is funded by in year revenue resource allocations from NHS England. The revenue resource allocation is accounted for by crediting the general fund, but this funding is only drawn down from NHS England and accounted for, to meet payments as they fall due. The total funding credited to the general fund during the year was equal to the revenue resource allocation (see Statement of Changes to Taxpayers Equity on page 5).

The CCG's financial position is controlled by a limit on net expenditure rather than funding from DHSC. As such, the CCG's income from other activities is limited. The most significant element of income is where the CCG commissions service level agreements (for Mental Health and Community Services) through liaison with the local authority. In this instance, all figures are shown in gross terms (i.e. the contribution from the local authority is shown within Other Operating Revenue). The CCG does not enter into long term revenue contracts and, so, the assessment indicates that there is no impact of income recognition from adopting IFRS 15.

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

1.7 **Employee Benefits**

1.7.1 **Short-term Employee Benefits**

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

1.7.2 **Retirement Benefit Costs**

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

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

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

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

Notes to the financial statements

1.8 **Other Expenses**

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

1.9 **Grants Payable (where relevant)**

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

1.10 **Leases**

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**

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

Contingent rentals are recognised as an expense in the period in which they are incurred.
Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.11 **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.

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

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

1.13 **Non-clinical Risk Pooling**

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

1.14 **Financial Assets**

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

- Financial assets at amortised cost;

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

Notes to the financial statements

1.14.1 **Financial Assets at Amortised cost**

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

1.15 **Financial Liabilities**

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

1.16 **Value Added Tax**

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

1.17 **Critical accounting judgements and key sources of estimation uncertainty**

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

1.17.1 **Critical accounting judgements in applying accounting policies**

There are no critical accounting judgements in the application of accounting policies

1.17.2 **Sources of estimation uncertainty**

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

1.18 **Gifts**

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

1.19 **Accounting Standards That Have Been Issued But Have Not Yet Been Adopted**

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2020-21. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2022/23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – The Standard is effective 1 April 2022 as adapted and interpreted by the FReM.

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:

	2020-21 Target £'000	**2020-21 Performance £'000**	**Met (Y/N)**	2019-20 Target £'000	2019-20 Performance £'000	Met (Y/N)
Expenditure not to exceed income	1,073,155	1,073,133	Yes	956,188	956,184	Yes
Capital resource use does not exceed the amount specified in Directions	0	0	Yes	0	0	Yes
Revenue resource use does not exceed the amount specified in Directions	1,047,070	1,047,048	Yes	922,616	922,612	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	Yes	0	0	Yes
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	Yes	0	0	Yes
Revenue administration resource use does not exceed the amount specified in Directions	13,126	12,981	Yes	14,392	13,239	Yes

2.1 Performance against Resource limit

	2020-21			2019-20		
	Revenue £000	**Capital £000**	**Total £000**	Revenue £000	Capital £000	Total £000
Notified Resource Limit	1,047,070	0	1,047,070	922,616	-	922,616
Total Other operating revenue	26,085		26,085	33,572		33,572
Total Income	**1,073,155**	**Nil**	**1,073,155**	**956,188**	**Nil**	**956,188**
Employee benefits	18,175		18,175	17,413		17,413
Operating costs	1,054,958	0	1,054,958	938,771	0	938,771
Total Expenditure	**1,073,133**	**Nil**	**1,073,133**	**956,184**	**Nil**	**956,184**
In year Surplus/(Deficit) spend	**22**	**0**	**22**	**4**	**Nil**	**4**
Cumulative surplus brought forward at 1 April	20,474		20,474	21,470		21,470
Cumulative surplus drawn down during the financial year	Nil		Nil	(1,000)		(1,000)
Cumulative surplus carried forward at 31 March	**20,496**	**0**	**20,496**	**20,474**	**Nil**	**20,474**

The overall notified resource limit above includes specific funding for Primary Care Delegated Co-Commissioning of £93.352m (2019/20: £84.165m).

