Tab 1 Welcome and Apologies

Gloucestershire Integrated Care Board Meeting

To be held at 2.00pm to 4.35pm on Wednesday 29th January 2025
Committee Room, Ground Floor, Shire Hall, Westgate Street, Gloucester, GL1 2TG

Chair: Dame Gill Morgan

No.	Time	Item	Action	Presenter
1.	2.15 – 2.17pm	**Welcome and Apologies** *Welcome: Rosanna James, Richard Smale* *Apologies: Douglas Blair, Jo Bayley, Graham Russell, Mark Cooke*	Information	**Chair**
2.	2.17 – 2.19pm	**Declarations of Interest** The Register of ICB Board members is publicly available on the ICB website: Register of interests : NHS Gloucestershire ICB (nhsglos.nhs.uk) Register of interests : NHS Gloucestershire ICB (nhsglos.nhs.uk)	Information	**Chair**
3.	2.19 – 2.20pm	**Minutes of the meeting held 27th November 2024**	Approval	**Chair**
4.	2.20 – 2.30pm	**Action Log & Matters Arising**	Discussion	**Chair**
		Business Items		
5.	2.30 – 2.40pm	**Questions from Members of the Public**	Discussion	**Chair**
6.	2.40 – 3.00pm	**Patient Story – Parkinson's Patient Story**	Discussion	**Lucy Bird, Healthwatch and Jean Walter, Chair of Neurology CPG**
7.	3.00 – 3.25pm	**Clinical Programme Group – Neuro CPG**	Discussion	**James Mitchell**
8.	3.25 – 3.35pm	**Chief Executive Officer Report**	Discussion	**Mary Hutton**
9.	3.35 – 3.45 pm	**Board Assurance Framework**	Discussion	**Tracey Cox**
10.	3.45 – 4.05pm	**Integrated Finance, Performance, Quality and Workforce Report**	Discussion	**Ellen Rule Tracey Cox Marie Crofts Cath Leech**
		Decision Items		
11.	4.05 – 4.25pm	**Health Inequalities Framework Update**	Approval	**Douglas Blair, Siobhan Farmer, Sarah MacDonald & Mark Walkingshaw**
12.	4.25 – 4.30pm	**Updated Audit Committee Terms of Reference**	Approval	**Julie Soutter**
		Information items		
13.1		**Chair's verbal & ARAC report from the Audit Committee** held on 5th December 2024 and approved minutes from 5th September 2024		**Julie Soutter & Karen Clements**
13.2	4.30–4.35pm	**Chair's verbal report on the Primary Care & Direct Commissioning Committee** held on 5th December 2024	Information	**Ayesha Janjua**
13.3		**Chair's verbal report on the System Quality Committee** 4th December meeting.		**Prof Jane Cummings**
13.4		**Chair's verbal report on the Resources Committee** held 5th September 2024 & approved minutes from 7th November 2024		**Ayesha Janjua**

NHS Gloucestershire ICB Board Agenda – Wednesday 29th January 2024

Tab 1 Welcome and Apologies

13.5		**Chair's verbal report on the <u>People Committee</u> held 16th January 2025 and approved minutes from 17th October 2024**		**Karen Clements**
14.	4.35pm	**Any Other Business**		**Chair**

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Time and date of the next meeting

The next Board meeting will be held on Wednesday 26th March 2025– 2.00-4.30pm

Boardroom, Shire Hall

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Withdrawal of the press and public

That under the provision of Section 1, sub-section 2 of the public bodies admission to meetings act 1960, the public may be excluded for such a period as the Board is in Committee on the grounds that publicity would prove prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

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(for reasons of commercial in confidence discussions)

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NHS Gloucestershire ICB Board Agenda – Wednesday 29th January 2024

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Tab 3 Minutes of the meeting held 27th November 2024

Gloucestershire Integrated Care Public Board Meeting

To be held 1.45pm to 5.15pm on Wednesday 27th November 2024

Virtually and at Shire Hall, Westgate Street, Gloucester GL1 2TG

Members Present:		
Dame Gill Morgan	GM	Chair, NHS Gloucestershire ICB
Ellen Rule *(deputising for Mary Hutton, CEO)*	ER	Deputy CEO & Director of Strategy and Transformation, NHS Gloucestershire ICB
Dr Ananthakrishnan Raghuram	AR	Chief Medical Officer, NHS Gloucestershire ICB
Ayesha Janjua	AJ	Non-Executive Director, NHS Gloucestershire ICB
Cath Leech	CL	Chief Finance Officer, NHS Gloucestershire ICB
Douglas Blair	DB	Chief Executive Officer, Gloucestershire Health & Care NHSFT
Dr Jo Bayley	JB	Chief Executive, GDOC Ltd.
Prof Jane Cummings	JCu	Non-Executive Director, NHS Gloucestershire ICB
Dr Emma Crutchlow	EC	GP & Director Glos Inner City PCN, GDOC Ltd
Julie Soutter	JS	Non-Executive Director, NHS Gloucestershire ICB
Jo Coast	JC	Non-Executive Director, NHS Gloucestershire ICB
Karen Clements	KC	Non-Executive Director, NHS Gloucestershire ICB
Marie Crofts	MCr	Chief Nursing Officer, NHS Gloucestershire ICB
Siobhan Farmer	SF	Director of Public Health, Gloucestershire County Council
Tracey Cox	TC	Director of People, Culture & Engagement, NHS Gloucestershire ICB
Participants Present:		
Helen Goodey	HG	Director of Primary Care & Place, NHS Gloucestershire ICB
Graham Russell	GR	Chair of Gloucestershire Health and Care NHS Foundation Trust
Mark Cooke	MCo	Director of Strategy and Transformation, NHS England
Mark Walkingshaw	MW	Director of Operational Planning & Performance, NHS Gloucestershire ICB
Dr Paul Atkinson	PA	Chief Clinical Information Officer, NHS Gloucestershire ICB
In Attendance:		
Christina Gradowski	CGi	Associate Director of Corporate Affairs, NHS Gloucestershire ICB
Ryan Brunsdon	RB	Corporate Governance Secretary, GICB
Dawn Collinson	DC	Corporate Governance Administrator, NHS Gloucestershire ICB
Karl Gluck	KG	Head of Integrated Commissioning, Adult Mental Health, Advocacy & Autism, NHS Gloucestershire ICB
Douglas Forbes	DF	Project Manager (Respiratory Clinical Programmes), NHS Gloucestershire ICB
Gemma Artz *(Item 3)*	GA	Deputy Director of Strategy & Transformation, NHS Gloucestershire ICB
Leighla Davenport *(Item 7)*	LD	Business Manager, Gloucester Inner City Primary Care Network
Andrew Bruce	AB	Head of Emergency Preparedness, Resilience and Response (EPRR), NHS Gloucestershire ICB
Al Sheward	AS	Chief Operating Officer, Gloucestershire Hospitals NHS Foundation Trust
Dr Margaret Coyle	MCe	Oral and Maxillofacial Surgery Consultant, Gloucestershire Hospitals NHS Foundation Trust
Dr Tim Cook	TCo	Consultant General & Colorectal Surgeon, Gloucestershire Hospitals NHS Foundation Trust
Amanda Jones	AmJ	Director of Operations for Adult Social Care, Glos County Council

1.   **Welcome and Apologies**

1

DRAFT Minutes of the GICB Board Public Board Session – Wednesday 27th November 2024

Tab 3 Minutes of the meeting held 27th November 2024

1.1   The Chair welcomed members and participants to the meeting. Apologies were received from Mary Hutton, Sarah Scott, Deborah Evans, Kevin McNamara, Benedict Leigh, Ayesha Janjua, Ann James and Mark Pietroni.

1.2   The meeting was declared to be quorate.

2.   Declarations of Interests

2.1   The Register of ICB Board members is publicly available on the ICB website: Register of interests : NHS Gloucestershire ICB (nhsglos.nhs.uk) Register of interests : NHS Gloucestershire ICB (nhsglos.nhs.uk)
There were no new Declarations of Interest to note for this meeting.

3.   Patient Story – Asthma Friendly Schools

3.1   DF and GA presented on the item and explained that:

- **Asthma was the most common long term condition among children and young people**, with 1.1 million children currently receiving asthma treatment. It continued to be among the top 10 causes of emergency hospital admission for children and young people in the UK.
- **Emergency admissions and deaths, relating to asthma were largely preventable,** with improved management and early intervention. The National Review of Asthma Deaths found that 46% of the children who died from asthma had received an inadequate standard of asthma care.
- **Emergency admissions for asthma were strongly associated with deprivation,** despite the prevalence of asthma being evenly distributed. Children and young people living in deprived areas were more likely to be exposed to higher levels of tobacco smoke and environmental pollution, which may contribute to this.
- **The UK had among the highest mortality rates in Europe** for children and young people with the underlying cause of asthma.

3.2   Becoming an Asthma Friendly School was a government driven initiative and would necessitate the following being put in place:

- A register of all children and young people with asthma.
- A Management Plan for each child. (noted: a school wide emergency asthma plan would be a viable alternative to an individual school asthma plan.
- A named individual responsible for asthma in each school (Asthma Champion).
- A Policy for inhaler techniques and care of the children and young people with asthma and a Policy regarding emergency treatment.
- A system to identify children missing school because of asthma, or avoiding sports or activities because of asthma.
- Asthma training for all school staff, with an 85% target.

3.3   The plan for Gloucestershire going forward would be to develop a network of asthma friendly schools across primary and secondary schools to improve the care of children and young people with asthma. The County Council was also involved in this work and had been very helpful with this. It was also hoped to widen the plan going forward and extend invitations to extracurricular clubs and societies so that they could become involved and make their activities as asthma friendly and as safe as possible, for children and young people living with this condition. A patient story video was also demonstrated during the meeting - see link below.
Asthma Friendly Schools - YouTube

Tab 3 Minutes of the meeting held 27th November 2024

3.4 DB queried whether there was a risk that the NHS were having multiple NHS conversations with the same schools, as it was important to have made good links to the school nursing and immunisation teams to reduce the risk of duplicating conversations on different occasions.

3.5 DF responded that there was potential to have NHS fatigue in schools; however having linked in with the School Nurse programme, asthma was not covered and there was no overlap so a joined-up approach in schools was desirable. Asthma training had previously been mandatory in schools, but this was no longer the case. Parallels could be made around procedures and processes around EpiPens, where the approach was similar and there was certainly potential to link that in with the asthma programme going forward.

3.6 The Chair recognised that resources were not sufficient to be able to accomplish everything desired, but combining things would enable people to achieve more and was something that could be discussed with the Clinical Programme Groups (CPGs), so that this approach could be more integrated into people's regular jobs. Care would need to be taken, as DB had stated to avoid duplication of work.

3.7 There was a conversation around linking with school nurses and Environmental Health Officers where asthma was exacerbated by poor air quality, particularly in Cheltenham. DF commented that the team had linked up with the Clean Air Officer who had led some amazing work around schools in Cheltenham. **Action: SF to ask members of her team to link in with DF and GA to make connections with school nurses and DF to connect in with the Clean Air Officer in Cheltenham.**

SF/ DF/GA

3.8 AR noted that the tobacco and vaping bills were going through parliament, and he thought that this needed to be linked back in with this work, to try to manage the rate at the same time. AR agreed that there needed to be a single composite message and was happy to help wherever possible.

3.9 The Chair spoke about the work undertaken on the burden of disease, and the effects asthma (which was a perfectly treatable disease) could have on a child's education. The Chair asked that a small article be put together about the burden of disease nationally and locally and where disrupted life was a common outcome. **Action: Respiratory Team were requested to write a short article on burden of disease (asthma) and how this could affect children's eduction, and bring back to a future Board meeting.**

Resp. Team

3.10 *Chairs Announcements*
The Chair wished to record that Mary Hutton, Chief Executive, had yesterday announced her retirement in March 2025, which staff had been sad to hear. The Chair confirmed that at this stage she would like to record the Board's thanks to Mary and expressed sincere appreciation for her dedication and hard work for Gloucestershire. There would of course be further opportunities in the coming months for staff to be able to express their own good wishes to Mary as she approached her retirement.

3.11 The Chair stated that the Health Service Journal (HSJ) Awards held last week, had awarded the ICB the Integrated Care Initiative of the year for the superb work demonstrated in the Integrated Respiratory Programme. The quality of the bid had been outstanding and results can be shared. The Chair stated that this was an enormous credit to ER, GA and the team and also to the clinical leadership from GHFT, engagement from GHC and input from Primary Care. This combined work had demonstrated integration at its very best, and therefore the Chair requested that this tremendous work be recognised and recorded in the minutes.

3.12 *End of Life Report*
The Chair requested that JCu reported on the End of Life (EoL) Audit. JCu informed members that the System Quality Committee (SQC) had received the Audit on EoL that

3

DRAFT Minutes of the GICB Board Public Board Session – Wednesday 27th November 2024

Tab 3 Minutes of the meeting held 27th November 2024

had examined a 12 month period of which the outcome was overall very positive. Although the Chair's visit had raised a number of concerns at that time, it had concluded that there had been no delays in referrals being received in the vast majority of cases.

3.13   Any delays had been due to either poor quality, or late referrals. The outcomes of that Audit would be shared with the Chairs that had been present at the Chair's visit. JCu had previously reported that GHC had completed their own internal Audit, which had revealed very positive results and no delays. Good practice had been shared and any actions identified had been addressed.

4.   Minutes of the Public Board meeting held on 25th September 2024

4.1   The minutes from the Public Board meeting held on the 25th September 2024 were approved as an accurate record of the meeting.

5.   Action Log and Matters Arising

5.1   **31/01/24 Action 20: P2 beds/EoL/Dying Matters. November 2024:** To be reported through the SQC minutes in November and minutes then to be included in the January 2025 Board meeting papers. **Action Open.**

5.2   **31/01/24 Action 21: LMNS membership and functionality. November 2024:** Review of LMNS remained ongoing which included the ICB CNO and Regional Colleagues. An update will be provided to ICB Board. **Action Open.**

5.3   **31/01/24 Action 22: Migrant Health Report**. **November 2024:** This is to be presented to the SQC in December 2024 and will be brought back to the ICB Board in March 2025. **Action Open.**

5.4   **27/03/2024 Action 23: Social Prescribing/CEO Report. November 2024:** A date would be confirmed for this patient story in 2025. **Action Open.**

5.5   **27/03/2024 Action 24: Interim Procurement Strategy**. **November 2024:** Final version to be brought to the ICB Board in March or Mary 2025, when finalised. **Action Open.**

5.6   **31/07/2024 Action 34: Interface discussion. November 2024:** The date for the Development Session was yet to be determined, but this was on the list of items to be discussed. **Action Open.**

5.7   **25/09/2024: Action 35: Recruitment processes. November 2024:** TC to examine any local intelligence on recruitment processes/problems across the system and report any findings back to a future Board meeting. TBC. **Action Open.**

5.8   **25/09/24 Action 39: Reporting for the One Plan for Children and Young People in Gloucestershire. November 2024:** A verbal update would be given at a future Board meeting on governance processes i.e. where updates and progress will be reported for the One Plan for all Children, this item would be considered in 2025. **Action Open.**

6.   Questions from Members of the Public

6.1   One question from a member of the public was read out, together with a full response from the ICB Board, included in a log, available on the ICB public website, as below:

https://www.nhsglos.nhs.uk/about-us/how-we-work/theicb-board/
TC said two questions had been received, one of which had come in outside the three day timescale, and so this would be receiving a separate response. The question that the ICB had been asked to respond to today was:

4

DRAFT Minutes of the GICB Board Public Board Session – Wednesday 27th November 2024

Tab 3 Minutes of the meeting held 27th November 2024

"Does NHS Gloucestershire Integrated Care Board believe that it is institutionally racist? What robust evidence does the Integrated Care Board seek and have, to fully demonstrate that it is, or is not, institutionally racist?"

6.2   The Chair noted that a good deal of work had been undertaken in Equality, Diversity and Inclusion (ED&I) and that it was important both as an ICB and within individual organisations, to continually keep this as a strong and very important systemwide priority.

7.   Themed Presentation – Respiratory Whiteboard/Risk Stratification work

7.1   The Chair recognised that the White Board was a valuable ubiquitous tool, which could be usefully deployed in many other areas with a continuing focus on the health of the population particularly around the management and monitoring of those people who carried additional risk.

7.2   LD explained that Core20Plus5, the nationally recognised framework, was used to address health inequalities, and was the model that Gloucester Inner City Primary Care Network (PCN) had been following for the last two years, helping to guide and shape the risk stratification work.

7.3   • Respiratory conditions were the highest cause for emergency admissions within the Gloucester Inner City PCN. 45,919 people in Gloucestershire currently had a diagnosis of active asthma.

   • The Gloucester Inner City PCN had one of the highest rates of SABA (Short Acting Beta Agonist) prescribing in the county, and one of the highest smoking rates in the country.

   • There was a very high prevalence of red asthma and COPD, despite having the lowest percentage of patients over 65. Currently there were 12,644 people in Gloucester with a diagnosis of COPD.

7.4   Patients received a very interactive in-person session with a consultant specialist from secondary care, a senior clinician with a specialist interest from primary care which was often a GP, and there were associated supporting roles from the Clinical Programme Group to this programme. Various aspects were examined as to whether the condition of the patient was High, Medium or Low risk.

7.5   The Risk Stratification tool was live, automatically updated every evening and available to all practices and PCN's on SystmOne. The tool allowed for the whole population to be viewed in this risk stratified way and for work to be built in an Integrated Neighbourhood Team. It was an efficient and effective method that supported specialist nurses to spend extra time with those patients whose needs were more complex.

7.6   By the end of the project, there would be system impact data for over 1000 patients. Signs so far had indicated that when the investment of care was at the right level in the community, planned care increased and emergency care decreased. Patients were rated according to their needs, as Red, Amber or Green, with Red requiring more input and whose needs were more complex.

7.7   Primary care identified, treated and managed many conditions in the community that would benefit from a risk stratified approach and the ambition was to have risk stratified tools and resources for all Core20Plus5 priority areas and areas of high prevalence. An Integrated Neighbourhood Team would be able to support the delivery of care. Work was being finalised around diabetes which would showcase this, and there were tools already in place for weight management and cardiovascular disease (CVD).

5

DRAFT Minutes of the GICB Board Public Board Session – Wednesday 27th November 2024

Tab 3 Minutes of the meeting held 27th November 2024

7.8 Gloucester Health Access Centre (GHAC) was examining a whole population approach to risk stratifying children and young people as 62% of children registered at GHAC, resided in the Core20Plus5 population which was the single highest concentration of deprivation in one surgery in Gloucestershire by some considerable margin. 2864 children were under the age of 16 and there was an opportunity to be able to learn a great deal about them using various data available. All this knowledge would lead to delivering proactive care in a more co-ordinated way. There was a real opportunity to link this closely with secondary care and family hubs as this piece of work developed.

7.9 TC asked whether the patients knew, and whether there was any dialogue around how they were rated in terms of their risk factors and how they could take steps to change should they be rated as Red. EC responded that they did not know as this was something used as a tool and the patient would not be told directly that this was the case. By the nature that they were Red rated, they would be called in more frequently and would have more interaction with health professionals. So far feedback from patients had been very positive.

7.10 DB asked whether a regular multi-disciplinary team (MDT) was set up to review patients. DB also asked how multi co-morbidities and diseases were recognised, particularly around risk factors. Risk for respiratory might put a patient at Amber but when considering other conditions if this approach was expanded, there may be different types of risk. How could discussing the same person multiple times in MDTs, be avoided.

7.11 GA responded that the tool could show how much support would be needed within the MDT. There was a Respiratory Community Consultant who came in twice a month for 4 hours to review around 30-35 patients. This would help to get through around 1000 a year. Regarding co-morbidities, it was important to risk stratify a number of different conditions so that a plan at the start of the year could be implemented and for the right clinicians to be allocated to those patients whom would benefit most from their skillset.

7.12 EC stated that lists and data were held by GPs, and they knew where patients had been seen. Conversations had taken place around the diabetic and COPD lists overlapping and would be part of the work taken forward. ER responded that this would involve learning and aggregating the data as there were still transactional services dedicated towards a specific disease and condition where people might have a particularly high level of need for provision of care. The tool would be able to look at commonalities around long term conditions and so provide correlation.

7.13 JB considered that the work in Gloucestershire was ahead of the curve as this had been referenced in the Darzi Report showing that the ICB investment and support allowed health and care professionals to undertake this work. There would be innovative work around high intensity users with initial data suggesting that this group was different in primary care from other parts of the service, so it would be interesting to have feedback on this work in the near future.

7.14 SF commented that it was great to have this live example of Population Health Management to be able to demonstrate how this worked in practice. The Population Health Management team would be obtaining a list of those tools and would be working out what evidence base was behind them, which would help with the programmes.

7.15 SF asked whether there was any data held on people being invited into the surgery proactively and what the uptake was like. EC responded that the uptake in the Inner City practices was always lower, but DNAs had been less. Patients were contacted around continuity of care, and they got to know the care co-ordinators and were encouraged to attend and felt safe in doing so. The Chair commented that there was significant evidence

6

DRAFT Minutes of the GICB Board Public Board Session – Wednesday 27th November 2024

Tab 3 Minutes of the meeting held 27th November 2024

that a personalised invitation from a named GP in a practice definitely encouraged attendance.

7.16   Amanda Jones (AmJ) Gloucestershire County Council (GCC) considered that the role of adult social care in this space was important as the team could be part of the process and could bring benefits to that. It would be good to know what models were available more broadly around Integrated Neighbourhood Teams so that learning could come from that approach. This approach would align with principles around prevention and would be an enabler, but would welcome further conversations on how to maximise that.
Action: Amanda Jones to be invited to the Board Development Session around Integrated Neighbourhood Teams risk stratification models. (Subsequently actioned on 3 December 2024 by the PMO Team).

PMO

7.17   HG observed that the Quality Improvement investment put into Health Inequalities involved very small amounts of money but had achieved this work that the members had been hearing about today. This was a credit to what small pots of investment and extremely motivated and enthusiastic system partners could achieve. HG thanked all those involved for their efforts put into this amazing work.

7.18   The Chair said that if one place could show enough of a reduction in the demand on A&E, there could be a move on resources but not until thinking about systematically reducing demand. There was proof of concept, a vision and the mechanisms but the challenge for the next three years was how to make the systematic step change to make this a ubiquitous transformation. The challenge was to upskill as many places as possible to be able to do more of this.

7.19   ER commented that she had heard that ambulance dispatch in London was up to 15% this year but ambulance dispatch in the South West was up 5%, with Gloucestershire being just 0.9%. ER thought that all the work having been undertaken reflected this and hoped that this could well turn into a minus number should successful aggregation continue.

7.20   **Resolution: The Board noted the Respiratory Whiteboard and Risk Stratification work presented at the meeting.**

8.   Chief Executive Officer Report

8.1   *Community Health and Wellbeing Hub for Gloucester*
ER spoke about the launch of the new Community Wellbeing Hub which had opened in Gloucester Health Access Centre, and would be offering a range of services to the local population. The space included some wonderful artwork, loaned by Art Shape, one of the local charities and regular partners around Creative Health.

8.2   The significance of the Hub was even greater because it was dedicated to a much-loved colleague, Dr Imran Rafi, a former GP at Partners in Health, who had sadly passed away five years ago. It had been very important for staff to have seen Dr Rafi's wife and two children open the Hub, and they had been very moved and appreciative to have seen framed photograph of Dr Rafi displayed in the new Hub, in order to honour his memory.

Tab 3 Minutes of the meeting held 27th November 2024

8.3 *Gynaecology Waiting Lists*

ER informed the meeting that nationally, the waiting list had doubled since the pre-pandemic period and there were more than 22,000 women in England waiting for longer than 52 weeks for their treatment to be completed at the end of September 2024 (3.9% of the total gynaecology waiting list). The national performance for Gynaecology against the RTT target (% of people waiting under 18 weeks) was 54.6%. In Gloucestershire, RTT was considerably above the national average at 71.9%. However, it was recognised locally that there were 32 women waiting more than a year for their pathways to be completed. 13 of those were in county and the remainder were out of county. Everything possible was being done to improve performance in Gloucestershire.

8.4 There was a particular focus on cancer with performance being reasonably good at 69.7% throughout 2024/25 to date. Performance improvement work was underway within cancer services at GHFT. Overall, Gloucestershire was better than the national average but there was recognition that it was still distressing for those still waiting a long time for access to their treatment and care.

8.5 *Dental Access in Gloucestershire*

Dental access was still a significant challenge within the county. The ICB had recently commissioned new routine NHS access from a dental practice in one of the Core20Plus5 areas along with using flexibilities within the commissioning framework. Thus around 60 urgent appointments per week across the county were being provided for those who did not have access to a dentist, which was an increase of around nine per week from early 2023.

8.6 *National Pilot GP Test Site*

Gloucestershire ICB was one of seven ICBs selected as a national test site to pilot and help inform the national conversation around developing a sustainable model for general practice into the future, whereby it was hoped to positively influence the national discussion. The pilot would be examining five core functions of general practice and understanding the funding gap associated with the care model provided. The pilot launched in September 2024 and would run until March 2027. Two of the 22 sites would be test sites in Gloucestershire and they would be at the forefront of the thinking and work to be undertaken.

8.7 As part of the pilot, Dr. Claire Fuller and Professor Tim Briggs had undertaken a tour of all seven South-west ICBs during the week of 4th November. Gloucestershire had received a successful visit on Monday 4th November, where both parties had been impressed with the work being conducted in Gloucestershire, resulting in positive follow-up conversations after the visit.

8.8 HG stated that the senior team visit had fed back that Gloucestershire was the most progressive with the interface agenda, demonstrated by the presentation from GHC leads which had been impressive. They had also been excited with the White Board and had requested to return and have more examples of this to share with other GP pilot sites.

8.9 JC queried asked whether the levels of dental commissioning were meeting the demand and if not, how far was it from meeting those levels. HG responded that there was still a way to go before meeting the full demand. Units of Dental Activity (UDA) attainment, and capacity were still being progressed. Dental contracts were currently under review with a view to ensuring full utilisation of dental activity.

8.10 EC commented that dental patients presenting in Primary Care with dental pain were often left in a state of uncertainty when trying to find a dentist to treat them. HG informed EC that urgent appointments were being allocated to NHS 111 and she wanted to ensure that GPs were aware of this and would ensure the primary care team sent out further communications about this.

Resolution: The Board noted the content of the Chief Executive Officer Report.

Tab 3 Minutes of the meeting held 27th November 2024

9. **Board Assurance Framework (BAF)**

9.1 TC reported that there were 13 strategic risks on the BAF; nine were Red rated and 4 were Amber rated. The cover paper referenced the 30th October Board Development workshop on Risk Appetite/Tolerance and alignment with system partners, this would be discussed further once GHFT had reviewed their risk management approach linked to a refresh of their Trust strategy. Scores remained as per the previous meeting with the exception of the Equality, Diversity and Inclusion (ED&I) risk score which was increased from a risk rating of 12 to 15 in recognition of the importance of this work and the actions required to make tangible improvements.
Resolution: The Board members noted the content of the Board Assurance Framework.

10. **Integrated Finance, Performance, Quality & Workforce Report (IPR)**

10.1 *MW updated on Performance*:

- NHSE had plans to introduce a new ICB Capability Assessment process to be introduced next year. The ICB had been able to have input into the new framework and this would be piloted for the South West ready for next year.
- Feedback from members had been actioned with changes being made to the IPR in terms of the deep dives within the report and actions had been taken on the strengthening of the Early Warning System.
- The ICP dashboard was included in the IPR around identifying and responding to Health Inequalities. A full report on health inequalities would be provided to the Board in January 2025 and MW, SF and DB would be speaking about the Health Inequalities strategic planning process and the individual organisational commitments for the next year. **Action: Health Inequalities to be placed on Agenda for January 2025.**   **RB/CGi**
- The new Integrated Urgent Care Service had been launched which would bring together various services and Board members would start to see reporting in the next report on this new service.
- Elective treatment for the longer waits had been reduced, whereby the 65 week wait had significantly improved through the actions of GHFT colleagues and activity having been undertaken in community hospitals together with investment from the ICB. There were just eight 65 week waits at GHFT at the end of October (the forecast had been over 500) so this was a huge effort and significant additional capacity brought on stream, along with the commitment of independent sector providers.
- Community Mental Health long waits (a new local and national area of focus) revealed a significant number on autism and neurodevelopmental pathways which was a real concern. Additional system investment had been made and this was a problematic area across the country for those waiting for some of these more specialised services.
- There was a strong system Winter Plan in place with an ongoing focus and robust new arrangements in place for the reduction in ambulance handover delays.
- There were ongoing pressures within the Urology pathway, but good progress had been made (as set out in the Report) with a real commitment to delivery of 70% against the 62 day standard by the March deadline.
- Prostate cancer had received recent publicity (Sir Chris Hoy) and services had seen a positive impact as a result of patients coming forward.
- Endoscopy delays had been reduced due to efforts at GHFT together with strong regional support. There was pressure within echocardiography which will be the

9

DRAFT Minutes of the GICB Board Public Board Session – Wednesday 27th November 2024

Tab 3 Minutes of the meeting held 27th November 2024

subject of some concentrated action over the next few months, particularly around workforce.

10.2 *TC updated on Workforce:*

TC reported that information relating to the Long Term Workforce Plan (LTWP) had gone very quiet and it was understood that the new government was thinking about its response in terms of affordability. The 10 Year Plan was expected to contain a Workforce chapter and a further refresh was expected of the LTWP at Year 2.

- Both Trusts remained well within the 3.2% agency cap set for this year and some really robust workforce controls were now in place as part of the cost improvement plans for this year.
- Key enablers were a focus at a system level to support system partners. The Report referenced the new Staff Housing Hub Project which would be set up on a pilot basis, with a new Housing Support Officer to support staff with their housing needs.
- Work continued on the Digital Staff Passport and the ICB was working in a cohort of other neighbouring trusts. It was hoped for finalisation in 2025 with a focus in the first instance on junior doctors.
- A review was currently being conducted on Health and Wellbeing services across the NHS in Gloucestershire. The aim was to identify any gaps, overlap or opportunities for collaboration in terms of the offer for local staff.
- The Report informed on some of the work around T Levels and Apprenticeships with the "We Want You" and Quality Improvement teams developing work experience offers across the system.

MCr updated on Quality:

10.3
- A quarterly report was now being received on Pharmacy, Optometry and Dentistry (POD) from the South West Collaborative Commissioning Hub (CCH) and MCr was working with colleagues around the oversight process.
- The Maternity Quality Improvement Group continued with good progress being seen in all areas. Scanning capacity was a focus, particularly for those women with reduced foetal movement and significant improvements in times had been seen.
- A Hospital Mortality Improvement Group had been established, which AR was leading. The region had also offered an insights visit. The Improvement Group would be addressing care and coding where progress was expected. This would be a topic for discussion at a future Board meeting.

10.4 *CL updated on Finance:*

- The system financial plan included a significant amount of financial risk, in particular, the level of savings including the Working As One (WaO) project. Delivery of savings had slipped, and a number of pressures had emerged, particularly in Continuing Health Care (CHC) and high cost placements. Ongoing mitigations remained in varying stages of development and the risk to delivering the breakeven position was very high.
- The year-to-date income and expenditure position was £5.4m favourable to plan. This was attributable to non-recurrent benefits and some planned savings being delivered earlier than anticipated within GHFT. The position should revert back to plan at month 8. Further year-to-date GHFT non-recurrent benefits were offsetting cost pressures relating to pay, non-pay drugs and clinical supplies.
- There was ongoing work to mitigate the financial position; measures were mainly non-recurrent, identification of recurrent savings was ongoing. However, these

10

DRAFT Minutes of the GICB Board Public Board Session – Wednesday 27th November 2024

Tab 3 Minutes of the meeting held 27th November 2024

were now unlikely to impact 2024/2025, and those progressed should show impact early in 2025/2026. The forecast assumed full reimbursement of Elective Recovery Funding (ERF).

- Year to date capital expenditure was £12.9m below the plan due to slippage in some schemes. The full year forecast was for expenditure to be £0.3m below plan. The system had planned to deliver a £2m underspend and carry this forward to 2025/2026, however, it was now unlikely that this would be approved by NHSE. Alternative plans were now being progressed by provider organisations to ensure maximisation of the system capital allocation.
- Agency costs for both GHFT and GHC remained below the 3.2% national cap.
- Better Payment Policy – two organisations were above target; GHC were slightly below but had a plan which had been on place for several months and were gradually improving their performance.

10.5 DB referenced the newly launched Integrated Urgent Care Service which he hoped would have a positive impact. However, it was only a week and a day old and there had been some adverse weather during the first week combined with the usual teething troubles around new processes and bringing new teams together. There was more stabilisation to come before the service was satisfactorily esablished. ER noted that the service had already seen a reduction in falls in a short period of time, demonstrating a significant improvement for the system and for those individuals which had been a pleasing and very positive start for the service implementation.

10.6 JCu mentioned her concerns to MC around out of county placements in Gloucestershire as this impacted community health, primary care and was a burden on the county's finances. JCu felt this could be managed in a much more strategic way, **Action: MCo to raise the position of Out of County Placements in Gloucestershire at a forthcoming meeting with senior colleagues and report back to the next Board meeting in January 2025.**

MCo

10.7 The Chair invited MW to talk about the new Intelligent Board and what the implications were for the ICB. MW confirmed that there had been some new national guidance which was being worked through. The guidance emphasised the importance of having an integrated approach to performance reporting with the opportunity to deep dive into specific issues, as well as giving guidance on the importance of the roles of non-executive directors. The Intelligent Board would be launched towards the beginning of the new calendar year and there would certainly be learning from other parts of the country.

10.8 DB thought there would be technical and behavioural elements and this could perhaps be thought about in Board Development sessions in the future. **Action: to include a concise and focused session on the Insightful Board in a Board Development session**

MW

10.9 **Resolution: The Board members noted the content of the Integrated Performance Report.**

11. **Primary Care Access Recovery Plan (PCARP)**

11.1 As required by NHSE, ICBs reported to ICB Board in November 2023, March 2024 on this plan and ICBs had been required to report progress made again in November 2024.

Tab 3 Minutes of the meeting held 27th November 2024

11.2 HG summarised:
- Self-referrals had been a particular success in Gloucestershire with rates being the highest nationally in the South West.
- A very successful first countywide Community Pharmacy engagement event had taken place recently, raising key actions to be addressed through more regular meetings with community pharmacists during these challenged times.
- Workforce statistics had revealed that Gloucestershire now had the highest rate of GPs and GP partners in the South West. The rates for leavers and joiners had significantly improved and this would aid the success of delivery of the PCARP.

11.3 AR spoke about the interface work he was leading on - this programme of work aimed to reduce unnecessary additional work for practices and secondary care and colleagues had given their time and commitment to the work. AR credited his colleague Dr Charlie Sharp, Consultant in Respiratory Medicine, for the phenomenal amount of work he had undertaken. The pilot had been well received by Claire Fuller and Tim Briggs on their recent visit. JB and the Chair commended the joint commitment partners showed in this work.

11.4 The Chair asked how the Primary Care Networks (PCNs) were involved and how they would shape and steer Pharmacy First.

11.5 HG explained that the employment of PCN Pharmacy link workers would mean that they would engage with PCN Clinical Directors to encourage more collaborative and productive working. The PCN Pharmacy link workers would concentrate on integration and addressing any gaps in Pharmacy First and relationship with general practice.

11.6 It was confirmed to the Chair that the Local Medical Council (LMC), the Local Pharmaceutical Committee (LPC), and the Local Dental Committee (LDC) now had a structure in place, involving two representatives from each organisation, with HG, JB and JW and others to support and understand processes. Strategic groups were held individually with those organisations which would also feed into future discussions.

11.7 **Resolution: The Board members noted the update and progress having been made since March 2024, on the Primary Care Access Recovery Plan.**

12. **Review of Intensive and Assertive Community Treatment for People with Severe Mental Health Problems NHS**

12.1 KG introduced this item by stating that ICBs were required by NHS England (NHSE) to 'review their community services by Q2 2024/25 to ensure that they have clear policies and practice in place for adults with serious mental illness, who require intensive community treatment and follow-up but where engagement was a challenge.' The background to this related to the recent violent incident in Nottingham, which had resulted sadly in the deaths of three people.

12.2 The ICB and GHC had therefore completed a self-assessment using the ICB Maturity Index Self-Assessment Tool in September. Key priorities and areas of focus had then been summarised in the ICB Intensive & Assertive Community Mental Health Treatment Review, which had been submitted to NHSE in September 2024.

12.3 KG described the group of people to whom this piece of work related to, on Slide 3 of his presentation. There was a dedicated Assertive Outreach Team in place in Gloucestershire which had been implemented in 2000 and had been operational during the last two decades. There was also a range of other services and systems in place which could support this particular cohort of people.

12.4 The policies and procedures currently in place were assured to be robust and care planning processes were well understood and well evidenced within the teams that were looking

12

DRAFT Minutes of the GICB Board Public Board Session – Wednesday 27th November 2024

Tab 3 Minutes of the meeting held 27th November 2024

after this cohort of people, who often sat in other specialist mental health teams such as Recovery and Early Intervention Psychosis Teams.

12.5   There was further work to examine demographics and to examine the profile of those with SMI who were not using services that the system would expect to be using; and therefore a Population Health Management approach could be taken to target specific interventions. Involvement of Peer Support Workers and Experts by Experience with a lived experience of psychosis were other areas of opportunity. The next steps and timelines were explained on Slide 6.

12.6   The Chair asked for assurance from DB of ensuring that all this happened in a joined up and integrated way. DB responded that this Report would be taken to GHC's Board tomorrow and spoke about the restructuring of some of the mental health community based teams to better align them to physical health teams and at the same time would try to reduce the number of micro-teams to give a continuum of offer to the local population. This did not include the Assertive Outreach Team which would be kept as an ongoing specialist focus.

12.7   DB spoke about the system-level risks. Reviews such as this would involve checking on particular points of practice and also to give assurance of comprehensiveness of approach. One of the risks stated was around managing levels of risks around different types of population, was to look at whether there was a resource gap there. DB stated that there would be that reflection across all systems in the country. It was noted that this was not an area often talked about and was not at the highest priority when discussing resources, which was a risk to the system.

12.8   MCr stated that this was the core of what should be being offered in mental health services. This cohort of people were often not at the forefront of those who should be seen. Resources needed to be in place for those who were living with Severe and Enduring Mental Illness (SMI). The Chair recognised and agreed with this, saying that the management of those living with SMI and associated risks, needed to be explored further.

12.9   SF stated that the resources needed to support this particular cohort of people was very intense and so there was a case for economic change as well as a moral and ethical one. It was a massive issue for the staff who worked and sustained these people and how the ICB in its turn could sustain them. EC agreed that time was needed around safety and care and fewer resources meant that there was a huge unmet need to try to address.

12.10   SF commented that the Housing Partnership had expressed an interest in a piece of work called "Making Every Adult Matters" (MEAM) partnerships which was a national network of charities who were working together around severe and multiple-disadvantaged cohort of people who exhibited two or three of the characteristics described in the cohort in KG's presentation. This work involved various colleagues and SF felt it was linking importantly to the mental health agenda. **Action: SF to bring an information item to the Board at a future meeting, along with a patient story around multiple mental health needs. SF also to recirculate The Kings Fund Report conducted about 18 months ago.**

SF

12.11   KG stated that he would welcome the opportunity to attend at a later stage to present on risk in mental health more generally and perhaps attend more regularly with updates on the development of the Intensive & Assertive Community Mental Health Action Plan as this progressed. The Chair confirmed that the System Quality Committee would alert the Board as to when things should to be brought back to the Board, and recognised that this was important which was why it had been presented today.

12.12   Resolution: The Board:
- **Noted the key findings of the completion of the ICB Maturity Matrix Tool, led by the Intensive and Assertive Task and Finish Group.**
- **Supported and recommended resources for the next steps outlined to develop an Intensive and Assertive Community Mental Health Action Plan.**

13

DRAFT Minutes of the GICB Board Public Board Session – Wednesday 27th November 2024

Tab 3 Minutes of the meeting held 27th November 2024

The Chair called for a break at 4.06 pm and the meeting resumed again at 4.15pm.

13.   Gloucestershire Winter Plan 2024-2025

13.1   ER reported that this was the third year of the public facing Winter Plan. The focus of the Plan was prevention and early intervention, supporting the public to avoid the need to attend Emergency Departments (EDs) where possible by accessing the right support, at the right time, in the right place, closer to people's homes and communities.

13.2   The Plan followed a similar model to last year's Winter Plan, however new additions included:
- Top tips for this winter.
- Focus on prevention and staying well.
- New section on support for unpaid carers.
- An enhanced NHS 111 to access urgent support for physical and mental health issues.
- Highlighting innovations such as extended virtual wards, Pharmacy First and support for vulnerable children in hospital, delivered by Young Gloucestershire.
- A "Did you know?" feature, with data supporting prevention and early intervention.

13.3   There had been extensive engagement both within the ICB and with system partners to develop the content. JCu observed the significant amount of engagement having taken place and thanks were extended to the Communications Team, and to Albert Weager, Chair of the UEC People and Committees Reference Group who had all given their time and effort in bringing the Plan together so successfully.

13.4   TC would be talking to Helen Mansfield about messaging to staff to give them hope and reassurance as winter approached with the hope that the Plan would be promoted to staff within the different organisations. ER confirmed that printed copies would be available in hospital staff rooms, in community settings and on roadshows. ER would welcome any suggestions on how the spread of the Winter Plan could be even more effective. The Plan would be available on the website shortly. PA explained that in order to support the green agenda, the Winter Plan would be delivered to GP practices mostly by hand.

Resolution: The Board noted the content of the public facing Gloucestershire Winter Plan for 2024/2025.

14.   Annual Assurance for Emergency Preparedness, Resilience and Response (EPRR) Statement

14.1   MCr introduced Andy Bruce, Senior EPRR Manager who had joined the ICB in October. Overall the process had been positive with a letter from NHSE on 11th November confirming the ICB's assurance rating and containing the system outcome summary. All but two of the Partners had achieved a submitted standard of at least 'Substantially Assured' with one achieving 'Fully Assured'. A great deal of work had been undertaken to improve E-Med's score and they had moved to "Substantially Assured" from "Non-Compliant" last year. Unfortunately, due to a variety of factors, as an ICB the overall rating had remained static and again whilst a self-assessment of "fully compliant" was submitted, (the ICB had been compliant in 41 of the 48 areas) the ICB was still rated as being "partially assured" by NHSE.

14.2   AB had been reviewing all the processes and learning to see where improvements could be made. A training manager and a project support officer were now in place which would be helpful to the team going forward. NHSE had recognised that the ICB had good

14

DRAFT Minutes of the GICB Board Public Board Session – Wednesday 27th November 2024

Tab 3 Minutes of the meeting held 27th November 2024

Business Impact assessments with good Business Continuity planning, but evaluation and monitoring was lacking, and so AB had been working hard to put that in place, along with an overarching delivery strategy for EPRR which would run alongside the policy.

14.3   The other non-compliant area relating to training and exercise was in place, but it was not aligned to a risk process and needed to be scheduled and underpinned by risk. The team had been asked to put an EPRR strategy in place. **Action: The Chair wished EPRR to be placed on a future Board Development session, so that members would feel confident in handling a future live situation.**

PMO

14.4   **Resolution: The Board noted the content and update around the annual assurance for EPRR.**

15.   **Extension of S.75 Deed of Variation**

15.1   There had been a range of minor changes made to the agreement after it was sent out with the papers, to be recorded in the minutes:

1. New clause 2.1 which enabled us to waive the formal process set out in the S.75 agreement for adding new Individual Scheme Specifications as required. This will l serve to make things simpler upon commencement of the full review and also any in-term variations to the individual scheme schedules.
2. New Schedule B (referenced in new 2.2(f)) which brought the overarching agreement up to date with the current scheme specifications. The full review will include these, and work will be undertaken with scheme owners.
3. New Schedule C (referenced in new 2.2(g)) which allowed us to bring Schedule 4 Finance Arrangements up to date once the draft 2024/25 Finance Arrangements have been approved through JCPE on 28th November and then signed by the Directors of Finance.

Version 5 attached had been attached it was important to note:
   a) The wording for the correct Deed executing signature block was being sought
   b) Insertion of 2024/2025 finances into Schedule C.

15.2   **Resolution: The Board approved the approval to extend the S75 Deed of Variation provided that this was rewritten and the implications of the changes were recognised.**

16.   **Upper Gastrointestinal Reconfiguration – GHFT**

16.1   Unfortunately the Board had received apologies from Mark Pietroni, but Al Sheward (AS), Margaret Coyle (MCe) and Tim Cook (TCo) from GHFT were able to attend to cover this agenda item. TCo explained that there was some considerable background to this paper and it had been through an extensive governance process. The Fit For the Future (FFtF) strategic programme final phase included the centralisation of the Acute Medical Take to the Gloucester Royal Hospital (GRH) site in 2024, mirroring the move of the Emergency Surgery Acute Take in 2020.

16.2   TCo explained the various aspects of the proposed move which would benefit patients on the Cheltenham site over the next year. There would also be benefits to staffing and training.

16.3   KC queried what assurance could be given around moving the Colorectal Reception to GRH when other surgeries were moving to Cheltenham General Hospital (CGH). KC asked

15

DRAFT Minutes of the GICB Board Public Board Session – Wednesday 27th November 2024

Tab 3 Minutes of the meeting held 27th November 2024

whether this separation would deliver the best possible outcomes to gynaecological oncology and to some aspects of pelvic oncology.

16.4   MCe explained that not everything could be fitted onto CGH, and this was around making best of use of the estate on each site. If people presented with complex gynaecological (or other pelvic) problems then these operations would be timetabled to ensure that the appropriate experts would be there and the move would enable more opportunity to do that, due to the changes in job plans. This was following guidance from the Royal College of Surgeons which recommended that most of that work should be planned. There were now medics with timetabled paid sessions in their job plans where they could provide that support and lend flexibility to other colleagues.

16.5   MCr queried whether a Quality Impact Assessment had been submitted to the GHFT Board. MCe responded that this would be completed six months following the move. This was an opportunity to develop the nursing workforce in the interim. MCr also raised the quality impact on patients. ER confirmed that this had been covered within the FFtF Business Case which had undergone formal consultation, and engagement with the Clinical Senate.

16.6   Some Gloucester patients did not necessarily receive the best of experiences due to last minute changes around beds. The new Day Surgery Unit in Cheltenham had received very favourable feedback having been designed with every aspect of the patient journey on the day of their operation in mind and so enhancing their experiences.

16.7   CL was interested in the Horizon scanning and robotic surgery and the opportunities that this might have, and what that could mean for some of the waiting times and improved outcomes.

16.8   TCo responded that robotics was not as far advanced in the county as was in some other areas and often a new procedure could slow things down. There was a lack of clarity around what was happening, and this had hampered discussions. There was evidence from a colorectal perspective that robotic surgery could deliver slightly better outcomes. There was an increasing use of robotics in bariatric surgery, particularly in North America. In terms of the strategy, nothing had been discussed but deciding how to move forward would help to facilitate that.

16.9   AS explained that robotic surgery was available at Cheltenham, but it probably was not being used to best effect and the strategy would ultimately cover a wide range of services. The paper had been through various governance structures six times and was approved by the Trust Board last week, so support and approval was given to progress this.

16.10   It was noted that there had been a lot of public interest in the Cheltenham moves and this was a good news story for patients, who would receive very good treatment at that site.
Resolution: The Board:
- **Approved the plan as fit to facilitate the safe move of the Acute Medical Take to Gloucestershire Royal Hospital within the timeline set out in the Fit For the Future Implementation Plan.**
- **Asked that organisational issues and patient outcomes be reported back following the move after 9 months.**
- **Required further assurances in the future to ensure that the Centre of Excellence was being delivered.**
- **Agreed to proceed as previously planned.**

17.   Committee Meeting Updates

16

DRAFT Minutes of the GICB Board Public Board Session – Wednesday 27th November 2024

Tab 3 Minutes of the meeting held 27th November 2024

17.1 **Chair's verbal report on the <u>People Committee</u>** held 17th October 2024 and approved minutes from 18th July 2024.

17.1.1 It was noted that the Committee had changed their view on assurance on the tension between the Long Term Workforce Plan and strategic planning and the short term financial constraints, because some initiatives such as apprenticeships, had struggled to place people or had been struggling to give nurses the qualification routes being sought due to the financial pressures that the ICB was currently under.

17.2 **Chair's verbal report on the <u>Primary Care & Direct Commissioning Committee</u>** held Thursday 3rd October 2024 and approved minutes from 8th August 2024

17.2.1 JCu stated that the meeting had been quite detailed and if there were any questions then JCu or HG could take these following the meeting.

17.3 **Chair's verbal report on the <u>System Quality Committee</u>** held 2nd October 2024 and approved minutes from 7th August 2024

17.3.1 JCu explained there had been a detailed discussion on lung health work with potential impacts of increased workload on primary care and subsequently in secondary care but was outweighed by the benefits of early diagnosis. In October the annual Safeguarding Report was approved and GHC reported on an audit of complaints which had shown reductions in the length of time taken to respond, with positive outcomes. A deep dive had taken place around 2 week wait Breast Service which had shown good improvements.

17.4 **Chair's verbal report on the <u>Resources Committee</u>** held 7th November 2024 and approved minutes from 5th September 2024

17.4.1 JC confirmed that there was nothing further to report on in the September minutes. The November meeting had included a deep dive session around the Inequalities risk and there was a discussion around Benefits Realisation from Working as One (WaO).

17.5 **Chair's verbal report on the <u>Audit Committee</u>** held 5th September 2024 and 7th November 2024

17.5.1 JS updated that a meeting had taken place on 5th September 2024. The Chair's Report was taken to the October meeting and the minutes for that meeting would be approved at the 5th December 2024, and then taken to the January 2025 Board.

17.6 ***Resolution: The Board noted the verbal updates on the recently held Committee meetings.***

18. **<u>Any Other Business</u>**

18.1 There were no items of any other business to discuss.

The meeting concluded at 5.00pm.   .

Time and date of next meeting

17

DRAFT Minutes of the GICB Board Public Board Session – Wednesday 27th November 2024

Tab 3 Minutes of the meeting held 27th November 2024

The next Board meeting will be held on Wednesday 29th January 2025 from 1.45-5.15pm
Virtually and at Shire Hall, Westgate Street, Gloucester GL1 2TG

Withdrawal of the press and public

That under the provision of Section 1, sub-section 2 of the public bodies admission to meetings act 1960, the public may be excluded for such a period as the Board is in Committee on the grounds that publicity would prove prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

(Commercial in confidence discussions)

18

DRAFT Minutes of the GICB Board Public Board Session – Wednesday 27th November 2024

Tab 4 Action Log & Matters Arising

Agenda Item 4

NHS Gloucestershire ICB Board (Public Session) Action Log – January 2025

No.	Date Raised	Reference	Owner	Action	Due	Updates	Status
20	31/01/2024	**Min 8.18 P2 beds/EoL/Dying Matters**	**SQC**	SQC to bring back a report on P2 beds/EoL to a future Board meeting.	**November 2024**	**September / November 2024:** End of Life Care Report and final evaluation was reported to System Quality Committee in October. This will then be reported through the SQC minutes at the January 2025 ICB Board. However a verbal update will be provided by the Chair / Executive lead for Quality at the November Board **January 2025**: At the November Board JCu reported members that the System Quality Committee (SQC) had received the Audit on EoL that had examined a 12 month period of which the outcome was overall very positive. Although the Chair's visit had raised a number of concerns at that time, it had concluded that there had been no delays in referrals being received in the vast majority of cases. The outcomes of that Audit would be shared with the Chairs that had been present at the Chair's visit. JCu had previously reported that GHC had completed their own internal Audit, which had revealed very positive results and no delays. Good practice had been shared and any actions identified had been addressed. **P2 beds/EoL/Dying Matters. November 2024:** To be reported through the SQC minutes in November / Feb minutes to be reported to the Board in March 2025. **Action Open**	**Open**
21	31/01/2024	**Min 10.12 LMNS membership and functionality**	**Marie Crofts**	The Chair raised membership of the LMNS noting that new people had joined the ICB and asked that consideration be given if the right people were included and whether more challenge could be built in. This was important to help KM and MC to accomplish future requirements.	**November 2024**	**May 2024:** Following the further unannounced inspection of maternity services in March 2024 the CNO established a Quality improvement Group as part of the National Quality Board framework of surveillance, to focus . on the top 5/10 priorities including CQC "Must Do" actions and immediate concerns. The review of the LMNS is part of this process but has not yet been completed. **July 2024:** The regional CNO is advising the ICB CNO on this. **September 2024:** The regional CNO is advising the ICB CNO on this. **January 2025.** Review of LMNS remained ongoing which included the ICB CNO and Regional Colleagues. An update will be provided to ICB Board in January. **Action Open**	**Open**

NHS Gloucestershire ICB Board (Public Session) Action Log – January 2025

Page 1 of 4

Tab 4 Action Log & Matters Arising

22	31/01/2024	**Min 11.2.1 Migrant Health Report**	**Primary Care Team**	Primary Care Team to bring a detailed report on Migrant Health to a future Board meeting.	**March 2025**	**November 2024:** This is to be presented to the SQC in December 2024 and will be brought back to Board in January 2025. **January 2025**. This report will now be scheduled for end of March in time for the March ICB Board. **Action open**	**Open**
23	27/03/2024	**Min 8.1 Social Prescribing, CEO report**	**Tracey Cox**	Creative Health Consortium to be placed on a future Agenda for discussion around a Patient Story.	**TBC 2025**	This topic is on the list of patient stories for the Autumn 2024. **September 2024:** Creative Health Consortium is a topic for a patient story in Spring 2025. To remain open until presented **November 2024:** A date will be confirmed for this patient story in the new year. **Action Open**	**Open**
24	27/03/2024	**Min 13.2 Interim Procurement Strategy**	**Julie Soutter & Christina Gradowski**	Procurement Strategy - Julie Soutter and CGi to examine the incorporation of procurement items into the Audit Committee ToR.	**March 2025**	**November 2024:** Updates were made to the TOR and presented in September to the Audit Committee. To go back to the December 2024 Audit Committee with the final version to be presented at the January 2025 ICB Board. **January 2025**: This item is on the January agenda for approval. **Recommendation to close this action.**	**Rec close action**
34	31/07/2024	**Min 7.25 - Interface discussion - secondary and primary care**	**PMO**	Interface discussion to be tabled for a future Board Development meeting, date to be confirmed.	**January 2025**	**November 2024:** The date for the Development Session is yet to be determined, but the topic is on the list of items to be discussed. **Action Open.** **January 2025:** This item is included on the April Board Development agenda. **Action Open**	**Open**
35	31/07/2024	**Min 8.1 - CQC Interim Report**	**Marie Crofts**	Interim Report regarding the CQC to be brought back to a future Board meeting.	**March 2025**	**November 2024:** This item has been covered within the Chief Executive Report **January 2025.** This item will be brought back to the Board in March included in the CEO report. **Action Open**	**Open**
39	25/09/2024	**Min 11.3 - Reporting for the One Plan for Children and Young People in Glos**	**Ann James**	AJ to confirm reporting arrangements for the One Plan for all Children and Young People in Gloucestershire at the next Board meeting.	**November 2024**	**November 2024:** A verbal update to be given at a future Board meeting on governance processes i.e. where updates and progress will be reported for the One Plan for all Children. **January 2025**: a Verbal update to be given at the January Board **Action Open.**	**Open**

NHS Gloucestershire ICB Board (Public Session) Action Log – January 2025

Page 2 of 4

Tab 4 Action Log & Matters Arising

40	27/11/2024	Min 3.9 Asthma Friendly Schools	SF / GA	SF to ask members of her team to link in with DF and GA to make connections with school nurses and DF to connect in with the Clean Air Officer in Cheltenham.	January 2025	**January 2025:** Verbal update to be given at the January board**. Action open**	Open
41	27/11/2024	Min 7.16 Respiratory Whiteboard/ Risk Stratification	PMO	Amanda Jones to be invited to the Board Development Session around Integrated Neighbourhood Teams risk stratification models.	January 2025	**January 2025**: Actioned on 3 December 2024 by the PMO Team as there will be a Board Development session in June 2025 on Integrated Neighbourhood Teams: Progress and Next Steps. **Action open**	Open
42	27/11/2024	Min 10.1 IPR	MW/SF	Include a paper / presentation on the ICS approach to Health Inequalities	January 2025	**January 2025.** This item is on the January ICB Board agenda. **Action: Recommended for Closure**	Rec to close
43	27/11/2024	Min 10.6 IPR	MCo	MCo to raise the position of Out of County Placements in Gloucestershire at a forthcoming meeting with senior colleagues and report back to the next Board meeting in January 2025.	January 2025	**January 2025.** MCo to provide a verbal update to the January ICB Board. **Action open**	Open
44	27/11/2024	Min 10.8 IPR	MW/CG	To include a concise and focused session on the Insightful Board in a Board Development session	February 2025	**January 2025**: it is include on the Board Development session in February: **Action: open**	Open
45	27/11/2024	Min 12.10 Review of Intensive and Assertive Community Treatment for People with SMI	SF	SF to bring an information item to the Board at a future meeting, along with a patient story around multiple mental health needs. SF also to recirculate The Kings Fund Report conducted about 18 months ago.	TBC 2025	**January 2025**: Liaising about a date for a paper/presentation on multiple mental health needs and also to identify a patient story. **Action Open**	Open

NHS Gloucestershire ICB Board (Public Session) Action Log – January 2025

Page 3 of 4

Tab 4 Action Log & Matters Arising

| 46 | 27/11/2024 | Min 14.13 EPRR | MCr/AB | EPRR to be placed on a future Board Development session. | January 2025 | **January 2025:** This has been scheduled for the April Board Development session. **Action Open**. | Open |

Tab 6 Patient Story – Parkinson's Patient Story

Agenda item 6

<u>Feedback given to HWG about people's experiences of being diagnosed and living with Parkinson's in Gloucestershire</u>

The following story represents feedback that we have received from patients and carers through our feedback and signposting service, and attendance at events and community groups around the County. We have identified several themes that are consistent across the range of people and groups that we have spoken to. These themes are:-

1.   **People have told us that there is a lack of information being provided to people at the point of being diagnosed, as well as at follow-up appointments.**

Gerry told us that "there is information out there, if you know where to look and you are proactive."

However, this can be incredibly difficult for people as Beverly's experience highlights, and which represents much of the feedback we received. "With a Parkinson's diagnosis it is easy to lose track of time and feel overwhelmed with everything, which is not conducive to being proactive."

Other people told us about feeling in 'limbo'. "I had no idea what to expect from my condition and what I could expect in the future."

Julie was diagnosed with Parkinson's quite young, in her early 50's, which brings different kinds of challenges for her to overcome. She believes there needs to be more age-appropriate information and advice, and opportunities for social support – this is currently lacking, and therefore she doesn't feel recognised. As a result, she set up her own informal group in her local area to offer peer support and share knowledge, experience and guidance. Members of Julie's group reported that their experience of 15-minute appointment lengths is insufficient to discuss the often-long list of symptoms people experience. This is not enough time to go through their concerns in enough detail and feel heard.

"It would be useful if they offered you some information at diagnosis on the Parkinson's UK website – information on local groups, diet, exercise and so on ... but nothing is offered."

Representatives of Parkinson's UK told us that they have created a lot of information resources, but it's about ensuring people are being given it immediately on receiving a diagnosis. There is a concern that if people do not have this information straight away, the alternative is to search the internet which can be overwhelming and yield frightening results.

2.   **People have concerns about access and the frequency of appointments, particularly with the Neurologist.** The people we have spoken understand they should see the Neurologist once a year and then the nurse in between, meaning they see someone every six months. However, for a lot of people the reality is very different, with many saying they have not

Tab 6 Patient Story – Parkinson's Patient Story

seen a Neurologist for over two years. This also means that a lot of people have not had their medication reviewed for more than two years.

Mary told us that she was diagnosed in August 2023, but hasn't seen anyone since, nor received any information.

Danielle said that she was referred to a neurologist in around January 2021 with a tremor. "I saw a neurologist in March 2022 received a diagnosis of likely Parkinson's disease - follow up in 6 to 9 months. No information was given about Parkinson's other than to notify DVLA and insurance company. My family and I researched and found Parkinson's UK helpline which was very good and a local group, which I started attending. My next appointment with a neurologist was in March 2023. This time he asked a Parkinson's nurse to make an appointment with me and said he would see me again in 9 to 12 months. After several changes of appointment, I finally had a telephone appointment with a Parkinson's nurse in June 2023. She asked me a number of questions and asked if all was ok. She told me the neurologist I had been seeing had left and I would need to be assigned a new one. She would see me in person for my next appointment. In April 2024 I had a telephone appointment with a Parkinson's nurse, same questions asked as last time, said as I didn't have a neurologist she would see me in person in 3 months' time. Then changed her mind and said she would ask for me to be assigned a neurologist as I would need this for the DVLA when my license is due for review."

We also heard from people who live in the North Cotswolds who seem to have very different experiences, despite living very close to one another. One of them explained how they see the same Neurologist every four months at Moreton-in-Marsh Community Hospital. Another person said they have contact from the Parkinson's Nurse every 8 months but have not seen a Neurologist in three years. Someone else said they go to Swindon to see a Neurologist because when they were diagnosed 12 years ago, there was no one for them to see in the County. They said that they have been very happy with their experience to date.

3. **People feel that there is a lack of coordinated and holistic care which affects their overall experience and outcomes.** There doesn't appear to be a clear pathway to follow for either staff or patients – do patients need to book appointments or wait to hear from the hospital? Some people appreciated that there have been staff shortages which impact this process.

Stephen said "I had a letter offering an appointment in July 2023 prior to being diagnosed. I arrived for the appointment feeling anxious and concerned about what to expect, only to be advised once I had signed in and waited, that the Consultant was actually on holiday. The appointment had not been cancelled or re-arranged, and it appeared even the people on the desk were unaware of the Consultant not being there. Finally, two nurses appeared and eventually after a few hours, I was able to see a Registrar who, after a few further tests, confirmed the diagnosis was Parkinson's. Within a few weeks of this appointment, I also received a letter advising me that I had missed an appointment which I had been completely unaware of as no letter or call had been received. I was last seen in December 2023 by a nurse but haven't seen anyone since. I am going to ring the Booking Office to try to arrange an appointment for next year."

Tab 6 Patient Story – Parkinson's Patient Story

Sally was given two separate appointments in one week. "The first was with the nurse and a couple of days later I was due to see the Neurologist. When I went to the appointment with the nurse, she asked why I had arranged both appointments within the same week! I said this was not my doing and this is what they had been offered but came away feeling the nurse thought it was my fault."

"There should be more onus on the relevant professionals to make regular contact with the patients and not the other way around. A text/letter or call to keep in touch is more beneficial and information on appointments should include who I am going to see and what it is about and be shared with carers too."

Martin told us that "Every professional person you see gives you new medications and asks you to "try this". There needs to be a feedback service after a month to see if it is working, otherwise it is another 6 months before you can talk to anyone about this."

Dorothy explained the impact her husband's experience of living with Parkinson's has had on her as his wife and carer. "Isolation, fear, anxiety, lack of hope, feeling of being totally overwhelmed by the situation, tears and great distress. Difficulty in trying to support Tom to keep staying positive and proactive in fighting this terrible illness. Blue badges should be compulsory to all Parkinson's patients, and we need more help to get funding such as PIP, Carers Allowance and Attendance allowance its time consuming, distressing and near on impossible at times to provide the physical evidence they require."

What worked well
- Many people spoke about the benefit of the VCSE sector in establishing social support through local groups and having someone they could approach informally with any concerns for advice and guidance. However, not everyone is made aware of these.

What could be done differently to improve care for everyone
- Patients and their carers need to be signposted at the earliest opportunity to appropriate information and advice about what to expect following a diagnosis of Parkinson's. For example, providing a leaflet on 'What is Parkinson's' and what support groups are in their area, as well as practical things like the importance of diet and exercise. People could also be signposted to verified and trusted websites/ resources so they can research things for themselves.
- Many people also felt that having a simple leaflet listing contact details for Statutory and VCSE professionals and organisations supporting people with Parkinson's would be beneficial as knowing who to go to and when is confusing. This should also include support with completing benefits applications.
- Booking appointment systems need to be more streamlined and communication through letters or phone calls should include more information to clarify the purpose of the appointment and who the patient is going to see.

Tab 6 Patient Story – Parkinson's Patient Story

- People need to be informed about who they can contact, and provided with contact details, if they have concerns or need to speak to someone in-between appointments.

Tab 7 Clinical Programme Group – Neuro CPG

Neurology

James Mitchell

Senior Commissioning Manager (Rehabilitation), Clinical Lead Therapist & Programme Lead – Neurology

NHS Gloucestershire

@NHSGlos
www.nhsglos.nhs.uk

Part of the One Gloucestershire Integrated Care System (ICS)

Tab 7 Clinical Programme Group – Neuro CPG

Neurology – The Context

National Context

- Approx. 1 in 6 people living in the UK have a neurological condition (approximately 16.5 million people).

- This speciality covers over 600 types of conditions – it encompasses a wide range of disorders, from neurodegenerative diseases such as Parkinson's disease and Multiple Sclerosis, to traumatic injuries such as traumatic brain or spinal injuries.
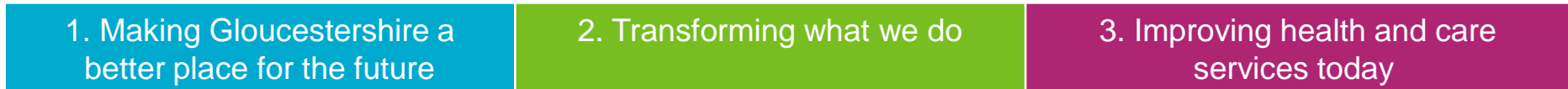
Local Context

- Approx. 110,000 people living in Gloucestershire with a diagnosed neurological condition.
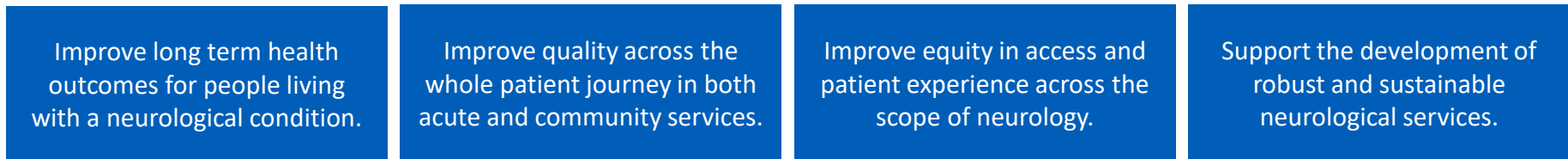
Local Services Include:

- **Gloucestershire Acute services:** Gloucestershire Royal Hospital hosts a neurology ward (6a) in, whilst Cheltenham General Hospital provides both our hyper acute and acute stroke units.
- **Community Services:** Integrated neurology specialist practitioner service & a newly formed, therapy – led community neurological service.

Tab 7 Clinical Programme Group – Neuro CPG
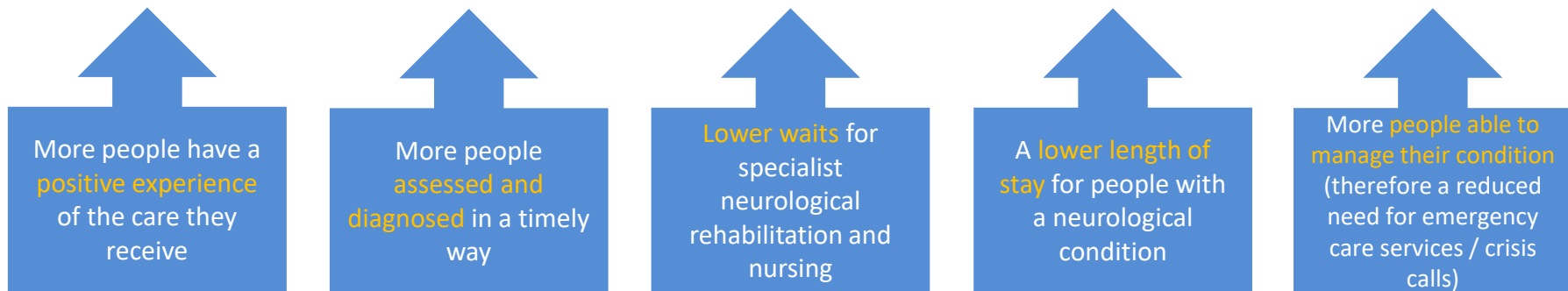
Neurology: Our Plan on a Page

Neurology Clinical Programme Group (NCPG) – circa 25 people from across the system include acute, community, voluntary sector and patient lay representatives.
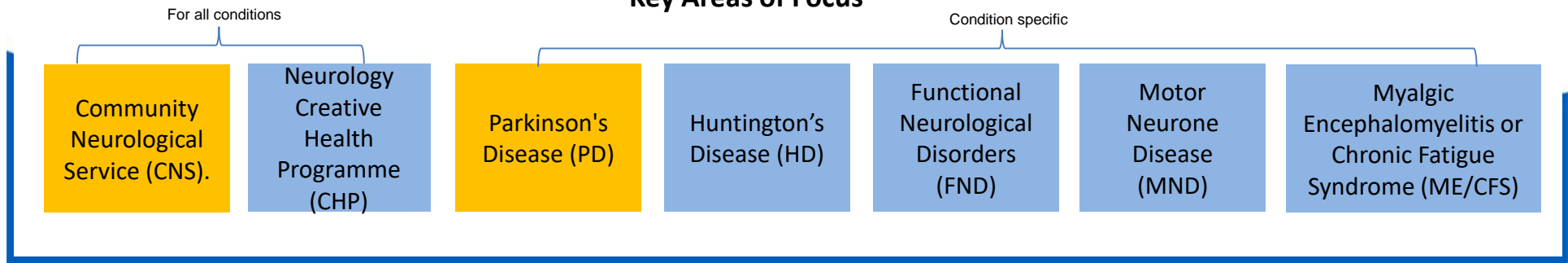
1. Making Gloucestershire a better place for the future	2. Transforming what we do	3. Improving health and care services today

The Long-Term Impacts:

Improve long term health outcomes for people living with a neurological condition.	Improve quality across the whole patient journey in both acute and community services.	Improve equity in access and patient experience across the scope of neurology.	Support the development of robust and sustainable neurological services.

Our Neurology Programme Outcomes:

More people have a positive experience of the care they receive	More people assessed and diagnosed in a timely way	Lower waits for specialist neurological rehabilitation and nursing	A lower length of stay for people with a neurological condition	More people able to manage their condition (therefore a reduced need for emergency care services / crisis calls)

Key Areas of Focus

For all conditions

Condition specific

Community Neurological Service (CNS).	Neurology Creative Health Programme (CHP)	Parkinson's Disease (PD)	Huntington's Disease (HD)	Functional Neurological Disorders (FND)	Motor Neurone Disease (MND)	Myalgic Encephalomyelitis or Chronic Fatigue Syndrome (ME/CFS)

Tab 7 Clinical Programme Group – Neuro CPG

1. Parkinson's Disease – What have we heard?

Healthwatch included 4 key areas where care could be improved for everyone:

- Patients and their carers need to be **signposted at the earliest opportunity** to appropriate information and advice about what to expect following a diagnosis of Parkinson's.

- Having a **simple leaflet listing contact details** for Statutory and VCSE organisations supporting people with Parkinson's would be beneficial as knowing who to go to and when is confusing.

- **Booking appointment systems need to be more streamlined** and communication through letters / calls should include more information to clarify the purpose of the appointment and who the patient is going to see.

- People need to be **informed about who they can contact**, and provided with contact details, if they have concerns or need to speak to someone in-between appointments.

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3

Tab 7 Clinical Programme Group – Neuro CPG

1. Parkinson's Disease – What have we done/are we doing?

Healthwatch included 4 key areas where care could be improved for everyone:

- **What to expect:** We are working with patients and PD UK to co-design group sessions for patients to provide information and support when they are newly diagnosed.

- **Signposting:** We have worked with Parkinson's Disease (PDUK) UK to co – produce a leaflet and ensure these are available to everyone.

- **Bookings:** We are working to streamline our booking systems and improve communication with patients.

- **Care Coordination:** We are working with our intelligence teams and PD services to understand where the challenges and gaps in the system are, using data to support our understanding

- **Patient Engagement Initiative:** We are working with Healthwatch to create a patient engagement activity to better understand the wider view of people with PD.

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4

Tab 7 Clinical Programme Group – Neuro CPG

2. Neurology – The challenge we had…

- **No consistent pathway**, commissioned team, or robust access to co-ordinated specialist neurological rehabilitation.

- **Lack of capacity and capability in reablement and care services** to support more specialist rehabilitation to be undertaken in the home setting.

- **No MDT to wrap around complex individuals** when they require rehabilitative interventions, resulting in multiple referrals, poor and siloed communication and multiple visits for patients.

- **Patients remained in expensive out of county rehabilitation beds** due to a lack of community provision.

- There was **no single point of access for referrers or patients and families**; referrals into services were often reliant on knowledge and networking rather than an agreed and sustainable process.

- **Poor patient experience reported in terms of access, wait times and ongoing support**.

- Disparate complex pathways within the county had **postcode and disease discrepancies** which made navigation challenging regarding discharge pathways for acute clinicians, and general access for patients and their families.

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Tab 7 Clinical Programme Group – Neuro CPG

2. Neurology – What we did…

In response we designed a new pathway – including the introduction of a **new therapy led community neurological service** - designed to provide rehabilitation for stroke (non-early supported discharge (ESD) and ESD follow-on) and neurological rehabilitation.

The service, operating since October 2023 includes:

- A multidisciplinary countywide team – embedding integrated working with the acute and locality Integrated Care Teams/Primary Care.

- A dedicated point of referral with admin support and access for people and families.

- Improved and consistent information resources.

- An offer of home-based therapy, telephone appointments, group therapy, virtual consultations as well as a proactive use of outpatient facilities.

- The delivery of both a proactive and reactive service.

- A formal collaboration with voluntary sector – building sustainable resources.

- Validated and comprehensive outcome measures.

Tab 7 Clinical Programme Group – Neuro CPG

2. Neurology - The impact it has had…

Fragmented provision has been reduced, enabling more equitable access to specialist neurological rehabilitation through a dedicated point of access.

More people supported in a timely way – reducing waiting lists
- Specialist physiotherapy waiting lists have reduced to 4 weeks (previously 42 weeks)
- There has been a reduction in ESD activity by 22.9% - reducing their waiting lists by a median average of 4 weeks meaning they can more actively manage their caseload.

A lower length of stay for people with a neurological condition
- Length of stay in ESD has reduced - the highest reduction of which was 4.8 days (13.8%).
- ESD are now meeting their 6-week referral to discharge metric (target 95%).
- The service has supported improved flow from the Vale (40 cases referred from October '23 to September '24) with better specialist rehabilitation at home across all of the county (not previously available).

More out of county patients being successfully repatriated into the county
- There has been a significant reduction of level 2 delayed transfer of bed days resulting in financial benefits – an 89% reduction in 23/24 and 94% reduction in 24/25 (compared to the period 2017/18 – 2023/24).

More people with a positive experience of the care they receive
- We have seen significantly positive patient experience through friends and family feedback sources.

Tab 7 Clinical Programme Group – Neuro CPG

2. Neurology – What people tell us…

- Patient experience feedback is has been collated by the service since it started in October 2023.

- **85% of people have rated the service as "very good"** *(42 responses in total so far)*

"The Physio took time to listen to my concerns, assess my condition and make helpful suggestions".

"Excellent advice and support. Felt safe and intrinsically part of the therapy".

"I wish I'd be referred into her team sooner and I hope more people like me can benefit too".

"I was treated with respect and kindness. She is a credit to the NHS"

One Patient Story
- 62-year-old gentleman with stroke – severe physical disability with swallowing, speech and cognitive difficulties.

- Discharged from the Brain Injury Rehabilitation Unit – referral requesting support with challenging behaviour. Carer stress also observed.

- Input from the service included psychology support – without it there would have been long waits and the care agency likely would have withdrawn.

- Partner and care agency have reported a significant reduction in episodes of aggression.

- Thus far, there has been no re-referral to the service, the gentleman remains at home & the carer has taken up opportunity to re-engage with the local community.

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Tab 8 Chief Executive Officer Report

Agenda Item 8

NHS Gloucestershire ICB Public Board Meeting

Wednesday 29th January 2025

Report Title	Chief Executive Report			
Purpose (X)	**For Information**		**For Discussion**	**For Decision**
	X			X
Route to this meeting	The various reports provided have been discussed at other internal meetings within the ICB.			
Executive Summary	This report summarises key achievements and significant updates to the Integrated Care Board. This report is provided on a bi-monthly basis to public meetings of the ICB by the Chief executive Officer.			
Key Issues to note	This report covers the following topics: • **Critical Incident – Winter 2025** • **Planning (Strategic Planning and Operational Planning** • **Reforming Elective Care for Patients** • **Interim Procurement Strategy (for approval)** • **Suicide Prevention Strategy 2024-2029 (for approval)** • **10 year Plan Engagement** • **Working with People and Communities Update**			
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	The report references a number of different services, schemes and initiatives with associated risks included on the project / implementation plans. The risk associated with not producing a CEO report that summarises key programmes is relatively small, as there would be other mechanisms to communicate with partners and stakeholders.			
Management of Conflicts of Interest	There are no conflicts of interests associated with the production of this report.			
Resource Impact (X)	**Financial**		**Information Management & Technology**	
	Human Resource		**Buildings**	
Financial Impact	The schemes and initiatives included in this report will have associated financial plans that have been approved through established groups and committees.			
Regulatory and Legal Issues (including NHS Constitution)	The ICB constitution includes specific requirements for the ICB to engage and involve its local communities in health services and has specific duties with regard to the public sector equality duty. s. 1.4.5(e) The public-sector equality duty (under the Equality Act 2010) and the duty as to health inequalities (section 14Z35). s.1.4.7(f) section 14Z45 (public involvement and consultation).			
Impact on Health Inequalities	N/A			

Page **1** of **10**

Tab 8 Chief Executive Officer Report

Impact on Equality and Diversity	
Impact on Sustainable Development	N/A
Patient and Public Involvement (PPE)	See the article on ICS Engagement Improvement Framework
Recommendation	**The Board is requested to:** • **Note the contents of the CEO report.**
Sponsoring Director	**Mary Hutton, ICB Chief Executive Officer**

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise

Tab 8 Chief Executive Officer Report

Agenda Item 8

NHS Gloucestershire ICB Public Board Meeting
Wednesday 29th January 2025

Chief Executive Report

1. **Introduction**

1.1 This report summarises key achievements and significant updates by the Chief Executive Officer of NHS Gloucestershire to the Integrated Care Board. This report is provided on a bi-monthly basis to Board meetings held in public.

2. **Critical incident – winter 2025**

2.1 A critical incident was declared on Wednesday 8th January 2025 in Gloucestershire. This decision was made following sustained pressure within our urgent and emergency care services experienced by both main hospitals, community services and South West Ambulance services. The system was experiencing significant winter pressures, with high flu presentations through December and high acuity putting pressure on critical care services. There was notable pressure on our urgent and emergency care access points (111, 999, Emergency Department), high ambulance waits, and bed based hospital flow through the acute and community.

2.2 All partners across the health and care system worked to the agreed Operational Pressures Escalation Level (OPEL) 4 actions alongside additional actions above and beyond this to enable the system to recover. These actions included a range of escalation responses such as communication and engagement (with a public communication plan enacted), increased resilience within our services (such increased staffing over weekends in all service areas,) and creation of additional capacity (we opened 30 more short term beds, increased P1 capacity and increased walk in primary care capacity at Gloucester Health Access Centre).

The critical incident was stood down on Monday 13th January, reflective of the effort of many colleagues. The system remains pressured as we recover, in particular in the context of 'back door' flow for people who are ready to leave the hospital (within both the acute and community beds). We continue to work at OPEL 4 actions as we support this recovery phase. A full de-brief process is planned within each of the Gloucestershire health organisations and across the health and care system to ensure learning is captured for the future.

3. **Planning (Strategic Planning and Operational Planning)**

3.1.1 **Strategic Plan: Joint Forward Plan**
Partners in Gloucestershire are working together to refresh the Joint Forward Plan for publication in March 2025. All Integrated Care Boards and their partner NHS Trusts have a statutory responsibility (as defined by the Health and Care Act 2022) to publish and refresh a 5-year Joint Forward Plan on an annual basis.

Tab 8 Chief Executive Officer Report

3.1.2   The Joint Forward Plan is our strategic 5 year delivery plan and describes our commitments to deliver against the three pillars of the One Gloucestershire ICS Integrated Care Strategy. The latest version of the plan (published in July 2024) can be found here. This will be a light-touch refresh this year, allowing us to develop the plan next year once the national 10 year NHS Long-Term Plan has been published. This will also enable us to ensure there is close alignment with the refresh of Partner Trust Strategies.

3.1.3   Based on feedback from partners, we are working towards a similar structure to the plan from last year. The main document will describe our progress and commitments against the 3 pillars of the integrated care strategy and underpinning 10 strategic objectives. The annexe will set out delivery commitments across our transformation portfolio. We are working to the timeline of bringing the Joint Forward Plan to Board in March 2025 for approval (alongside ensuring engagement with Partners and Health and Wellbeing Board).

3.2.1   **NHS Operational Plan**
We are anticipating the publication of NHS Operational Planning Guidance at the end of January 2025. The submission dates are still to be confirmed but there will be a headline submission in February followed by a full submission towards the end of March. The Operational Plan will set national ambitions that will correspond to Year 1 of the Joint Forward Plan in Gloucestershire. We are expecting continued focus on Urgent Care, Mental Health, Elective Recovery and continue requirements to set a financially break-even plan, with a strong emphasis upon improved productivity. We anticipate that the guidance will respond to areas within the Darzi Report as well as contribute towards the Government 3-shifts:

> Shift 1: Moving more care from hospitals to communities
> Shift 2: Making better use of technology in health and care
> Shift 3: Focusing on preventing sickness, not just treating it

In advance of receiving planning guidance, work is already well underway, co-ordinated through system wide planning meetings.

4   **Reforming Elective Care for Patients**

4.1   The Elective (planned care) Reform Plan https://www.england.nhs.uk/publication/reforming-elective-care-for-patients/ launched this month outlines priorities to cut the number of patients waiting more than 18 weeks for NHS treatment. The plan focuses upon three key areas: improving waiting times so more people receive a quicker diagnosis and treatment; more convenient access to care through direct access to tests, scans, operations or procedures; and improving patient experience through greater choice and control over when and where they will be treated.

4.2   The overall ambition is to ensure 92% of patients wait no longer than 18 weeks from referral to treatment by March 2029. The first staging post is achieving 65% by March 2026 (or a 5% improvement on current performance). In November, the ICB achieved 67.56%, while GHT have achieved 67.23%.

4.3   Much of the work required to sustain and further improve performance is already well underway in Gloucestershire, with significant progress made in reducing the longest waiting times for

Tab 8 Chief Executive Officer Report

diagnostic tests and planned operations and procedures, as we continue to focus on improving efficiency and increasing the capacity of our services. In addition, GPs can access referral guidelines and expert 'advice and guidance' from specialists across a wide range of conditions before making a referral, avoiding the need for unnecessary hospital appointments. There are also some conditions where GPs can refer people straight for diagnostic tests without the need to see a consultant first.

4.4 Approximately 40% of correspondence is now digital, and there has been a notable reduction in people not attending appointments (often described as DNAs). The introduction of patient-initiated follow-up appointments is also offering patients more flexibility to arrange appointments as and when they need one, based on their symptoms and individual circumstances.

4.5 There have also been significant increases in diagnostic tests for several conditions, ensuring that patients are seen, diagnosed, and a treatment plan is made as quickly as possible, with our new Community Diagnostic Centre supporting more than 80,000 extra tests a year.

4.6 Our Elective Care Hub is staffed by people trained in customer care and is available for patients to contact directly about their pending appointment or operation, while also proactively validating and prioritising patients waiting to ensure the right people are seen and resources are not wasted.

4.7 Patients also have greater control of their care through a new patient portal, also available through the NHS app, which offers the opportunity to self-manage appointments and sends digital reminders.

5. **Extension of the Procurement Strategy (pending guidance)**

5.1 On 1 January 2024, the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) came into force. The PSR is an additional layer of regulations that Gloucestershire ICB must comply with when procuring healthcare services in England. The PSR applies to any health care or public health service procured by NHS Trusts, NHS England, integrated care boards and local authorities.

5.2 In addition to the PSR, the Procurement Act 2023 (PA2023) had been scheduled to come into force on 28 October 2024 but has now been deferred to 24 February 2025. PA2023 will have a significant impact on all other, non-healthcare, procurement activity. The Act introduces the following key changes:
- New procurement principles and objectives, with a particular focus on innovation, transparency, and small and medium-sized enterprises (SMEs).
- New procurement routes and requirements.
- New definitions, terminology, and thresholds.
- Increased flexibility over procurement processes and decision-making by contracting authorities.
- Substantially increased transparency requirements.
- Significant increases in the number and contents of published notices.
- Broadened scope to cover the whole contract life, including contract management, post-award performance, payments, and contract termination.

Tab 8 Chief Executive Officer Report

- Performance reporting requirements and the new supplier debarment list.
- Change in award criteria from the 'Most Economically Advantageous Tender' to the 'Most Advantageous Tender'.

5.3 Final guidance on the PA2023 is still awaited from the Cabinet Office and therefore our ability to produce a new Procurement Policy document, which will replace the existing Interim Procurement Strategy document, is impacted by the delay.

5.4 In view of the delay to the introduction of the above legislation and associated guidance, ***permission is sought from the ICB Board, responsible for approving the ICB Procurement Strategy for a 3 month extension to the ICBs interim procurement strategy from 31 March 2025 to 30 June 2025***

6. **Suicide Prevention Strategy**

6.1 A death from suicide can have a devastating impact on families, friends, and communities; and reducing deaths from suicide remains a national and local priority. In 2022, there were 5,642 suicides registered in England and Wales[1], including 59 registered in Gloucestershire. Overall, the suicide rate in the county remains in line with the national and regional suicide rate and has remained relatively steady over the last ten years. The causes of suicide are complex and often multifaceted, but certain factors may make people more vulnerable, and research shows that some groups are at higher risk of suicide than others.

6.2 Nationally and locally, suicide remains most common among men; particularly those who are middle-aged. Research indicates that a person's risk of dying by suicide can reflect wider vulnerabilities in their lives, or their personal circumstances, such as a history of mental health issues or substance misuse, social isolation, physical health issues, or adverse life events, such as a relationship break-up, unemployment or financial challenges. It is important to note that these factors do not necessarily mean someone may be more likely to die by suicide as people will respond to life challenges and circumstances differently

6.3 Reducing suicide is a key strategic priority in both the Gloucestershire All Age Mental Health strategy 2018 - 2023 and the Gloucestershire Joint Health and Wellbeing Strategy 2020 - 2030 and sits alongside a wider commitment to promote good mental health for all. In Gloucestershire, suicide prevention is strategically led by the Public Health team at Gloucestershire County Council in their capacity as chair of the Gloucestershire Suicide Prevention Steering Group and Partnership Forum. The Steering Group works closely with the Gloucestershire Suicide Prevention Partnership (GSPP) Forum which includes representatives from a wide range of organisations and sectors, including, but not limited to local government, education establishments, housing providers, charities and community groups, and representatives from the transport sector.