3 Other Operating Revenue

	2020-21 Total £'000	2019-20 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	**865**	634
Non-patient care services to other bodies	**24,469**	28,708
Other Contract income	**568**	0
Total Income from sale of goods and services	**25,902**	**29,342**
Other operating income		
Charitable and other contributions to revenue expenditure: non-NHS	**113**	181
Non cash apprenticeship training grants revenue	**35**	27
Other non contract revenue	**35**	4,022
Total Other operating income	**183**	**4,230**
Total Operating Income	**26,085**	**33,572**

The movement in non-patient care services to other bodies relates primarily to a reduction in charges to Gloucestershire County Council.

The movement in non contract revenue relates to a combination of non recurrent income received in 19/20 and as a result of the temporary financial regime where some services where funded by resource allocation rather than income in 20/21 .

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

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

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	2020-21			2019-20		
	Permanent Employees £'000	**Other £'000**	**Total £'000**	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits						
Salaries and wages	**13,842**	**379**	**14,221**	12,715	732	13,447
Social security costs	**1,391**	**0**	**1,391**	1,393	-	1,393
Employer Contributions to NHS Pension scheme	**2,504**	**0**	**2,504**	2,503	-	2,503
Other pension costs	**3**	**0**	**3**	1	-	1
Apprenticeship Levy	**57**	**0**	**57**	54	-	54
Termination benefits	**0**	**0**	**0**	15	-	15
Gross employee benefits expenditure	**17,797**	**379**	**18,176**	16,681	732	17,413
Less recoveries in respect of employee benefits (note 4.1.2)	**0**	**0**	**0**	-	-	-
Total - Net admin employee benefits including capitalised costs	**17,797**	**379**	**18,176**	16,681	732	17,413
Less: Employee costs capitalised	**0**	**0**	**0**	-	-	-
Net employee benefits excluding capitalised costs	**17,797**	**379**	**18,176**	16,681	732	17,413

Due to the Covid-19 pandemic, the CCG provided for 10 days of staff untaken annual leave at 31st March 2021. This equated to £625k and is included in staff costs, there was no corresponding amount in 2019/20.

4.2 Average number of people employed

	2020-21			2019-20		
	Permanently employed Number	**Other Number**	**Total Number**	Permanently employed Number	Other Number	Total Number
Total	**279**	**25**	**304**	277	26	303

4.3 Exit packages agreed in the financial year

	2020-21 Compulsory redundancies		**2019-20 Compulsory redundancies**	
	Number	**£**	**Number**	**£**
Less than £10,000	-	-	-	-
£10,001 to £25,000	-	-	1	14,869
£25,001 to £50,000	-	-	-	-
£50,001 to £100,000	-	-	-	-
Total	**-**	**-**	**1**	**14,869**

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.
Any redundancy and other departure costs have been paid in accordance with the provisions of the 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.
The Remuneration Report includes the disclosure of exit payments payable to individuals named in that Report.

4.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

4.4.2 Full actuarial (funding) valuation

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

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

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

5. Operating expenses

	2020-21 Total £'000	2019-20 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	3,487	3,034
Services from foundation trusts (1) and (2)	654,531	545,347
Services from other NHS trusts (1) and (2)	12,569	63,703
Services from Other WGA bodies	2	3
Purchase of healthcare from non-NHS bodies (3)	148,052	125,476
Purchase of social care	8,498	7,077
Prescribing costs	98,269	90,544
GPMS/APMS and PCTMS (4)	104,283	95,548
Supplies and services – clinical	1,371	1,576
Supplies and services – general (5)	3,800	360
Consultancy services	406	115
Establishment (6)	10,154	1,885
Transport	14	41
Premises	2,158	1,898
Audit fees (7)	79	64
Other non statutory audit expenditure		
· Other services (8)	12	-
Other professional fees	365	274
Legal fees	123	140
Education, training and conferences	1,983	1,092
Non cash apprenticeship training grants	35	27
Total Purchase of goods and services	**1,050,191**	**938,204**
Depreciation and impairment charges		
Depreciation	199	127
Total Depreciation and impairment charges	**199**	**127**
Provision expense		
Provisions	3,089	(905)
Total Provision expense	**3,089**	**(905)**
Other Operating Expenditure		
Chair and Non Executive Members	681	694
Grants to Other bodies	788	636
Research and development (excluding staff costs)	0	5
Other expenditure	9	10
Total Other Operating Expenditure	**1,478**	**1,345**
Total operating expenditure	**1,054,957**	**938,771**