6.4 In September 2023, the government published the new national 5-year suicide prevention strategy. It recommended that all areas review their local suicide prevention plans to ensure alignment with national priorities. Gloucestershire has had a suicide prevention strategy in place

Tab 8 Chief Executive Officer Report

since 2006, the delivery of which is overseen by the Gloucestershire Suicide Prevention Partnership Steering Group

6.5   The new Gloucestershire suicide prevention strategy (covering the period 2024-2029) represents the third update of the county-wide strategy and takes into account progress made locally since the last local strategy was published in 2015. It has been informed by the latest available local and national intelligence and guidance on suicide trends and risk factors, including the most recent suicide audit in the county (covering deaths from suicide by Gloucestershire residents registered between 2016 and 2018).

6.6   As noted in the new national strategy, suicide prevention is everyone's business which requires action across a range of settings and sectors. No single agency can achieve suicide prevention alone; and partnership working remains at the heart of our local approach. The Gloucestershire strategy and strategic priorities have been developed following discussion with a range of stakeholders from across the system and voluntary and community sector.
The purpose of the Gloucestershire strategy is three-fold:

- To set out strategic priorities for preventing suicide in Gloucestershire over the next 5 years.
- To provide a collective framework for action to guide the work of the suicide prevention steering group and wider system partners.
- To outline how the strategy will be delivered and how we will monitor progress.

The strategy will be supported by a comprehensive action plan which will be developed following adoption of this strategy, in collaboration with the suicide prevention partnership.

6.7   The suicide prevention strategy is one part of a wider programme of countywide and locality-based work to improve mental wellbeing, reduce mental ill-health and support those who are experiencing issues with their mental health. The proposed strategic priorities do not intend to duplicate efforts of other workstreams. It is essential that the new suicide prevention strategy for the county works alongside other programmes and initiatives, and that we recognise the contribution that partners make to this agenda at the county, district, and community level.

6.8   The strategy sets out seven strategic priorities which are designed to provide a framework to guide local action. The priorities are as follows:

- Reducing the risk of suicide in high risk groups
- Reducing access to the means and methods of suicide
- Addressing common risk factors
- Providing information and support to those affected by or bereaved by suicide
- Promoting online safety
- Providing effective crisis support
- Supporting research, data collection and monitoring

6.9   The Suicide Prevention Steering Group will continue to work alongside partners across the system to deliver the strategy; recognising the vital contribution that partners make to this agenda at the county, district, and community level.

Tab 8 Chief Executive Officer Report

6.10 It is noted that this Strategy was considered and supported by the ICS Strategic Executive at its November 2024 meeting. **The ICB Board is asked to adopt the Suicide Prevention Strategy 2024-2029 (see follow on document).**

6.11 The strategy will be supported by a comprehensive action plan which will be developed following adoption of this strategy, in collaboration with the suicide prevention partnership and wider system partners.

7 **National engagement on developing the 10-Year Health Plan**

7.1 The Department of Health and Social Care has launched a period of national engagement to inform the 10-Year Health Plan. Members of the public, as well as health and care professionals, are being invited to share their experiences, views and ideas for the future of the NHS using the online platform https://change.nhs.uk/en-GB/ and via the NHS App.

7.2 The 10-Year Health Plan will be published in spring 2025 and will be underpinned by three key areas for change: https://change.nhs.uk/en-GB/projects/three-shifts
- Preventing sickness, not just treating it
- Moving more care from hospitals to communities
- Making better use of technology

The ICB has been encouraging local people and communities to share their views by surveying our People's Panel and hosting a series of workshops. Members of the Gloucestershire Health and Wellbeing Partnership will have an opportunity to discuss the 10 Year Health Plan at their meeting in January 2025.

7.3 Collated Gloucestershire feedback will be sent to the DHSC by mid-February 2025.

8. **Working with People and Communities Update**

8.1.1 **Addressing Health Inequalities through Engagement with People and Communities: A self-assessment and improvement framework for Integrated Care Systems**
Gloucestershire has been one of four national pilot sites testing the draft framework and providing insight to inform the final version launching on 12 February 2025.

8.1.2 This self-assessment and improvement framework has been co-designed to help Integrated Care Systems (ICSs) improve their engagement with people and communities as a means to address health inequalities, in line with their People and Communities Strategies. It is a structured, flexible tool to help ICSs reflect on current practices, identify areas for improvement, and take strategic action. Developed in collaboration with ICS leaders, public health practitioners, engagement experts, VCSE partners, and people with lived experience, the framework supports a whole-system approach to embedding meaningful engagement and reducing health inequalities. The framework is intended primarily for internal use by ICSs. However, relevant learning may also be used as evidence for internal or external assurance processes, where appropriate. Above all, this framework is designed to stimulate honest reflection, shared learning, and practical action planning.

Page **8** of **10**

Tab 8 Chief Executive Officer Report

8.1.3   The ICS Health Inequalities Engagement Framework is underpinned by a set of core principles that ensure its practical and meaningful application across Integrated Care Systems. These principles reflect the values and approaches needed to tackle health inequalities through effective, inclusive, and sustainable engagement practices.

8.1.4   Gloucestershire was the only site to involve VCSE partners and people with lived experience during the testing phase and Gloucestershire partners are being filmed at Inclusion Gloucestershire's HQ discussing their experience of testing the Framework to support the launch.

8.2   **Joining Up Insight in Gloucestershire (JIG)**
There is a lot of Insight data, especially qualitative data, being gathered from people in Gloucestershire by a wide range of health, care, statutory and voluntary organisations and groups. Joining Up Insight in Gloucestershire is a new online collection of qualitative data.

8.2.1   **What is "Insight"?**
Listening to people's experiences, and to the views of staff and volunteers involved in providing a service, plays a crucial part in delivering support and services that are effective, safe, and continually improving. "Insight" is this qualitative data - people's experiences, stories, and feedback. Insight can tell us things that other data cannot, particularly about how people feel about their experiences.

8.2.2   JIG has been co-designed by the ICB engagement team working with partners across the ICS including Public Health colleagues, Healthwatch Gloucestershire and Active Gloucestershire. The JIG workspace is hosted on NHS Futures website; it is easily accessible to a wide range of people working (or volunteering) in health and care, to inform decision-making. JIG is open, giving wide access with the aim of increasing understanding and reducing duplication. It reflects the ICB's commitment to put people and communities at the heart of service development and decision-making across the integrated care system in Gloucestershire, ensuring that local voices are heard, valued and influential.

8.2.3   JIG was launched at Gloucestershire's Data Day in December 2025
https://future.nhs.uk/Joining_upInsightGloucestershire/groupHome

8.3   **One Gloucestershire People's Panel**
We work with a group of just over 1000 local residents who are members of the One Gloucestershire People's Panel. The panellists are representative of the Gloucestershire population of approximately 650,000 residents; and include individuals who live in CORE20 PLUS priority areas of the county; where people experience greater health inequalities than elsewhere in Gloucestershire or England. The Panellists' anonymous feedback is used at a county and a more local level to shape health and care services and support. People's Panel surveys in the past year have focussed on: Digital & Information Sharing; Virtual Wards and NHS 111 and non-medical support for health and wellbeing. Panellists are currently being invited to take part in the national conversation about the 10 Year Plan for Health. Their local responses will inform both the national and our local plans and priorities.

Tab 8 Chief Executive Officer Report

8.4   **Building trusted relationships**
        We recognise that developing trusted relationships with people from the diverse ethnic communities in our county is crucial in supporting our work to reduce health inequalities. The following examples demonstrates the difference these relationships can make and introduces a new area of partnership working we are exploring in the Forest of Dean.

8.5   **Working with South Asian Women:**
        The ICB Insights Manager has been visiting a South Asian Women's Group regularly for around a year, slowly building trust and relationships with the women who attend. The Group is funded by Inclusion Gloucestershire and meet at the Friendship Café. Data shows that cancer survival amongst women from South Asian communities is lower compared to other ethnicities and, to encourage this community to talk about cancer and increase awareness of the signs and symptoms, a number of art-based therapy sessions (run by Artlift) have been set up to introduce the topic in a safe environment. It has been difficult to initiate a discussion on cancer and the topic is clearly very stigmatised amongst the women. Therefore, the ICB Insights Manager decided to share her own cancer story and opened up the room to questions. Surprisingly, the group were very receptive and asked questions around her experiences of the disease, signs and symptoms and relationships. The environment of trust and sharing facilitated other ladies to share their experiences of cancer, something they had never done before. Consequently, the final session with the women will now include a personal story, information from reputable sources on the statistics of cancer, a craft session and signposting to services in the county. This has been an example of the true partnership work and demonstrates the impact of how continued presence has built trust and thus allowed people to discuss a stigmatised issue openly.

8.6   **Working with the Romanian Community in the Forest of Dean**
        We have recently met with colleagues from the Forest of Dean District Council, Glos Constabulary and Glos Fire and Rescue Service to explore how we can support the Romanian community in the Forest of Dean and ensure they have good access to local health and care services. This builds on earlier work undertaken by statutory partners in the Cinderford area and aims to develop both insight and mutual understanding of the health needs of this community. We hope to work in collaboration to share information, enable good access to primary care, and improve uptake of appropriate health checks/vaccination programmes. A further meeting, where we explore engagement ideas with key partners working in the town, is planned for next month.

9.   Recommendation
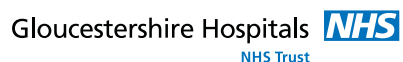
9.1   The Board is asked to note the CEO report.

Tab 8 Chief Executive Officer Report

GLOUCESTERSHIRE SUICIDE PREVENTION STRATEGY

2024-2029

Developed by Public Health at Gloucestershire County Council on behalf of Gloucestershire Suicide Prevention Partnership

Tab 8 Chief Executive Officer Report

Gloucestershire
Coroner's Service

NHS
Gloucestershire

NHS
South Western
Ambulance Service
NHS Foundation Trust

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Gloucestershire Hospitals **NHS**
NHS Trust

Gloucestershire
COUNTY COUNCIL

PLEASE NOTE: This document contains potentially distressing content around methods, means and impact of suicide. Please read with caution, be aware of looking after your own wellbeing and contact sources of support, which are listed at the end of this document, if you feel you need to.

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CONTENTS

Tab 8 Chief Executive Officer Report

FOREWORD

We are pleased to share with you the new suicide prevention strategy for Gloucestershire. Anyone who is involved in suicide prevention will know only too well the tragic circumstances which lie behind a death from suicide, and the devasting impact it has on families and individuals affected by the death.

Drawing on Professor Sir Louis Appleby's reflections in his foreword to the recently published national suicide prevention strategy, the question of what more we could have done collectively as organisations, as communities and as a system to prevent a death from suicide is key. Prevention, partnership working and early intervention, are central to our local strategy.

No single organisation can prevent suicide alone, and in developing the strategy we are aware of the range of good work already happening in the county across sectors and settings which contributes to suicide prevention and the support of those affected by suicide. This strategy seeks to complement and build on this work.

Our last Suicide Prevention strategy covered the period 2015-2020, and the pandemic contributed to a delay in the publication of our new strategy. Nevertheless, work on suicide prevention did not stop in the intervening period. The steering group and wider partners continued to take forward our collective action plan, and the strategy provides an update on some of our recent projects and programmes.

We would like to thank everyone who contributed to the development of this updated strategy and shared their views about the actions we need to prioritise locally.

The strategy sets out seven strategic priorities and we hope that it provides our partners and stakeholders with a framework to guide local action.

Suicide prevention matters. It matters because every death from suicide is a life lost. The national call to action is that suicide prevention becomes everyone's business, and we hope this strategy will contribute to achieving that aim in Gloucestershire.

The Gloucestershire Suicide Prevention Steering Group

ACKNOWLEDGEMENTS

Acknowledgements: with thanks to Claire Procter, Suzie Lane, Nicky Maunder, Rachel Howard, and Rowan-Renow-Clarke at Gloucestershire County Council, and members of the Gloucestershire Suicide Prevention Steering Group from Gloucestershire Coroners Service, Gloucestershire Constabulary, Gloucestershire Health and Care NHS Trust, and Gloucestershire Integrated Care Board.

Tab 8 Chief Executive Officer Report

INTRODUCTION

In 2022, there were 5,642 suicides registered in England and Wales[1] including 59 registered in Gloucestershire. Every suicide is a tragedy for the individual and those who knew them. The impact is not just felt by immediate family and friends. Studies suggest that a suicide can affect a wide circle of individuals, including those who witness the death or are involved in the response.

The causes of suicide are complex and often multifaceted, but certain factors may make people more vulnerable, and research shows that some groups are at higher risk of suicide than others.

Preventing suicide remains a national and local priority. In September 2023, the Government published a new national suicide prevention strategy which reaffirmed their commitment to reduce deaths from suicide and set out a framework to guide national and local action.

Gloucestershire has had a suicide prevention strategy in place since 2006, which is overseen by the Gloucestershire Suicide Prevention Partnership Steering Group and Partnership Forum which report to the Gloucestershire Mental Health and Wellbeing Partnership Board.

This document represents the third refresh of the county-wide strategy and takes into account progress made locally since the 2015 strategy. It has been informed by the latest available local and national intelligence and guidance on suicide trends and risk factors, including the most recent suicide audit in the county (covering deaths from suicide registered between 2016 and 2018).

As noted in the new national strategy, suicide prevention is everyone's business which requires action across a range of settings and sectors. No single agency can achieve suicide prevention alone; and partnership working remains at the heart of our local approach. The Gloucestershire strategy and strategic priorities have been developed following discussion with a range of stakeholders from across the system and voluntary and community sector.

5,642

SUICIDES REGISTERED IN ENGLAND AND WALES 2022

Tab 8 Chief Executive Officer Report

THE PURPOSE OF THE STRATEGY IS THREE-FOLD:

To set out strategic priorities for preventing suicide in Gloucestershire over the next 5 years.

To provide a collective framework for action to guide the work of the suicide prevention steering group and wider system partners.

To outline how the strategy will be delivered and how we will monitor progress.

THE STRATEGY IS IN THREE SECTIONS:

SECTION 1
Outlines the national and local context and explains our approach to suicide prevention in Gloucestershire

SECTION 2
Summarises the latest national and local intelligence on suicide rates and risk factors

SECTION 3
Sets out strategic priorities for the next five years

The strategy will be supported by a comprehensive action plan.

GLOUCESTERSHIRE SUICIDE PREVENTION STRATEGY **2024 - 2029**   **5**

Tab 8 Chief Executive Officer Report

SECTION 1 - STRATEGIC CONTEXT

NATIONAL SUICIDE PREVENTION PRIORITIES

National suicide prevention policies provide an important framework for local action. In developing our local strategy, we have considered the recommendations contained in a range of national publications and guidance documents; including those described in this section.

The national suicide prevention strategy 'Suicide Prevention in England: 5 year cross-sector strategy' published in September 2023, sets out the Government's aims to: reduce the suicide rate over the next 5 years (with initial reductions observed within half this time or sooner); to continue to improve support for people who self-harm; and to continue to improve support for people who have been bereaved by suicide. It identifies eight priorities for action at the national level based on evidence, data, and engagement:

1 IMPROVING DATA AND EVIDENCE
to ensure that effective, evidence-informed, and timely interventions continue to be developed and adapted.

2 TAILORED, TARGETED SUPPORT
to priority groups, including those at higher risk of suicide.

3 ADDRESSING COMMON RISK FACTORS
linked to suicide at a population level to provide early intervention and tailored support.

4 PROMOTING ONLINE SAFETY
and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.

5 PROVIDING EFFECTIVE CRISIS SUPPORT
across sectors for those who reach crisis point.

6 REDUCING ACCESS TO MEANS AND METHODS
of suicide where this is appropriate and necessary as an intervention to prevent suicides.

7 PROVIDING EFFECTIVE BEREAVEMENT SUPPORT
to those affected by suicide.

8 MAKING SUICIDE EVERYBODY'S BUSINESS
so that we can maximise our collective impact and support to prevent suicides.

Local areas are encouraged to align their local strategies with these priorities, and the national priorities have helped to guide the development of the Gloucestershire suicide prevention strategy, alongside local data and intelligence.

GLOUCESTERSHIRE SUICIDE PREVENTION STRATEGY **2024 - 2029** ———— **6**

Tab 8 Chief Executive Officer Report

NATIONAL SUICIDE PREVENTION PRIORITIES

The National Institute for Health and Care Excellence (NICE) issued a [Suicide Prevention Quality Standard](link)[2] in 2019 covering ways to reduce suicide and help people bereaved or affected by suicide. The five quality statements are outlined below and include a focus on the role of multi-agency suicide prevention partnerships in local areas.

1. Multi-agency suicide prevention partnerships should have a strategic suicide prevention group and clear governance and accountability structures.

2. Multi-agency suicide prevention partnerships should work to reduce access to methods of suicide based on local information.

3. Multi-agency suicide prevention partnerships should have a local media plan that identifies how they will encourage journalists and editors to follow best practice when reporting on suicide and suicidal behaviour.

4. Commissioners and practitioners should help ensure that adults presenting with suicidal thoughts or plans discuss whether they would like their family, carers or friends to be involved in their care and are made aware of the limits of confidentiality.

5. People bereaved or affected by a suspected suicide should be given information and offered tailored support.

In May 2019, the Samaritans published the findings of a joint independent review undertaken with the University of Exeter focusing on the progress made by local authority areas in developing and delivering their suicide prevention plans.

The study highlighted that good progress had been made, but also made recommendations to improve practice. The recommendations recognised the importance of local strategies being guided by the specific local context and learning from best practice from other areas. We will build the recommendations into the development of our local action plan for Gloucestershire.

The evidence base on the prevention of suicides is growing; and as a suicide prevention partnership we are committed to continuing to learn from best practice.

GLOUCESTERSHIRE SUICIDE PREVENTION STRATEGY **2024 - 2029** ———————————— **7**

Tab 8 Chief Executive Officer Report

SECTION 1 - STRATEGIC CONTEXT

OUR APPROACH TO SUICIDE PREVENTION IN GLOUCESTERSHIRE

Reducing suicide and self-harm is a key strategic priority in both the Gloucestershire All Age Mental Health strategy 2018 - 2023[3] and the Gloucestershire Joint Health and Wellbeing Strategy 2020 - 2030[4] and sits alongside a wider commitment to promote good mental health for all.

Suicide prevention work in Gloucestershire is overseen by the **Suicide Prevention Steering Group.** The group includes representatives from the Coroner's Office, Gloucestershire Health and Care NHS Foundation Trust, Gloucestershire Constabulary, and the Integrated Care Board. It is Chaired by the Public Health team at Gloucestershire County Council. The steering group reports to the Gloucestershire Mental Health and Wellbeing Partnership Board which in turns reports into the Gloucestershire Health and Wellbeing Board.

The Steering Group works closely with wider partners across the public sector and the Voluntary and Community Sector to support delivery of the strategy and action plan. The wider **Gloucestershire Suicide Prevention Partnership** (GSPP) Forum includes representatives from a wide range of organisations. Sectors represented on the partnership, include local government, education establishments, local employers, housing providers, local charities and community groups, Gloucestershire Fire and Rescue Service, and representatives from the transport sector, including Great Western Railways and Highways.

GLOUCESTERSHIRE SUICIDE PREVENTION STRATEGY **2024 - 2029** — 8

Tab 8 Chief Executive Officer Report

SECTION 1 - STRATEGIC CONTEXT

OVERVIEW OF THE WORK OF THE GLOUCESTERSHIRE SUICIDE PREVENTION PARTNERSHIP

The Suicide Prevention Steering Group and its partners oversee a range of key workstreams:

THE GLOUCESTERSHIRE SUICIDE AUDIT:

The Audit is carried out every few years and looks at all deaths from suicide by Gloucestershire residents which occurred in the county and were registered in a given time period. It seeks to understand the risk factors for suicide and the findings inform the local strategy. The latest Suicide Audit covering deaths from suicide registered between 2019 and 2022 is currently in progress.

REAL TIME SURVEILLANCE OF SUSPECTED SUICIDES (RTSS):

The Steering Group work closely with the Coroners Service and the police to carry out real time surveillance of suspected suicides in the county to help us identify any emergent issues or signs of clusters or contagion[5]. RTSS is recognised as a best practice approach in the new national Suicide Prevention Strategy.

WORK TO PREVENT SUICIDE DEATHS AND ATTEMPTS IN PUBLIC PLACES:

The Steering Group work with a range of partners to implement national guidance on the prevention of suicides in public places, such as highways, waterways, rail networks, and multi-storey buildings. This might include the installation of Samaritan signs, suicide prevention training for staff, and/or the installation of improved lighting or barriers.

DELIVERY OF SUICIDE AWARENESS TRAINING:

We have provided free training to front line individuals working and volunteering in the public and voluntary sector on the following topics: self-harm awareness, mental wellbeing awareness, suicide prevention awareness and practical skills and postvention and bereavement support.

IMPLEMENTATION OF THE GLOUCESTERSHIRE SUICIDE PREVENTION ACTION PLAN:

The Steering Group oversee the delivery of the Suicide Prevention Action plan which supports the implementation of the Gloucestershire Suicide Prevention Strategy.

PUBLICATION OF THE GLOUCESTERSHIRE SUICIDE PREVENTION PARTNERSHIP (GSPP) NEWSLETTER[6]:

The newsletter includes national updates and updates from GSPP members, details on upcoming training courses, and new tools and resources. The newsletter is part of our commitment to help raise awareness of the importance of suicide prevention and engage a wide range of partners.

NHS Gloucestershire ICB Public Board-29/01/25

Tab 8 Chief Executive Officer Report

SECTION 1 - STRATEGIC CONTEXT

PROGRESS SINCE THE LAST STRATEGY

Since the publication of the last strategy in 2015, the Suicide Prevention Steering Group and its partners have delivered a range of initiatives and programmes as part of its implementation.

1,512 people responded to our promotional campaign to encourage people to complete the free online Zero Suicide Alliance Training.

We recruited a GP Suicide Prevention champion who worked on specific projects (2018-2021).

We developed and delivered new training courses for individuals working in adult social care and with people who may be at risk of financial problems, like debt and unemployment.

We organised a service of reflection, remembrance, and celebration at Gloucester Cathedral to mark World Suicide Prevention Day.

362 people attended our training courses on mental health awareness, self-harm and suicide prevention awareness in 2022/23 from across the public and voluntary sector.

We installed Samaritans signs in a number of multi-storey car parks across the county.

Tab 8 Chief Executive Officer Report
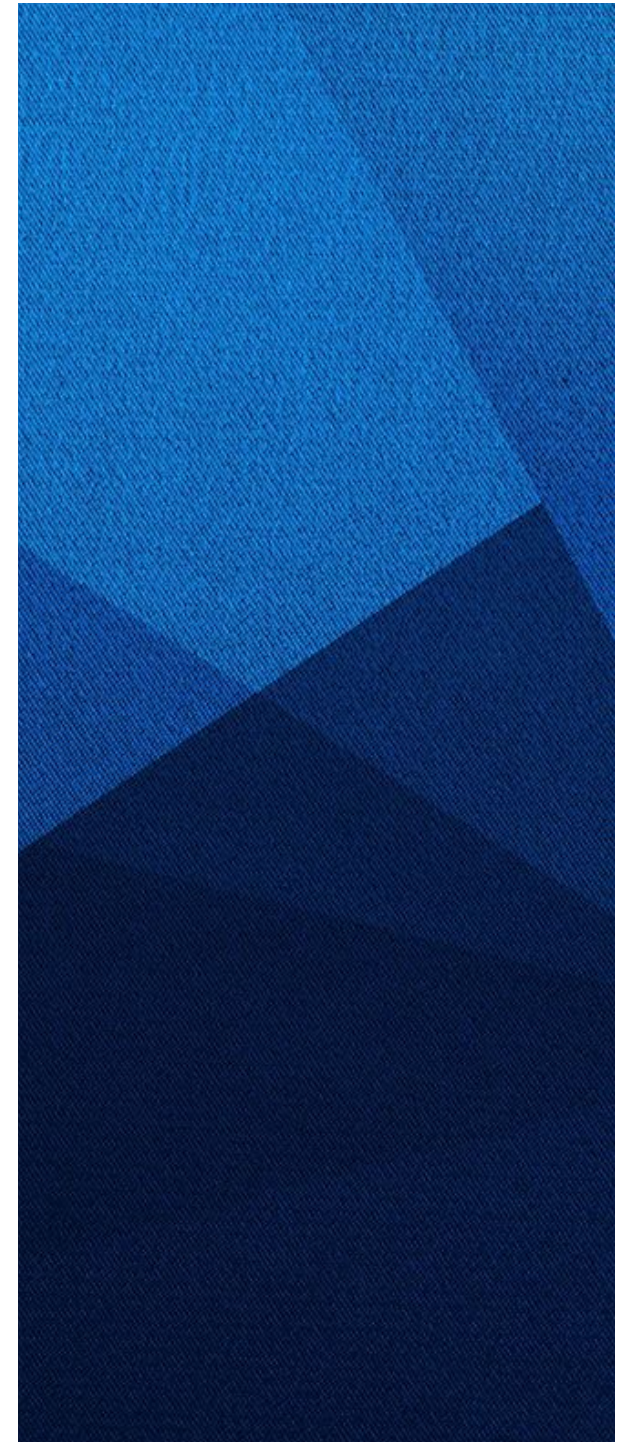
SPOTLIGHT ON THE GLOW COMMUNITY GRANT PROGRAMME

Using funding from the NHS England and NHS Improvement's national Suicide Prevention Transformation Programme, the GSPP launched the GloW (Gloucestershire Wellbeing) grant programme.

£206,000+

WAS AWARDED OVER THREE YEARS IN GRANTS TO 28 COMMUNITY LED PROJECTS AND ACTIVITIES ACROSS GLOUCESTERSHIRE

A total of just over **£206,000 over three years** was awarded in grants to **28 community led projects and activities across Gloucestershire** aimed at improving wellbeing and reducing risk of suicide.

The grants supported a range of projects, including postnatal support for mothers, a counselling project for young people, and a suicide bereavement peer support group.

An evaluation was conducted at the end of the grant programme. Data was collected via questionnaires and follow up phone calls, with 22 grantees providing data. The findings indicated the following five outcomes as a result of the projects: **reduction in loneliness/isolation; improved mental health/overall wellbeing; personal growth; increased confidence and empowering and supporting others**.

Recommendations were also made for any future grant scheme, such as helping projects to reach more rural areas of Gloucestershire and carrying out further signposting work within rural areas.

Tab 8 Chief Executive Officer Report

SECTION 1 - STRATEGIC CONTEXT

SPOTLIGHT ON IT'S SAFE TO TALK ABOUT SUICIDE

Gloucestershire Health & Care NHS Trust, in partnership with the GSPP and Gloucestershire County Council, have developed a leaflet to help support people who are concerned that someone might be considering suicide. *It's Safe to Talk About Suicide*[7] helps support the conversation, highlighting why it's important to ask the question, and pointing to sources of support.
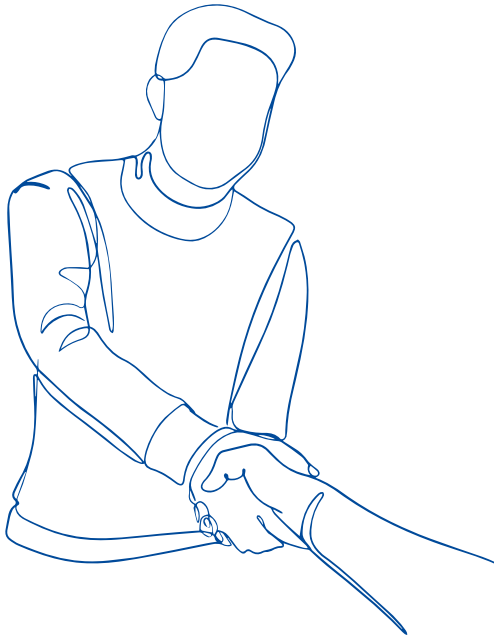
SPOTLIGHT ON LETTER OF HOPE

Gloucestershire Health & Care NHS Trust and Gloucestershire Hospitals NHS Foundation Trust have developed the *Letter of Hope*[8], which is given to those arriving at the county's hospitals after attempting suicide or if they are experiencing suicidal feelings. The letter was written by people who have made attempts to take their own life, or who have supported family members who have made such an attempt. From their unique, personal perspective they offer words of encouragement and sources of support. A short video[9] of the letter has also been made available.

GLOUCESTERSHIRE SUICIDE PREVENTION STRATEGY **2024 - 2029**

12

Tab 8 Chief Executive Officer Report

SECTION 1 - STRATEGIC CONTEXT
SPOTLIGHT ON THE INPATIENT - ZERO SUICIDE PLAN

The ambition of zero suicides is across all Gloucestershire Health and Care NHS Foundation Trust mental health inpatient services, and sits alongside the delivery of good outcomes in the treatment of mental health crisis, within the least coercive and most therapeutic environment possible.

THERE ARE 6 KEY ELEMENTS TO THIS WORK.

1. Delivery of a work plan with a clear focus on suicide prevention, ligature reduction programmes, use of assistive technologies, and proactive and collaborative clinical risk management.

2. Implementing a comprehensive and robust training programme focussed on suicide reduction, suicidal thinking, assessment and conversation. This will be provided for all grades and professions of staff.

3. To fully integrate where possible, experts by experience, carers and families in this work to improve overall outcomes and service delivery in keeping with trust values, including further development and promotion of existing good practice such as the Letter of Hope, the 'It's safe to talk about suicide leaflet' and the Stay Alive app.

4. Development of specialist practitioner roles. The focus of the Advanced Nurse Practitioners will be working with complex patients at risk of harm, supporting ward teams and medical staff in assessing, managing and reducing risk inclusive of serious self-harm.

5. For the inpatient teams to continue to assist in the provision of good follow-up and transition across teams to reduce risks and ensure safe discharges.

6. To fully engage with the Gloucestershire Suicide Prevention Partnership Forum, neighbouring trusts and those further in the South to work together to share thoughts, ideas and experiences.

Tab 8 Chief Executive Officer Report
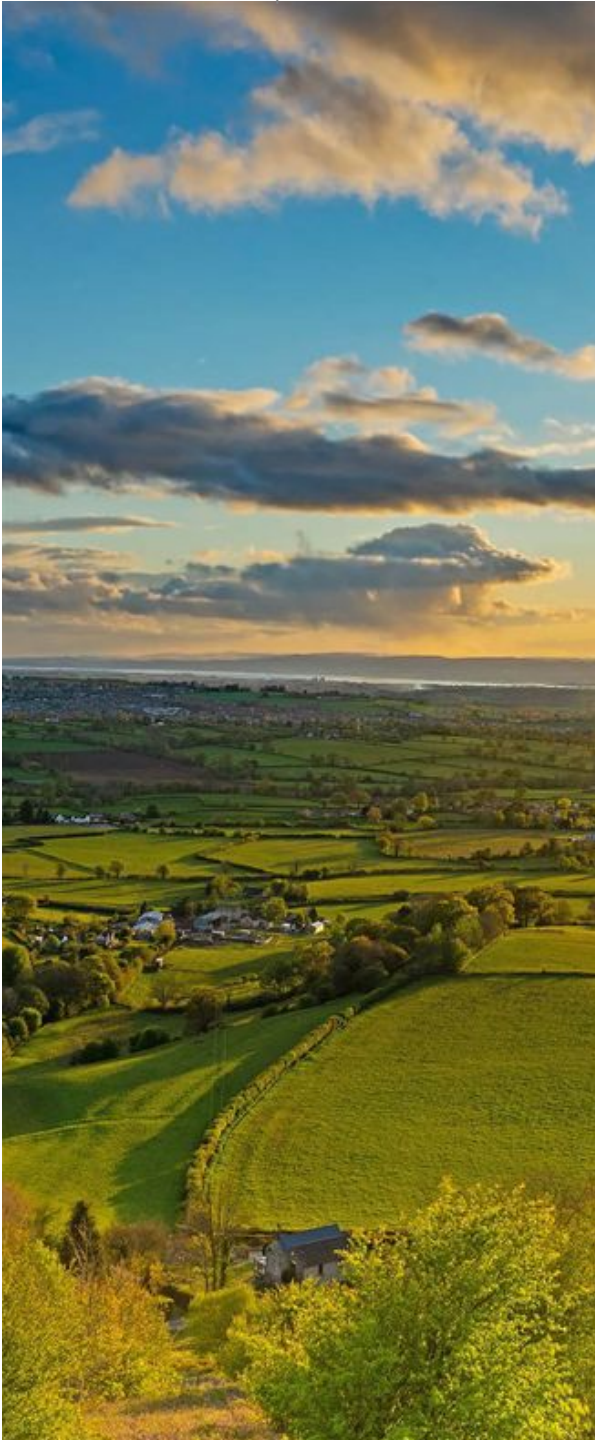
SECTION 1 - STRATEGIC CONTEXT

SPOTLIGHT ON THE GLOUCESTERSHIRE SUPPORT AFTER SUICIDE SERVICE

Using funding from the NHS England and NHS Improvement's national Suicide Prevention Transformation funding for postvention bereavement support, the Suicide Prevention Steering Group oversaw the successful commissioning of a formal suicide bereavement support service for Gloucestershire.

The Gloucestershire Support After Suicide Service (GSASS), delivered by Rethink, commenced in January 2022. GSASS provides support through three functions:

1. Liaison support for recently bereaved adult next of kin during the coronial process and other practical matters in the weeks soon after death.

2. Signposting and information provision provided to anyone affected by a death by suicide.

3. Facilitation of peer-led support. GSASS also provides emotional support to those bereaved by suicide.

Following national guidance, GSASS has worked closely with Gloucestershire Constabulary to develop a real time referral process, whereby bereaved individuals are referred into GSASS so that timely support can be offered. This is a major step forward towards addressing suicide bereavement as a risk factor for suicide. An evaluation of the service is currently in progress.

GLOUCESTERSHIRE SUICIDE PREVENTION STRATEGY **2024 - 2029** —————— **14**

Tab 8 Chief Executive Officer Report

THEMES FROM THE DATA

Over the 10 year period 2013 to 2022, there were an average of 59 deaths a year from suicide registered where the person's usual residence was recorded as Gloucestershire.[10]

It is important to look at suicide trends over a relatively long period in order to gain a better understanding of the picture over time. The suicide rate in Gloucestershire for the three-year period 2020-2022 (10.7 per 100,000) is in line with the national and regional suicide rate and while there has been a slight upward trend locally and regionally since 2013-15, overall, the Gloucestershire rate has been relatively steady over this period remaining in line with the national and regional rate throughout.[11]

Data indicates that suicides in England and Wales fell in 2020, however this is likely to be partly due to delays in completing inquests and registering deaths during the pandemic. Despite some concerns at the time, overall national data indicates that suicides did not increase through the pandemic and lockdown periods.

Nationally, suicides remain most common among men; particularly those who are middle-aged. Of suicides registered in 2022 in England and Wales, three quarters were male and the highest suicide rates were seen in persons aged 50 to 54 years.[12] National data shows that men are 2.9 times more likely to die by suicide than females.

While the suicide rate in under-20s is relatively low compared with older age groups, nationally suicide rates for individuals aged 10-25 have been increasing over the last decade in England.[13]

Tab 8 Chief Executive Officer Report

SECTION 2 - LOCAL AND NATIONAL INTELLIGENCE
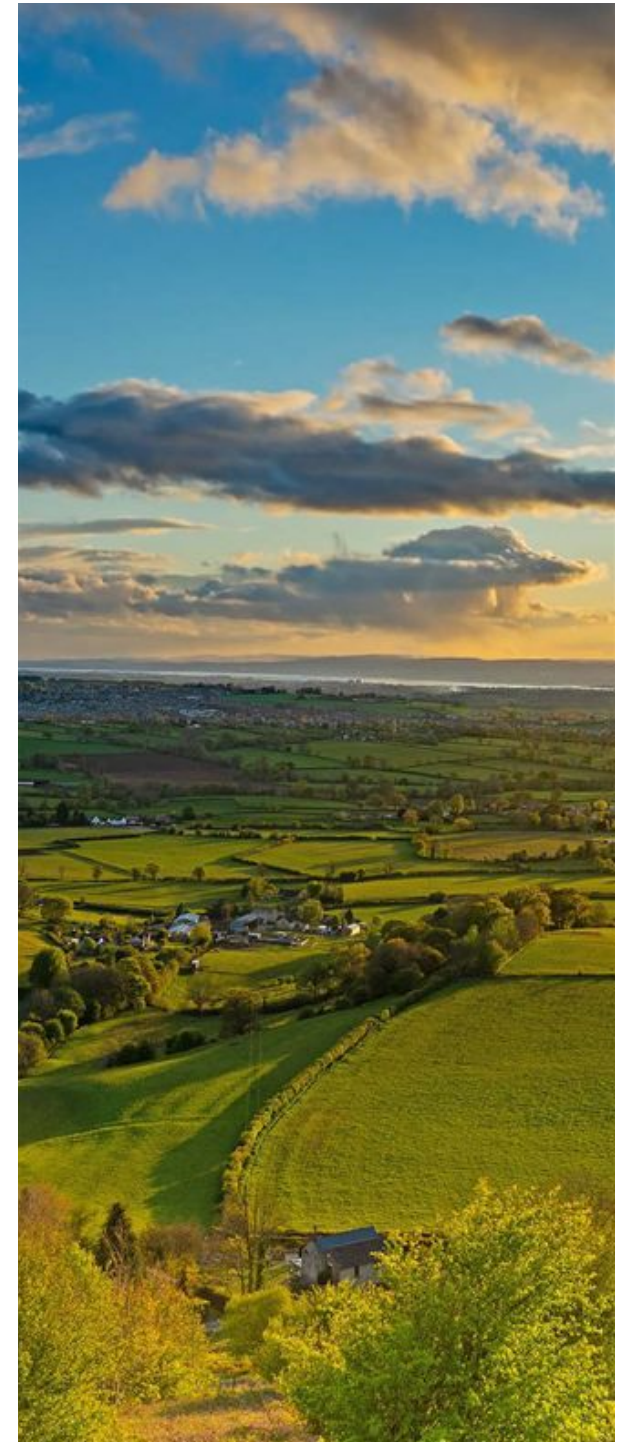
WHAT ARE THE KEY RISK FACTORS FOR SUICIDE?

National research indicates that a person's risk of dying by suicide can reflect wider vulnerabilities in their lives, or their personal and environmental circumstances.

THESE RISK FACTORS MIGHT INCLUDE:

- Their social and economic circumstances, such as their employment status or housing/living conditions.

- Whether they are socially isolated.

- Whether they have experienced significant adverse or traumatic life events (such as domestic abuse, marital or relationship break-up, unemployment, becoming homeless or leaving care).

- Whether they have issues with alcohol and/or drugs; or harmful gambling.

- If they have long term physical health problems.

- If they have a history of mental health issues and are known to or in the care of mental health services.

- If they have previously self-harmed.

As described previously, age and gender are also risk factors for suicide; with suicides remaining most common in middle aged men.

It is important to note that these indicators are predictors of suicide risk at the population level, and do not necessarily equate to risk at an individual level. Protective factors, such as social contacts and individual resources and strengths mean that people respond to life challenges differently.

GLOUCESTERSHIRE SUICIDE PREVENTION STRATEGY **2024 - 2029** ——————— **16**

Tab 8 Chief Executive Officer Report

SECTION 2 – LOCAL AND NATIONAL INTELLIGENCE
LEARNING FROM THE LOCAL SUICIDE AUDIT

The most recent Suicide Audit reviewed deaths from suicide by Gloucestershire residents which took place in the county and were registered over a three-year period 2016-2018[14].

The audit draws on information from the Coroner's Office, Gloucestershire Constabulary, Gloucestershire Health and Care NHS Trust, Social Care, and other partner organisations to help us understand the risk factors which contribute to suicide. The findings have been used to inform the strategic priorities for our new suicide prevention strategy and action plan.

KEY FINDINGS

157 deaths from suicide registered in the county between 2016 and 2018.

16% had a significant health problem or physical disability.

Half of the cohort were known to specialist mental health services.

Over 76% (three quarters) of the cohort were male. In line with the national picture.

Over 1 in 4 (27%) of the cohort had a history of self-harm; a known risk factor for suicide.

The median age was 45-49.

The 2 most deprived quintiles[15] included the highest proportion of the cohort compared to all Gloucestershire residents.

Spread of deaths from suicide across the county broadly reflects the proportion of residents in each district except Gloucester which is over-represented and Tewkesbury which is under-represented.

Two-thirds of the cohort died in their own home (in line with England).
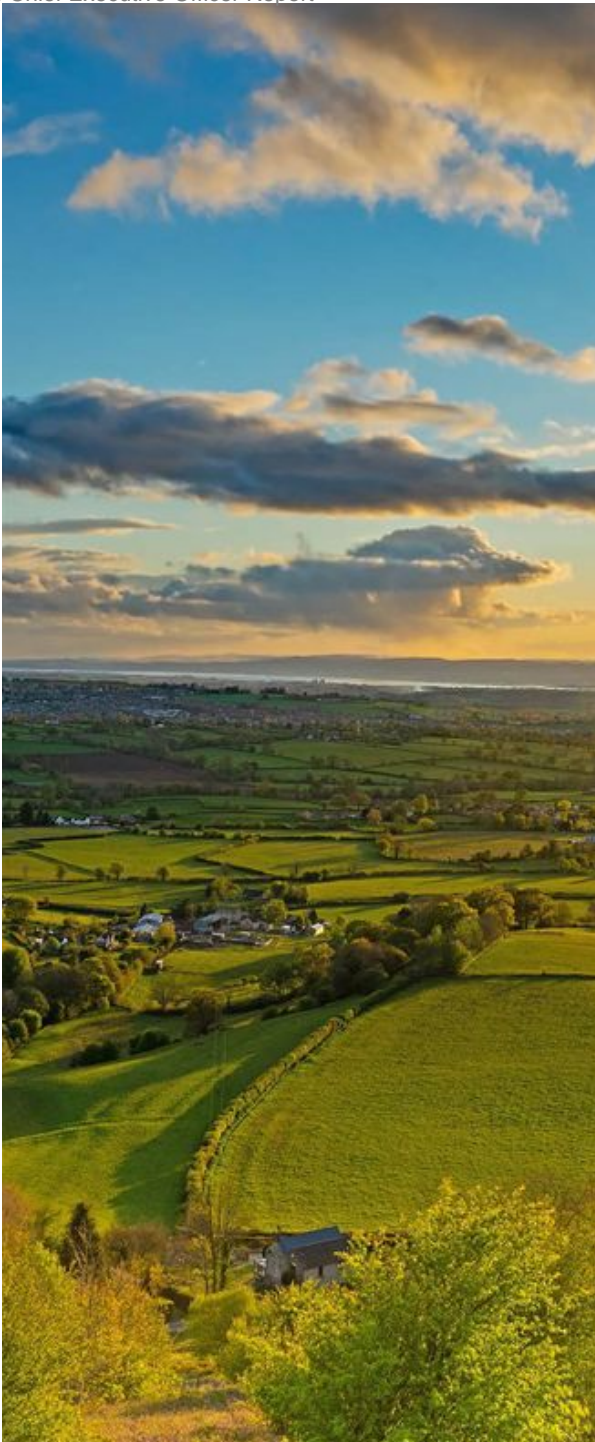
40% were living alone and nearly two-thirds weren't in a relationship at the time of death.

Tab 8 Chief Executive Officer Report

LEARNING FROM THE LOCAL SUICIDE AUDIT

60% of the audit had multiple risk factors for suicide, including, but not limited to bereavement, relationship breakdown and/or significant health problem or physical disability. This highlights how risk factors can overlap and compound the challenges which an individual is facing in life.

While the deaths considered in the audit all took place before the pandemic, the audit also considered how the pandemic may exacerbate some of the known risk factors for suicide, including bereavement, ill-health, isolation, and financial hardship.

The overarching recommendations from the audit are summarised below:

+ Promote joint risk assessments and the sharing of risk assessments where multiple agencies are engaged with a person who may be at risk of suicide and/or self-harm.

+ Raise awareness with statutory services on the risk factors for suicide and promote the practice of holistic needs assessment (considering the client's wider social and life circumstances) to identify where multiple risk factors may be present.

+ Encourage all organisations (whether public or third sector) who support members of the public to be suicide aware and promote access to appropriate suicide awareness training, tools, and resources.

+ Develop our understanding of what works in engaging higher risk groups, and ensure we are listening and learning from people with direct experience.

+ Develop and promote the support options available for people who may be struggling with suicidal thoughts, self-harm, or their mental health.

+ Work with communities, organisations, and individuals to encourage discourse around suicide to help reduce stigma and understand barriers to seeking help.

+ Ensure that consideration is given to social or community-based support options for individuals receiving mental health support or being discharged from mental health care.

GLOUCESTERSHIRE SUICIDE PREVENTION STRATEGY **2024 - 2029** ———— **18**

Tab 8 Chief Executive Officer Report

LEARNING FROM THE LOCAL SUICIDE AUDIT

Work has now started on our next suicide audit covering deaths from suicide registered between 2019 and 2022. The suicide prevention action plan will be updated to reflect any new issues identified.

The factors which impact on suicide are complex and it is often not one single factor which may cause someone to take their own life.

Many people experience multiple risk factors at the same time when a combination of stressful life events or circumstances coincide.

Having a risk factor for suicide does not mean you will go onto die by suicide. Everyone is different and everyone experiences stressful life events in different ways.

Getting support early and talking to people when you are finding things hard can help. You can find more advice on looking after your mental health and where to get help at the end of this document.
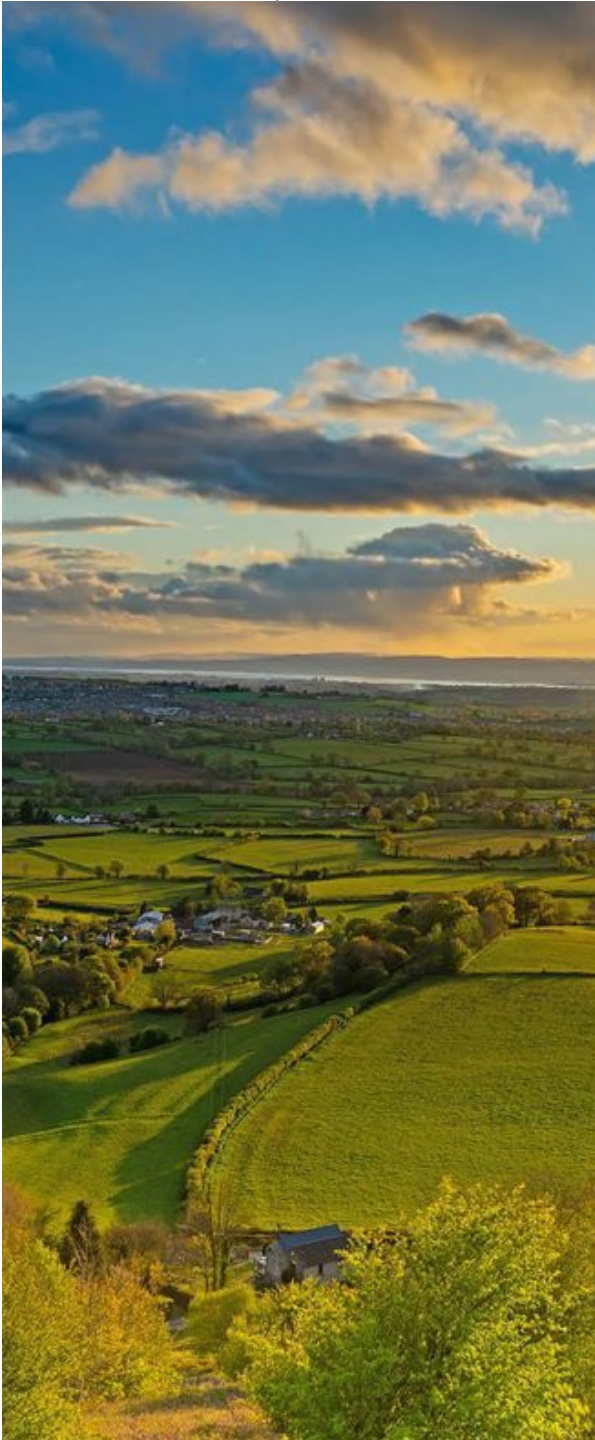
Tab 8 Chief Executive Officer Report

DEVELOPING THE PRIORITIES - LEARNING FROM ENGAGEMENT WITH PARTNERS

Over the course of the last three years, the steering group have carried out a range of informal and structured engagement with stakeholders to help inform where we collectively focus to improve mental health and wellbeing and prevent suicides and self-harm.

To support the development of the new strategy, we have:

Held an online workshop discussion with stakeholders on the prevention of self-harm.

Facilitated discussions groups with members of the Suicide Prevention Partnership Forum on our priorities for suicide prevention, including representatives of people with lived experience of suicide.

Engaged with representatives from a range of key stakeholders, including the mental health and wellbeing partnership board, general practice, social care, the local mental health trust, and voluntary and community groups.

GLOUCESTERSHIRE SUICIDE PREVENTION STRATEGY **2024 - 2029** ———————— **20**

Tab 8 Chief Executive Officer Report

DEVELOPING THE PRIORITIES - LEARNING FROM ENGAGEMENT WITH PARTNERS

A number of key themes have emerged from this engagement. These are reflected in our strategic priorities and will also inform the development of our action plan.

+ The accessibility of support services; and ensuring that people experiencing crisis or issues with their mental health (or individuals or organisations supporting those in need) can easily find out about the support available and access that support when it is needed.

+ The importance of working across different settings to raise awareness and reach people at risk, including the workplace.

+ The need to support the front line 'care givers' to those in crisis or experiencing mental health issues, including professionals, volunteers, and unpaid carers (family/friends).

+ The importance of what comes next when someone is discharged from the care of mental health services. How do we support people to recover and stay well.

+ A focus on early intervention and prevention; and the need to work across the life course from childhood to older age to build resilience.

+ The need for ongoing awareness; raising and training; giving people the confidence to ask the question.

+ The role of targeted work, to reach and engage groups at higher risk of suicide and selfharm, informed by insight and evidence.

+ The importance of communication and collaboration across services, and organisations to ensure a joined-up approach to assessing risk, providing care, and preventing suicide.

+ The importance of considering the various 'touchpoints' that services, individuals, or organisations might have with people who may be at risk of suicide; and using these to create opportunities for brief interventions to provide support.

+ The need to put the person at the centre of our approach to suicide prevention; and also recognise how multiple risk factors and vulnerabilities might overlap.

GLOUCESTERSHIRE SUICIDE PREVENTION STRATEGY **2024 - 2029** —————— **21**

Tab 8 Chief Executive Officer Report
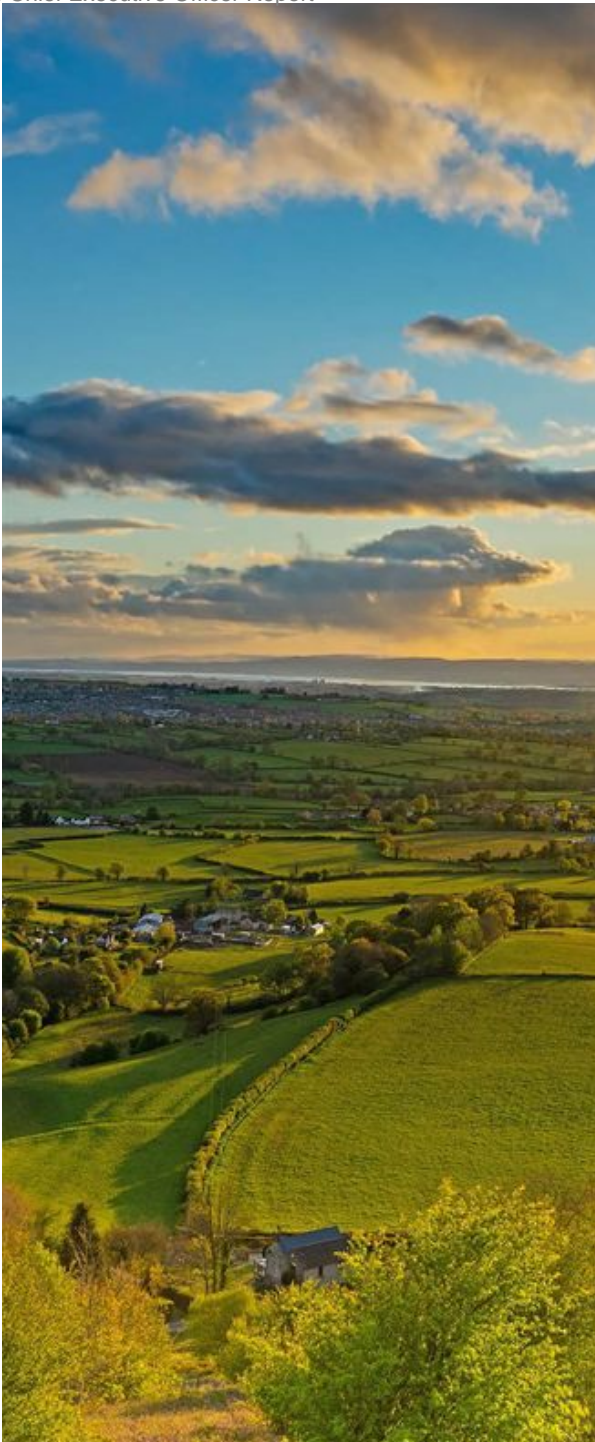
SECTION 3 - OUR STRATEGIC PRIORITIES

A WHOLE SYSTEM/ PARTNERSHIP APPROACH

The efforts of many programmes and organisations across the county contribute to the aim of reducing suicide. This suicide prevention strategy is only one part of a wider programme of countywide and locality-based work to improve mental wellbeing, reduce mental ill-health and support those who are experiencing issues with their mental health.

Key programmes at the county level include, but are not limited to:

THE COMMUNITY MENTAL HEALTH TRANSFORMATION PROGRAMME[16].

WORK TO REVIEW THE URGENT AND EMERGENCY MENTAL HEALTH CARE PATHWAY FOR ALL AGE GROUPS.

THE GLOUCESTERSHIRE ALL AGE MENTAL HEALTH STRATEGY[3].

GLOUCESTERSHIRE HEALTH AND CARE NHS TRUST'S ZERO SUICIDE PLAN FOR INPATIENTS.

There is also a range of projects happening at the community level to improve mental wellbeing and address the population risk factors for suicide and poor mental health.

Gloucestershire's Voluntary and Community sector play an important role in suicide prevention, often providing support for those in crisis or those experiencing mental ill-health, as well as suicide prevention or bereavement focussed support.

The Voluntary and Community sector often engage with people who may be at risk of suicide which means they are well placed to provide early intervention support to individuals who may be less likely to seek formal or traditional forms of support.

It is essential that the new suicide prevention strategy for the county works alongside other programmes and initiatives, and that we recognise the contribution that partners make to this agenda at the county, district, and community level.

Tab 8 Chief Executive Officer Report

SECTION 3 - OUR STRATEGIC PRIORITIES
OUR 5 YEAR PRIORITIES

Our priorities for the next 5 years draw on the priorities set out in the new national suicide prevention strategy, alongside local evidence and intelligence.

REDUCING THE RISK OF SUICIDE IN HIGH-RISK GROUPS.

REDUCING ACCESS TO THE MEANS AND METHODS OF SUICIDE.

PROMOTING ONLINE SAFETY and responsible media reporting of suicide and self-harm.

SUPPORTING RESEARCH, DATA COLLECTION AND MONITORING to better understand the Gloucestershire picture and inform the local approach to suicide prevention.

ADDRESSING COMMON RISK FACTORS associated with suicide at a population level.

PROVIDING INFORMATION AND SUPPORT to those affected by or bereaved through suicide.

PROVIDING EFFECTIVE CRISIS SUPPORT for those who reach crisis point.

GLOUCESTERSHIRE SUICIDE PREVENTION STRATEGY **2024 - 2029** — **23**

Tab 8 Chief Executive Officer Report

OUR 5 YEAR PRIORITIES

REDUCING THE RISK OF SUICIDE IN HIGH-RISK GROUPS.

Research shows that some groups are at higher risk of suicides than others. This includes but is not limited to men, people with a history of self-harm, people in contact with mental health services and those in contact with the criminal justice system. The national strategy also flags children and young people, people with autism, and pregnant women and new mothers. Our priority groups locally will also be guided by local intelligence.

We will seek to ensure that the needs of higher risk groups are taken into account in our local interventions to prevent suicide; that information and support is tailored and targeted, and that organisations likely to come into contact with these groups have access to suicide prevention information and training. It is important that we engage with members of these groups to better understand their needs and experiences.

ADDRESSING COMMON RISK FACTORS ASSOCIATED WITH SUICIDE AT A POPULATION LEVEL.

The national strategy encourages all local suicide prevention strategies to include tangible actions to address common risk factors for suicide at a local level. Our Gloucestershire suicide audit combined with other sources of national and local intelligence, highlights a number of common risk factors for suicide. These include physical ill-health and disability, bereavement, financial difficulties, unemployment, and social isolation. Domestic abuse and substance misuse are also associated with risk of suicide.

We will seek to build on existing work to address these risk factors and raise awareness of the link with suicide. We will engage with organisations who work in relevant services and sectors, and in our local communities, to identify and support people who might be at risk. This includes working with Integrated Locality Partnerships and district councils to adopt a place-based approach.

REDUCING ACCESS TO THE MEANS AND METHODS OF SUICIDE.

It is important that we work with relevant agencies to take steps to reduce access to frequently used means and methods of suicide; and we will continue to build on our existing work in this area. This includes taking steps to understand potential high-risk locations and making sure we our alert to any evidence of new and emerging methods.

PROVIDING INFORMATION AND SUPPORT TO THOSE AFFECTED BY OR BEREAVED THROUGH SUICIDE.

A death from suicide can have a long-lasting impact on family and friends, and others affected by the death. Compassionate and timely support for people bereaved by suicide is essential. We will continue to build on our existing work to support those bereaved through suicide to know that support is available and to access that support. It is also important that we increase the knowledge, skills and confidence of professionals who come into contact with those affected by suicide.

GLOUCESTERSHIRE SUICIDE PREVENTION STRATEGY **2024 - 2029** ———————————————————— **24**

Tab 8 Chief Executive Officer Report

OUR 5 YEAR PRIORITIES

PROMOTING ONLINE SAFETY AND RESPONSIBLE MEDIA REPORTING OF SUICIDE AND SELF-HARM.

The online world has brought many opportunities, but it has also brought challenges. There are concerns about the harmful use of the internet and social media; and the impact this may have on someone who is vulnerable.

There are nationally led initiatives in train to help drive online safety, but we can also take a role locally in raising awareness and supporting the knowledge and skills needed to navigate online platforms safely. Responsible media reporting of suicides and self-harm is also important. The Samaritans[17] produce guidelines for media on sensitive reporting of suicide.

We will continue to promote these in Gloucestershire and help encourage the role of the media in positively educating and informing the public about suicide and the signs to look out for.

PROVIDING EFFECTIVE CRISIS SUPPORT FOR THOSE WHO REACH CRISIS POINT.

Providing timely and effective support for people who are in mental health crisis plays a key role in the prevention of suicide. There is already considerable work underway at the national level to improve crisis care led by NHS England, which is also reflected locally. Progress is being made by the Mental Health Clinical Programme Group to review the delivery of effective crisis support in Gloucestershire, including statutory, voluntary and community services, with the aim of working with people

with lived experience to ensure individuals can access the right care at the right place and at the right time; and provide more choice and control to people using crisis services.

SUPPORTING RESEARCH, DATA COLLECTION AND MONITORING TO BETTER UNDERSTAND THE GLOUCESTERSHIRE PICTURE AND INFORM THE LOCAL APPROACH TO SUICIDE PREVENTION.

High quality data and research leads to more informed and evidence-based suicide prevention. It helps us understand what works to prevent suicides and where we need to focus our efforts.

In Gloucestershire, we carry out regular suicide audits to help us better understand the risk factors for suicides locally. We also work closely with the Coroners Service and the police on realtime surveillance of suspected suicides.

Going forward, we will continue to learn from the latest available evidence and progress our understanding to inform local action. This includes learning from the views and experiences of those affected by suicide.

GLOUCESTERSHIRE SUICIDE PREVENTION STRATEGY **2024 - 2029** —————————————————— **25**

Tab 8 Chief Executive Officer Report

SECTION 3 - OUR STRATEGIC PRIORITIES

OUR APPROACH

Our approach to suicide prevention will be underpinned by the following core principles:

WORKING IN PARTNERSHIP:

We recognise the role that a range of organisations across the county play in suicide prevention, and the work already happening at the county, district, and community level. No single organisation can prevent suicide alone and we value the impact that partnership working can have.

ENABLING AND INFLUENCING:

We will seek to influence across a range of sectors and settings. We will enable and upskill others through training and information sharing to promote and embed suicide prevention in their own areas of work.

LISTENING AND LEARNING:

We will continue to learn from the latest best practice in suicide prevention; and listen to the voice of those with lived experience and those with national and local insight and intelligence.

BEING EVIDENCE AND INTELLIGENCE BASED:

We will ensure that our approach is evidence based and informed by up-to-date intelligence.

JOINED UP WORKING:

We recognise the need for a joined up approach across organisations and sectors to help ensure a better experience for people seeking support or guidance.
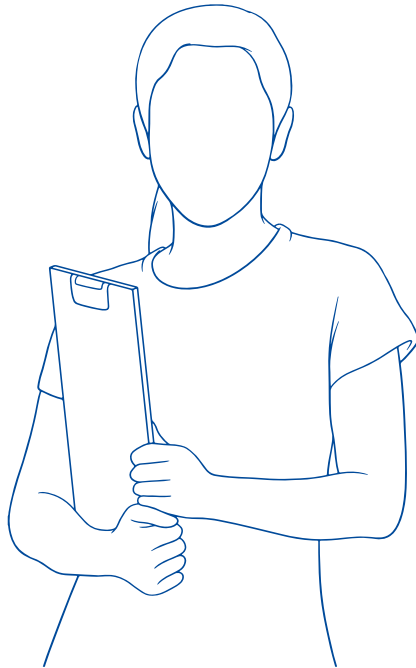
WORKING ACROSS THE PATHWAY:

We will focus on early intervention and prevention through to recovery and staying well.

Tab 8 Chief Executive Officer Report

SECTION 3 - OUR STRATEGIC PRIORITIES

HOW WE WILL DELIVER THE STRATEGY

Over the coming months, we will be developing an action plan which will set out key actions to support delivery of the strategic priorities.

The action plan will consider existing work in the county which contributes to the strategic priorities, as well as nationally led programmes. We don't want to duplicate what is already happening, rather the action plan will look at where we can add value locally, and where we can complement or amplify existing work.

Delivery of the action plan will be owned by multiple partners recognising the need for joint efforts across sectors and settings. The Suicide Prevention Steering Group will oversee delivery and provide regular progress reports to the Mental Health and Wellbeing Partnership Board.

For information about support services relating to mental health and suicide prevention please visit:
Be Well Gloucestershire - When life gets tough, find the support (bewellglos.org.uk)

For information about suicide prevention resources, skills and training opportunities, please visit:
Gloucestershire Suicide Prevention Partnership | Gloucestershire County Council

GLOUCESTERSHIRE SUICIDE PREVENTION STRATEGY **2024 - 2029** ——————— **27**

Tab 8 Chief Executive Officer Report

GLOUCESTERSHIRE SUICIDE PREVENTION STRATEGY

2024-2029

1 ONS (2023) Suicides in England and Wales: 2022 registrations.

2 https://www.nice.org.uk/guidance/qs189

3 https://www.gloucestershire.gov.uk/media/2089555/mental-health-strategy.pdf

4 https://www.gloucestershire.gov.uk/media/2106328/gcc_2596-joint-health-and-wellbeing-strategy_dev12.pdf

5 A cluster is where more suicides than expected occur in terms of time, place, method (or events such as the pandemic). There do not have to be clear connections between the deaths. Contagion refers to the spread of suicidal behaviour. Further information is available in Public Health England (2015) Identifying and responding to suicide clusters and contagion: a practice resource.

6 https://www.gloucestershire.gov.uk/health-and-social-care/public-health/our-work-with-partners/gloucestershire-suicide-prevention-partnership/

7 https://www.ghc.nhs.uk/wp-content/uploads/Lets-Talk-about_8pp_DL.roll-fold_210x397mm_V8.pdf

8 https://www.gloucestershire.gov.uk/media/2107876/ghc-letter-of-hope-2021-leaflet.pdf

9 https://www.youtube.com/watch?v=Kq2tSzXDsQg

10 ONS (2023) Suicides in England and Wales: 2022 registrations.

11 OHID: Fingertips Public Health data, Suicide Prevention profile.

12 ONS (2023) Suicides in England and Wales: 2022 registrations.

13 OHID (2023) 'Suicide Prevention in England: 5 year cross-sector strategy'

14 Local suicide audits include deaths of individuals who lived and died in Gloucestershire, whereas the ONS county rate is calculated using Gloucestershire residents who died by suicide no matter where the death occurred and the total county residents, so rates will be slightly different.

15 English indices of deprivation 2019 - GOV.UK (www.gov.uk)

16 Community Mental Health Transformation (CMHT) > Glos Health & Care NHS Foundation Trust (ghc.nhs.uk)

17 Samaritans (2020) Media Guidelines for Reporting suicides.

Tab 9 Board Assurance Framework

Agenda Item 9a

NHS Gloucestershire ICB Public Board Meeting

Wednesday 29th January 2025

Report Title	**Board Assurance Framework**			
Purpose (X)	**For Information**		**For Discussion**	**For Decision**
			X	
Route to this meeting	Risks are reviewed by Directorates and Executives each month.			
	ICB Internal	**Date**	**System Partner**	**Date**
	ICB Operational Executive	21/01/2025	Strategic Executive	23/01/2025
Executive Summary	The BAF was refreshed last year with the risks aligned to the three pillars, the strategic objectives, and priorities for 2024/25. For each of the sub-committees of the ICB • System Quality Committee • Resources Committee • People Committee • Primary Care & Direct Commissioning Committee A cut of the BAF risk and corporate risks related to that committee are included in the committee papers at each meeting. The discussion on those risks appears early in the agenda to set the frame and tone and to ensure that the committee cross checks the risks being discussed at the committee meeting with those that appear on the CRR and BAF.			
	Where modifications need to be made to the risks following the committee meeting these are followed up after the meeting and incorporated within the BAF and CRR. It should be noted that the Audit Committee receives the full BAF and CRR at each of its meeting and provides feedback on the risks, including the controls, assurances, and action plans. The BAF and the CRR were reviewed at the Audit Committee meeting that was held on 5th December 2024.			
Key issues	The BAF has been reviewed this January and there are still some updates to be made which are marked on the BAF as papers were requested for Strategic Executive early on 17th January and the deadline for reviews was CoP 17th January. The report will be updated for the ICB Board papers which will be sent to board members and participates on Wednesday 22nd January. To note the red text shows the updates made and the final version will not include the red text. The key changes for the BAF report are as follows There are 13 strategic risks on the BAF • 9 Red rated risks • 4 Amber rated risks.			

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Page **1** of **3**

Tab 9 Board Assurance Framework

	There has been one change in the risk scores for this reporting period. The following changes have been made: - BAF 1 Health Inequalities risk has been reviewed, the Director's report has been updated. - BAF2 community and locality focused approach to the delivery of care. Risk reviewed, and Director's report updated. Reported alterations to the governance arrangements for community and locality transformation. - BAF 3a workforce risk has been reviewed, the actions and Director's report have been updated. The BAF risk was reviewed at the People Committee on 16th January 2025 and remains unchanged. - BAF 3b Equality, Diversity, and Inclusion has been reviewed actions and Director's Report updated. The BAF risk was reviewed and discussed in detail at the People Committee 17th October 2024, with the risk score increased from 12 to 15. At the 16th January 2025 the risk was reviewed and the risk score of 15 confirmed. - BAF 4 Quality Risk has not been updated for this iteration of the BAF and will be updated in March. - BAF 5. UEC risk to be updated for the March report. - BAF 6 Risk reviewed and main content updated. Gaps in controls added - BAF 8. Mental Health Transformation has not been updated for this iteration of the BAF. - BAF 7 Recovery and Productivity risk has been reviewed, the actions and Director's report has been updated. - BAF 8 Mental Health Transformation will be updated for the March report. - BAF 9 Financial Sustainability: Financial Sustainability: this risk has been reviewed. There are no updates to the scoring and minor updates to the wording within controls and Director's update. - BAF 10 Estates Infrastructure: There are no updates to the scoring and minor updates to the wording within controls and Director's update. - BAF 11 Emergency Planning Resilience and Response (EPRR) Risk reviewed with new content added into controls, assurances, gaps in assurances and actions - BAF 12 Risk has been reviewed against GHFT risk as shared IT service/systems and the risk rating has been reduced from 20 to 15. There is an update on controls, actions and Director's update.
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	The risk associated with not reporting risks is that key issues may not be identified and/or discussed at committee and board level. (4x3) 12 (4x2) 8
Management of Conflicts of Interest	There have been no conflicts of interest in producing this report. If there are conflicts of interest identified, they should be managed in line with the Standards of Business Conduct Policy.

Resource Impact (X)	**Financial**		**Information Management & Technology**	
	Human Resource		**Buildings**	

Financial Impact	Risk around finance have been included within this report.

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Tab 9 Board Assurance Framework

Regulatory and Legal Issues (including NHS Constitution)	The ICB Constitution requires the ICB to have appropriate arrangements for the management of risk.
Impact on Health Inequalities	There is a risk pertaining to health inequalities within the BAF see BAF 1.
Impact on Equality and Diversity	An Equality Impact Assessment is included in the Risk Management Framework and Strategy
Impact on Sustainable Development	No specific risks relating to sustainable development included in the BAF
Patient and Public Involvement	There are no risks included in the BAF on Patient and Public Involvement
Recommendation	The Board is asked to; • discuss the system wide strategic risks contained in the BAF • note the report

Author	**Christina Gradowski**	**Role Title**	**Associate Director of Corporate Affairs**
Sponsoring Director (if not author)	**Tracey Cox, Director of People, Culture and Engagement**		

Glossary of Terms	**Explanation or clarification of abbreviations used in the paper**
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise

Joined up care and communities

Page **3** of **3**

Tab 9 Board Assurance Framework

Strategic Risks – Board Assurance Framework

January 2025 Summary **

Pillars	ID	Entry Date	Strategic Risk	Last Updated	Lead	Original Score (IxL)	Current Score (IxL)	Target Risk (IxL)	Committee	Note
1: Making Gloucestershire a better place for the future			**Strategic Objective 1:** *Increase prevention and tackle the wider determinants of health and care.* **Strategic Objective 3:** *Achieve equity in outcomes, experience, and access.*							
	BAF 1	13/11/23	The failure to promote and embed initiatives on health inequalities and prevention.	17/01/2025	Director of Op. Planning & Perf.	**12** (4x3)	**12** (4x3)	**8** (4x2)	Resources ICP System Quality	*Current score unchanged.*
2: Transforming what we do			**Strategic Objective 2:** *Take a community and locality focused approach to the delivery of care.*							
	BAF 2	14/11/23	The risk is that our delivery structures are unable to drive the acceleration required on community and locality transformation. This is also impacted by limited capacity to drive the change.	08/01/2025	Director of Primary Care & Place	**12** (4x3)	**12** (4x3)	**4** (4x1)	System Quality	*Current score unchanged.*
			Strategic Objective 4: *Create a One Workforce for One Gloucestershire.*							
	BAF 3a	01/11/22	Failure to provide a compassionate working culture, with the right levels of capacity, capability, training and development and well-being provision that enables us to recruit and retain staff to fully deliver our strategic plans which competes with requirements of the NHS Workforce Plan.	06/01/2025	Director of People, Culture & Engagement	**16** (4x4)	**20** (5x4)	**5** (5x1)	People	*Next review at People Committee 16/01/2025*
	BAF 3b	15/02/24	Equality, Diversity, and Inclusion: There is a risk that as a system we fail to deliver on our commitments to having a fully inclusive, diverse, and engaging culture for staff we employ.	06/01/2025	Director of People, Culture & Engagement	**12** (4x3)	**15** (5x3)	**4** (4x1)	People	*Score increased. Appetite decreased.*
			Strategic Objective 5: *Improve quality and outcomes across the whole person journey.*							
	BAF 4	07/11/23	The risk is that the ICB fails to assure safe and effective care delivery and identify opportunities to improve quality and outcomes across the system for patients.	14/11/2024	CNO & CMO	**15** (5x3)	**16** (4x4)	**4** (4x1)	System Quality	Current score unchanged
3: Improving health and care services today			**Strategic Objective 6:** *Address the current challenges we face today in the delivery of health and care.*							
	BAF 5	13/11/23	Risk that the ICB fails to deliver and/or sustain performance and improvement in Urgent and Emergency Care.	17/09/24	Deputy CEO / Director of Strategy & Transf.	**20** (5x4)	**12** (4x3)	**8** (4x2)	Resources	*Current score unchanged.*

Tab 9 Board Assurance Framework

	ID	Date	Risk Description	Review Date	Owner	Initial	Current	Target	Committee	Change
	BAF 6	15/11/23	Risk of instability and resilience in primary care due to increasing costs and financial risk to delivery of core services. This is alongside high workload with increasing patient demand and reporting requirements as well as existing workforce and estates pressures.	16/01/2025	Director of Primary Care & Place	**16** (4x4)	**20** (5x4)	**5** (5x1)	PCDC	*Current score unchanged.*
	BAF 7	01/11/22	Failing to deliver increased productivity requirements to meet both backlogs and growing demand.	17/01/2025	Director of Operational Planning & Perf.	**12** (4x4)	**16** (4x4)	**4** (4x1)	Resources / System Quality	*Current score unchanged*
	BAF 8	01/11/22	Failure to sustain a transformational focus on mental health services hampered by multiple workstreams and lack of sufficient workforce to deliver sustained changes.	13/09/24	Director of Integration	**12** (4x3)	**12** (4x3)	**4** (4x1)	People	*Current score unchanged.*
	BAF 9	01/11/22	Insufficient resources to meet the delivery our strategic priorities which ensure financial sustainability and deliver improvements in value for money and productivity.	09/01/2025	Chief Finance Officer (CFO)	**16** (4x4)	**16** (4x4)	**8** (4x2)	Audit / Resources	*Current score unchanged.*
	BAF 10	30/01/23	The estates infrastructure of the ICS and insufficient resources hinder our ability to provide a safe and sustainable estate and replacement programmes for equipment and digital infrastructure enabling deliver of high-quality care.	09/01/2025	Chief Finance Officer (CFO)	**16** (4x4)	**16** (4x4)	**8** (4x2)	Audit / Resources	*Current score unchanged.*
	BAF 11	01/11/22	EPRR - Failure to meet the minimum occupational standards for EPRR and Business Continuity.	29/11/2024	Chief Nursing Officer (CNO)	**12** (4x3)	**16** (4x4)	**4** (4x1)	System Quality / Audit	*Current score unchanged.*
	BAF 12	15/02/24	Failure to detect Cyber Security threats and attacks which could result in serious consequences for operating the business of the ICS.	16/01/2025	Chief Clinical Information Officer	**20** (5x4)	**15** (5x3)	**10** (5x2)	Audit	*Current score reduced*

* NB. The Audit Committee receives all BAF reported risks at each of its meetings throughout the year.

Key Changes since November 2024

1	Risk reviewed and Director's report has been updated. No change in the risk scoring.
2	Risk reviewed, and Director's report updated. Reported alterations to the governance arrangements for Community and locality transformation.
3A	People and Culture risk has been reviewed, the actions and Director's report have been updated. This risk has been reviewed at the People Committee 16th January 2025.
3B	Equality, Diversity, and Inclusion has been reviewed actions and Director's Report updated. The scoring has increased, and appetite decreased for this risk. This risk has been reviewed at the People Committee 16th January 2025.
4	No review since November 2024. Update will be given for the March Board

Tab 9 Board Assurance Framework

5	No review since November 2024. Update will be given for the March board
6	Risk reviewed and main content updated. Gaps in controls added.
7	This risk has been reviewed and the actions have been updated, there is an updated Director's report. No changes to the risk scoring.
8	There is no update since November 2024. Update will be given at the March board
9	Financial Sustainability: this risk has been reviewed. There are no updates to the scoring and minor updates to the wording within controls and Director's update.
10	Estates Infrastructure: this risk has been reviewed. There are no updates to the scoring and minor updates to the wording within controls and Director's update.
11	Risk reviewed with new content added into controls, assurances, gaps in assurances and actions.
12	Risk has been reviewed against GHFT risk as shared IT service/systems and the risk rating has been reduced from 20 to 15. There is an update on controls, actions and Director's update.

NB. Target risks aligned to current risk impact.

Tab 9 Board Assurance Framework

BAF 1 — Risk of failure to promote and embed a health inequalities and prevention approach.

Entry date:	13/11/23	Last updated:	17/1/2025

Pillar 1: *Making Gloucestershire a better place for the future.*

Owner: Mark Walkingshaw, Director of Operational Planning and Performance

Strategic Objective 1: *Increase prevention and tackle the wider determinants of health and care.*

Committee: ICP, Resources, System Quality

Strategic Objective 3: *Achieve equity in outcomes, experience, and access.*

Aligned with System Partner Risk(s): **GHC Risk ID 2** *There is a risk of demand out stripping supply for services and/or that services operate in a way which does not meet the needs of the population, potentially reinforcing health inequalities.* **(Red 12) May 2024**

Aligned with ICB Risk(s):

Key Priorities 24/25: *Continue to increase the focus on prevention for health and care – for people of all ages; Work with wider partners and communities to enable people to take an active role in their own health and care.*

Reduce unfair and avoidable differences in health and care – including improving outcomes for specific groups of our population.

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged
12 (4x3)	**12** (4x3)	**8** (4x2)	Appetite	**Cautious**

Due to: Long-term, entrenched, and multi-faceted social, economic, and racial inequalities which have profoundly impacted racially minoritized and socially marginalised communities; as well as insufficient resources and capacity to effectively tackle long term entrenched health inequalities arising from the wider determinants of health.

Impact: Can result in earlier health deterioration, higher incidence of frailty, greater burden of mental and physical health conditions and ultimately higher mortality - all associated with greater cost to the individual, society and the health and social care system.

Current Controls *(to mitigate risk)*:	Known Gaps in Controls	Current Assurances *(of controls effectivity)*:	Known Gaps in Assurances
1. Prevention Delivery Group and EAC-I oversight. 2. Health inequalities embedded in transformation programmes. This includes activity in Gloucester City ("Core20"), race relations ("PLUS") and 5 nationally identified clinical areas. 3. Health inequalities is a standing item at the Planned Care Delivery Board. 4. Integrated Locality Partnerships take a place-based approach to identify priorities for addressing the root cause of health inequalities. 5. System representation at Regional Inequalities Group and links with local and regional networks. 6. Consideration of health inequalities as part of service development and change through application of Equality and Engagement Impact Assessments.	1. Some gaps remain in data quality and data sharing between ICS organisations. 2. Lack of a social value policy to guide proportionate universalism in funding allocations. 3. No routine or consistent collection of evidence or reporting of how successfully interventions are addressing health inequalities. 4. Health Inequalities annual statement does not cover all programme areas and inequalities and requires development to provide review of progress in reducing health inequalities. 5. Equality and Engagement Impact Assessments are not completed routinely in all parts of the system	1. Health inequalities measures built into strategic outcomes framework with Board-level assurance. 2. Regular reporting to System Resources Committee & Strategic Executive. 3. Quarterly activity reporting to NHSE. 4. Oversight by SROs. 5. Children's' CPG to have oversight of the data for the Core20PLUS5 for CYP.	1. Coordinated reporting on both longitudinal health inequalities and medium-term control impact (e.g., Core20Plus5). 2. Public reporting of health inequalities now in place but requires iterative development. 3. Monitoring effectiveness and impact of interventions. 4. Governance and accountability structures in development for the prevention and health inequalities agendas.

Tab 9 Board Assurance Framework

7. Health Inequalities annual statement – reviewing the status of specified metrics as defined by NHSE.

8. Organisational level self-assessment and peer review tool.

9. ED&I Insights Manager ensures feedback and experiences of seldom heard communities informs service development & delivery.

10. Commitment to patient participation in all workstreams.

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. Work with information teams to collate and analyse data related to the Core20PLUS5 for adults and children and young people to inform targeting of resources – roll out of demographic information to be included on all system dashboards. Collaboration with GCC on roll out of system Health Inequalities dashboard (throughout 2025), and internal ICB development of PowerBI reporting to cover all indicators required for the national statement on health inequalities (prior to publication of next statement – July 2025).	1. The returns on the Health Inequalities Framework for the ICS have been completed by system partners and key themes are being identified. Review of these has demonstrated some issues with the HI framework which will be addressed by the project group. Full update going to board in January 2025.
2. Further develop Statement on Inequalities to reflect progress in reducing inequalities over time, and widen the metrics and populations covered by the review. Next publication July 2025.	2. The Gloucestershire Statement on Health Inequalities has been presented at several system and internal meetings to raise awareness, a development group has met to steer the focus for additional reporting and analysis for the 2025 statement and we have agreed a cross-system approach to align the ICB and provider statements, with particular emphasis on the exemplar themes identified in Gloucestershire.
3. Project to increase and improve engagement with underserved communities continuing following the evaluation of the first phase. Funding for the remainder of 2024/25 is in place.	3. The ICS Health Inequalities Intelligence Group has been reconvened to work collaboratively to build the intelligence around health inequalities across the system and ensure a coordinated approach to health inequalities analysis.
4. NHS Gloucestershire ICB is a test site for the development of the ICS Engagement Improvement Framework, which will enable systems to measure how well they listen to, and act on, the experiences and needs of people and communities to reduce health inequalities. Full launch of the framework is planned for the 12th February 2025.	4. An intern supporting the Health Inequalities team has reviewed the national Major Conditions Strategy and identified areas of focus for Gloucestershire, including specific review of Spirometry access and inequalities associated with this in line with recommendations for respiratory associated conditions. We are scoping next steps to take this work forward.
5. Health inequality reporting to be scoped and developed as a regular standing item to System Resources Committee who are taking on the delegated assurance responsibility from the ICB board around progress to reduce health inequality in the Gloucestershire system.	5. Specific focus on Gloucester Inner City in underway as Targeted Lung Health checks have commenced in January 2025 – this will include support for patients with incidental findings in addition to those identified as having suspected cancer funding has now been agreed through the s256 joint funded monies to support targeting health inequalities.
	6. We are currently liaising with programmes to ensure the health inequalities focus in the operational plan is up to date and covers all planned work for the next financial year. This includes review of national publications which have highlighted health inequality such as the Darzi review and the "Reforming elective care for patients" plan.
	7. We completed our testing of the ICS Engagement Framework in mid-November and fed-back on our observations and experiences of using the Framework at a number of action learning meetings. The Framework has been amended based on the feedback received from the test sites and will be launched at an event on the 12th February. We will be involved in filming a promotional video about the Framework, to be shown at the event. Filming is taking place on Friday 17th January.

Relevant Key Performance Indicators

Health inequalities narrative and system outcome measures to be included in bi-monthly integrated performance report

Performance against NHS constitutional targets (e.g., RTT, Cancer Wait times, Diagnostic access, UEC waiting and response times.)

Tab 9 Board Assurance Framework

Joint Forward Plan metrics.

NHSE Statement on Inequalities – system annual reporting

Tab 9 Board Assurance Framework

BAF 2 — Risk that delivery structures are unable to drive the acceleration required on community and locality transformation, this is also impacted by limited capacity to drive the change.

Entry date:	14/11/23	Last updated:	08/01/2025

Pillar 2: *Transforming what we do.*

Owner: Helen Goodey, Director of Primary Care & Place

Committee System Quality

Strategic Objective 2: *Take a community and locality focused approach to the delivery of care.*

Aligned with System Partner Risk(s): There are no correlating risks.

Key Priorities 24/25: *Continue to support improvements in outcomes for people at every stage of life – delivering care that is closer to home and person-centred*

Aligned with ICB Risk(s): *Risk of instability and resilience in general practice.*

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)
12 (4x3)	12 (4x3)	4 (4x1)

Movement	Unchanged
Appetite	Cautious

Due to:
Multiple and competing demands to transform services, couple with increased demand for services and challenges in recruitment and retention. Delivery requires prioritisation across GHC and primary care as well as GCC teams to ensure progress is delivered in 24/25.

Impact:
Waiting times and service delivery across primary and community care. The ability for the community providers to meet increasing demand and the ability to deliver transformation is diluted.

Current Controls (to mitigate risk):

1. Neighbourhood Transformation Steering Group in place to oversee the transformation of care at neighbourhood level, integration of health & care workforce and the introduction of new models of care. Changes to governance arrangements are anticipated. Please see Director's update.

2. Working with BI colleagues to understand our cohorts.

3. Supported by 24/25 PCN Network Contract Specification - *A PCN must contribute to the delivery of multi-disciplinary proactive care for complex patients at greatest risk of deterioration and hospital admission, by risk stratifying patients and offering care in accordance with the guidance. This must be done as part of INTs, with the aim of reducing avoidable exacerbations of ill health, improving quality of care and patient experience, and reducing unnecessary hospital admission.* Pg43.

4. All PCNs/Neighbourhoods included within the programme.

Known Gaps in Controls

1. Data quality and data sharing between ICS organisations may limit the ability to identify health inequalities with confidence.

2. Sufficient change management resource to deliver sustainable change across the ICS in the timeframe required.

3. Permission & time for operational staff to actively engage.

4. System agreement on priority cohorts required.

Current Assurances (of controls effectivity):

1. Reporting through the Gloucestershire Neighbourhood Transformation Steering Group (GNTG). Changes to governance arrangements are anticipated. Please see Director's update.

2. Ongoing monitoring.

Known Gaps in Assurances

1. Further development of the performance and benefits realisation trajectories required.

2. Outcome measures to be reviewed at ICB Board in January 2025.

Tab 9 Board Assurance Framework

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. All PCNs/Neighbourhoods included within the programme (rather than the initial three pilot areas). 2. Revised governance arrangements, outcome, and performance metrics to be presented to ICB Board in January 2025.	1. Update paper including challenges to implementation presented to ICB Board development session on 18th December 2024. 2. Revised governance arrangements will be recommended to ICB Board in January 2025. This will include an Executive level Oversight Group which will replace the Neighbourhood Transformation Group from March 2025. The primary purpose will be to ensure INTs are developed across Gloucestershire and that the INTS deliver care as per the National definition of an INT. *'Neighbourhood 'teams of teams' around the population to proactively support and keep people in their communities - teams from across primary care networks (PCNs), wider primary care providers, secondary care teams, social care teams, and domiciliary and care staff can work together to share resources and information and form multidisciplinary teams (MDTs) dedicated to improving the health and wellbeing of a local community and tackling health inequalities'[1]* 3. A new Delivery Group will be recommended to commence from February 2025. The delivery group will ensure sustainable and systematic change. Encompassing workstreams will include digital interoperability, information governance, organisational development & quality improvement, and estates. 4. As a system we have committed to the following expectations to develop and deliver INTs in Gloucestershire: a) We will have the same principles and framework for neighbourhood teams across Gloucestershire driven by shared system priorities. b) We will commit to focus more resource (people) in areas of greatest need to reduce inequalities. c) We will deliver a 'community first' service, supporting care closer to communities for longer. d) We will maximise delivery within our current financial resources. e) We will use PHM as system approach to delivering more Personalised and Proactive Care. f) We will have Multi-Disciplinary Teams wider than NHS and an INT way of working

Relevant Key Performance Indicators
Ill health prevention Outcomes data (November 2023 IPR Report) and Ageing well KPIs.