2020/21 interim financial framework

To support the NHS in responding to the Covid-19 pandemic, NHS England issued two interim financial frameworks in 2020/21 covering the first and second six months of the year. Key elements of these included:

- changed contractual arrangements between NHS providers and commissioners replacing them with block payments to provide financial stability and enable them to focus on the pandemic response with a similar approach to GP practices.
- the funding of additional costs resulting from implementing Covid-19 measures including Infection Prevention and Control measures.
- the provision of additional funding for a number of programmes outside main funding, most notably the Hospital Discharge and the Covid-19 vaccination programme

Costs incurred in the course of the response to the Covid-19 pandemic are included in the CCGs 2020/21 expenditure. Key items are detailed below:

(1) NHS England implemented an interim financial regime in 2020/21 a part of which included block payments from host CCGs to NHS Trusts and NHS Foundation Trusts. The block contracts were higher than normal contractual payments as they included income normally paid under non contract arrangements by other CCGs plus additional costs relating to Covid-19.

(2) Following the formation of Gloucestershire Health and Care NHS Foundation Trust in October 2019, expenditure with the combined trust has been reported under "Services from foundation trusts" in the table above. Prior to this date, the two former organisations, Gloucestershire Care Services NHS Trust and 2gether NHS Foundation Trust had been reported in "Services from other NHS trusts" and "Services from foundation trusts" respectively.

(3) Under the interim financial framework for 2020/21 NHS England implemented the Hospital Discharge Programme (1 and 2), this provided additional funding covering the first six weeks of new packages of care following discharge from hospital whilst individuals were being assessed for their care needs. The total additional expenditure incurred during the year on this programme was £12.64M

(4) The rise in GPMS/APMS and PCTMS costs predominantly relates to increases within the national GP agreement for 2020/21 including funding specifically to assist with the response to Covid-19. The higher level also includes cost implications of establishing Primary Care Networks and increased staffing costs in this area for Clinical Directors, Clinical Pharmacists and Social Prescribers.

(5) The increase in Supplies and services - General relates primarily to costs incurred as part of the response to the Covid-19 pandemic. The largest element of the increase is the purchase of Personal Protective Equipment which was supplied to GP Practices, Care home providers and others such as hospices in Gloucestershire

(6) The increase in Establishment costs largely reflect the increase in GPIT and digital costs during the financial year as a part of the CCG's response to the Covid-19 pandemic

(7) In Accordance with SI 2008 no 489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, there is no limitation of auditor liability in respect of death or personal injury, fraud or fraudulent misrepresentation by it or its employees. In all other instances a total aggregate limit of £2m applies. The external audit fee is £78,900; representing a net spend of £65,750 together with irrecoverable VAT of £13,150.

(8) Other audit related services relate to the Mental Health Investment Standard audit covering the period 2019/20. No notification had been been received relating to this exercise for 2020/21 at the balance sheet date.

6.1 Better Payment Practice Code

Measure of compliance	**2020-21 Number**	**2020-21 £'000**	2019-20 **Number**	2019-20 **£'000**
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	13,726	91,315	14,914	87,010
Total Non-NHS Trade Invoices paid within target	13,518	90,301	14,610	85,500
Percentage of Non-NHS Trade invoices paid within target	**98.48%**	**98.89%**	**97.96%**	**98.26%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	1,357	7,206	4,113	603,260
Total NHS Trade Invoices Paid within target	1,346	7,163	4,072	602,830
Percentage of NHS Trade Invoices paid within target	**99.19%**	**99.40%**	**99.00%**	**99.93%**

7. Operating Leases

7.1 As lessee

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

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

Other lease costs in prior years relate to photocopiers.

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

IAS 17 Leases

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

IFRIC 4 Determining whether an arrangement contains a lease.