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[1] Fuller Report Next steps for integrating primary care: Fuller stocktake report, first published May 2022, accessed most recently August 2024.

Tab 9 Board Assurance Framework

BAF 3a	Risk of failure to provide a compassionate working culture, with the right levels of capacity, capability, training and development and well-being provision that enables us to recruit and retain staff to fully deliver our strategic plans which competes with requirements of the NHS Workforce Plan.

Entry date:	01/11/22	Last updated:	06/01/2025

Pillar 2: *Transforming what we do.*

Owner:	Tracey Cox, Director of People, Culture and Engagement
Committee	People

Strategic Objective 4: *Create a One Workforce for One Gloucestershire.*

Aligned with System Partner Risk(s):	**GHFT SR16:** *Inability to attract and recruit a compassionate, skilful, and sustainable workforce* **(Risk rating 20, Nov 24)** **GHC ID3:** *There is a risk that we fail to recruit, retain, and plan for a sustainable workforce to deliver services in line with our strategic objectives* **(Risk Rating 16, Nov 24)** **GHC ID12:** *There is a risk the Trust does not invest strategically and sufficiently in colleague's development, meaning that colleagues do not develop the new skills or have the ability to undertake the transformational roles needed for the future, do not have a long-term relationship with the trust and that productivity is below target* **(Risk Rating 16, Nov 24).**

Key Priorities 24/25: *Increase staff retention, provide good training and development opportunities of our One Gloucestershire workforce, and build an inclusive and compassionate culture.*

Aligned with ICB Risk(s):	**PCE:** *Inadequate Workforce Supply* **PCE:** *Workforce Infrastructure Funding for 2025/26* **(Risks 15 and above)**

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	**Unchanged**
16 (4x4)	**20** (5x4)	**5** (5x1)	Appetite	**Cautious**

Due to:

High levels of vacancies across key staffing groups.

Risks to future staff pipelines e.g. apprentices and graduates in key staffing groups

Impact:

Increased pressure on existing staff, impacting staff morale and wellbeing, impacting service delivery in key areas and future bank and agency targets

Current Controls *(to mitigate risk)*:	Known Gaps in Controls	Current Assurances *(of controls effectivity)*:	Known Gaps in Assurances
1. Utilisation of all available resources from NHSE monies for Continuing Professional Development and leadership development to support staff training & development. 2. Some leadership learning and development programmes in place. 3. People Promise Leads in both Trusts focusing on all aspects of People Promise elements and best practice. Both Trusts have staff experience improvement programmes 4. System level delivery plans focusing on agreed priority areas for action in 24/25 for each Steering Group. 5. Robust organisational plans in place for EDI, retention and temporary staffing spend reduction.	1. Lack of an adequately defined and resourced system-wide and medium-term plan for staff relating to leadership development (Mapping of current leadership development approaches and offers completed, options for future being explored in context of limited investment opportunities)	1. Reporting to the People Board, People Committee, and the Board of the ICB. 2. On-going monitoring of progress on key workforce metrics through Integrated Performance Report.	1. Implementation details relating to supporting delivery of NHS Workforce Plan and impact of operating planning guidance for 2025/26. 2. Reduced funding for workforce transformation in 2024/25 and in 2025/26.

Tab 9 Board Assurance Framework

6. Colleague Communications & Engagement.

7. System-wide careers and engagement team (2-year FTC) focused on promoting careers in health and care.

8. Apprentice Strategy developed.

9. Strategic Partnership Board with UoG.

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. People Promise Leads and work programmes in both GHFT and GHC.	1. Peoples Promise Managers site visits with NHS England leads presenting on achievements (GHC, Nov 24, GHFT, 15 Jan 2025). Agreement and work in progress on areas where a system approach would be beneficial e.g. pension awareness and menopause policy and resources.
2. System wide EDI actions focusing on 3 areas, data, anti-discrimination & recruitment/career progression.	2. EDI focus at Board Development session on 20th November. All organisations recently completed SW EDI audit. Proposal being developed for system wide EDI conference during 2025/26. Review of staff survey results.
3. Collective focus on agency and temporary staffing spends in response to revised 3.2% target for 2024/25, zero off-framework usage from July 2024 and no revenue non-clinical agency usage from April 2024.	3. Agency spend remains within agreed cap of 3.2% for 2024/25.
4. On-going recruitment activities at organisational level e.g. GHFT's Workforce Sustainability programme aimed at transforming its recruitment process. Roll out of system wide recruitment promotion campaign 'Be in Gloucestershire'.	4. Recruitment: We Want You project team continues to develop service offer.
5. H&WB strategy and Learning & Development proposals to be developed and key initiatives for staff including proposed staff housing hub.	5. Regional conversations to establish housing hub ongoing. Housing Officer came into post November 24.
6. Continued focus on System Leadership with a programme of conferences and events for leaders across the system.	6. OD Delivery Group to progress range of leadership offers for 2025/26.

Relevant Key Performance Indicators
Staff Engagement Score (Annual)
Sickness Absence rates, Staff Turnover % & Vacancy Rates
Bank and Agency Usage
Apprenticeship levy spend and placement numbers

Tab 9 Board Assurance Framework

BAF 3b — ED&I: Risk that as a system we fail to deliver on our commitments to having a fully inclusive, diverse, and engaging culture for staff we employ.

Entry date:	01/03/24	Last updated:	06/01/25

Pillar 2: *Transforming what we do.*

Owner: Tracey Cox, Director of People, Culture and Engagement

Committee: People

Strategic Objective 4: *Create a One Workforce for One Gloucestershire.*

Key Priorities 24/25: *Increase recruitment and retention of our One Gloucestershire workforce and build an inclusive and compassionate culture.*

Aligned with System Partner Risk(s):

GHFT SR17 *Inability to attract a skilful, compassionate workforce that is representative of the communities we serve, (Culture & Retention.)* **(Risk rating 20, Nov 24)**

GHC ID4 *There is a risk that we fail to deliver our commitment to having a fully inclusive and engaging culture with kind and compassionate leadership, strong values and behaviours which negatively impacts on retention and recruitment.* **(Risk rating 16, Nov 24)**

Aligned with ICB Risk(s):

PCE: Lack of Progress on ED&I – system partners do not make sufficient progress on ED&I priorities and against our commitment to creating a fully inclusive, diverse and engaging culture for our workforce. (Rated 15)

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Increase 12 (4x3) to 15 (5x3)
12 (4x3)	**15** (5x3)	**6** (3x2)	Appetite	**Decrease** Open to Cautious

Due to:

Insufficient strategic focus and actions that make a real difference to improving diversity and representation of staff across the pay grades including senior positions (clinical and non-clinical); and improves staff experience in the workplace ensuring compassionate leadership and a compassionate culture is in place.

Impact:

The system does not benefit from cognitive diversity and fails to enhance opportunities to reduce the negative impacts on recruitment, retention, and poor staff workplace experience.

Current Controls *(to mitigate risk):*	Known Gaps in Controls	Current Assurances *(of controls effectivity):*	Known Gaps in Assurances

1. One Glos People Strategy priority and commitment to ED&I as an underpinning theme
2. Reporting through the ICS People Governance Groups
3. Monitoring from the Equality and Human Rights Commission on the Public Sector Equality Duties.
4. Annual reporting against Workforce Race Equality Standards, Workforce Disability Standards & gender pay gap with corresponding action plans.
5. ED&I Task and Finish group.
	1. Lack of systemwide targets for:
	  a. Recruitment.
	  b. Movement between pay bands.
	  c. Insufficient frequency in metrics related to engagement and staff experience.
	  d. Significant volume of data but more granular analysis required to support improvement plans.
		1. Reporting to the People Board, People Committee & relevant Committees of providers.
		2. Reporting to the ICB Board.
		3. Audits undertaken by Internal Auditors.
			1. People Committee requested further system wide focus and commitment to discuss improvement trajectories.

Tab 9 Board Assurance Framework

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)

1. All NHS partners engaged in Equality Delivery System framework.
 	
2. All NHS partners have action plans in response to 6 high impact actions in national EDI Improvement Plan.
 	
3. System wide commitment to support agenda prioritising:
    a. Data collation and presentation,
    b. anti-discrimination policy and practice &
    c. recruitment/career progression.
 	
4. Relaunch of SW Regional EDI work programme and action plan being developed with nominated CEO/HRD leads.
 	
5. Increasing Board level focus
	1. EDS2 discussions relating to preparatory work for 2024-25 requirements initiated. ICB has refreshed its EDI web-based information in line with Public Sector Equality Duty requirements.
	
	2. Regional focus on 90-day challenge for greater diversity in senior nursing roles, with three projects:
	    a. Talent management (Gloucestershire lead)
	    b. Appraisal / career conversation (BSW lead)
	    c. Application and recruitment process (Cornwall lead)
	
	3. Inclusive recruitment workshop held with all partners on 1 August, areas of good practice shared and gaps in inclusive processes explored along with collaboration opportunities. Individual organisational level action plans progressing focusing on anti-discrimination approaches and reporting of incidents.
	
	4. SW Regional EDI audit took place in November with requirement for all providers and ICBs to participate in a regional questionnaire.
	
	5. Board level focus on EDI - 20th November development day. Planning for future session at system NEDs meeting and proposal for system wide EDI conference for 2025/26
	
	6. Participation in Regional ED&I work programme (SW Leading for Inclusion Strategy.)
	
	7. Review of 2024 staff survey results by March 2025 including progress on WRES & WDES metrics.

Relevant Key Performance Indicators

Workforce Race Equality Standard report (metrics on % of BME staff employed, according to pay band, chance of shortlisting for jobs, entering the disciplinary process and staff survey WRES metrics

Workforce Disability Equality Standard report (metrics on % of Disabled staff employed, according to pay band, chance of shortlisting for jobs, entering the disciplinary process and staff survey WDES metrics).

Gender Pay Audit – gender pay gap includes data on pay gap (mean and median hourly rates).

Racial Disparity Ratios and Staff Survey results for each organization.

Tab 9 Board Assurance Framework

BAF 4	Risk that the ICB fails to assure safe and effective care delivery and identify opportunities to improve quality and outcomes across the system for patients.

Entry date:	07/11/23	Last updated:	17/07/24

Pillar 2: *Transforming what we do.*

Owner:	Marie Crofts, Chief Nursing Officer & Ananthakrishnan Raghuram, Chief Medical Officer
Committee	System Quality

Strategic Objective 5: *Improve quality and outcomes across the whole person journey.*

Key Priorities 24/25: *Increase support for people living with major health conditions – shifting to a more preventative approach and earlier diagnosis.*

Aligned with System Partner Risk(s):

GHFT SR2 *Failure to implement the quality governance framework.* **(Risk rating 16)**

GHFT SR 5 *Failure to implement effective improvement approaches as a core part of change management (risk rating 16)*
GHFT SR1 Failure to effectively deliver urgent and emergency care services across the Trust and Integrated Care System. **(Risk rating 25)**

GHC ID 1 *There is a risk that failure to: (i) monitor & meet consistent quality standards for care and support; (ii) address variability across quality standards; (iii) embed learning when things go wrong; (iv) ensure continuous learning and improvement, (v) ensure the appropriate timings of interventions*. **(Risk rating 12) May 2024**

Aligned with ICB Risk(s):

Integration 13: *Midwifery Staffing Levels.*

Integration 15: *Antenatal Screening*

Integration 28: CQC *community & mental health inspection reports*

Integration 30: *Paediatric Palliative Care Support at Home*

Integration 31: *Children's Continuing Care staffing availability impacting on timely assessment and meeting statutory duty.*

Integration 32: *Post Partum & Massive Obstetric Haemorrhage*

Integration 34: *Antenatal Scanning capacity*

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged (since July update)
15 (5x3)	**16** (4x4)	**4** (4x1)	Appetite	Zero/Minimal

Due to:

Lack of robust oversight and intelligence to ensure high quality care is delivered by organisations.

Impact:

Patients and citizens will be potentially put at risk of harm or suboptimal outcomes and have a poor experience if providers are unable to deliver high quality care.

Current Controls *(to mitigate risk):*	Known Gaps in Controls	Current Assurances *(of controls effectivity):*	Known Gaps in Assurances
1. ID 27: Clinical Leads and Team Manager are completing regular caseload reviews to ensure throughput 2. Reporting from and attendance at Provider Quality Committee. 3. Learning from Case Reviews. 4. System Quality Group.	1. New PSIRF will turn on the previously mentioned Patient Safety System Group. 2. Colleagues leading the work on the System Safety, Effectiveness and Experience groups will be meeting to ensure new groups are aligned.	1. Reporting to the System Quality Committee. 2. Quality Assurance discussions. 3. Intelligence gathering through data relating to all aspects of quality. 4. Contract Management Boards. 5. Regulatory reviews.	1. There are gaps in some of the controls as stated and while there is a sound governance system in place for oversight, we will not have full assurances until we assess if the controls around PSIRF and alignment of groups (System Safety, Effectiveness and Experience groups) are working.

Tab 9 Board Assurance Framework

5. System Effectiveness Group.

6. System IPC Group

7. System Mortality Group

8. Rapid Review and Quality Improvement

9. Groups where appropriate for specific service areas challenged.

10. Weekly safety huddle within ICB now routinely in place.

3. Until groups are in place and functional existing control methods will continue as a risk mitigation.

4. Triangulation of data across the system through quality dashboards not in place currently.

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. NHSE supporting with development of the System Effectiveness Group by highlighting good practice from other systems.	1. PSIRF now in place although early days of new approach. Some enhanced measures and reporting in place, beyond PSIRF oversight, with maternity services owing to the level of surveillance and concerns
2. System Safety and Learning Group to be instigate by 31st December.	2. Internal ICB Quality and Clinical Gov group to bring together triangulated data more formally across the system to promote learning and ensure focus support on challenged areas. First meeting has taken place and TOR drafted.
3. PSIRF to be ratified by Quality Committee in February 2024. Continued focus on personalised care training across the system.	3. **System Mortality**: While 'crude mortality' is matching the English average of 2.8%, the national NHSE data tool shows that the Summary Hospital-Level Mortality Indicator (SHMI) for Gloucestershire Hospitals is currently at 1.156. This is a 12-month rolling average covering the previous 12 months up to May 2024. This has been above the expected limits for eight consecutive months.
4. Established Quality and clinical gov internal ICB group – first meeting 30th May 2024. TOR to triangulate data drafted.	Other data sources suggest that SHMI is now within control levels in Gloucestershire Royal Hospital but is continuing to rise in Cheltenham General Hospital. The impact of the move of the take from Cheltenham to Gloucester needs to be assessed and this will be reviewed monthly at System Mortality group meeting chaired by the ICB CMO.
	Based on National Quality Board (NQB) guidance, we have move to 'Enhanced Surveillance' led by Gloucestershire ICB with support from NHSE Southwest and regional colleagues. A system mortality QIG is in place with support from regional colleagues and external support from a colleague in another ICB. The regional team have written to the acute provider and offered a mortality insights visit. This is being discussed at QIG on 25th November and a timeline will be agreed there.
	The ICB is overseeing a number of actions looking at improving quality of depth of coding and improving clinical pathways. Our immediate aim is to bring SHMI inside of control levels, with a medium-term aim to get it down to 1 and below. Due to its retrospective nature, there will be a time lag before improvements begin to show.
	ICB oversight is through the System Quality processes and mortality remains on the Board assurance framework risk register.
	4. Quality Improvement Group (QIG) remain in place for maternity services and currently subject to enhanced surveillance owing to Section 31 notice.
	5. Significant challenges within UEC and GHFT risk rated at 25.

Relevant Key Performance Indicators

Summary Hospital-Level Mortality Indicator (SHMI)

NHS staff survey safety culture theme score.

Percentage of patients describing their overall experience of making a GP appointment as Good.

National Patient Safety Alerts not declared complete by deadline.

Consistency of reporting patient safety incidents.

Tab 9 Board Assurance Framework

BAF 5 — Risk that the ICB fails to deliver and/or sustain performance and improvement in Urgent and Emergency Care.

Entry date:	13/11/23	Last updated:	17/09/24

Pillar 3: *Improving health and care services today.*

Owner:	Ellen Rule, Deputy CEO and Director of Strategy and Transformation
Committee	Resources

Strategic Objective 6: *Address the current challenges we face today in the delivery of health and care.*

Key Priorities 24/25: *Support improvements in the delivery of urgent and emergency care.*

Aligned with System Partner Risk(s):

GHFT SR1 *Failure to effectively deliver urgent and emergency care services across the Trust and Integrated Care System.*

GHFT SR5 *Failure to implement effective improvement approaches as a core part of change management.*

Aligned with ICB Risk(s):

U&EC 1: *Risk of insufficient access to alternative pathways to ED*

U&EC 3: *Workforce & Delivery Priorities*

U&EC 6: *Risk of failure to meet core UEC performance metrics. Risk of failure to meet National Ambulance Response times, Risk of non-delivery of reduction in hospital length of stay & Risk of failure to meet National targets for UEC waits: Emergency Department (ED) and Ambulance Handovers [UEC ED Flow])*

U&EC 4: *Risk of insufficient system Resilience*

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged
20 (5x4)	**12** (4x3)	**8** (4x2)	Appetite	Zero/Minimal

Due to:

Insufficient improvement capacity and / or capability, insufficient staff engagement, or prioritisation of available resource on operational flow pressures.

Impact:

Continued pressure on our staff, performance commitments and system finance plan. Risk patients will have a poor experience of urgent and emergency care services.

Current Controls *(to mitigate risk):*	Known Gaps in Controls	Current Assurances *(of controls effectivity):*	Known Gaps in Assurances
1. Strong system wide governance for system operational issues (daily and weekly rhythm including Exec oversight), supported by System Control Centre.	1. Enhanced outcome and performance reporting across governance structure (to be enabled by digital platform).	1. Ongoing monitoring of system wide priorities including operational planning targets via TEG/SEG.	1. Further development of the performance and benefits realisation trajectories required for some measures, with a focus on quality and outcome measures.
2. Strong operational governance through system meetings (e.g., UEC CPG, Flow Friday) and contractual oversight (SWAST, PPG).	2. Agree funding for improvements as part of the 24/25 operating and financial planning process	2. Reporting to the Board of the ICB on key metrics via Integrated Performance Report.	2. Impact of operational demand on the ability to continue at pace with the Working as One Transformation Programme
3. Transformation capacity and capability all in place since August 2023 including Board, Steering Group and workstreams in place including Benefits Oversight and Assurance Group.		3. NHSEI Reporting.	
4. Agreed reporting on priority improvements in place.		4. Benefits Realisation for Working as One Programme in place.	
5. Use of demand and capacity funding, additional capacity funding, discharge and BCF funds to deliver improvements within UEC system flow.			

Tab 9 Board Assurance Framework

6. Newton diagnostic completed to inform design and opportunities of long-term strategic transformation programme.

7. System wide operating plan to align with Transformation priorities for 2023/24.

8. Agreed UEC Transformation Programme in place including Working as One across all system partners.

9. Annual Winter Plan to be developed and in place to communicate to patients about where to access services during winter.

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. Transformation Workstreams continue to deliver priority trials at pace to agreed schedule, all workstreams to have completed a trial by December 2023, with further iterations of trials through first half of 2024 dependant on learning (Action adapted to account for PDSA / Trial methodology).	1. All workstreams have a trial mobilised or are in further iterations of trials (as at July 2024) Hospital Flow workstream is progressing into sustain phase with LOS reductions seen, whilst continuing to consider where further improvement cycles could support.
2. Benefits realisation being developed, Programme metrics to be finalised by December 2023.	2. Programme metrics for Working as One are in place. Workstream measures have been developed. Action remains open whilst quality and outcome measures are refined, alongside automated reporting. Automated reporting has been developed, under review prior to roll out across the system
3. Communication and Engagement plan developed, core narrative and supporting materials to be shared in November 2023 (action to remain open).	3. In line with the target date of November 2023 Working as One communications and engagement plan in place and core narrative shared and regular bulletins are distributed across the system. Action remains open whilst we continue to explore the impact of comms material and how we can increase reach. A Working as One Workshop will be held on 25th September inviting system partners.
4. Improvement trials targeted to areas where performance improvements are needed (ongoing action with regular review at UEC CPG).	4. Integrated Hub went live on 19th February (4-week trial) to improve hospital flow and reduce no criteria to reside. Options Appraisal for continuation to be considered at August Exec Programme Board.
	5. Audit of Ward 6A completed in GHFT to understand ambulance handover delays to create an improvement plan. Plan on Page agreed by system and shared with regional NHSE, SWASFT and ICB colleagues as part of SWASFT contract arrangements.
	6. Implemented schemes through winter support resilience and reduce reliance on beds.

Relevant Key Performance Indicators
IPR Reporting for Acute, Winter monitoring and Ambulance Metrics.

Tab 9 Board Assurance Framework

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

Entry date:	15/11/23	Last updated:	16/01/25

Pillar 3: *Improving health and care services today.*

Owner:	Helen Goodey, Director of Primary Care and Place
Committee	Primary Care & Direct Commissioning

Strategic Objective 6: *Address the current challenges we face today in the delivery of health and care.*

Key Priorities 24/25: *Support a resilient and accessible primary care for the public and increasing workforce recruitment and retention.*

Aligned with System Partner Risk(s):

GHC ID8 *There is a risk that the ICS prioritises acute care demand over the demands of Mental Health, Community, Primary Care and Learning Disabilities* **(Risk rating 9)**

Aligned with ICB Risk(s):

PC&P 7: *Financial Challenges within Primary Care*
PC&P 9 *Current and future GP Training Capacity*
PC&P 10: *Primary Care Sustainability*
PC&P 11: *Future Business Models for Primary Care*
PC&P 13: *Primary Care & Secondary Care Interface*
PC&P 14: *Collective Action*
PC&P 18: *Special Allocation Scheme*
PC&P 19: *PCN FOD Split*
PCE 13: *New to Primary Care Fellowship Funding*
PCE 37: *Decline in GP Numbers*

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged
16 (4x4)	**20** (5x4)	**4** (4x1)	Appetite	Cautious

Due to:

Practices are facing new financial challenges due to the increase in costs associated with staffing, energy, goods and supplies as well as a significant increase in patient demand due to the changing nature of general practice, therefore impacting increasing workloads.

Practices are increasingly unable to afford to replace staff and are having to consider ways to reduce costs at a time when they are holding more risk due to extended wait times for secondary care.

There is also a general concern regarding workforce resilience and retention across all roles within primary care and estates constraints to delivery.

It should also be noted that general practice national collective action, commenced on the 1st of August 2024, following the BMA ballot results to proceed, this will see a gradual introduction of a possible 10 BMA Actions, which will move primary care to a new normal rather than action for a set period of time.

Note that there is a new risk for Community Pharmacies, who are also experiencing cost of living pressures similar to general practice but also due to drug shortages and pricing. Community Pharmacy Collective Action took place on the 16th September 2024. The National Pharmacy Association undertook a ballot which received near a unanimous vote in favour of Community Pharmacy Collective Action, expected in the early 2025.

Impact:

These challenges could result in practices facing serious financial hardship with potential contract hand backs and foreclosure of loans on premises. If GPs are made bankrupt, they are unable to hold a medical services contract, therefore the local population could have no contract holder for medical services or premises to operate from, leading to significant instability.

This is also impacting on delivery of services with waiting times increasing for patients to see primary care professionals, poor morale, and hence higher turnover of staff. There is also a wider risk to the system of increased demand on other services if primary care is unable to deliver core services due to complete saturation or through taking steps to manage down capacity or through collective action, this will also have an impact on patient care and experience.

Risk to ability of Community Pharmacy to deliver core services (83% of NHS income) and other clinical services (17% of NHS income) including Pharmacy First, Blood Pressure Monitoring, Contraception etc, Impact to patients and to wider system, particularly GP providers.

Current Controls *(to mitigate risk)*:	Known Gaps in Controls	Current Assurances *(of controls effectivity)*:	Known Gaps in Assurances
1. Primary Care Team continues to provide on-going support to practices, to identify mitigations and provide resilience funding where appropriate.	1. Details on the level of Collective Action – for General Practice and Community Pharmacy - to determine	1. The Primary Care Operational Group receives regular reports on practice resilience and the schemes and initiatives to	1. Volume of shared care and additional 'discretionary' activity, are both unknown with regard to potential

Tab 9 Board Assurance Framework

2. Resilience and Sustainability of General Practice Sub Group (to the PC strategy group) taking place when required.

3. A Standard Operating Procedure (SOP) for practices requiring financial assistance and support has been developed to ensure a fair and consistent approach with good governance.

4. Finance Training Package procured and cohorts going through.

5. There is a monthly review of practices to assess the issues that have arisen and where additional support may be needed.

6. A Primary Care Workforce Strategy is in place and is being implemented with a vast array of projects and initiatives including supporting new roles ARRs, recruitment and retention schemes, open days, and campaigns.

7. Workforce data is analysed on a monthly basis to ascertain early any problems with staffing and support is provided to practices where required.

8. Partners Survey to understand current position on retirements.

9. Primary Care Audit undertaken to understand what is driving increased demand.

10. ARR underspend process completed to enable PCNs to maximise recruitment.

11. A Primary Care Strategy is in place with associated plans.

12. ICB & LMC working with secondary care colleagues (GHFT) on monitoring impact of the national Primary Care Collective Action and potential impact to their services.

13. A Secondary Care/Primary Care Interface Group (senior leads level) in place and reviewing delivery of the national 4 key areas of focus and the impact of collective action.

14. Collective Action Task & Finish Group established and meeting weekly, with wide attendance including ICB, GHFT, GHC, SWAST. The BMA have released 10 areas of potential collective action which are being monitored by the Task & Finish Group and mitigating actions put in place/being scoped, including monitoring UEC data, practice appointment data, optimiseRX usage, complaints, practice websites and phone messages and any patient safety implications

15. Regional Collective Action IMT meetings in place and meeting weekly.

16. Working closely with the LMC on collective action. LMC have confirmed that they will not be supporting action around data sharing restrictions from the BMA 10 actions, therefore the LMC have advised practices to sign the JUYI 2 data sharing agreement and to keep the necessary elements of GP Connect on.

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which areas of work/system this will impact.

2. National Contract negotiations impending, which our outside of local control.

3. Significant Winter Pressures across System – Critical Incident declared January 2025 – major additional pressure on demand in Primary Care

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support practices including workforce reports.

2. The Primary Care and Direct Commissioning Committee receives those reports from PCOG and provides oversight and scrutiny

3. The Primary Care Resilience and Sustainability subgroup has been established to further develop the ICB response to struggling practices

4. The Collective Action Task & Finish Group is monitoring the situation with regard to collective action

5. Working with the LPC to understand Community Pharmacy issues and community pharmacy held in November 2024 to support the community pharmacy voice within primary care across the system

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Collective Action and Enhanced Services.

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. Further Admin and Reception Staff Training Events planned on conflict resolution and customer service.	1. National announcement that General Practice will receive a 7.4% uplift to the GMS contract for 2024/25 - Further guidance awaited to understand the impact to practices' finances.
2. Primary Care Induction Sessions - supporting knowledge and training of those new to general practice	2. National announcement that newly qualified GPs will be claimable via ARRs with additional funding.

Tab 9 Board Assurance Framework

3. Working with ICS 'We Want You' Programme to support promotion of Primary Care roles to secondary school age children.

4. Collaborating with Gloucestershire College on T-Level Placements & working on bespoke apprenticeship opportunities with practices.

5. The Collective Action Task & Finish Group are working with the Primary and Secondary Care Interface Group to ensure a shared understanding of collective action.

3. Working closely with the LMC to understand the potential impact to general practice capacity, due to the sustainability challenges. Working with the LMC on the impact of GP Collective Action.

4. Regularly surveying practices to understand impact to capacity, particularly urgent on the day care.

5. Resilience and Sustainability sub group & Collective Action Task and Finish Group - focussed on understanding the impact on general practice and ensuring we are developing action plans to support mitigations.

6. Financial Awareness Training is in place for all partners and practice managers.

7. Setting up one meeting for all four contractor group committees with the ICB to discuss constraints and opportunities to delivering primary care in the county.

Relevant Key Performance Indicators

Reporting on Access to Primary Care and Quarterly surveys and data relating to primary care.

Tab 9 Board Assurance Framework

BAF 7 — Risk of failing to deliver increased productivity requirements to meet both backlogs and growing demand.

Entry date:	01/11/22	Last updated:	17/1/2025

Owner: Mark Walkingshaw, Director of Operational Planning and Performance

Committee System Quality, Resources

Aligned with System Partner Risk(s): **GHC 3** *There is a risk of demand for services beyond planned and commissioned capacity.*

Aligned with ICB Risk(s):

Pillar 3: *Improving health and care services today.*

Strategic Objective 6: *Address the current challenges we face today in the delivery of health and care.*

Key Priorities 24/25: *Increase recruitment and retention of our One Gloucestershire workforce and build an inclusive and compassionate culture.*

Due to:

Waiting list backlogs built up during COVID as elective services were stood down for long periods of time. On-going workforce pressures in key diagnostic and treatment specialties make recovery more difficult.

There has also been a growth in 2ww referrals across a number of big cancer specialties such as Lower GI and Urology which has diverted elective capacity towards seeing and treating them at the expense of routine patients.

Impact:

Most elective specialties have a level of long waiters >52 weeks but there are specific specialties with very high numbers e.g. ENT and OMF. The total waiting list size is also bigger than pre-covid. Clearance of non-admitted patients generates additional admitted patients, and the shape of the waiting list curve is such that waves of long waits come through at different times making PTL management challenging in nature.

The increase in cancer work for specialties such as Lower GI and Urology has made it difficult to maintain routine elective activity and so these patients continue to wait longer than we would want. Prioritisation of waiting lists for cancer and urgent P1-2 categories often pushes the P4 routine waits further and further back.

Follow up patients are also often very delayed for the appointments and largely go unnoticed as they are not reported in any national waiting time target but pose a significant risk of harm especially in specialties such as Ophthalmology or cancer follow ups.

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Increase 12 (3x4) to 16 (4x4)
12 (4x3)	**16** (4x4)	**4** (4x1)	Appetite	Cautious

Current Controls (to mitigate risk):

1. Clinical validation and prioritisation of system waiting lists plus regular contact with patients to notify them of delays and what to do if clinical condition changes. Elective waiting list prioritised with P codes.

2. Weekly check and challenge meetings in place at GHFT to focus on longest waits by specialty and instigate immediate remedial actions.

3. Elective care hub undertaking patient level contact, validation, and link to social prescribers as well as escalation of any patients with a worsening condition to the relevant specialty.

Known Gaps in Controls

1. Stratification of waiting list based on other health and socioeconomic factors under development.

2. Specific plans for improving C&YP access to elective services in development.

3. Elective recovery plans for Gloucestershire patients treated at out of county NHS providers subject to further development.

Current Assurances (of controls effectivity):

1. Performance Reporting to the Planned Care Delivery Board, System Resources Committee and the ICB.

2. Elective recovery planning and oversight provided by the Planned Care Delivery Board (PCDB) with escalation via Programme Delivery Group and ICS Execs as required.

3. Weekly 65wk wait delivery meetings with NHSE in place.

Known Gaps in Assurances

1. Limited data available for monitoring of Gloucestershire patients waiting at out of county providers and associated recovery plans.

2. Lack of visibility of delayed follow ups at ICB contract, performance and quality meetings.

Tab 9 Board Assurance Framework

4. Additional elective activity commissioned with Independent Sector providers both for new referrals and transfer of long waiters from GHFT where required. New providers entering the market via the Provider Selection Regime (PSR) process.

5. Additional capacity commissioned with GHFT in key long waiting specialties as part of annual planning process using ERF funding stream.

6. Work continues with primary care through the Referral Optimisation Steering Group (ROSG) to manage referral demand into secondary care. Increase in A&G services and access to Cinapsis as well as progress with "Advice First" approach and RAS role out. Expanded GP education programme and G-Care pathway content.

7. System interface group established to oversee improvements in the interface between primary and secondary care.

8. Operational and transformational delivery monitored by system Planned Care Delivery Board. Reallocation of ERF slippage undertaken here.

9. Regular analysis of waiting lists in place to ensure equity of access, waiting times and outcomes for our most deprived populations and ethnic minority groups. Weekly check and challenge meetings at GHFT to micromanage long waiters in place.

10. Clinical harm reviews undertaken for all long waits.

11. Ring fencing of elective capacity extended through bed reconfigurations and new daycase facility and theatres in CGH.

12. New payment models introduced at GHFT to support willingness of staff to undertake additional weekend activity.

4. Lack of specific plans to address the delayed follow up backlogs and associated clinical risk.

5. Longer term sustainability plans needed in some key specialties.

4. Reporting to NHSE/I on waiting times. Any elective cancellations reported to NHSE/I. System waiting times monitored through the WLMDS tableau report. Regular Elective Recovery COO and Performance Directors meetings with NHSE for the region.

5. Regular contract and performance management governance structures in place to review performance and associated recovery plans with all independent sector providers.

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. Commitments made in the 24/25 Operational plan monitored through Planned Care Delivery Board (ICS level meeting with GHFT represented).	1. Operational plan being delivered and monitored by PCDB. ERF achievement at M7 is 117.6% vs a plan of 118%. Opportunity to undertake additional activity in the final quarter of 24/25 to boost ERF achievement and support the system allocation for 25/26.
2. Additional capacity investments via ERF agreed and underway Some redistribution of funds to target specialties with longest waits e.g. ENT.	2. ERF schemes are monitored and tracked to ensure delivery in year. Some slippage has been reallocated to other schemes but overall on track to deliver as planned.
3. Additional elective activity being planned for the final quarter of 24/25 at GHFT in key specialties, focussing on new outpatient clinics and high volume daycase procedures such as Endoscopy.	3. Work underway to identify suitable patient transfers to ISPs for Q4 of 24/25 to be undertaken before year end.
4. Additional pathways continuing to be rolled out at the CDC to fully utilise available estate.	4. GHFT theatre utilisation improvement project continues good progress with decreases in time lost to early finishes and late starts, and overall improvement in % utilisation continues towards 85%. Focus now on community theatre utilisation.
5. Additional non-recurrent activity being commissioned from ISPs for the final quarter of 24/25..	5. New project established to look at utilisation and productivity of community hospital outpatient and theatre capacity alongside our acute hospital estate. PID completed and initial scoping and data collection work underway. Project group established and meeting monthly.
6. Patient Engagement Portal phased implementation underway.	6. ICB has received 5 applications from new ISPs under the PSR process to provide additional elective activity to Gloucestershire ICB. Two new contracts have been issued to include additional Dermatology, ENT and Orthopaedics. IPTs underway from GHFT to clear long waiters and equalise waiting times.
7. Renewed OP transformation programme underway at GHFT including roll out of patient portal and Going Further Faster GIRFT initiative.	7. Patient Engagement Portal (PEP) gone live with phase one.
8. ROSG and Interface meetings established to improve communication and flow between GPs and specialists recognising the potential workload shift.	
9. Primary/secondary care interface group established and work programme underway.	

Tab 9 Board Assurance Framework

8. Going Further Faster GIRFT initiative has started and being rolled out in 19 outpatient specialties. Handbooks and self-assessment checklist have been shared and programme underway. Gloucestershire also part of NHS Confederation Interface Improvement Collaborative (Advice and Guidance Optimisation).

9. Interface principles document has been published and being advertised to both GPs and Consultants. MedFit notes now available for inpatients with a plan to bring outpatient fit notes online next.

10. The 'Reforming elective care for patients' plan was launched in January by NHS England in January – the system is currently working through the implications of this for our 2025/26 and longer term planning.

Relevant Key Performance Indicators	
Elective recovery as a % of 2019/20.	Long waiters' performance.
ERF achievement.	% of diagnostic tests completed within 6 weeks.
Early diagnosis rates for cancer.	Faster Diagnosis Standard (% patients receiving diagnosis or all clear within 28 days of referral.
% of patients with cancer receiving first definitive treatment within 31 and 62 days	RTT performance

Tab 9 Board Assurance Framework

BAF 8 — Risk of failure to sustain a transformational focus on mental health services hampered by multiple workstreams and lack of sufficient workforce to deliver sustained changes.

Entry date:	01/11/22
Last updated:	13/09/24 (reviewed)
Owner:	Benedict Leigh, Director of Integration
Committee	People

Aligned with System Partner Risk(s):

GHC ID3 *There is a risk of demand for services beyond planned and commissioned capacity, which cannot be managed through usual mechanisms, resulting in services not meeting the expectations of our community.* **(Risk rating 16)**

GHC ID4 *There is a risk that we fail to recruit, retain, and plan for a sustainable workforce to deliver services in line with our strategic objectives.* **(Risk rating 16)**

GHC ID9 *There is a risk that national economic issues impact on the funding settlement available for healthcare, meaning care is not adequately funded to improve and develop to meet needs.* **(Risk rating 6)**

Pillar 3: *Improving health and care services today.*

Strategic Objective 6: *Address the current challenges we face today in the delivery of health and care.*

Key Priorities 24/25: *Improve mental health support across health and care services.*

Aligned with ICB Risk(s):

Integration 06: *Tier 4 Eating Disorder Beds*

Integration 27: Childrens Mental Health Capacity

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged
12 (4x3)	**12** (4x3)	**4** (4x1)	**Appetite**	**Cautious**

Due to:

Number of vacancies across CAMHS and adult mental health services and difficulties in recruiting to vacant posts.

Impact:

Waiting list for treatment remains high for children and adult's Urgent referral to treatment times have improved and routine waits have reduced but there are a number of people waiting over a year.

Current Controls *(to mitigate risk)*:	Known Gaps in Controls	Current Assurances *(of controls effectivity)*:	Known Gaps in Assurances
1. Eating Disorder Programme including system wide prevention through to crisis workstreams established. 2. CAMHS recovery plan including within service provision and system wide to support improvements. 3. Neurodevelopmental business case and plan in place. Project team established to oversee recommissioning of ADHD/ASC pathway. 4. Adult Community Mental Health Transformational programme: Transformation programme has officially finished as of end of Q4 23/24. The process of transferring to BAU is in progress. Service specification has been drafted for key transformational changes. 6-month extension to programme management agreed. ICB PM resources released to support UEC MH programme/Right Care Right Person.	1. No significant gaps identified as a monthly system-wide multi-agency meeting is well established and any and all matters of programme management around and performance against the trajectories within the action plan for eating disorders are progressed. If the programme is of trajectory, then the matter is escalated. 2. No significant gaps identified as a monthly meeting is in place with CAMHs and a system wide multiagency meeting monitors progress bi-monthly. 3. No significant gaps in the Adult Mental Health Transformational programme. 4. ICB PM resource that supported CMHT will now be used to support UEC mental health programme which was previously reported as a gap.	1. Clinical Leads and Team Manager of the Eating Disorder Service are completing regular caseload reviews to ensure throughput. 2. Waiting times for urgent and non-urgent referrals are reducing for eating disorders. 3. There is in place a significant recruitment and retention plan to tackle issues around capacity. 4. Robust governance arrangements in place for community mental health with experts by experience included. 5. Neurodevelopment Project Team established between GHC/ICB to oversee development of new pathways including working on shared care issues between primary/secondary care.	1. No gaps in assurance.

Tab 9 Board Assurance Framework

	5. Shared care arrangements for ADHD prescribing between primary/secondary care.		

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. Ongoing monitoring of the mitigations and engagement with service review around increasing demand upon the GHC CYP and Adults ED disorders service, due to an increase in referrals. 2. Proposal to commence 3-year contract for both TIC+ and Young Gloucestershire to enable security and retention of staff and ensure business continuity. 3. Regular reporting to the Children's Mental Health Board and Adult Mental Health Board. 4. SEND inspection complete and ICB SEND programme board established. 5. Work is progressing in this area.	1. The significant work on SEND and across services for children has started to show results, with improving services and greater impact. We are continuing to focus on waiting lists and on appropriate provision. Partnerships with the VCS and with education are delivering excellent results. 2. Both TIC and Young Gloucestershire contract proposals approved by Operational Executive during February in line with SFIs/ procurement policy. 3. Embedding the community transformation for adult mental health remains a challenge, particularly in the context of significant national policy changes in relation to system partners. Work with police colleagues on a local RCRP implementation model is developing well but remains a work in progress. 4. Data and intelligence challenges remain, particularly in the area of understanding demand changes and modelling future impact.

Relevant Key Performance Indicators
Improving Access to Psychological Therapies
Eating Disorder Access
Perinatal mental health -% seen within 2 weeks
CYP access
CMHT Access
APHC for SMI

Tab 9 Board Assurance Framework

BAF 9	Risk of having insufficient resources to meet the delivery our strategic priorities which ensure financial sustainability and deliver improvements in value for money and productivity.

Entry date:	01/11/22	Last updated:	**09/01/2025**
Owner:	**Cath Leech, Chief Finance Officer**		
Committee	**Audit, Resources**		

Aligned with System Partner Risk(s):

GHC: 8 *There is a risk that the ICS prioritises acute care demand over the demands of Mental Health, Community, Primary Care and Learning Disabilities resulting in under resourcing of non-acute care.*

GHC 9 Funding - *National Economic Issues: There is a risk that national economic issues impact on the funding settlement available for healthcare, meaning care is not adequately funded to improve and develop to meet needs.* **(Risk rating 6)**

GHFT: SR9 - *Failure to deliver recurrent financial sustainability* **(Risk rating 25)**

Aligned with ICB Risk(s):

F&BI 9 - *The ICB does not meet its breakeven control total in 2024/25 (noted that these risks are to be updated on ICB risk management system).*

F&BI 10 - *The ICS does not meet its breakeven financial duty in 2024/25 (noted that these risks are to be updated on ICB risk management system).*

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged
16 (4x4)	**16** (4x4)	**8** (4x2)	Appetite	Open

Pillar 3: *Improving health and care services today.*

Strategic Objective 6: *Address the current challenges we face today in the delivery of health and care.*

Key Priorities 24/25: *Creating a financially sustainable health and care system.*

Due to:	Impact:
- Increasing demand for services, increased inflation, ongoing impact of the covid pandemic on a wide range of services and staff and new service requirements.	- Underlying revenue deficit position within the system as a whole and the system is unable to achieve breakeven recurrent position
- Lack of delivery of recurrent savings and productivity schemes.	- Increased requirement to make savings leading to inability to make progress against ICS strategic objectives.
- Recruitment & retention challenges leading to high-cost temporary staffing.	- Capital costs growth meaning that the system is unable to remain within its capital resource limit.
- Publication of new NICE TAs with significant resource implications and benefits being seen in the longer term.	
- Inefficient systems and processes within the system leading to inherent inefficiencies in the way we do things leading to increased cost.	
- Decrease in productivity within the system.	
- Impact of industrial action leading to additional costs and a loss of elective activity leading to reduced elective recovery funding	

Current Controls *(to mitigate risk)*:	Known Gaps in Controls	Current Assurances *(of controls effectivity)*:	Known Gaps in Assurances
1. Governance in place in each organisation and System-wide Financial Framework in place	1. Longer term strategic plan which delivers sustainably for the system is in development and the supporting financial strategy for the ICS in development.	1. Reporting into Board of the ICB and relevant Committee for each organisation.	1. Gaps in knowledge of continuation of some funding sources in future years leading to uncertainty in planning plus changing requirements in year leading to financial risk.
2. Monthly review of whole-system financial position by Directors of Finance, Strategic Executives with reporting into relevant Committee for ICB, GHFT, GHC.	2. Methodology on realisation of productivity leading to cashable benefits not in place.	2. Monthly monitoring of organisational financial positions in place within organisations and monthly monitoring by Resources Steering Group of overall position.	
3. Financial plan aligned to commissioning strategy.	3. Capacity of teams through the system to deliver programmes of work required to transform system is limited particularly in times of ongoing urgent care escalation.	3. Capital monitoring is produced monthly and reported to organisational Committees and Boards including the ICB. Reporting is reviewed jointly by Directors of Finance with a view to managing and maximising	
4. ICS single savings plan in place managed by PMOs & BI teams across the system forming part of the monthly finance review process.			

Tab 9 Board Assurance Framework

5. Contract monitoring in place.

6. Robust cash systems monitoring early warnings.

7. System Plan in place and further development in progress.

8. Regular attendance at Monthly Capital Meeting with NHS England and raising issues relating to inflation and wider risks within the system resulting from a slower capital programme.

4. Monitoring of workforce numbers is incomplete currently across the system.

the value of the capital resource limit across the system.

4. Annual internal audit reviews on key financial controls.

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. GHFT internal financial improvement plan progressing and plans for new financial year being included, control review is ongoing. Reporting through to the GHFT Finance Committee.	1. Work underway within GHFT on changes in productivity since 2019/2020 key areas of focus identified and programmes in outpatients and theatres progressing, impact being brought into elective recovery programme
2. System savings plan for new year and longer term in development, monitoring of progress and delivery by individual organisation and at system level each month to Executives.	2. Actions to identify non recurrent and other measures to help close the financial gap in the plan for 24/25 progressing, PMO support in place.
3. Working as One Programme Board focus on the delivery of benefits with significant focus on trajectories and the actions required to enable recurrent savings in addition to the quality and operational benefits	3. Work on the medium-term plan including financial plan underway with a key focus on 25/26. Workshops with execs in December and January to focus on system plan with further work in February and March to follow.
	4. Workforce monitoring for budgeted and worked WTE progressing with monthly reporting and monitoring within organisations and to the system in development, initial reporting at M3 planned.
	5. Bi-weekly meetings with CEOs and DoFs to monitor progress of plans for working as one programme

Relevant Key Performance Indicators

Delivery of Full year efficiency target

Achievement of Elective Services Recovery Fund Target

Delivery of in-year breakeven financial position

Tab 9 Board Assurance Framework

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

Entry date:	30/01/23	Last updated:	09/01/2025
Owner:	Cath Leech, Chief Finance Officer		
Committee	Audit, Resources		

Aligned with System Partner Risk(s):
GHFT: SR10: *Inability to access level of capital required to ensure a safe and sustainable estate and infrastructure that is fit for purpose and provides an environment that colleagues are proud to work in.* **(Risk score 16)**

Aligned with ICB Risk(s):

Pillar 3: *Improving health and care services today.*

Strategic Objective 6: *Address the current challenges we face today in the delivery of health and care.*

Key Priorities 24/25: *Increase recruitment and retention of our One Gloucestershire workforce and build an inclusive and compassionate culture.*

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged
16 (4x4)	**16** (4x4)	**8** (4x2)	Appetite	Open

Due to:
- Increasing inflation on capital costs.
- Inefficient systems and processes within the system leading to inherent inefficiencies in the way we do things leading to increased cost.
- High level of backlog maintenance within GHFT (c£72m) and ageing estate leading to increases in maintenance work both planned and unplanned
- Additional capital allocations are not always cash backed leading to an impact on the cash position for the system and a potentially reduced ability to take full advantage of additional allocations

Impact:
- Capital allocation "buys less" as a result of increasing inflation and System may be unable to live within its capital resource limit.
- Inability to reduce the level of high-risk backlog maintenance, to replace equipment when due or to refurbish facilities across the system in a timely manner leading to down time for unplanned maintenance and reduced productivity across the system.

Current Controls *(to mitigate risk):*

1. Governance in place in each organisation.
2. Monthly review of whole-system financial position by Directors of Finance with reporting into relevant Committee for ICB, GHFT, GHC.
3. Regular attendance at Monthly Capital Meeting with NHS England and raising issues relating to inflation and wider risks within the system resulting from a slower capital programme.
4. Capital and Estates Infrastructure meeting in place and taking forward actions from the draft infrastructure strategy – Terms of Reference being refreshed.
5. EPRR in place, to support any critical infrastructure failures within provider organisations.
6. Mature Provider estates planning forums to manage risk and capital planning oversight.
7. This risk will form part of the ICB infrastructure plan.

Known Gaps in Controls

1. Longer term strategic plan which delivers sustainably for the system.

Current Assurances *(of controls effectivity):*

1. Reporting into Board of the ICB and relevant Committee for each organisation.
2. Monthly capital monitoring is produced and reported to organisational Committees and Boards including the ICB. Reporting is reviewed jointly by Directors of Finance with a view to managing and maximising the value of the capital resource limit across the system.

Known Gaps in Assurances

1. Gaps in knowledge of continuation of some funding sources in future years leading to uncertainty in planning plus changing requirements in year leading to financial risk.

Tab 9 Board Assurance Framework

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. ICS Health Infrastructure Plan (HIP) in progress with support from NHSPS. 2. 5-year capital plan developed and longer term look as part of the infrastructure strategy 3. Disposals across the system identified and included in the capital plan. 4. Developing a 'library' of GHFT & ICS estates schemes, some with supporting Strategic Outline Case and feasibility studies to ensure GHFT is well placed to respond to NHSE national capital programmes. 5. 24/25 capital programme agreed including additional capital available for 24/25 with focus on mitigating highest risks.	1. Capital and Estates Infrastructure meeting in place – Terms of Reference being refreshed. GHFT CEO chairing the meeting 2. ICB Health Infrastructure Plan (HIP) in draft, finalisation in progress with support from NHSPS, and implementation plan in progress with key priorities identified to take forward first.

Relevant Key Performance Indicators
Delivery of in-year breakeven capital financial position.

Tab 9 Board Assurance Framework

BAF 11 — Risk of failure to meet the minimum occupational standards for EPRR and Business Continuity.

Entry date:	01/11/24	Last updated:	29/11/24
Owner:	Marie Crofts, Chief Nursing Officer		
Committee	System Quality		
Aligned with System Partner Risk(s):	**GHFT** SR12 Failure to detect and control risks to cyber security **(Risk Rating 20)** **GHC 8** Cyber There is a risk of inadequately maintained and protected the breadth of IT infrastructure and software resulting in a failure to protect continuity/ quality of patient care etc **(Risk Rating 20)**		

Pillar 3: *Improving health and care services today.*

Strategic Objective 6: *Address the current challenges we face today in the delivery of health and care.*

Key Priorities 24/25: *There is no exact correlation with the strategic objectives 2022-23 but this is a key priority for the ICB.*

Aligned with ICB Risk(s):

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged
12 (4x3)	16 (4x4)	4 (4x1)	Appetite	Zero/Minimal

Due to: Lack of oversight, the ICB being rated as 'partially compliant' and new resource in the EPRR team taking time to embed.

Impact: Unable to fulfil our responsibilities as a Category One responder, and effectively lead a robust, effective and coordinated system response to a major incident.

Current Controls *(to mitigate risk):*	Known Gaps in Controls	Current Assurances *(of controls effectivity):*	Known Gaps in Assurances
1. EPRR on-call manager training. 2. EPRR exercises. 3. Oversight of EPRR through the Local Health Resilience Partnership.	1. Insufficient internal debriefs have been performed for exercises that the ICB has participated in or that lessons learned have not been embedded. 2. Lack of progress on the implementation of the cyber security exercise action plan points relating to the joint working and processes required with the cyber and EPRR teams. 3. Lack of take up of strategic training offered and lack of attendance and representation at local and regional exercises. 4. Absence of a clear testing and exercising programme and organisational strategy for T&E underpinned by risk. 5. EPRR work plan needs improvement showing prioritisation of process, needs to be risk focussed and flexible based on learning identified.	1. Reporting to Quality Committee. 2. NHS England system assurance review and provider assurance process against national standards. 3. BDO Internal Audit Report (November 2023) moderate assurance for design and effectiveness. 4. Peer review and sharing good practice through the new SW EPRR Collaborative group	1. BDO Internal Audit Report which rated the ICB as moderate for design opinion and moderate for design effectiveness, with four medium recommendations (November 2023). NHS System Assurance all but two of the Partners has achieved a submitted standard of at least "Substantially Assured" with one (PPG) achieving Fully Assured. A great deal of work has been undertaken to improve E-Med's score and they have moved to "Substantially Assured" from "Non-Compliant" last year. The ICB itself has seen its overall rating remain static and again whilst a self-assessment of "fully compliant" was submitted, we have been rated as "partially assured" by NHSE). 2. Absence of a central process for how BCMS is monitored, measured, and evaluated in the organisation. Improvement in record keeping of BC plan testing and exercising is required.

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)

Tab 9 Board Assurance Framework

1. We have now updated our On-Call rota system matching skills where possible to compliment those on-call. We have also brought titles in line with EPPR frameworks, with Manager and Senior on call being replaced with Tactical and Strategic leads.

2. EPRR Support Officer has started in post and will be maintaining action trackers and training records.

3. The EPRR Manager is meeting with Head of Procurement and BDO contacts to improve the ICB's BCMS.

4. EPRR visibility will improve with agreed quarterly reporting on risk to the System Quality Committee.

5. There are some further long-term discussions to be had with system partners about revisiting the work undertaken that proposed a system wide EPRR Function.

1. All on call managers and senior managers have access to a clearly defined work programme which enables all of these staff to achieve and maintain minimum National Occupational Standards. More work needs to be undertaken to ensure all staff take up training opportunities.

2. The ICB, as part of the EPRR work plan for business continuity, is currently undertaking a three-month programme ensuring departments review and update their departmental Business Continuity Management (BCM) plans /Business impact analysis with local departmental walkthrough /discussion of what they would do for a loss or partial loss of service.

3. Review if all areas of previous partial compliance against core standards taking place to ensure compliance this year or identify any gaps.

4. Exec briefing session planned to reiterate Cat 1 responder duties and responsibilities and update.

5. NHSE core standards assurance process has taken place and ICB rated as 'partially compliant'. Although much progress had been made on the previous areas needing improvement it was felt other areas needed focus. The new EPRR manager will address these in the coming months.

Relevant Key Performance Indicators

N/A

Tab 9 Board Assurance Framework

BAF 12 — Risk of failure to detect Cyber Security threats and attacks which could result in serious consequences for operating the business of the ICS.

Entry date:	15/02/24	Last updated:	16/01/25

Owner: Paul Atkinson, Chief Clinical Information Officer

Committee: Audit Committee

Aligned with System Partner Risk(s):

GHFT SR12 *Failure to detect and control risks to cyber security.* **(score Amber 15)** *Key threats include malware, phishing, and potential physical breaches, with the National Cyber Security Centre emphasising the increasing sophistication of cyber-attacks on the NHS. (14th November 2024)*

GHC ID 8 Cyber *There is a risk that we do not adequately maintain and protect the breadth of our IT infrastructure and software resulting in a failure to protect continuity/ quality of patient care, safeguard the integrity of service user and colleague data and performance/monitoring data* **(score 28 November2024)**

Pillar 3: *Improving health and care services today.*

Strategic Objective 6: *Address the current challenges we face today in the delivery of health and care.*

Key Priorities 24/25: *Increase recruitment and retention of our One Gloucestershire workforce and build an inclusive and compassionate culture.*

Aligned with ICB Risk(s):

	Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Reduced
	20 (5x4)	**15** (5x3)	**10** (5x2)	Appetite	Zero/Minimal

Due to:

Cyber-attacks from organised groups targeting the NHS. These attacks can take the form of:

- Malware
- Phishing (via email to staff)
- Password access through data breaches.

Firewall vulnerabilities and application exploits

Impact:

- Loss of access to systems and associated downtime, with potentially limited ability to recover
- Demands for money to recover data (ransomware attacks)
- Increased clinical risk due to delivering healthcare without access to patient records

Current Controls (to mitigate risk):

1. Cyber Security action plan in place, reviewed annually. Gaps in security and investment identified.
2. Monitoring systems in place via dedicated countywide NHS cyber security team hosted by GHFT.
3. Backup systems and disaster recovery in place and regularly updated.
4. Rolling cyber security delivery programme to improve position.
5. Investment in cyber tools and software.
6. Regular phishing tests and firewall tests (planned system hacks.)
7. Regular security updates and patches.

Known Gaps in Controls

1. Insufficient in-house expertise in cyber security team.
2. Disaster recovery planning around support systems (out of IT control) not consistently in place.
3. Operating model of cyber-technical & cyber-governance currently not optimal.
4. Volume of cyber-security issues requiring resolution.
5. ICS-wide incident response processes not fully operational.

Current Assurances (of controls effectivity):

1. External audit completed by BDO identified no new/unknown risks or issues. Next audit scoping in progress
2. External penetration testing conducted annually by GHC and ICB and findings managed.
3. GHFT/CITS penetration test completed in June and findings being managed
4. Annual ICB board cyber development session and associated online training scheduled for February 2025 session.
5. GHFT reduced their BAF risk score from 20 to 15 to reflect work undertaken to mitigate cyber risk

Known Gaps in Assurances

1. Annual schedule and scope of penetration testing for coming years to be agreed.
2. Not all third-party suppliers provide multi-factor authentication in line with national policy.
3. Risks associated with software supply chain difficult to evaluate.

Tab 9 Board Assurance Framework

8. Monitoring and reporting via ICS Digital Executives and the ICB Audit Committee; ICS Cyber Operational Group.

9. NHS national monitoring (alerts) and NCSC alerts.

10. Mandatory training and communications and engagement with users on prevention.

6.

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. Board level awareness of risk and issues. 2. Rationalisation of detection and prevention tooling. 3. Introduction of targeted monitoring and alerting across key systems and entry points. 4. Contract monitoring third party suppliers to ensure that there is sufficiently robust data security and protection software and safeguards in place as well as reporting. 5. Removal of all end-of-life software and hardware.	1. Progress continues to be made towards protecting from cyber-attack however the external environment means the threat continues to evolve and is likely to remain. Work continues towards finalising Gloucestershire's cyber security strategy Good progress continues to be reported by our NHS ICS cyber service ion removal of end-of-life software and hardware, building our asset registers and monitoring 2. GHFT have reduced their BAF score to 15. As hosts of our NHS ICS cyber service this is positive news.

Relevant Key Performance Indicators

N/A

Risk scoring:

Impact	Likelihood				
	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

The five levels of risk appetite with appropriate descriptors are as follows that can be applied to the system wide strategic risks and input into the 4Risk system. To note suggested risk appetite scores included.:

Level	Descriptors
1. ZERO - Minimal	• Avoidance of risk is a key organisational objective • Our tolerance for uncertainty is very low • We will always select the lowest risk option • We would not seek to trade off against achievement of other objectives
2. Cautious	• We have limited tolerance of risk with a focus on safe delivery • Our tolerance for uncertainty is limited • We will accept limited risk if it is heavily outweighed by benefits • We would prefer to avoid trade off against achievement of other objectives
3. Open	• We are willing to take reasonable risks, balanced against reward potential • We are tolerant of some uncertainty • We may choose some risk, but will manage the impact • We are prepared to take limited risks where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.
4. Seek	• We will invest time and resources for the best possible return and accept the possibility of increased risk • In the right circumstances, we will trade off against achievement of other objectives • We will pursue innovation wherever appropriate. We are willing to take decisions on quality / workforce and reputation where there may be higher inherent risks but the potential for significant longer-term gains • We outwardly promote new ideas and innovations where potential benefits outweigh the risks
5. Bold	• We will take justified risks. • We expect uncertainty • We will choose the option with highest return and accept the possibility of failure • We are willing to trade off against achievement of other objectives

Agenda Item 10a.

NHS Gloucestershire ICB Board, Public Session
Wednesday 29th January 2025

Report Title	**Integrated Performance Report**			
Purpose (X)	**For Information**		**For Discussion**	**For Decision**
			X	
Route to this meeting	N/A			
	ICB Internal	**Date**	**System Partner**	**Date**
Executive Summary	This is the Integrated Performance Report (IPR) for NHS Gloucestershire ICB for January 2025. The report brings information together from the following four areas: • Performance (supporting metrics report can be found here) • Workforce (supporting metrics report can be found here) • Finance (ICS and ICB M09 reports) • Quality The report includes assurance pages from each of the relevant ICB Committees relating to their part of the IPR, a headline summary from each of the areas above and a more detailed breakdown of progress within the remainder of the document. There is a supporting metrics document that lists performance on the individual metrics that can be found here. The ICP dashboard has been stood down this month while some reporting methodology issues identified by the public health team are investigated and resolved.			
Key Issues to note	Areas of key exceptions have been included at the front of the Integrated Performance Report.			

Key Risks: Original Risk (CxL) Residual Risk (CxL)	The Integrated Performance Report (IPR) provides an overall summary of the current position of health and social care in Gloucestershire. Issues in delivery will have an impact on our ability to deliver against the priorities for the health and care system that we have committed to. Our performance also feeds into the NHS Oversight Framework and influences segmentation decisions made by NHS England. There is a close link between the risks within the BAF and delivery of our objectives through the Integrated Performance Report.			
Management of Conflicts of Interest	None			
Resource Impact (X)	**Financial**	X	**Information Management & Technology**	X
	Human Resource	X	**Buildings**	X
Financial Impact	See financial section of the report.			
Regulatory and Legal Issues (including NHS Constitution)	The ICB has a statutory duty not to exceed the revenue resource limit set by NHS England. The Integrated Performance Report will be used to inform regional discussions as part of the NHS Oversight Framework.			
Impact on Health Inequalities	See Performance section of the report.			
Impact on Equality and Diversity	See Performance section of the report.			
Impact on Sustainable Development	None			
Patient and Public Involvement	The Integrated Performance Report (Quality section) currently provides information on patient and public feedback.			
Recommendation	The Integrated Care Board are asked to: **Discuss the key highlights from the Integrated Performance Report** identifying any further actions or development points that may be required.			

Author	**PMO:** **Jess Yeates**	**Role Title**	ICS PMO Coordinator
	Performance: **Kat Doherty**		Senior Performance Management Lead
	Workforce: **Tracey Cox**		Director for People, Culture & Engagement
	Finance: **Chris Buttery** **Shofiqur Rahman**		Finance Programme Manager Interim Deputy CFO
	Quality: **Rob Mauler**		Senior Manager, Quality & Commissioning
Sponsoring Director (if not author)	**Performance:** **Mark Walkingshaw**	**Role Title**	Director of Operational Planning & Performance
	Workforce: **Tracey Cox**		Director for People, Culture & Engagement
	Finance: **Cath Leech**		Chief Finance Officer
	Quality: **Marie Crofts**		Chief Nursing Officer

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise

Joined up care and communities

Page **3** of **3**

Integrated Performance Report

January 2025

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Integrated Performance Report Contents

Improving Services & Delivering Outcomes (Our Performance)

(System Resources Committee)

Our People

(People Committee)

Quality (Safety, Experience and Effectiveness)

(Quality Committee)

Finance and Use of Resources

(System Resources Committee)

Feedback from Committees

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System Resources Committee

Accountable Non-Executive Director	Jo Coast
Meeting Date	9 January 2025

Issues identified at the Committee

Key Area	Assurance	Committee Update	Next Action(s)	Timescales
Operational Pressures	**LIMITED**	Committee commented with concern that BAF5 does not reflect the current operational winter pressure situation, however this is in part a timing issue as the BAF presented is always from the previous Board meeting (November in this case). The accompanying risk register presented an updated increased UEC risk that more accurately reflects the current situation.	BAF (notably BAF5) to be updated by lead directors as per usual process, notably to reflect the current risks and pressures relating to UEC and operational pressure.. *(Updated Corporate Risk Register circulated post-meeting)*	February 2025
Health Inequalities	**LIMITED**	Committee was presented with the Health Inequalities Internal Audit Report, focusing primarily on ICB work with partners to use information to systematically identify and respond to Health Inequalities. The report identifies areas of strength as well as opportunities for improvement. Main areas of concern being addressed: 1. Governance arrangements to be clearer; 2. ICB establishing a System Outcomes Framework and focus areas for Health Inequalities analysis aligned to system strategic priorities; 3. Overview of the HI Framework being presented to ICB Board at the end of January, to include summary of partner responses together with further development proposals.	Health Inequalities will be a standing item on the System Resources Committee agenda. Reporting against the Health Inequalities statement metrics and (over the longer term) reporting against the Health Inequalities Power BI Dashboard (development of this commencing imminently).	March 2025
Finance	**LIMITED**	Committee heard an update that the system and all organisations are forecasting a breakeven outturn position. Year to date income and expenditure compared to plan is in a £0.3m favourable position. There remain key risks including GP Collective Action, Continuing Health Care (CHC), delivery of savings (notably recurrent) including Working as One, winter pressures.	Reduce the system financial pressure by mitigating schemes that are high risk to delivery Capital expenditure discussion to be scheduled for the new financial year. Reconciliation of the financial position and recently published elective planning guidance	March 2025 to further review progress May 2025 March 2025

Assurance Level	Colour to use in risks/actions below
Not assured	We are not assured as to the adequacy of current action plans. If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"
Limited	We are assured appropriate action plans are in place to address any gaps
Significant	We have a high level of confidence in delivery of existing mechanisms / objectives
Full	Delivered and fully embedded

Issues referred to another committee

Topic	Committee
None	None

People Committee

Accountable Non-Executive Director	Karen Clements
Meeting Date	17 October 2024

Issues identified at the Committee

Key Area	Assurance	Committee Update	Next Action(s)	Timescales
Failure to secure, retain and develop workforce necessary to deliver the ICS's strategic objectives	LIMITED	All organisations continue to focus on a range of recruitment and retention initiatives inc. People Promise Managers presented their work programmes to the Committee.	Organisational level workforce plans in place focusing on EDI, staff engagement, recruitment, staff wellbeing and back and agency costs. Continued focus on International recruitment for social care. Continuation of We Want You careers engagement and outreach initiatives.	Throughout 2024/25
Long-term Workforce plans impacted by short-term financial pressures	NOT ASSURED	All organisations experiencing reduction in available development opportunities (apprenticeships, lack of placements for those in university courses etc)	Other opportunities (e.g. T-Levels) to be considered. Discuss as Board Development Session	Throughout 2024/25
Equality, Diversity & Inclusion	LIMITED	Review of BAF and strategic risk relating to ED&I, decision to raise score	Participation in SW Leading for Inclusion SW EDI Work programme and delivery group	End 2024

Assurance Level	Colour to use in risks/actions below
Not assured	We are not assured as to the adequacy of current action plans. If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"
Limited	We are assured appropriate action plans are in place to address any gaps
Significant	We have a high level of confidence in delivery of existing mechanisms / objectives
Full	Delivered and fully embedded

Issues referred to another committee

Topic	Committee
Short-term financial pressure impact on Long-Term Workforce Planned	Board Development session

5

Quality Committee

Accountable Non-Executive Director	Jane Cummings
Meeting Date	4 December 2024

Issues identified at the Committee

Key Area	Assurance	Committee Update	Next Action(s)	Timescales
Delay Related Harm	LIMITED	The committee heard information that in some specialities elective waits and urgent outpatient appointments are high. This has potential to impact on delays elsewhere in the system and increase the potential for harm. This also links to delays in the community.	Co-production workshop. Report from GHFT to come to next Quality Committee.	Feb 25
LeDer Annual Report 2023-2024	SIGNIFICANT	The annual report for LeDer was presented. The Gloucestershire LeDeR Programme (as of 31st March 2024) had completed 54% of reviews (compared to 52% in the same period last year). Gloucestershire has completed 81% of all reviews notified to the programme since 2017 . The report highlighted that the quality of care has improved within Gloucestershire for people with a Learning Disability and/or Autism.	The Committee members approved the Gloucestershire LeDeR Annual Report for 2023-2024	-
GHFT Water Management	LIMITED	A comprehensive review of the GHFT Water Safety Programme had been undertaken, particularly at Cheltenham General Hospital (CGH). This had resulted in a number of actions having been flagged.	The Trust is to recommend to their Risk Management Group that the risk be downgraded. The ICB Quality team will keep a watching brief.	Ongoing
Patient Safety Incident Response Framework	LIMITED	The ICB's auditor (BDO) had recently prepared a report on the Patient Safety Incident Response Framework (PSIRF). The ICB requested the System Quality Committee review the document.	BDO currently auditing GHFT and plan to audit GHC in 2025. Providers agreed to share audit opinion when presented for the committee to consider.	2025

Assurance Level	Colour to use in risks/actions below
Not assured	We are not assured as to the adequacy of current action plans. If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"
Limited	We are assured appropriate action plans are in place to address any gaps
Significant	We have a high level of confidence in delivery of existing mechanisms / objectives
Full	Delivered and fully embedded

Issues referred to another committee

Topic	Committee
None	None

6

Improving Services & Delivering Outcomes (Our Performance)

(System Resources Committee)

Our People

(People Committee)

Quality (Safety, Experience and Effectiveness)

(Quality Committee)

Finance and Use of Resources

(System Resources Committee)

Summary of Key Achievements & Areas of Focus

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Our Performance

Improving Services & Delivering Outcomes

Key Achievements

- Following a challenging few months, performance has improved in the referral to assessment times for the perinatal mental health service – with all assessment time targets met across preconception, routine and urgent pathways for the latest month.
- The new Integrated Urgent Care Service (IUCS) launched on the 19th November 2024. This service brings together NHS 111, a local GP led Clinical Assessment Service and the Primary Care Out of Hours service). The service is supporting joined up urgent care advice and support across the county 24/7 – with particular focus on ensuring that there is streamlined access to community provision to help with urgent care demand in the challenging winter period particularly.
- Latest performance against the Units of Dental Activity Delivered (UDA) show that 70% of contracted volumes have been delivered in 2024/25 to date thus meeting the operational planning target. Work is continuing to reprocure dental activity for 2025/26 to drive this target higher and increase dental access in the county.

Areas of Focus

- There has been a significant challenge to the Urgent and Emergency Care system as 2025 begins. In common with regional and national positions, Gloucestershire has seen significantly higher incidence of flu, norovirus, and other seasonal infections than normal, with infection prevention and control measures also constraining the flow through the acute and community hospitals in the system. A critical incident was declared on the 8th January in response to these pressures.
- This pressure has particularly impacted the No Criteria to Reside (NCTR) position, with the number of patients with NCTR rising from under 100 in December to 192 as of the 10th January 2025.
- Congestion in the Emergency Department and wider hospital is in turn affecting the ambulance handover times, with large increase in time lost to handover delay over the New Year period and again the following week during the critical incident.
- The national focus on elective recovery has been set out in the publication of the "Reforming elective care for patients" plan – this sets the commitment to meet the 92% RTT standard by March 2029, with steady progress towards meeting this expected by all systems year on year. Our focus locally will be on continuing to reduce the longest waits for patients on the waiting list as well as reducing the overall waiting list size to support sustainable delivery.

8

Please note: The Workforce report is updated bimonthly.

Our People

Our People (Workforce)

Key Achievements

Funding Opportunities
- "Step into Work" £50k joint funding bid with GCPA submitted to NHSE for a programme for 100 marginalised adults not currently in employment supporting them into work.

Strategy & Planning
- Draft Joint Forward Plan produced and distributed to Steering groups for review and feedback.
- Plan on Page review for 25/26 priorities commenced with steering groups
- Business cases for Oliver McGowan and ICS lead role (Advanced Practice and AHP workforce lead) have been submitted as part of the 25/26 Strategic Delivery Priorities process.

System-wide Development Programmes
- Agreement in principle to complete the development and deliver the ICS first-time line-managers programme in 25/26

Education & Training
- County-wide Circle 2 Success careers held fair in November.
- ICS careers engagement and outreach team had a busy and successful start to new 24/25 academic year attending multiple careers events

People Team
- ICS housing hub officer meeting with stakeholders and drafting housing needs survey to better understand demand and shape support offer.
- Data analyst working with ICB BI team on a shared data warehouse and (ICB) EDI Infographics has updated. Agreement to develop an EDI dashboard in response to EDI board reporting recommendations (from Roger Kline)

Areas of Focus

Strategy & Planning
- Commencement of 25/26 annual operational planning – guidance expected in the new year

Recruitment
- Discuss and agree shorter TRAC application form for support workers, including neurodiverse stakeholders.

Retention
- Health and Social Care Support Worker appreciation event(s) being planned for existing staff in 25/26.

System-wide Development Programmes
- Agree delivery plan for system first-time manager programme commencing early 2025
- Discuss and agree date and topic for next ICS leadership conference

International Recruitment & Pastoral Support
- Cultural awareness Programme across care providers to be run in 2025
- Redefine the pastoral care support arrangements.

Education & Training
- System level work experience offer being developed
- Expansion of Careers, engagement offers
- System-wide apprenticeship cohorts for project management
- Increase in non-clinical T-Level industry placements across the system

9

Quality

Please note: The Quality report is updated bimonthly.

Quality – Safety, Experience and Effectiveness

Key Achievements

- ICB data suggests that the Summary Hospital Level Mortality Indicator (SHMI) is starting to reduce.

- Addressing Health Inequalities through Engagement with People and Communities: A self-assessment and improvement framework for Integrated Care Systems national launch 12 February 2025. Gloucestershire has been one of four national pilot sites, the only site to involve VCSE partners, and people with lived experience during the testing. Gloucestershire partners will be filmed to support the launch at Inclusion Gloucestershire HQ in January 2025.

- Joining Up Insight in Gloucestershire (Collection of online qualitative data) launched at Data Day in December 2025. It is hosted on NHS Futures

- Information Bus: identified individuals with hypertension, skin cancer and Type 2 diabetes across the county.

Areas of Focus

- Churchdown Practice have agreed to be a pilot site for the new Primary Care Patient Safety Strategy.

- The System is experiencing high levels of flu. GHFT has stood up a clinical reference group with system partners to co-ordinate and standardise our response.

- Care Sector Support Team to shift focus to work closely with GHFT IPC to support discharge and flow during current system pressures, due to high rates of respiratory infection.

- Work continues with the review of lower leg wound pathways and our ambition to implement the new national wound care stagey guidelines.

- The 'Learn from Patient Safety Events' (LFPSE) service has started to roll out their data access tool.

10

Finance

Finance and Use of Resources

Key Messages: Month 09

Statement of Net Income & Expenditure Position (£'000)			
Month 09 2024/25 – December	**Month 09 Plan Surplus / (Deficit)**	**Month 09 Actual Position Surplus / (Deficit)**	**Month 09 Variance to Plan Favourable / (Adverse)**
Gloucestershire Hospitals NHS Foundation Trust (GHFT)	(4,906)	(4,388)	518
Gloucestershire Health and Care NHS Foundation Trust (GHC)	112	123	11
Gloucestershire Integrated Care Board (ICB)	0	0	0
System Surplus / (Deficit)	**(4,794)**	**(4,265)**	**530**

- The system financial plan included a significant amount of financial risk to achieve breakeven, in particular, the level of savings including Working As One savings. Delivery of savings has slipped, and a number of pressures have emerged, particularly in non-pay within GHFT, Continuing Health Care (CHC) and high-cost placements. Ongoing mitigations continue to be progressed and the risk to delivering the breakeven position remains high.
- The year-to-date income and expenditure position is a positive variance of £0.5m versus plan. This is attributable to non-recurrent benefits within GHFT, including balance sheet releases, prior year income and some planned savings delivered earlier than anticipated. GHFT remain on a trajectory to breakeven for the financial year, however, risk remains to delivery of this position. Further year to date GHFT non-recurrent benefits are offsetting cost pressures for both pay and drugs and clinical supplies.
- Work is continuing to mitigate the financial position. Measures are mainly non-recurrent and identification of recurrent savings is ongoing as part of planning for the Joint Forward Plan and 2025/26 operational planning. The forecast assumes full delivery of elective recovery funding over performance, there remains a potential shortfall of c£3.0m with a fully coded position, this is due to a number of factors including winter escalation and estates issues. Work is underway to identify non recurrent schemes to increase elective activity to mitigate a part of this position.
- Year to date capital expenditure is £15.1m behind the plan due to slippage in some schemes. The full year forecast is close to breakeven against the capital expenditure resources.
- Agency costs for both GHFT and GHC remain below the 3.2% national cap.

Improving Services & Delivering Outcomes (Our Performance)

(System Resources Committee)

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Finance and Use of Resources

(System Resources Committee)

Detail of Key Achievements & Areas of Focus

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Focus on DEMENTIA

Improving Services & Delivering Outcomes

England: Dementia: 65+ Estimated Diagnosis Rate

NHS GLOUCESTERSHIRE INTEGRATED CARE BOARD: Dementia: 65+ Estimated Diagnosis Rate
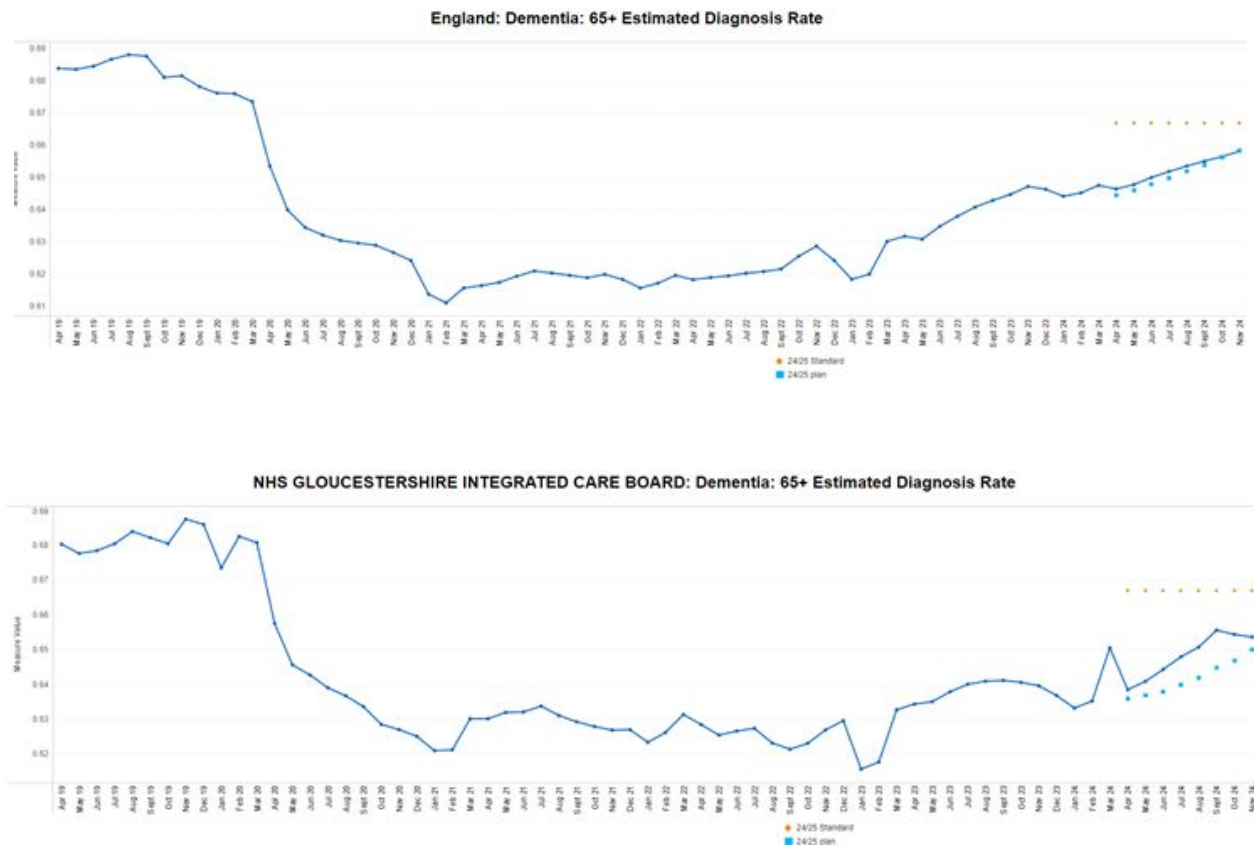
- In common with all areas of the country, Gloucestershire saw a significant and sustained reduction in the number of people diagnosed with dementia during and following the COVID-19 pandemic.

- This was predominantly due to the detrimental impact of COVID-19 on older people more likely to be diagnosed with dementia, however there have been increased waits for assessment seen in our local Managing Memory service and the recovery of the Dementia Diagnosis rate in Gloucestershire has now fallen behind the national position.

- The system is focussing on dementia, recognising the importance of timely diagnosis for the person, as well as good quality coding to support quality of care across health and social care services.

- Process issues have been identified and a cross-organisation group is working through these to jointly improve identification of dementia and the recording of this across the system.

13

Urgent & Emergency Care: January 2025 position

Improving Services & Delivering Outcomes

- In common with national trends, there is an early peak in flu incidence and higher impact of infectious disease (including norovirus) than in typical years across the county. This has led to NHS leaders declaring a critical incident in the county on the 8th January 2024, in common with 12 other trusts nationally. Declaring a critical incident allowed the NHS in Gloucestershire to take additional, immediate steps to create capacity, help discharge patients, relieve pressure on ED and also release ambulances and their crews.

- The incident control centre was stood up to provide system support, with escalation actions for health and care services including providing additional GP appointments through 111, opening additional community beds to support people leaving hospital and increasing clinician staffing levels across all urgent care services.

- There has been pressure across the whole South West region (Cornwall was one of the areas nationally to also declare a critical incident), with Gloucestershire particularly impacted by a quick increase in patients with No Criteria to Reside (NCTR) in both the acute and community hospitals. In GHFT, NCTR numbers rose from below 100 in mid-December to 192 as of the 10th January.

- On Monday 13th January the Critical Incident was stood down, with NCTR beginning to reduce in GHFT (170 as of the 13th January). This has required significant commitment from all areas of the system with patient needs remaining very high, and the pressure that staff are working under continues to be challenging.

- Public messaging has also been put in place to support Gloucestershire residents to access the most appropriate healthcare and support for their needs. This includes reminders about Self-Care and checking on vulnerable family and neighbours; appropriate clothing and footwear for colder conditions; accessing Community Pharmacy; access to General Practice or the Out of Hours Service; and support from NHS111. People are also being asked to support with ensuring relatives can be discharged from hospital as quickly and as safely as possible, with additional help, if necessary, from local NHS community services or adult social care teams.

- With flu incidence still high in the county and not expected to have reached its peak as of the second week of January, people eligible for flu vaccinations are being reminded they can still access these via pharmacies or their GP surgery. Currently 79.9% of over 65 year olds in the county have taken up their flu vaccination, although this is a high uptake rate, at the same point last year more than 33,000 more vaccinations had been given, showing that Gloucestershire is seeing the same overall trend for lower vaccination uptake as seen nationally.

14

Urgent & Emergency Care: December 2024 validated data

Improving Services & Delivering Outcomes

- Performance against UEC targets was challenging throughout December, with fluctuating performance across most settings – driven by the increased seasonal infectious disease that has impacted January performance.

- In December Gloucestershire Hospitals NHS Foundation Trust (RTE) saw 61.1% of patients within 4 hours of less in a Type 1 setting. Gloucestershire ICB saw 75.3% of patients in all settings within 4 hours. Compared to November, GHFT's & Gloucestershire ICB's performance deteriorated for Type 1 setting from 62.0% and for all settings from 75.5%. National Type 1 ED performance also deteriorated by 1.7% compared to November.

- Ambulance average response time for Category 1 incidents remained stable in December at 10.8 minutes (compared to 11 minutes in November). Category 2 performance in December was 62 minutes, slightly longer than November performance at 58.7 minutes, and above the 30-minute ambition (interim performance target for 2024/25).

- Handover delays have increased in December, with a total of 2,655 hours lost to handover delay in total, and an average handover time of 61.4 minutes throughout December. This reflects significant fluctuations in performance across the month – with 30th-31st December particularly challenging days.

- A local system Standard Operating Procedure (SOP) has been developed for managing ambulance handover delays. This has been produced in collaboration with GHFT who also have an internal escalation SOP outlining full details and actions to be completed at each point in the process. A timely handover process has been agreed between SWAST and South West regions to enable patients with the longest waits to be safely handed over more promptly, freeing up resource to focus on community responses.

- The Urgent Community Response (UCR) service continues to meet planned activity levels for 2024/25, and consistently meets the 70% standard for proportion of referrals which are responded to within 2 hours.

15

Elective Care

Improving Services & Delivering Outcomes

- Overall RTT performance, the ICB has achieved 67.56%, while GHT have achieved 67.23% for incomplete pathways in November. This is a change in performance from October of +1.4% for the ICB and +1.5% for GHT. Assuming stable performance to November in December, it is likely that the system will be asked to achieve around 72.5% as an interim RTT recovery target by March 2026 – with reports indicating all systems would be asked to improve by a minimum of 5% on December 2024 performance as well as meeting the 65% minimum standard set out in the "Reforming elective care for patients" plan published in January 2025.

- There has been a decrease in overall numbers of 52 week waits for the ICB to 1,609 from 1,746 last month (-7.8%) with ENT remaining a particular pressure area with 613 in November, which is a decrease in numbers for ENT by 91 compared to October. GHT accounted for 1,395 of the total 52 week waits (86.7%). There were 34 over 65 week waits, down from from 38 last month (-10.5%) – Ophthalmology have the highest number of 65 week waits with 10 in November, this is closely followed by Trauma and Orthopaedics and Urology who have 8 and 6 over 65 week waits respectively. GHFT accounted for 11 of the total 65 week waits (32.3%) – all in Ophthalmology excepting 1 in ENT.

- Elective Recovery Fund schemes are continuing, with additional capacity allowing a reduction in treatment times. The use of independent providers is to continue, with further options being explored with Optimised Care and Heath Harmonie.   Scrutiny continues throughout GHFT from senior operational managers and directors, with support from the validation team/ Elective Care Hub.

- Elective recovery fund performance update: Baselines have now been confirmed for 2024/25 by NHSE allowing accurate forecasting of the system performance. As of M8 2024/25 the Flex position is 106.8% but has the potential to reach 113.1% including UZ (uncoded) activity. The current financial risk at year end is ~£5m, reducing to ~£3.8m with a fully coded position. The Freeze position at the end of M7 is 117.3%.

- Delayed follow ups continue to be an area of concern, with the list having continued to grow throughout 2024/25. Work is underway to reduce the list; validating and removing patients who no longer need follow ups.

16

Cancer

Improving Services & Delivering Outcomes

- Faster Diagnosis Standard (FDS) performance declined in November 2024 with the position for Gloucestershire patients at 73.3% (people receiving a diagnosis or all clear following a cancer referral within 28 days of the referral being made), against the target of 75% (at GHFT this was 73.5%). Performance against this standard has improved on the September position of 70.9% but is below the planned trajectory for November (77.0%). Skin performance continued to drive the overall service performance, and a recovery trajectory is in place which includes additional capacity and a focus on diagnostic pathology turn around times.

- Key actions at GHFT to support the improvement in FDS performance include: Focus on Best Practice Timed Pathway implementation on key specialties; Launch of a new Escalation Policy to support earlier identification of bottlenecks and concerns; Review of 2WW booking date and aim to bring this in line with 7 days or less across all specialties; Pathology focus on 10- and 7-day turnaround, with a Pathology Escalation process in place.