The CCG has determined that these are operating leases that must be recognised, but, as there is no defined term in the arrangements entered into, it is not possible to analyse the arrangements over financial years. The financial value included in operating expenses is £7.4m

7.1.1 Payments recognised as an Expense

2020-21	**Buildings £'000**	**Other £'000**	**Total £'000**
Payments recognised as an expense			
Minimum lease payments	701	5	**706**
Total	**701**	**5**	**706**

2019-20	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense			
Minimum lease payments	699	5	**704**
Total	**699**	**5**	**704**

8 Property, plant and equipment

	2020-21			2019-20		
	Transport equipment £'000	**Information technology £'000**	**Total £'000**	**Transport equipment £'000**	**Information technology £'000**	**Total £'000**
Cost or valuation at 01 April	81	1,133	1,214	81	1,133	1,214
Additions purchased	-	-	-	-	-	-
Cost/Valuation at 31 March	**81**	**1,133**	**1,214**	**81**	**1,133**	**1,214**
Depreciation 01 April	81	934	1,015	81	807	888
Charged during the year	-	199	199	-	127	127
Depreciation at 31 March	**81**	**1,133**	**1,214**	**81**	**934**	**1,015**
Net Book Value at 31 March	**0**	**0**	**0**	**0**	**199**	**199**
Purchased	0	0	0	0	199	199
Total at 31 March	**0**	**0**	**0**	**0**	**199**	**199**

8.1 Cost or valuation of fully depreciated assets

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

	2020-21 £'000	2019-20 £'000
Transport equipment	81	81
Information technology	1,133	679
Total	**1,214**	**760**

9 Trade and other receivables

	Current 2020-21 £'000	Current 2019-20 £'000
NHS receivables: Revenue	2,531	517
NHS prepayments	-	23
NHS accrued income	32	669
Non-NHS and Other WGA receivables: Revenue	522	857
Non-NHS and Other WGA prepayments	792	832
Non-NHS and Other WGA accrued income	3,861	2,189
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	-	774
Expected credit loss allowance-receivables	(57)	(57)
VAT	324	102
Other receivables and accruals	13	11
Total Trade & other receivables	**8,017**	**5,917**
Total current and non current	**8,017**	**5,917**

9.1 Receivables past their due date but not impaired

	2020-21		**2019-20**	
	DHSC Group Bodies £'000	**Non DHSC Group Bodies £'000**	**DHSC Group Bodies £'000**	**Non DHSC Group Bodies £'000**
By up to three months	524	258	1	505
By three to six months	-	28	14	24
By more than six months	-	1	10	29
Total	**524**	**287**	**25**	**558**

10 Cash and cash equivalents

	2020-21 £'000	2019-20 £'000
Balance at 01 April 2020	45	9
Net change in year	35	36
Balance at 31 March 2021	**80**	**45**
Made up of:		
Cash with the Government Banking Service	80	45
Cash and cash equivalents as in statement of financial position	**80**	**45**
Balance at 31 March 2021	**80**	**45**

11 Trade and other payables	**Current 2020-21 £'000**	Current 2019-20 £'000
NHS payables: Revenue	273	6,931
NHS accruals	1,221	4,024
Non-NHS and Other WGA payables: Revenue	11,932	2,967
Non-NHS and Other WGA accruals	46,402	32,708
Non-NHS and Other WGA deferred income	576	10
Social security costs	236	208
Tax	205	182
Other payables and accruals	1,782	1,478
Total Trade & Other Payables	**62,627**	**48,508**
Total current and non-current	**62,627**	**48,508**

Other payables include £1,067k outstanding pension contributions at 31 March 2020 (2019/20:£920k)

12 Provisions

Current	Current 2020-21 £'000	Current 2019-20 £'000
Continuing care	592	428
Other	3,488	985
Total	**4,080**	**1,413**
Non Current	**-**	**-**
Total current and non-current	**4,080**	**1,413**

	2020-21				2019-20		
	Continuing Care £'000	Other £'000	Restructuring £'000	Total £'000	Continuing Care £'000	Other £'000	Total £'000
Balance at 01 April	**428**	**985**	**-**	**1,413**	**916**	**1,961**	**2,876**
Arising during the year	568	2,188	333	**3,089**	-	-	**-**
Utilised during the year	(404)	(18)	-	**(422)**	(488)	(70)	**(558)**
Reversed unused	-	-	-	**-**	-	(905)	**(905)**
Unwinding of discount	-	-	-	**-**	-	-	**-**
Change in discount rate	-	-	-	**-**	-	-	**-**
Balance at 31 March	**592**	**3,155**	**333**	**4,080**	**428**	**985**	**1,413**
Expected timing of cash flows:							
Within one year	592	3,155	333	**4,080**	428	985	**1,413**
Between one and five years	-	-		**-**	-	-	**-**
After five years	-	-		**-**	-	-	**-**
Balance at 31 March	**592**	**3,155**	**333**	**4,080**	**428**	**985**	**1,413**

The continuing care provision of £592k (2019-20: £428k) is for costs expected to be incurred in relation to backdated claims received by the CCG since 1st April 2013 for continuing healthcare and which have yet to be settled. Claims are assessed for eligibility using the national guidance and toolkit. The lower value provided at 31 March 2020 reflects the focus on reducing the number of outstanding backlog settlements throughout the year; any settlement values reached during the year having been charged to expenditure in 2019/20.

NHS England hold a provision for all backdated claims received prior to 1 April 2013 which totals £308k (2019-20: £1,146k)

The claims outstanding at 31 March 2020 are expected to be paid within the 2020/21 financial year.

Provisions made under the 'Other' category relates to potential primary care costs relating to practice development, tax related items and other legal and contractual issues. During 2020/21 there were movements in the following categories
- an increase in the provision relating to practices
- an increase in a provision relating to legal issues
- a provision for dilapidation costs relating to the CCG's office Sanger House
- a provision for costs relating to a cessation of a contract

The Restructuring provision consists of £333k potential redundancies associated with the impact of the recently published Government White Paper on the transition from CCGs to Integrated Care Systems

13 Financial instruments

13.1 Financial risk management

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

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

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

13.1.1 Currency risk

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

13.1.2 Interest rate risk

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

13.1.3 Credit risk

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

13.1.4 Liquidity risk

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

13.1.5 Financial Instruments

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

13.2 Financial assets

	Financial Assets measured at amortised cost 2020-21 £'000	Financial Assets measured at amortised cost 2019-20 £'000
Trade and other receivables with NHSE bodies	2,371	1,078
Trade and other receivables with other DHSC group bodies	4,093	1,505
Trade and other receivables with external bodies	495	2,435
Other financial assets	-	-
Cash and cash equivalents	80	45
Total at 31 March 2021	**7,039**	**5,063**

13.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2020-21 £'000	Financial Liabilities measured at amortised cost 2019-20 £'000
Trade and other payables with NHSE bodies	401	1,941
Trade and other payables with other DHSC group bodies	17,863	25,192
Trade and other payables with external bodies	43,346	20,975
Total at 31 March 2021	**61,610**	**48,108**

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

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

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

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

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

	2020-21	2019-20
	£000	£000
Income	(3,578)	(3,604)
Expenditure	3,578	3,604

16 Losses and special payments

16.1 Losses

There were no losses incurred by NHS Gloucestershire in 2020-21 (2019-20: nil)

16.2 Special payments

	Total Number of Cases 2020-21 Number	**Total Value of Cases 2020-21 £'000**	Total Number of Cases 2019-20 Number	Total Value of Cases 2019-20 £'000
Compensation payments	-	-	2	0
Ex Gratia Payments	-	-	1	0
Total	**-**	**-**	**3**	**1**

17 Events after the end of the reporting period

There are no events after the end of the reporting Period

18 Related party transactions

The Department of Health is regarded as a related party. During the year the 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.

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.

In formulating this note the clinical commissioning group has considered all declarations of interest for Governing Body members.
Under IAS 24, related party transactions have only been disclosed where they meet the following criteria:
(i) have control or joint control of the entity
(ii) having significant influence over the reporting entity or
(iii) are a member of the key management personnel.
The Declaration of Interest register can be found on our website

NHS
Gloucestershire
Clinical Commissioning Group

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