- In November, Urology was the focus for the Best Practice Timed Pathway workstream aiming to increase all contacts within the best-practice times at each point of the pathway – this will help to sustain performance improvement in the specialty. The impact of this work can be seen in November Urology FDS at GHFT, which improved to 59.9% - a 20% improvement on their previous average performance.

- 31-day treatment performance was stable at 94.4%, with skin and prostate treatment accounting for the highest number of breaches (8 in skin, 7 in prostate).

- 62-day performance remained stable at 67.2% in November but missed the 70% interim recovery target (patients treated within 62 days of referral), three main areas with larger numbers of breaches were Prostate, Lower GI and skin – higher volume specialties, where additional resource has been deployed to help reduce the backlog of patients waiting beyond 62 days. Reviewing the diagnostic element of the cancer pathway and focusing on improvements within this will support overall improvement of the 62 day as demonstrated by the 31-Day Performance.

17

Improving Services & Delivering Outcomes

Cancer (cont.)

- The system is committed to deliver the interim national recovery target of 70% against the 62-day standard in March 2025. Overall actions plus specialty/tumour site level action plans have been established specifically to address 28-day and 62-day performance and improve cancer awareness in our population, including: operational focus and continuous quality improvement projects, specific additional capacity and workforce in specialties failing to meet national standards, public awareness campaigns and targeted events to population groups less likely to come forward with cancer symptoms or attend routine screening.

General Practice

- 483,747 appointments were delivered in general practice in Gloucestershire in October 2024 – the highest appointment activity volume delivered on record. Same day appointments made up 34.0% of these – 164,519 appointments across the month. Appointment activity continues to be well above the operational plan for 2024/25.

- Performance against the target (75%) for Appointments booked up to 14 days in Gloucestershire (using 8 appointment categories typically within 14 days) was 79.8% in October 2024.

- A total of 6,327 self-referrals were made in Sept 2024 – which is slightly below the NHSE goal to reach 6,968 self-referrals a month. Gloucestershire is currently 3rd of all ICBs nationally for volume of self-referrals recorded via the Community Services Data Set.

- Inclusion of FIT results with Lower GI suspected cancer referrals continues to track above target (80%), with latest data showing 82% of referrals in Gloucestershire were accompanied by a valid FIT result.

- Work continues with key stakeholders to manage and mitigate the impacts of GP collective action.

18

Dental

Improving Services & Delivering Outcomes

- Two Dental engagement advisors started in post in November 2024 to promote the dental strategy opportunities and engagement with primary care dental teams.

- An enhanced Foundation Dentist training funding scheme is about to be launched in collaboration with the South West Deanery which will support establishment of three new dental training practices in the next two years as well as maintaining the remaining trainers in the county.

- The business case for the Centre of Dental Excellence is currently being finalised with financial input to identify the preferred option.

- Performance review of dental contracts that are underperforming has been carried out. This will enable the release of funding from these contracts which will be reprocured into new dental access as part of a dental procurement strategy plan in 2025/26.

- Units of Dental Activity (UDAs) delivered as a % of contracted is currently running at 70% as at September 2024 (against the operational planning target of 69%). The newer sessional access initiatives continue to increase in capacity with Stabilisation increasing to approximately 237 appointments per week in October (200 in July 2024) and Out Of Hours Urgent Care appointments increasing to approximately 60 appointments per week in October (50 in July 2024).

19

Diagnostics

Improving Services & Delivering Outcomes

- Diagnostic performance in November has declined slightly compared with the October position, with 13.4% patients waiting over 6 weeks for a test, compared to 11.3% in September. GHFT performance was 14.2% - equating to 1648 patients waiting over 6 weeks for a test (increased on October's position, but a reduction from 2085 in September). Modalities failing to meet the recovery target for this year's operational plan (10% or less of patients waiting more than 6 weeks for their diagnostic) were Colonoscopy, Echocardiography, Flexi Sigmoidoscopy, Gastroscopy, Cystoscopy, Peripheral Neurophys, and Urodynamics. The waiting list has increased slightly (by 200 patients).

- Patients waiting over 13 weeks have increased to 579 patients in November – with Colonoscopy and Echocardiography the two modalities with the highest numbers of patients waiting over 13 weeks. Echocardiography performance in particular appears to be driving the overall DM01 fluctuations in performance, with a large increase in patients waiting 8-9 weeks compared to October 2024.

- For Endoscopy, additional evening and weekend resource has been agreed to support enhanced activity to the end of March – this will help to further improve performance and reduce the backlog of patients waiting for these diagnostic tests, building on the consistent reduction in the waiting list seen throughout 2024/25 to date. To future proof capacity in the modality, a business case is under development for endoscopy in the Forest of Dean at the community hospital to go live in 2024/25, and GHFT is also developing a longer-term ambition to increase to 6 day working across the service by 2027.

- Diagnostics was identified as a key enabler in the national "Reforming elective care for patients" published at the start of January. With expected focus on increased use of Community Diagnostic Centres, innovation of diagnostic pathways and increasing straight-to-test and direct access diagnostics where possible, it is likely that demand across most modalities will continue to increase. The Clinical Programme Group is considering the implications of future growth on existing services and beginning to plan for the next phase of transformation work in diagnostics to support operational services.

20

Mental Health

Improving Services & Delivering Outcomes

- Access to perinatal mental health services continues to exceed targets, with a rolling 12-month access rate of 672. Performance against the 2-week assessment threshold was 69% in November – with all referral to assessment targets for pre-conception, routine and urgent referrals met in the month.

- Out of Area placement days have reduced in November to 15 total days, following a rise in September and October. The total bed days reported as inappropriately out of area in 2024/25 to date is 190, a reduction on previous years, however recent increases show the pressure the system is under and the demand for acute placement. There were no patients remaining out of county at the end of the month.

- CYP access continues to be strong across all providers, with latest national data showing access exceeded our target (8845 against the 7340 target in October 2024). Compliance with the 4-week waiting time target remains stable in November 2024, with 80.1% of referrals receiving their initial appointment within 4 weeks (above the 80% target). The LD CYP service also met the 80% 4 week wait threshold, with 87.5% of referrals receiving their first appointment within 4 weeks in November.

- The Talking Therapies service continues to demonstrate strong recovery rates, achieving 70.3% in November 2024 well above the target of 67%. The reliable recovery rate (for patients meeting caseness at the start of their therapy course) was 47.5%, just below the target of 48%. The service is currently working to understand the drivers for reliable recovery performance in anticipation of a planned rise in this target to 50% in 2025/26, in additional enhancing clinical supervision to support the service quality.

- Long waits for community mental health have been reviewed by the system in response to a national ask – encouragingly for Gloucestershire the number of over 52-week waits is small and predominantly due to data quality issues. The area where over 52-week waits are a concern is Autism and Neurodevelopmental services – long waits in these services are being experienced across the country and locally investment has been made into Neurodevelopmental service development to help address the issue. The new CYP service is now fully recruited and going live, however due to the continuing increase in referrals into the service, current focus is on screening of referrals to ensure urgent cases are prioritised and patients not requiring a full assessment can be signposted to more appropriate support.

21

Improving Services & Delivering Outcomes (Our Performance)

(System Resources Committee)

Our People

(People Committee)

Quality (Safety, Experience and Effectiveness)

(Quality Committee)

Finance and Use of Resources

(System Resources Committee)

Detail of Key Achievements & Areas of Focus

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Please note: The Workforce report is updated bimonthly.

Our People Strategy: Focussed Pillars

"Developing One Workforce for One Gloucestershire"

Focused Themes

| Recruitment & Retention | Enabling Innovation in care delivery & people services | Valuing and Looking after our people | Education, Training and Talent Development |

Our People (Workforce)

Valuing and looking after our people

- A comprehensive review of Health and Wellbeing services is underway with the following objectives:
    1. To understand the need for HWB interventions and services for our staff
    2. To baseline the HWB services available to our staff
    3. To evaluate the effectiveness of services from the perspectives of
        - service user experience,
        - service outcomes and
        - value for money/return on investment
    4. To identify areas of best/good practice that can be shared/expanded
    5. To identify gaps in service provision that need addressing
    6. To identify opportunities for collaboration with associated benefits and risks

- Review timescales are to produce a report with recommendations by February 2025

- NHS Charities Together will be launching a funding opportunity for staff health and wellbeing projects in 2025, locally we have agreed a process to promote and garner expressions of interests from staff which will be reviewed and one selected for the national bid.

- Each of the ICS partners are developing multi-media (e.g. video) materials to support staff HWB – these are being shared across partners to maximise benefit and reach

23

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Our People Strategy: Focussed Pillars

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Focused Themes

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Our People (Workforce)

Education, Training and Development

- Circle 2 Success Careers Fair held at Cheltenham Racecourse in November – 2000 attendees
- One Gloucestershire combined stand with representation from all system partners
- 200 students between year 8 and 13 participated in a 'Future careers' survey
- 26% are considering a career in health & care, 30% 'may' consider a career
- A 'job that helps others' was just as important as salary
- Apprenticeships, including degree apprenticeships, and university are equally important options for students
- Attendees experienced a virtual healthcare setting using "Virtual Reality" headsets
- During Term 1 and 2 (24/25 academic year) we engaged with 15,000 young people aged 11 to 18 across Gloucestershire in person, with additional interactions taking place digitally
- 35 in-person sessions including workshops, assemblies, mock interviews, and talks were delivered to young people at secondary schools, colleges and community settings: 3,600 young people across 16 secondary schools and colleges
- We attended 21 careers fairs at secondary schools, colleges, and community settings with a approx. 12,000 footfall
- We have provided one-off and ongoing coaching support to 10 individuals, including Care Leavers with personal statements, work experience placements, and application assistance. 3 individuals, including 1 care leaver, have received conditional job offers following our intervention
- We delivered two social media ad campaigns aimed to build awareness of careers in mental health and general health & care careers, Geotargeted to young people living in Gloucestershire
- Digital Interactions: 8,200 impressions (total number of times the ad was viewed by users)
- 200 click throughs (to website)

24

Please note: The Workforce report is updated bimonthly.

Our People Strategy: Foundation Themes
Workforce Planning, Digital & Data, EDI, Leadership & Culture

Our People (Workforce)

Leadership and Culture:
- A collaborative Leadership programme for first time leaders has been outlined. The detailed content for this will be developed and delivery approaches agreed with system partners contributing resources and capability in kind.
- The system-wide coaching platform (My e-coach) has been extended for a further 12 months pending outcome of a review of need and collaboration appetite to share coaches and mentors.

EDI
- Following a review of EDI Board reporting recommendations, (Are you serious? Thirteen questions for Boards to ask about NHS race equality data in your organisation, by Roger Kline) an EDI dashboard is being developed.
- A Cultural awareness programme "Building a Culture of Conscious Inclusion (BCCI)" has been planned for Independent Sector Staff to which Primary Care staff have been invited to participate. The training course is designed to enhance knowledge of EDI topics and cultural awareness to foster a sense of belonging. Staff sessions review unconscious bias, trust, power, privilege, inclusive conversations, and allyship. Leadership training will cover topics such as increasing representation, supporting diverse talent, accountability, and governance.
- A Train the Trainer programme is also planned designed to equip facilitators with skills and confidence to deliver the BCCI content.

Digital, Data and Technology
- Digital workforce strategy in has been developed with four areas of focus:
- Development of Digital Skills and Education offer for all staff to develop and enhance digital literacy
- Support and develop digital specialists (including clinical informaticians) across the ICS
- Delivery of Technology Enhanced Learning (TEL) as a key enabler for training both digital skills required and innovative methods of education
- Development and optimisation of current workforce systems for the ICS

25

Please note: The Workforce report is updated bimonthly.

ICS Careers Engagement & Outreach

Our People (Workforce)

ICS Careers Engagement & Outreach team

WE WANT YOU

Engagement summary

15,000

From September to December 2024, we engaged with 15,000 young people aged 11 to 18 across Gloucestershire in person, with additional interactions taking place digitally

35 Sessions

35 in-person sessions including workshops, assemblies, mock interviews, and talks were delivered to young people at secondary schools, colleges and community settings:
- 3,600 young people
- 16 secondary schools and colleges

We attended 21 careers fairs at secondary schools, colleges, and community settings with a approx. **12,000 footfall**

This helped raise awareness of health and care careers & pathways, in collaboration with One Gloucestershire employers and career role models

21 Careers Fairs

10 Coaching conversations

We have provided one-off and ongoing coaching support to 10 individuals, including Care Leavers with personal statements, work experience placements, and application assistance

3 individuals, including 1 care leaver, have received conditional job offers following our intervention

Year 9-Year 13 students participated in a 'Future Careers' Survey:
- 26% are considering a career in health & care, 30% 'may' consider
- A 'job that helps others' was just as important as salary
- Apprenticeships (including degree apprenticeships), and University are equally important options for students

200 Survey responses

8K Snapchat Ad impressions

We delivered two ad campaigns aimed to build awareness of careers in mental health and general health & care careers. Geotargeted to young people living in Gloucestershire

Digital Interactions:
- 8,200 impressions (total number of times the ad was viewed by users)
- 200 click throughs (to website)

One Gloucestershire
Transforming Care, Transforming Communities

To keep up to date, sign up to our **ICS Careers Newsletter:**
glicb.careers@nhs.net

26

Please note: The Workforce report is updated bimonthly.

ICS Careers Engagement & Outreach

Our People (Workforce)

ICS Careers Engagement & Outreach team

WE WANT YOU

Circle to Success Careers Event Survey

200

200 student's between year 8 and 13 participated in a 'Future careers' survey

What did they say about working in NHS & Care?

"There are a lot of opportunities"

"I want to support others"

If I could find the job I wanted I would"

"It saves peoples lives"

"I love science"

26% of those who consider a career in Health and Care do so as 'they want to help'

What about next steps?

53% Year 12 and 13 are considering apprenticeship's as next steps

36% Year 9-11

Number of students 9-13 considering University **95/200**

3 TOP

Most important considerations when thinking about a career:

- Salary
- A job that helps others
- A job they feel is meaningful

Planning to study or work in Gloucestershire?

31% Yes
44% Maybe
25% No

Are students considering a careers in NHS and Care?

28% Yes
No **30%**
42% Maybe

One Gloucestershire
Transforming Care, Transforming Communities

To keep up to date, sign up to our **ICS Careers Newsletter**: glicb.careers@nhs.net

27

Improving Services & Delivering Outcomes (Our Performance)

(System Resources Committee)

Our People

(People Committee)

Quality (Safety, Experience and Effectiveness)

(Quality Committee)

Finance and Use of Resources

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Detail of Key Achievements & Areas of Focus

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Please note: The Quality report is updated bimonthly.

Assurance

Quality – Safety, Experience and Effectiveness

Pharmacy, Optometry and Dentistry (POD)
- We are awaiting the POD Q3 Quality report from the SW Collaborative Commissioning Hub (CCH). Monthly meetings between members of the ICB Quality, Safeguarding, Pharmacy and PALS team continue with a CCH Quality Team representative.
- The CCH are working to resolve current issues with the complaints management system.

Maternity
- The Quality Improvement Group (QIG) chaired by the CNO continues following the CQC section 31 warning notice in May 2024.
- The inspection report is due to be published January 2025. The service remains rated inadequate and on increased surveillance, under the National Quality Board Guidance.
- The QIG remains bi-weekly with good progress being seen in the 5 workstreams/areas of concern identified by CQC. 2 workstreams have become business as usual to be monitored through Trust governance processes.
- The QI programme also includes 2 other areas identified as a concern for the maternity & neonatal service - antenatal screening and scanning capacity. There has been a focus on ultrasound scanning capacity for reduced fetal movements, as national standard of a scan within 24 hrs was not being met, waiting times have improved, however this remains on Trust and ICB risk register and is being closely monitored through the QIG.
- The service remains on the NHSE Safety Support Programme with Midwifery and Obstetric Improvement Advisors supporting the service. The trust also reports all progress monthly to the CQC. The trust have redesigned the Maternity governance structure & this is beginning to become embedded with senior oversight. Midwifery staffing has significantly improved with recruitment to establishment expected by end of March 2025.

Patient Transport
- The Patient Transport Advice Service has now fully implemented their new telephony service which has reduced waiting times significantly. Average call waiting time for the week before Christmas was 2mins 30 seconds.

Please note: The Quality report is updated bimonthly.

Assurance

Quality – Safety, Experience and Effectiveness

Badgernet Maternity Information System interface with GPs and SystmOne
- The ICB/LMNS have been working closely with GHT and the LMC to resolve the interface issues from Badgernet to GPs and SystmOne. Good progress has been made to resolve issues around data flows to ensure GP's have vital information about pregnant women. However there remain some outstanding issues with information sharing which the system is progressing.

Community and Mental Health
- GHC have made a sustained improvements in the quality and safety of the care being provided at Berkeley House in line with requirements of the CQC Section 31 notice from October 2023. This has been evidenced through submissions to the CQC and ICB.
- At the last Quality Improvement Group (QIG) it was proposed to step-down from QIG to an Enhanced Oversight Group, in order to retain the system commitment to supporting Berkeley House, this was supported by the System Quality Group (SQG) on 17 December 2024, with CQC colleagues present. It was also agreed at SQG to step down from Enhanced Surveillance under the National Quality Board Guidance to routine surveillance.

- Nursing, Therapies and Quality services, continue with the developments of the integrated performance report with proposed plans being presented to Executives and agreed at Resources Committee.

Migrant Health
- No further local properties have been identified as potential asylum properties in county, although ongoing large numbers of arrivals into the country means that there is always a possibility that the estate will increase at short notice.
- Beachley Barracks is still planned to return to 1st Rifles by March 31st , although there is an increasing likelihood that some EP's will remain on site into April/ May.
- Numbers overall have decreased across both sites at Beachley as the draw down continues with approximately 450 EP's now on site.

Please note: The Quality report is updated bimonthly.

Safety

Patient Safety Incident Investigations

- Under PSIRF organisations are prompted to respond proportionally. This might be through new SWARM huddles or After-Action Reviews. For the most complex events, organisations can open a Patient Safety Incident Investigation (PSII).
- In November and December 2024 four PSIIs have been opened; three for GHC and one for GHFT. These four PSIIs will go forward for a full investigation with the respective Trusts' boards holding oversight, as is policy under PSIRF.

Quality Alert

- We have now started to see more Quality Alerts come through than ever before. We see this as a positive step forward to break down barriers across the system and improve healthcare for patients.

- The automatically generated word cloud below shows some of the things mentioned the most and demonstrates that the system is putting our patients at the very centre. The second cloud shows where the concerns are from those reports.

Please note: The Quality report is updated bimonthly.

Safety

Quality – Safety, Experience and Effectiveness

Primary Care Patient Safety Strategy
- NHS England recently launched the new Primary Care Patient Safety Strategy ([NHS England » Primary care patient safety strategy](#)).
- The strategy sets the ambition for Primary Care, including Pharmacy, Optometry and Dentistry, to use the same tools as secondary care – including the Patient Safety Incident Response Framework (PSIRF), the Learn from Patient Safety Events service (LFPSE).
- The new strategy will be a challenge for Primary Care to introduce, especially at a time of great pressure. NHS England, the ICB and Churchdown practice have agreed to work together to use the practice as a pilot site to test new approaches.

Learn from Patient Safety Events (LFPSE)
- NHS England have launched the first version a new tool that will eventually enable the ICB to look at whole system data. While it cannot yet be used for planning or official statistics (due to lack of data validation) it is starting to show what might be possible in the future.

- Early data shows show interesting themes:

Top three incidence of specialities involved in incidents reported:
  - ➤ Adult Mental Health Services
  - ➤ Nursing
  - ➤ Learning Disability Care

Top three incidences of known safety challenges in incidents reported:
  - ➤ Pressure Ulcers
  - ➤ Falls
  - ➤ Self Harm

Please note: The Quality report is updated bimonthly.

Effectiveness

Quality – Safety, Experience and Effectiveness

Mortality Focus
- Mortality data from NHS England runs six months behind and covers the period up to July 2024. There are three metrics we pay close attention too:
  - Crude Mortality (top chart opposite)
  - Summary Hospital-Level Mortality Indicator (middle chart opposite)
  - In and Out of hospital deaths (bottom chart opposite)

- The **Crude Mortality rate** is not adjusted for age, sex or other demographic factor and so caution must be taken when looking at it in isolation. The current Crude Mortality rate rose in June data to 2.9% before returning to 2.8% for July, which is below the 'all England' rate of 3.1%. This is not a cause for concern.

- The **Summary Hospital-Level Mortality Indicator** (SHMI) is currently outside of control levels and has been for the last ten months. The latest official data shows the Trust's SHMI peaked at 1.175 in June and dropped to 1.173 in July data. Local data shows that it further reduced in August, and we are expecting a third drop in the September data due to be published imminently.

- While the data remains outside of control levels and the impact on the 12 month rolling data small, the monthly data shows that in August the SHMI was 1.07. This much lower SHMI will pull through to the official data over the next 12 months.

- Even with the green shoots of improvement, the Quality Improvement Group set up to support our system remains in place. It focus on three themes:
  - Improvements in overall coding
  - Reduction in variation
  - Improvement in condition specific coding

- **In Hospitals deaths** are relatively low at 66% compared to the England rate of 69%. This is likely to be positive indicator.
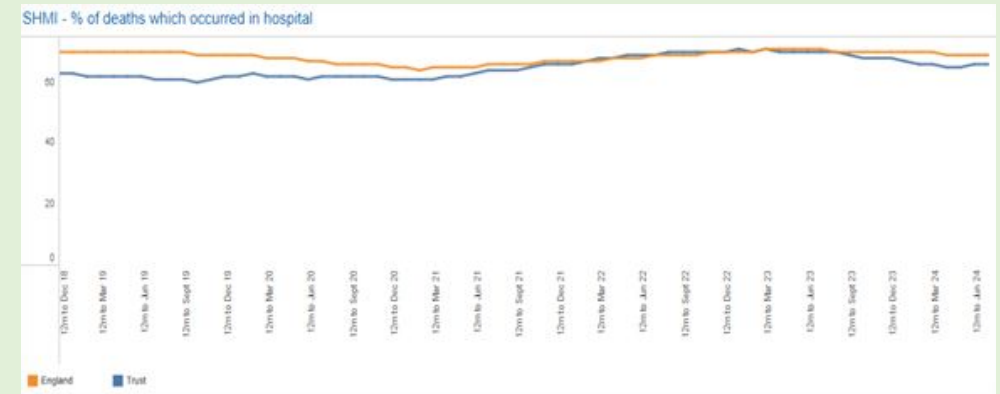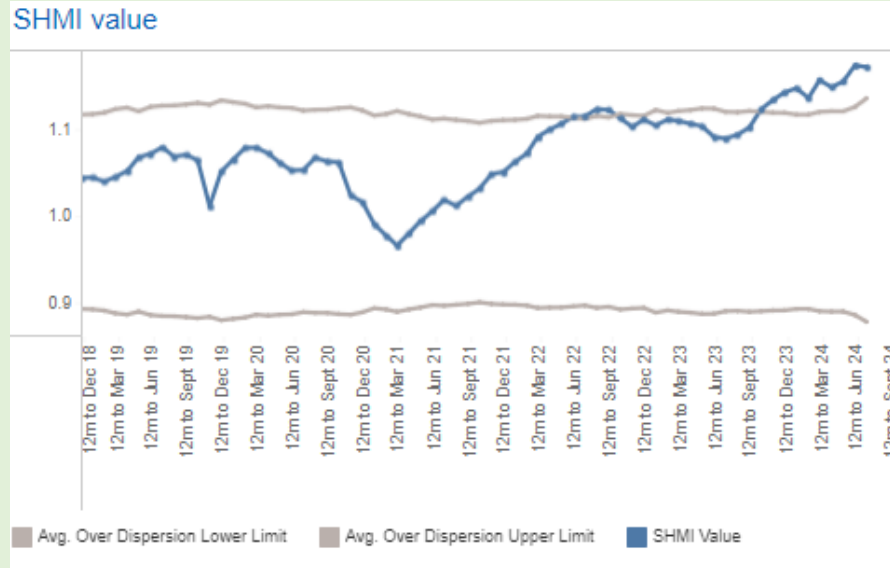
NHS Gloucestershire ICB Public Board-29/01/25

Please note: The Quality report is updated bimonthly.

Effectiveness

SHMI value

Avg. Over Dispersion Lower Limit   Avg. Over Dispersion Upper Limit   SHMI Value

SHMI crude mortality rate

England   Trust

SHMI - % of deaths which occurred in hospital

England   Trust

Improving Services & Delivering Outcomes (Our Performance)

(System Resources Committee)

Our People

(People Committee)

Quality (Safety, Experience and Effectiveness)

(Quality Committee)

Finance and Use of Resources

(System Resources Committee)

Detail of Key Achievements & Areas of Focus

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ICS Finance Report

Month 09 2024/25 – December 2024

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www.onegloucestershire.net

Key Financial Performance Indicators : Dashboard (1)

Finance and Use of Resources

| | Month 9 | | | Previous Month | Month 9 Actual | | |
	Plan	**Actual**	**Variance**	**Month Variance**	**GHC**	**GHFT**	**GICB**
Overall System Financial Performance			**Surplus / (Deficit)**				
Year to Date (£m)	(4.79)	(4.26)	**0.53**	**5.00**	0.12	(4.39)	0.0
Year End Forecast (£m)	(0.0)	0.0	**0.0**	**0.0**	0.0	0.0	0.0
Efficiency Plan Status							
Year to Date Delivery (£m)	66.9	63.8	**(3.1)**	**(1.6)**	10.5	24.8	28.5
Year to Date Delivery (%)	100%	95%	**(5%)**	**(3%)**	100%	102%	89%
Forecast Outturn Delivery (£m)	93.24	90.70	**(2.54)**	**(2.51)**	12.98	37.39	40.33
Forecast Outturn Delivery (%)	100%	97%	**(3%)**	**(3%)**	100%	100%	94%
System Capital			**Over / (Under)**				
YTD spend against total CDEL (£m)	38.97	23.91	**(15.1)**	**(15.20)**	3.20	20.38	0.33
FOT spend against total CDEL (£m)	52.96	52.96	**0.0**	**(0.18)**	8.15	43.59	1.22

Key Financial Performance Indicators : Dashboard (2)

Finance and Use of Resources

		Month 9			Month 9 Actual	
	Plan	**Actual**	**Over / (Under)**	**Previous Month**	**GHC**	**GHFT**
Workforce						
Year to Date Agency expenditure v Cap (£m)	16.7	14.0	(2.7)	(2.2)	3.9	10.2
Forecast Outturn Agency expenditure v Cap (£m)	22.3	17.4	(4.9)	(4.9)	4.6	12.8
YTD Agency spend as % of total Staff costs	3.2%	2.5%	(0.7%)	(0.7%)	2.4%	2.7%
Liquidity (Cash)						
Year to Date Cash Balance v Plan (£m)	85.3	97.9	12.6	17.2	44.8	53.1
Forecast Outturn Cash Balance v Plan (£m)	81.2	88.8	7.6	8.2	51.8	37.0
Other Key Financial Indicators						
Better Payment Practice Code (no. organisations not complying with 95% payment volume and value targets)			1	1		
Elective Recovery Fund fully coded flex performance v 19/20 baseline			116.6%	118.1%		

ICS Financial Performance Overview: Analysis (1)

Finance and Use of Resources

ICS Financial Position (£k)

Plan — Actual

ICS Efficiencies (£k)

Plan — Total Actual Savings — Recurrent Actual

ICS Agency Expenditure (£k)

Plan/Ceiling — Actual Expenditure
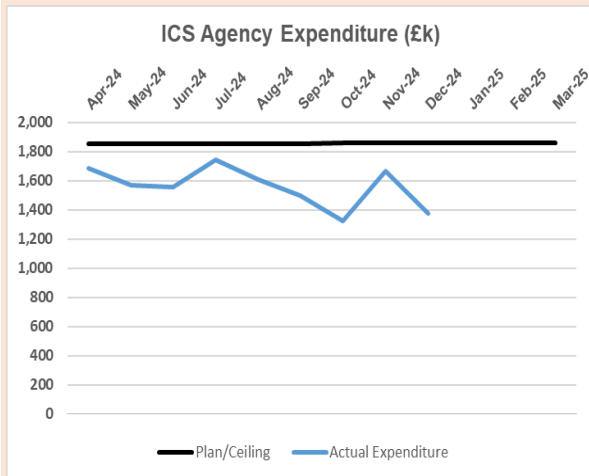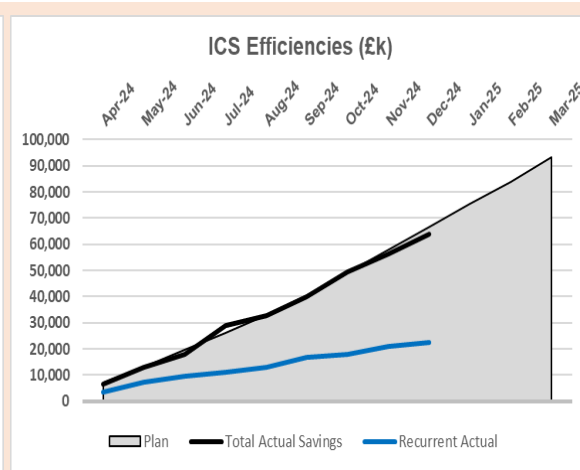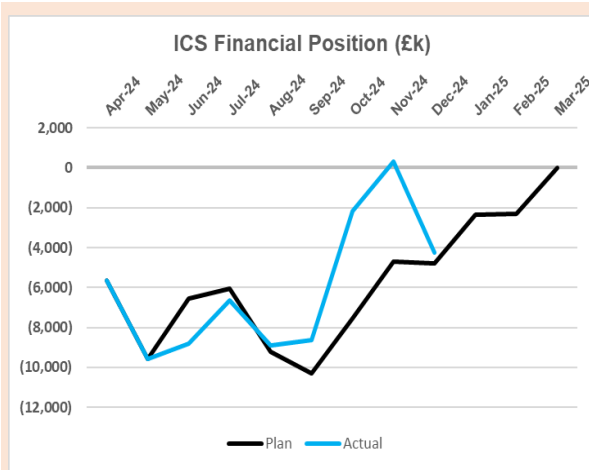
Key risks to delivery of the financial plan:

- Delivery of the Working as One programme savings.
- Winter escalation costs
- Increased CHC and Placement costs
- Delivery of the system savings plan.
- Under delivery of elective activity leading to a reduction in ERF income and a shortfall in the system plan.
- Collective action by GPs

System Financial Position

The System set a challenging plan to deliver financial breakeven. Savings schemes have progressed, however, there is under delivery and the value of recurrent savings lower than needed to maintain or improve the underlying financial position. The financial risk remains significant. The impact of the pay award is manageable in year, however, there is a recurrent financial impact.

The year-to-date position is a positive variance to plan of £0.5m. This is due to non-recurrent benefits within GHFT being delivered earlier than planned. These benefits are offsetting other GHFT overspends in nursing pay, non-pay in the medicine division drugs and clinical supplies. The ICB has overspends in continuing health care & placements which is under review. All organisations forecast breakeven by year end. Recovery actions are in place within organisations to manage spend in line with plan and identify further savings.

Efficiencies: Working as One savings will not be delivered in 2024/5, work is underway to assess the level of recurrent savings based on updated trajectories and non-recurrent mitigations are being progressed. The forecast outturn recurrent level of savings is 39% of total savings which is below the value required to maintain the underlying financial position.

Agency: M9 agency expenditure was £1,374k. The year-to-date expenditure v total pay bill is 2.7% for GHFT and 2.1% for GHC.

ICS Financial Performance Overview: Analysis (2)

Finance and Use of Resources

Full Year Charge Against Capital Allocation (£m)

System Capital Allocation	44.8
Disposal	0.0
Nationally Funded Schemes	4.3
IFRS 16 Leases	5.7
Operational Capital Allocation	**54.8**
Forecast System Capital expenditure	(44.8)
Disposal	0.0
Forecast NHSE Schemes expenditure	(4.3)
Forecast IFRS 16 Leases expenditure	(5.7)
Forecast Capital Expenditure	**(54.8)**
Forecast Variance to Capital Allocation	**0.0**

ERF YTD Performance

Legend: Baseline, M7 Freeze - M8 Flex

24/25 GICS Cash - Plan v Actual

Legend: GHFT Plan, GHC Plan, System Plan, GHFT Actual, GHC Actual, System Actual

Better Payment Practice Code (BPPC)
Target = 95%

Organisation	YTD Volume		YTD Value	
	%	Achieved ?	%	Achieved ?
GHC	81.6%	N	90.7%	N
GHFT	98.7%	Y	97.1%	Y
GICB	97.1%	Y	99.7%	Y
System Average	**95.2%**	**Y**	**98.1%**	**Y**
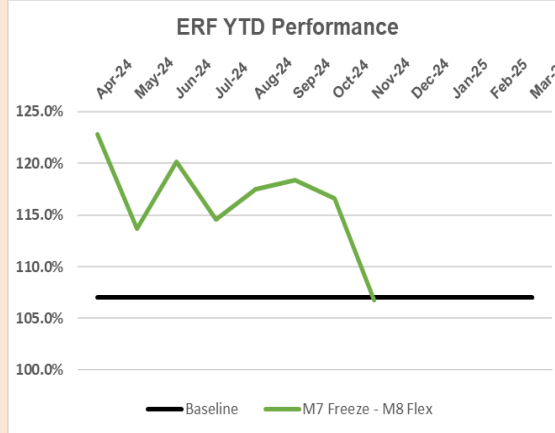
Capital
Capital expenditure is forecast to be close to breakeven against the capital allocation.

Elective Recovery Fund (ERF)
The national target for Gloucestershire 107% value weighted activity (VWA) compared to 19/20 activity. The ICS plan is 118% VWA of 19/20 activity.
Within the M8 flex position there are a number of uncoded episodes of care which once coded may generate an additional c£0.9m to ERF achievement and improve the position at 113.1% VWA. Work is underway to look at non recurrent activity that can be delivered prior to the year end to help improve this position.

Cash
The year-to-date system cash position is positive against the plan. Cash forecasts are under regular review by organisations given the challenging financial position. The GHC position is close to plan, the GHFT position slightly better than planned.

Better Payment Practice Code
The system is achieving target in respect of YTD volume and value of invoices paid. GHC is below target due to a focus on clearing old invoices and tightening up on procedures for receipting. This is impacting short term performance. There is an action plan in progress within GHC to improve its BPPC achievement. GHC BPPC performance forecast to improve to 93% by March 25.

System Financial Risks: Overview

Finance and Use of Resources

Key Financial Risks	Mitigating Actions
Slippage or non-identification of savings, leading to a worsening of the financial position. The Working as One programme savings are now forecast to slip by £5.7m-£6.2m.	Savings monitored monthly through the Programme Delivery Group and Strategic Executive meetings as well as via internal governance routes, monitoring being strengthened. Working as One Programme Board focus on the delivery of cashable savings and implementation plan to deliver savings. The identification of further non recurrent savings in progress to mitigate the impact of non delivery of recurrent savings.
The ICB & Systems plan are dependent on delivery of the elective activity as per the plan; the Elective Recovery plan is 118%, the overall value of the additional elective recovery funding (ERF) above the baseline value is c£18.5m. The system delivery is below plan and has been some months. The risk is c£3m	The elective plan recovery is monitored at the Planned Care Programme Board (System group) and mitigating actions are discussed and agreed, in addition, Resources Steering Group also monitor to look at the overall financial impact and potential other mitigations. Additional activity is currently being scoped.
Two new significant NICE TAs are in progress and will lead to large financial costs for all ICBs both in terms of drug and service costs. The risk of impact in this financial year is reducing with more significant impact potentially in 2025/26.	The potential impact on services and costs is being reviewed to assess the most appropriate service model based on available information, the system is responding to consultations as they are issued.
Primary Care: high risk of contract handback due to growing operational & financial pressures. Indicative direct costs £0.6m-c£1m per practice.	Monitoring and active working with practices by the primary care team to gain early information and enable work with practices is underway to identify issues early and work with practices on mitigating actions which can include investment in training and additional support.

System Financial Risks: Overview

Finance and Use of Resources

Key Financial Risks	Mitigating Actions
GP collective action has started, the impact of which is could be significant. Direct financial risks include prescribing savings of c£1.1m, advice and guidance delivery and cessation of some activity currently carried out in primary care which is not covered by contract (pessaries and some cancer work, est risk c£400k pa)	Planning for industrial action across the system is managed within organisations and across the system drawing on experience from 23/24 to minimise impact. GP collective action impacts are being assessed. Ongoing discussions and negotiations with the LMC by the Director of Primary Care & Localities and interface work between primary and secondary care led by the Medical Director
ICB delegated POD (Pharmacy, general Ophthalmic, and Dental) budget activity flagging a potential overspend risk, c£800k	Activity being validated with delegated host organisation.
Publication of new MH White paper; this is assessed to impact now in 2025/26	Circa £1m of additional costs in respect of more staff to deal with new processes outlined in paper.
Winter pressures in respect of higher activity and staffing costs. Funding of critical incident requiring 7 day working for a period of 2 weeks tbc by NHSE..	Advance capacity and resource planning. Critical incident declared culminating in introduction of 7 day working approach for a period of 2 weeks.

System Savings Delivery Summary

Finance and Use of Resources

GLOUCESTERSHIRE SYSTEM SAVINGS SUMMARY

	PLAN	FORECAST							
Organisation	Savings requirement	Forecast Savings	Forecast Savings Variance	Unidentifed	Identified Schemes Total	High	Medium	Low	Recurrent	Non-Recurrent
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Gloucestershire Hospital's NHS Foundation Trust	37,389	37,389	0	-	37,389	66	2,382	34,941	11,253	26,136
Gloucestershire Health & Care NHS Foundation Trust	12,980	12,981	1	1,536	11,445	1,536	1,593	9,852	6,035	6,946
ICB	29,578	31,158	1,580	-	31,158	-	3,026	28,132	15,274	15,884
System-Held - (Incl. part of £15m Recovery)	13,293	9,170	- 4,123	-	9,170	50	3,000	6,120	3,050	6,120
Gloucestershire System Financial Savings Plan - 2024/25	**93,240**	**90,698**	**- 2,542**	**1,536**	**89,162**	**1,652**	**10,001**	**79,045**	**35,612**	**55,086**

Percentage (%) of Forecast identified	98.3%	
Percentage (%) of Forecast - Risk Rating	1.8%	11.0%	87.2%
Percentage (%) of Recurrent v Non-Recurrent	39.3%	60.7%

System Efficiencies: Performance

Finance and Use of Resources

	System Plan	System Actual	Over / (Under) Delivery		GHC	GHFT	GICB
Efficiency Plan Delivery (YTD £k)	66,901	63,840	**(3,061)**		10,455	24,848	28,537
Efficiency Plan Delivery (YTD %)			**95%**		100%	102%	89%
Efficiency Plan Delivery (FOT £k)	93,240	90,698	**(2,542)**		12,981	37,389	40,328
Efficiency Plan Delivery (FOT %)			**97%**		100%	100%	94%

Gloucestershire System Efficiency delivery (Cum Plan and delivery %)

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Total delivery (Cum %)	5.8%	14.0%	18.4%	31.3%	35.0%	42.8%	53.1%	60.5%	68.5%			
Plan (Cum %)	7.5%	14.4%	21.2%	28.2%	35.5%	43.3%	50.6%	62.2%	71.8%	80.8%	89.7%	100.0%

2024/25 - Month
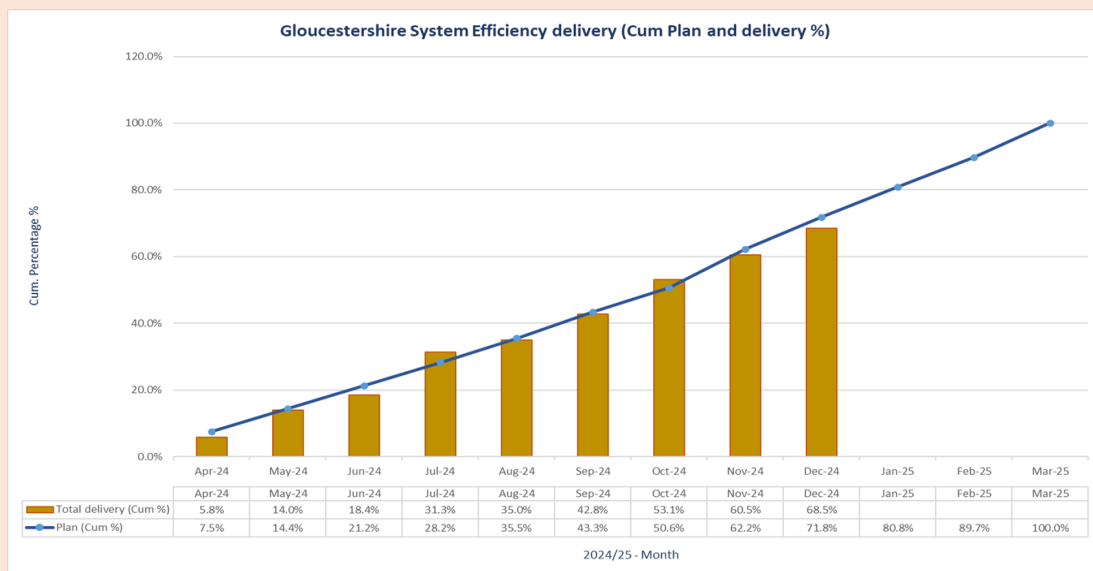
System Savings
System savings for the Working as One (WaO) Programme will underdeliver in year, by circa £5.7-£6.2m.
Non recurrent mitigating actions being identified by all partners. The focus remains delivery of the full recurrent savings.

ICB
The medicines management programme is forecast to deliver additional savings of £1.5m via national price changes for Rivaroxaban, thereby partly offsetting WaO under delivery. Risks to delivery include impact of potential GP collective action.

GHC
On plan with the overall delivery of efficiencies at M9. Cumulative recurrent savings delivered at M9 were £4,191k, behind plan by £977k. Non recurrent savings delivered year to date are £6,264k, ahead of plan by £977k. Overall forecast efficiencies remain breakeven versus plan although with a significant risk to the delivery of the full recurring savings target.

GHFT
Year to date ahead of plan by £0.5m, mainly due to earlier than anticipated delivery on cross-cutting workstreams, and additional non recurrent benefits. The full year programme is weighted into H2, in addition to being red rated. Full year forecast for FSP delivery is 100%, recognising there continues to be significant delivery risk from Working As One Programme. GHFT continuing to engage with Divisions and Transformational colleagues to scope efficiency programmes to support a longer-term recurrent financial sustainability agenda.

System Efficiencies: Recurrent Performance

- These charts show how recurrent system savings delivery is cumulatively lower than planned. Non-recurrent savings delivery is cumulatively higher than plan, currently supporting the in-year system position.

Finance and Use of Resources

System TOTAL (RECURRENT + NON-RECURRENT) - Monthly delivery v Plan (Cumulative)

System RECURRENT Efficiency - Monthly delivery v plan (Cumulative)

System NON-RECURRENT Efficiency - Monthly delivery v Plan (Cumulative)
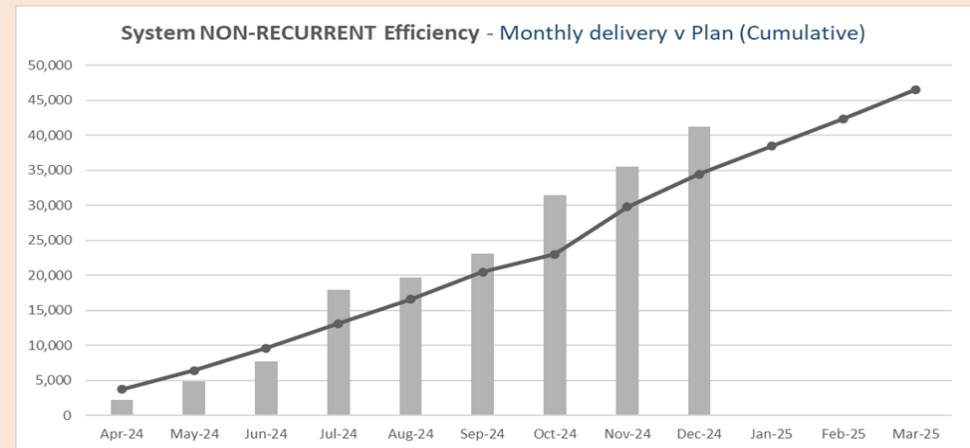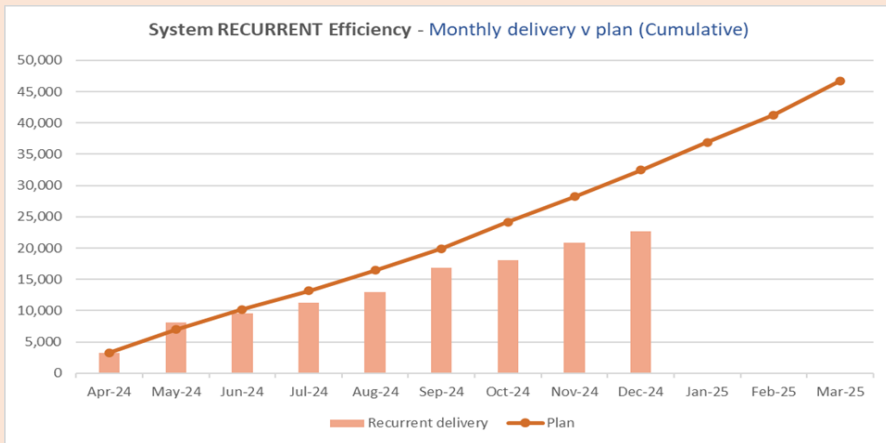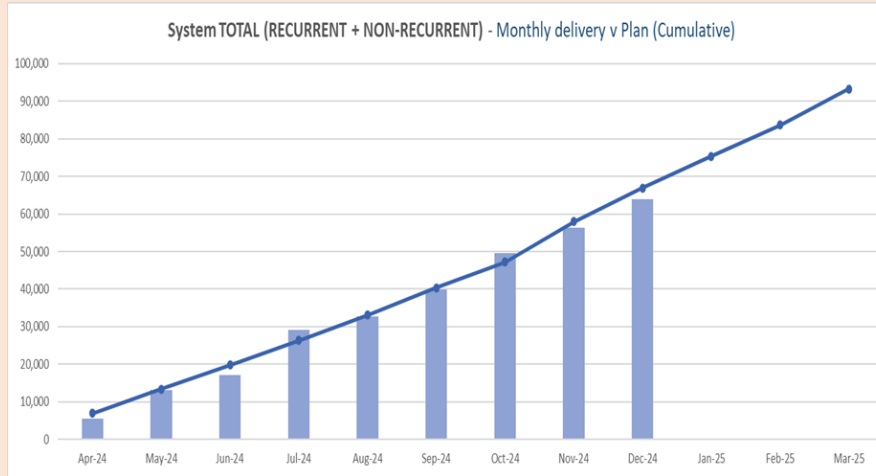
Cash Management: Provider Cash Holdings

Finance and Use of Resources

Number of Days Cash Cover for Operating Expenditure (£'000)		
	December 2024	**March 2025**
GHFT	53,100	37,000
GHC	44,754	52,928
Cash and Cash Equivalents	**97,854**	**89,928**
GHFT	56,928	52,862
GHC	26,984	26,070
In Month Net Operating Expenditure	**83,912**	**78,932**
GHFT	29	22
GHC	51	63
System Days Cash Cover	**35**	**35**

- One of the system measures of effective cash management is the number of days cash cover for operating expenditure. A reasonable system target is 30 days cover.

- The GHFT forecast cash balance as at year end is for only 22 days cash cover. However, the year to date position is currently more positive at 29 days cash cover.

- GHC cash at the end of month 9 is £44.754m which is behind plan, but is forecast to get back close to plan levels by year end. The settlement of outstanding contractual issues remains the most significant factor in this forecast improvement.

System Capital: Performance

Finance and Use of Resources

	YTD (£k)			
	GHC	GHFT	ICB	System
DIGITAL	705	4,190		4,895
MEDICAL EQUIPMENT	302	3,004		3,306
ESTATES	1,889	10,117		12,006
OTHER	144	0	328	472
NBV OF ASSET DISPOSALS		(128)		(128)
Total Charge against Capital Allocation (excluding impact of IFRS 16)	**3,040**	**17,183**	**328**	**20,551**
IMPACT OF IFRS 16	156	2,242		2,398
Total Charge against Capital Allocation (including impact of IFRS 16)	**3,196**	**19,425**	**328**	**22,949**
NAT. PROG. GRANTS, DONATIONS & OTHER		2,247		2,247
Total Expenditure against Additional Funding	**0**	**2,247**	**0**	**2,247**
Gross Capital Spend Total	**3,196**	**21,672**	**328**	**25,196**
Gross Capital Spend Total	**3,196**	**21,672**	**328**	**25,196**
Less Donations and Grants Received		(1,096)		(1,096)
Less PFI Capital (IFRIC12)		(449)		(449)
Plus PFI Capital On a UK GAAP Basis (e.g. Res. Interest)		256		256
Total Capital Departmental Expenditure Limit (CDEL)	**3,196**	**20,382**	**328**	**23,906**
Over / (Under) Plan	**(3,064)**	**(12,004)**	**0**	**(15,068)**

	FOT (£k)			
	GHC	GHFT	ICB	System
DIGITAL	3,515	8,056		11,571
MEDICAL EQUIPMENT	903	11,550		12,453
ESTATES	4,426	18,016		22,442
OTHER	645	(1,411)	1,224	458
NBV OF ASSET DISPOSALS	(2,000)	(128)		(2,128)
Total Charge against Capital Allocation (excluding impact of IFRS 16)	**7,489**	**36,083**	**1,224**	**44,796**
IMPACT OF IFRS 16	659	4,994		5,653
Total Charge against Capital Allocation (including impact of IFRS 16)	**8,148**	**41,077**	**1,224**	**50,449**
NAT. PROG. GRANTS, DONATIONS & OTHER		4,344		4,344
Total Expenditure against Additional Funding	**0**	**4,344**	**0**	**4,344**
Gross Capital Spend Total	**8,148**	**45,421**	**1,224**	**54,793**
Gross Capital Spend Total	**8,148**	**45,421**	**1,224**	**54,793**
Less Donations and Grants Received		(1,575)		(1,575)
Less PFI Capital (IFRIC12)		(600)		(600)
Plus PFI Capital On a UK GAAP Basis (e.g. Res. Interest)		341		341
Total Capital Departmental Expenditure Limit (CDEL)	**8,148**	**43,587**	**1,224**	**52,959**
Over / (Under) Plan	**0**	**3**	**0**	**3**

GHC

- Capital spend is behind plan but is expected to catch up during the year. The Trust reduced its capital forecast on IFRS16 leases by £556k and has adjusted its planned asset disposal programme. Disposal proceeds were received in December. The Trust no longer requires any disposal income to be deferred into 25/26 as some asset disposals have now been moved back to 25/26.

GHFT

- To achieve a breakeven position on the Capital programme, £3.8m of high priority equipment scheme mitigations are being progressed to offset an assessed forecast underspend position of £2.4m with a further £1.5m of known risks included within the forecast. The delivery of these schemes will be carefully managed through the remaining months of the financial year and deliveries pushed back to April should they be required.

ICB

- The ICB capital plan relates to GP IT and minor improvement grants is planned to take place from quarter 3 onwards.
- The system is forecasting a marginal variance to breakeven against the system capital resources. The original system plan was an underspend of £2m against the CDEL with a plan to carry this forward.
- The forecast assumes the return of £3m of IFRS16 funding. FOT GHFT Nationally funded programmes include a £355k underspend offset by a new scheme of £352k.

Elective Recovery Fund (ERF): Overview

Finance and Use of Resources

- There is an unmitigated net shortfall in the year end performance for elective recovery, of c£3.0m with a fully coded position. This is due to estates issues, escalation pressures and under delivery by out of county providers.

- Additional schemes are being scoped to improve this position, however, the overall plan position will not be recovered.

- The November flex position is 106.8%, if the uncoded activity is coded, the position would improve to 113.1%.

- The total potential ERF currently generating UZ codes is £1.25m (~£630k GHFT, ~£435k OOC Providers)

			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD Total	Forecast
Performance Summary	Total ICB (incl. A&G)	Actual 2019/20	£ 13,073,406	£ 14,079,242	£ 13,198,195	£ 14,913,532	£ 13,202,191	£ 13,733,489	£ 15,420,194	£ 14,765,797	£ 97,620,248	£ 168,567,000
		Glos System Plan (incl A&G) 118%	£ 15,426,619	£ 16,613,505	£ 15,573,870	£ 17,597,968	£ 15,578,585	£ 16,205,517	£ 18,195,829	£ 17,423,640	£ 115,191,893	£ 198,909,060
		2024/25 (Excl. A&G)	£ 15,483,348	£ 15,516,099	£ 15,402,898	£ 16,571,306	£ 15,089,217	£ 15,779,692	£ 17,500,669	£ 15,433,355	£ 111,343,229	£ 126,776,585
		Advice & guidance	£ 575,643	£ 486,101	£ 458,001	£ 515,015	£ 423,902	£ 477,618	£ 475,586	£ 329,530	£ 3,411,865	£ 3,741,395
		Total System Achievement	£ 16,058,990	£ 16,002,199	£ 15,860,899	£ 17,086,321	£ 15,513,119	£ 16,257,310	£ 17,976,255	£ 15,762,885	£ 114,755,094	
		System variance to plan	£ 632,371	-£ 611,306	£ 287,029	-£ 511,647	-£ 65,466	£ 51,793	-£ 219,574	-£ 1,660,754	-£ 436,799	
		Performance	122.8%	113.7%	120.2%	114.6%	117.5%	118.4%	116.6%	106.8%	117.6%	115.0%

- ERF data reported in month 9 is based on the month 7 freeze (fixed), and month 8 flex (interim) position.

- The national baseline for Gloucestershire is 107% value weighted activity (VWA) against the 2019/20 baseline and Gloucestershire's plan is 118% VWA of the 2019/20 baseline.

System Workforce: Worked WTE

Finance and Use of Resources

Worked WTEs per Organisation (PWRs)						
		GHFT				
	GHC	GHFT (excluding GMS)	GMS	Total		System Total
March (M12) 22/23	**4,443.5**	**7,983.6**	**686.0**	**8,669.6**		**13,113.1**
Movement M1-7 of 2023/24	70.9	20.4	28.2	48.6		**119.5**
October (M7) 23/24	**4,514.4**	**8,004.0**	**714.2**	**8,718.2**		**13,232.6**
Movement M8-12 of 2023/24	74.0	299.9	46.7	346.6		**420.6**
March (M12) 23/24	**4,588.5**	**8,303.9**	**760.9**	**9,064.8**		**13,653.2**
December (M9) 24/25	**4,679.0**	**8,159.3**	**761.1**	**8,920.4**		**13,599.4**

System monitoring on workforce is developing and is focussed on both the budgeted and worked position. The NHS England focus is on worked whole time equivalent (WTE).   Worked WTE figures will be subject to greater fluctuation on a month to month basis as they reflect vacancies, sickness, use of bank and agency as well as substantive staff.

The position at month 9 reflects an overall increase in worked WTE since reporting in October 2023, but a reduction since March 2024.

GHC WTEs were 67 below plan at month 9.

The GHFT position has reduced to 103 WTE over plan and includes some longer term increases due to specific investments increasing WTE usage.

The Nursing aspects of WTEs used has seen a reduction in 2024/25, this is as a result of two key factors:
• Robust & on-going reviews of roster v funded establishment.
• Improved monitoring system in management of roster and bank/agency usage.

System Workforce: Agency Spend vs Cap

Finance and Use of Resources

Agency Expenditure (£k) by Month
ICS

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Agency Expenditure - 2024/25	1,683	1,567	1,556	1,742	1,611	1,502	1,323	1,665	1,374	0	0	0
Agency Cap - 2024/25	1,861	1,861	1,861	1,861	1,861	1,861	1,861	1,861	1,861	1,861	1,861	1,861
Agency Expenditure - 2023/24	2,648	2,648	2,092	2,607	2,456	2,445	1,876	1,805	1,492	1,856	2,053	1,950

GHC

Agency spend of £3.865m for GHC remains below the 3.2% national cap at 2.13% of total pay costs.

Off framework shifts for M9 total 93, a rise on M8 driven predominantly by opening of escalation beds.

The Trust has a strong process in place to ensure that all requests for agency, including off framework, go through appropriate governance.

GHFT

M9 agency cost is £819k and has decreased from prior month by £440k. Number of agency shifts filled in M9 total 1,706. This is represented by 240 Medical & Dental, 315 Nursing & Midwifery, 917 Non-Clinical, and 234 AHP/HCS.

The Trust has processes in place to ensure agency requests are approved alongside wider workforce controls overseen by the Workforce Impact Group.

Off framework shifts used totalled 14 and were for Nursing via Thornbury.

System Workforce: Agency Spend

Finance and Use of Resources

Total Pay Bill (GHFT & GHC) vs % Of Pay Bill that is Agency

Legend: Total Pay Bill (£k) — GHFT Agency % — GHC Agency % — Agency Target %
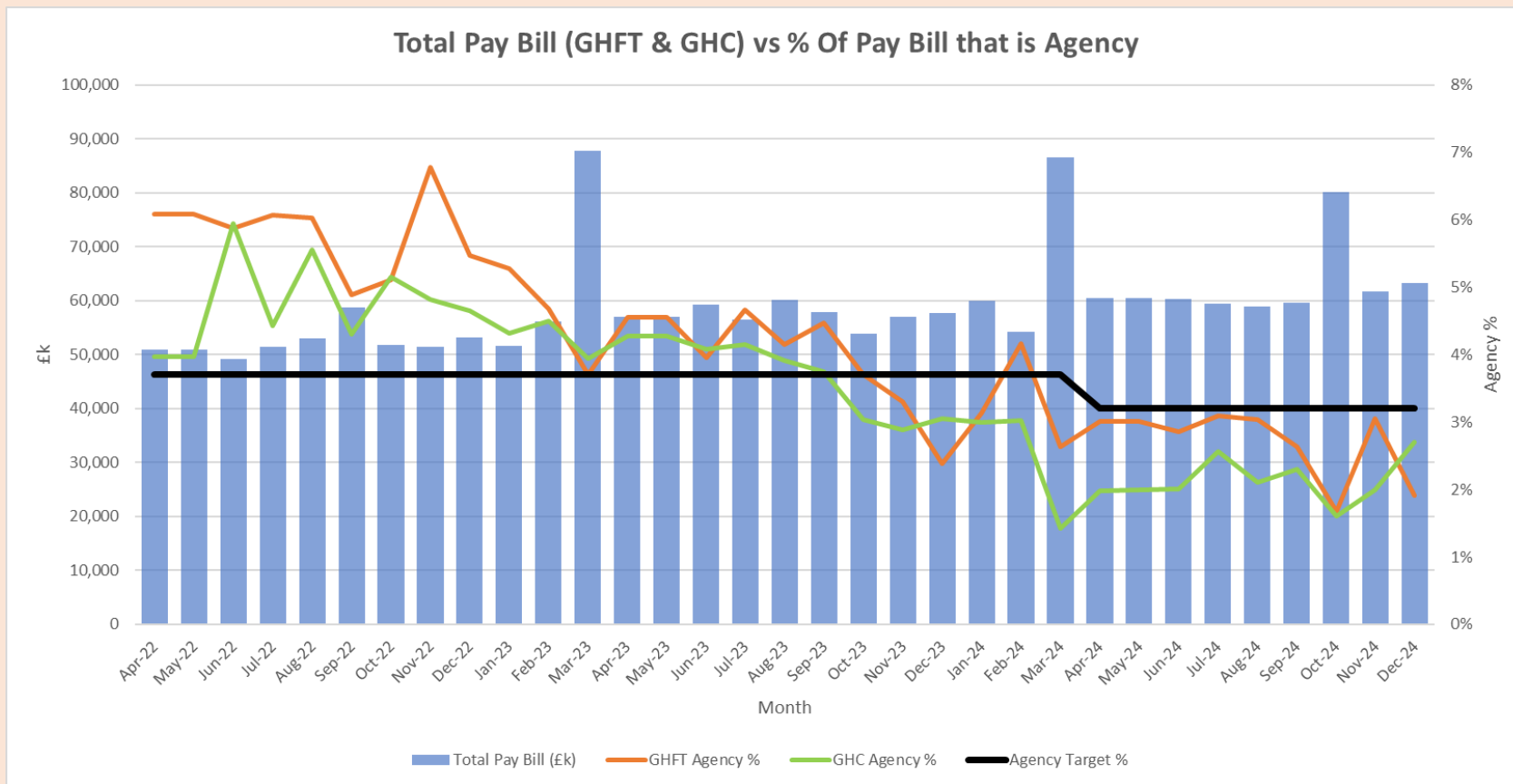
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
GHFT Agency Spend (k)	£ 2,148	£ 2,148	£ 1,949	£ 2,171	£ 2,212	£ 1,977	£ 1,804	£ 2,362	£ 1,984	£ 1,774	£ 1,782	£ 2,296	£ 1,766	£ 1,766	£ 1,616	£ 1,818	£ 1,747	£ 1,744	£ 1,350	£ 1,304	£ 969	£ 1,323	£ 1,515	£ 1,561	£ 1,306	£ 1,179	£ 1,171	£ 1,252	1208	1043	921	1259	819
GHC Agency Spend (k)	£ 618	£ 618	£ 953	£ 693	£ 903	£ 782	£ 852	£ 799	£ 785	£ 777	£ 808	£ 1,020	£ 777	£ 777	£ 748	£ 726	£ 709	£ 702	£ 526	£ 501	£ 523	£ 533	£ 538	£ 389	£ 377	£ 388	£ 385	£ 490	403	459	402	406	555
Total Agency Spend (k)	£ 2,767	£ 2,767	£ 2,902	£ 2,864	£ 3,116	£ 2,759	£ 2,656	£ 3,161	£ 2,769	£ 2,551	£ 2,589	£ 3,316	£ 2,543	£ 2,543	£ 2,364	£ 2,544	£ 2,456	£ 2,446	£ 1,876	£ 1,805	£ 1,492	£ 1,856	£ 2,053	£ 1,950	£ 1,683	£ 1,567	£ 1,556	£ 1,742	£ 1,611	£ 1,502	£ 1,323	£ 1,665	£ 1,374

ICB Finance Report

Month 09 2024/25 – December 2024

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Financial Overview and Key Risks

Finance and Use of Resources

- As at month 9, the ICB is forecasting a break even financial position, but this is contingent on continued close management of the position, maintenance of the current savings trajectory and managing overspends in continuing health care (CHC), placements budgets and other contracts.

- The prescribing budget is forecast breakeven (M7 data). The rivaroxaban price reductions are expected to offset growth and current NCSO Pressures. The year to date growth is currently 2.1% higher compared to same period last year.

- Elective Recovery Funding - the Gloucestershire target is 107% with the system operational plan value set at 118% value weighted activity of 19/20. There is now a risk to delivering the elective activity planned leading to a shortfall in elective recovery funding of between £3.0m, this is due to estates issues and also escalation pressures impacting on delivery. Some additional non recurrent activity is being scoped to increase elective activity, however, this will not mitigate the full under-delivery seen to date.

- Continuing Health Care & Placements - The forecast is £4.2m overspend as at M9. included in this are several high cost placement and increasing numbers of domiciliary care packages.

- Other emerging pressures being managed in the position include ADHD assessments from private providers (forecast overspend £0.54m) which has seen an increase in activity over the last 3 years and patient transport (forecast overspend £0.13m).

- Agenda for change pay award costs are covered by the in year allocation. However, the ICB has a recurrent pressure of c£1m as some of the allocation received this year was non recurrent

- The Mental Health Investment Standard (MHIS) for 24/25 is £114.327m and is forecast to be delivered.

Financial Overview and Key Risks

Finance and Use of Resources

Key Financial Risks	Mitigating Actions
Additional slippage in savings programmes, leading to a worsening of the financial position. The working as One programme savings are now forecast to under deliver by c£5.7m. - £6.2m	Savings monitored monthly through the Programme Delivery Group and Strategic Executive meetings as well as internal governance routes, monitoring being strengthened. Working as One Programme Board focus on the delivery of cashable savings and implementation plan. The identification of further non recurrent savings in progress to mitigate risk of part year impact of recurrent savings delivery.
The ICB & Systems plan are dependent on delivery of the elective activity as per the plan; the Elective Recovery plan is 118%, the overall value of the additional elective recovery funding (ERF) above the baseline value is c£18.5m. The system delivery is below plan and has been some months. The risk is c£3m.	Elective plan recovery is monitored at the Planned Care Programme Board (System) and mitigating actions are discussed and agreed, in addition, Resources Steering Group also monitor to look at the overall financial impact. Additional activity is currently being scoped.
Significant NICE TAs are in progress which if issued will lead to high costs for all ICBs both in terms of drug and service costs. The risk of impact in this financial year is reducing with more significant impact potentially in 2025/26.	Potential impact on services and costs is being reviewed based on available information, the ICB is responding to consultations as they are issued.
Increasing high-cost placements, particularly children's and learning disabilities are a key financial issue and growing risk for the ICB.	Regular monitoring in place. Review to identify additional support for the team in progress.
Primary Care: high risk of contract hand back due to growing operational & financial pressures. Indicative direct costs £0.6m -c£1m per practice	Monitoring and active working with practices by the primary care team to gain early information and enable work with practices
ICB delegated POD (Pharmacy, general Ophthalmic, and Dental) budget activity flagging a potential overspend risk, c£800k on pharmacy	Activity being validated with NHSE

ICB Allocation – M09

- The ICB's confirmed allocation as at 31st December 2024 is **£1,434m**.

Description	Recurrent £'000	Non-Recurrent £'000	Total Allocation £'000
BALANCE BROUGHT FORWARD M08	**1,348,500**	**83,393**	**1,431,893**
Tiering funding 24-25 from NHS Cancer Programme		65	65
3.9% CUF uplift to SVOC Funding Contribution		7	7
Programme Management, Programme Support and Data Analysis		311	311
CDC Activity and Central Costs for GHNHSFT: Gloucestershire Quayside CDC		1,868	1,868
PCT Independent Prescribing Pathfinder Programme November 2024		1	1
Hybrid Closed Loop Q1 & Q2 retrospective reimbursements		44	44
TOTAL IN-YEAR ALLOCATION 24/25 @ M09	**1,348,500**	**85,689**	**1,434,189**

Finance and Use of Resources

ICB Statement of Comprehensive Income

Finance and Use of Resources

Statement of Comprehensive Income (£'000)						
Month 9 2024/25 - December	M9 Plan	M9 Actual Position	Year To Date Variance to Plan Favourable / (Adverse)	Full-Year Plan	Forecast Outturn Actual Position	Forecast Outturn Variance to Plan Favourable / (Adverse)
Acute Services	514,193	514,341 ⬇	(148)	682,393	683,988 ⬇	(1,595)
Mental Health Services	102,470	101,237 ⬆	1,233	136,804	136,783 ⬆	21
Community Health Services	98,961	97,986 ⬆	975	133,020	132,674 ⬆	345
Continuing Care Services	65,681	68,165 ⬇	(2,484)	87,987	92,165 ⬇	(4,178)
Primary Care Services	147,493	146,056 ⬆	1,436	195,927	195,232 ⬆	695
Delegated Primary Care Commissioning	99,879	99,655 ⬆	225	131,489	131,139 ⬆	350
Other Commissioned Services	30,433	31,216 ⬇	(783)	40,302	40,972 ⬇	(670)
Programme Reserve & Contingency	9,037	9,448 ⬇	(411)	15,736	10,640 ⬆	5,096
Other Programme Services	(121)	(79) ⬇	(42)	40	104 ⬇	(64)
Total Commissioning Services	**1,068,026**	**1,068,026**	**(0)**	**1,423,698**	**1,423,698**	**0**
Running Costs	7,868	7,868 ➡	0	10,491	10,491 ➡	0
TOTAL NET EXPENDITURE	**1,075,894**	**1,075,894** ➡	**0**	**1,434,189**	**1,434,189**	**0**
ALLOCATION	**1,075,894**	**1,075,894** ➡	**0**	**1,434,189**	**1,434,189** ➡	**0**
Outside of Envelope	**0**	**0** ➡	**0**	**0**	**0** ➡	**0**
Underspend / (Deficit)	**0**	**0** ➡	**0**	**0**	**0**	**(0)**

ICB Savings and Efficiencies Overview

Finance and Use of Resources

Gloucestershire Integrated Care Board (GICB) has a savings programme amounting to £29.577m for the 2024/25 financial year.

- **Working as One** - £8.2m savings requirement within the system of which £6.2m is within the ICB savings plan. £5.6m of this ICB savings plan are now forecast not to deliver in-year (up to £0.5m in respect of P2 beds may deliver but there is currently significant risk to that delivery which has increased with winter pressures). Non recurrent mitigations to this slippage are actively being identified within the ICB and system organisations. Further work to identify the recurrent savings value is underway.

- **Medicines savings** - forecast savings at month 9 include £1.5m in respect of national price changes for Rivaroxaban. October data now supports a higher level of price change benefits. Overall, oral Anticoagulation drugs show a trend of reduced costs alongside increased rate per 1,000 items. Focus on new 2024/25 and 2025/26 scheme implementation is taking place to support project development and delivery.

- **CHC / Placements** - savings delivery to date are from Electronic Call monitoring and CHC LD reviews. There are still shortfalls in capacity, both within the ICB and GCC to carry out additional adult CHC reviews and re-assessments, this presents an ongoing financial risk. At month 9, savings delivery is supported by non-recurrent recovery from Personal Health Budgets. There is wider pressure within the CHC budget.

- **ERF** - Elective Recovery - £20.8m overall additional allocation contributing to resources (£8.8m allocation within the ICB savings plan) and this is dependent on successful elective recovery. Activity to Month 8 indicates shortfall in delivery of c£3m. Continued assessment of the position is ongoing.

ICB Savings Summary: Month 09

Finance and Use of Resources

NHS GLOUCESTERSHIRE INTEGRATED CARE BOARD (ICB) 2024/25 EFFICIENCIES PROGRAMME - AS AT MONTH 9								
PROGRAMME	PROJECTS	YEAR TO DATE EFFICIENCY PLAN £'000	YEAR TO DATE EFFICIENCY ACHIEVED £'000	YEAR TO DATE VARIANCE TO PLAN FAVOURABLE / (ADVERSE) £'000	FULL YEAR OUTTURN EFFICIENCY PLAN £'000	FORECAST OUTTURN EFFICIENCY (YTD ACTUALS + FORECAST REMAINING MONTHS) £'000	FORECAST OUTTURN VARIANCE TO PLAN FAVOURABLE / (ADVERSE) £'000	FORECAST OUTTURN AS % OF TARGET	HIGH LEVEL IN-YEAR RISK RATING
PRIMARY CARE MEDICATION	Primary Care Medicines Optimisation	3,747	3,265	(482)	5,000	6,580	1,580	131.60%	GREEN - Low Risk
	Home Oxygen	114	114	0	150	150	0	100.00%	GREEN - Low Risk
	PRIMARY CARE MEDICATION OPTIMISATION - TOTALS	3,861	3,379	(482)	5,150	6,730	1,580	130.68%	
CONTINUING HEALTHCARE (CHC) & PLACEMENTS	Individual Personal Commissioning - Continuing Healthcare (CHC) / Joint Placements	1,199	1,344	145	1,600	1,600	0	100.00%	GREEN - Low Risk
	CONTINUING HEALTHCARE (CHC) & PLACEMENTS- TOTALS	1,199	1,344	145	1,600	1,600	0	100.00%	
OTHER - RECURRENT	1) ICB Other Recurrent Efficiencies (E.g. Out of County Contracts, Independent Sector Providers, Non Contracted Activity (NCAs), Etc.)	5,206	5,206	0	6,944	6,944	0	100.00%	GREEN - Low Risk
	OTHER RECURRENT EFFICIENCIES - TOTALS	5,206	5,206	0	6,944	6,944	0	100.00%	
OTHER - NON-RECURRENT	ICB Non-Recurrent Efficiencies	11,913	11,913	0	15,884	15,884	0	100.00%	Amber - Medium risk
	OTHER NON-RECURRENT EFFICIENCIES - TOTALS	11,913	11,913	0	15,884	15,884	0	100.00%	
	2024/25 ICB SAVINGS PROGRAMME - TOTALS	22,179	21,842	(337)	29,578	31,158	1,580	105.34%	Amber - Medium risk

System-Held Savings Summary: Month 09

Finance and Use of Resources

NHS GLOUCESTERSHIRE INTEGRATED CARE BOARD - SYSTEM HELD EFFICIENCIES 2024/25 EFFICIENCIES PROGRAMME - AS AT MONTH 9								
PROGRAMME	PROJECTS	YEAR TO DATE EFFICIENCY PLAN £'000	YEAR TO DATE EFFICIENCY ACHIEVED £'000	YEAR TO DATE VARIANCE TO PLAN FAVOURABLE / (ADVERSE) £'000	FULL YEAR OUTTURN EFFICIENCY PLAN £'000	FORECAST OUTTURN EFFICIENCY (YTD ACTUALS + FORECAST REMAINING MONTHS) £'000	FORECAST OUTTURN VARIANCE TO PLAN FAVOURABLE / (ADVERSE) £'000	FORECAST OUTTURN AS % OF TARGET	HIGH LEVEL IN-YEAR RISK RATING
URGENT EMERGENCY CARE	UEC transformation savings	3,881	-	(3,881)	5,175	-	(5,175)	0.00%	RED - High Risk
URGENT EMERGENCY CARE SAVINGS - TOTALS		3,881	-	(3,881)	5,175	-	(5,175)	0.00%	
DISCHARGE	P2 Bed savings (System)	750	200	(550)	1,000	50	(950)	5.00%	RED - High Risk
DISCHARGE SAVINGS - TOTALS		750	200	(550)	1,000	50	(950)	5.00%	
ELECTIVE	ERF Productivity	2,250	375	(1,875)	3,000	3,000	0	100.00%	RED - High Risk
ELECTIVE SAVINGS - TOTALS		2,250	375	(1,875)	3,000	3,000	0	100.00%	
OTHER	Non-Recurrent slippage	1,645	4,196	2,551	2,194	4,196	2,002	191.25%	GREEN - Low Risk
	Unidentiied Savings - Non-recurrent	1,443	1,924	481	1,924	1,924	0	100.00%	GREEN - Low Risk
OTHER & UNIDENTIFIED SAVINGS - TOTALS		3,088	6,120	3,032	4,118	6,120	2,002	148.62%	
2024/25 ICB SAVINGS PROGRAMME - TOTALS		9,969	6,695	(3,274)	13,293	9,170	(4,123)	68.98%	RED - High Risk

Tab 11 Health Inequalities Framework Update

Agenda Item 11a

NHS Gloucestershire ICB Board, Public Session

Wednesday 29th January 2025

Report Title	Gloucestershire Health Inequalities Framework and Strategic Planning Process			
Purpose (X)	**For Information**		**For Discussion**	**For Decision**
				X
Route to this meeting	Describe the prior engagement pathways this paper has been through, including outcomes/decisions:			
	ICB Internal	**Date**	**System Partner**	**Date**
		dd/mm/yyyy	Strategic Executive Committee	dd/mm/yyyy
Executive Summary	Tackling Health Inequalities' and working towards Health Equity is one of the fundamental purposes of Integrated Care Systems and is a key theme throughout One Gloucestershire's Integrated Care Strategy. Our system commitments: - Improve outcomes in population health and healthcare. **Tackle inequalities in outcomes, experience and access.** - Enhance productivity and value for money, and - Help the NHS support broader social and economic development. Our Joint Forward Plan clearly articulates our commitment with Health Inequalities being one of the 10 strategic priorities (aligned to the 3 pillars of the Integrated Care Strategy) is to improve health equity. Additionally, our existing plan sets out our commitments, including introducing the Health Inequalities Framework and embedding work to reduce health inequalities into our transformation programmes. *This presentation covers our System wide approach and process on tackling Health Inequalities described in our two-step process slides 1 – 11. Thereafter within the presentation are the appendices slides 12 – 19 for information.*			

Page **1** of **3**

Tab 11 Health Inequalities Framework Update

Key Issues to note	This presentation describes a **framework for tackling health inequalities in Gloucestershire** through a two-step process **Step one:** This is described in slide 5 which incorporates three components (contributory activity, targeted intervention to improve health & remove barriers and improve the equity of mainstream service delivery) This will seek to: - Support a more strategic and systematic approach to tackling health inequalities. - Identify the different 'categories' of activity needed to deliver transformational change and ensure health equity is embedded across all we do. - Enable us to understand the contribution that different parts of the system are making to health inequalities. **Step two** The second step is a Health inequalities strategic planning and review process which encompasses Strategic self-assessment and objective setting and a review of progress and learning. The purpose will be: - Support implementation of the Framework and prioritisation of activities to address health inequalities. - Assess and understand contribution to the wider system approach for addressing health inequalities. - Provide assurance to Board that each part of the system is contributing to the Heath Inequalities Framework. - Identify where progress is being made and where there are opportunities to stretch further.
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	Without the commitments and framework in place health inequalities would not be tackled leading to poorer access and outcomes for certain populations within Gloucestershire. Add a risk rating, even if low: (5x2) 10 (5x1) 5 (residual meaning accepted risk)
Management of Conflicts of Interest	There were no conflicts of interests identified in producing this paper.

Resource Impact (X)	**Financial**		**Information Management & Technology**	
	Human Resource		**Buildings**	

Financial Impact	This presentation does not cover finances
Regulatory and Legal Issues (including NHS Constitution)	See the Health and Care Act 2022 ref Health Inequalities
Impact on Health Inequalities	This presentation covers the Framework and Process for tackling health inequalities

Joined up care and communities

Page **2** of **3**

Tab 11 Health Inequalities Framework Update

Impact on Equality and Diversity	Health inequalities are experienced by those with protected characteristics as defined in the Equality Act 2010 but the presentation makes clear that conversations about the terminology and interpretation e.g. workforce Equality, Diversity and Inclusion (EDI) should not be conflated with health inequalities, however it can contribute to reducing inequalities in access, experience and outcomes in relation to our healthcare services.
Impact on Sustainable Development	This is not covered in this presentation
Patient and Public Involvement	This is not covered in this presentation
Recommendation	The Board is requested to: • ICB Board members to confirm the level of detail needed from the strategic planning (objective-setting) process e.g. high-level strategic vs operational objectives. • ICB Board members to champion the Framework and strategic planning and review process to ensure engagement with programmes/services to get a more comprehensive picture and embed the process.

Author	Mark Walkingshaw Siobhan Farmer Douglas Blair	**Role Title**	Director of Operational Planning & Performance (ICB) Director of Public Health (GCC) CEO (GHNHSFT)
Sponsoring Director (if not author)	Mark Walkingshaw, Director of Operational Planning & Performance (ICB)		

Glossary of Terms	**Explanation or clarification of abbreviations used in the paper**
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise

Joined up care and communities

Page **3** of **3**

Tab 11 Health Inequalities Framework Update

Gloucestershire Health Inequalities Framework and Strategic Planning Process

ICB Board
January 2024

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Part of the One Gloucestershire Integrated Care System (ICS)

Tab 11 Health Inequalities Framework Update

Our system commitments

'Tackling Health Inequalities' and working towards Health Equity is one of the fundamental purposes of Integrated Care Systems and is a key theme throughout One Gloucestershire's Integrated Care Strategy.

Our system commitments:

- Improve outcomes in population health and healthcare.
- **Tackle inequalities in outcomes, experience and access.**
- Enhance productivity and value for money, and
- Help the NHS support broader social and economic development.

Tackling health inequalities is closely connected to prevention. We must prioritise prevention, early intervention, tackling the causes of health inequalities in order to achieve Health Equity.

Tab 11 Health Inequalities Framework Update

Embedding our commitment to tackling health inequalities into our planning frameworks

Joint Forward Plan

- One of the 10 strategic priorities (aligned to the 3 pillars of the Integrated Care Strategy) is to improve health equity.
- Our existing plan sets out our commitments, including introducing the Health Inequalities Framework and embedding work to reduce health inequalities into our transformation programmes.
- Within the light touch refresh of the JFP (to be published in March 2025) we will be:
  - Continuing to keep with the strategic priority on health equity.
  - Describing the impact that our work is having to embed work to reduce health inequalities in all we do.
  - Providing more specific commitments that will focus our work on seeing tangible changes and improvements as a result of what we do.

Operational Plan

- Planning Guidance for 25/26 is yet to be published, but it is expected to be a similar requirement to last year.
- Description of schemes and approach to addressing health inequalities will be incorporated within the supporting narrative document for the Operational Plan.
- Schemes to address health inequalities that relate to specific clinical areas are woven through the full narrative submission.
- 24/25 planning guidance also required a dedicated health inequalities narrative section, whereby we described the ICB's key priorities and associated actions to address HI in Gloucestershire.

NHS Gloucestershire

2

Tab 11 Health Inequalities Framework Update

Reporting on health inequalities

Integrated Performance Report

Progress against our Operational Plan and Joint Forward Plan commitments are reported via the Integrated Performance Report throughout the year, with each plan refreshed annually.

The NHS Gloucestershire Annual Report reviews each year's achievements and development as we continue to prioritise reducing health inequalities.

Shared outcomes framework

We are working collaboratively with system partners to develop a set of long-term outcomes and measures that we commit to delivering across the system, aligned to the Joint Strategic Needs Assessment.

System organisations and partnerships must consider how their work contributes to achieving these shared outcomes and improve health equity.

Health inequalities objectives

System organisations and partnerships will report on their strategic objectives to tackling health inequalities every 6-months. A summary of this will be presented to ICB Board.

The report will highlight key themes and challenges as well as recommendations to Board on system-level support needed for the successful delivery of these objectives.

3

Tab 11 Health Inequalities Framework Update

What are we doing about health inequalities in our system?

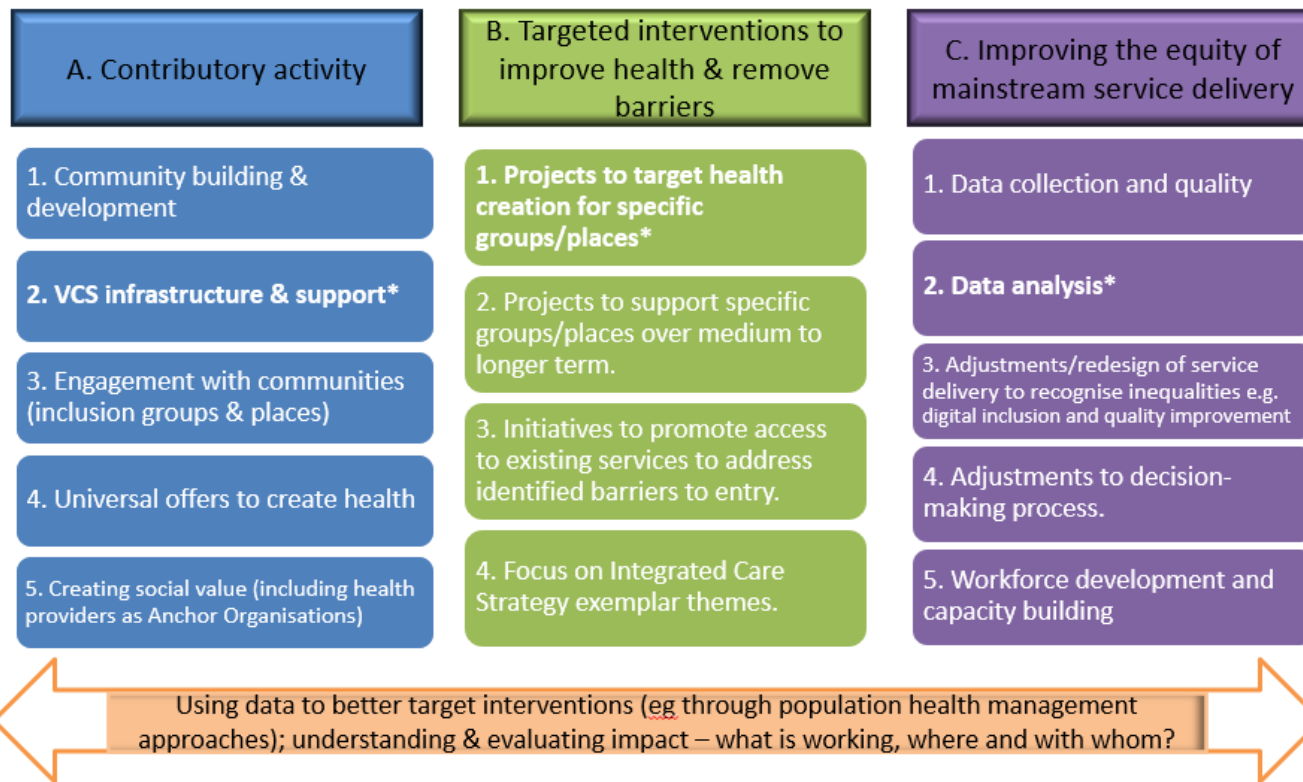|	
Embedding our ambition to achieve health equity in our strategies and plans	E.g. Achieving health equity runs as a golden thread through the Integrated Care Strategy, and filters down into our policies, procedures and business as usual.
Focus on prevention and early intervention	E.g. Focussing on the wider determinants of health and factors associated with the biggest risks to health, such as smoking, poor diet, blood pressure, obesity and drug and alcohol use.
Prioritising delivery of NHSE's five strategic priorities and the Core20PLUS5 framework	E.g. prioritising work in the 31 most deprived LSOAs of our county, race relations and other inclusion health groups, and working to improve outcomes across key clinical areas.
Making more effective use of data and intelligence	E.g. CPGs, ILPs and PCNs are increasingly using Population Health Management approaches to identify cohorts experiencing health inequalities and design interventions that proactively improve their health and wellbeing.
Taking a Clinical Programme approach	E.g. CPGs are responsible for looking at whether deprivation or ethnicity are disproportionate factors impacting on service access, experience and outcomes.
Improving visibility and transparency	E.g. Our recently implemented health inequalities strategic planning and review process will be completed by key system organisations and partnerships, with oversight from the ICB Board.

4

Tab 11 Health Inequalities Framework Update

Step 1: A framework for tackling health inequalities in Gloucestershire

- Supports a more strategic and systematic approach to tackling health inequalities.

- Identifies the different 'categories' of activity needed to deliver transformational change and ensure health equity is embedded across all we do.

- Enables us to understand the contribution that different parts of the system are making to health inequalities.

A. Contributory activity

1. Community building & development
2. VCS infrastructure & support*
3. Engagement with communities (inclusion groups & places)
4. Universal offers to create health
5. Creating social value (including health providers as Anchor Organisations)

B. Targeted interventions to improve health & remove barriers

1. Projects to target health creation for specific groups/places*
2. Projects to support specific groups/places over medium to longer term.
3. Initiatives to promote access to existing services to address identified barriers to entry.
4. Focus on Integrated Care Strategy exemplar themes.

C. Improving the equity of mainstream service delivery

1. Data collection and quality
2. Data analysis*
3. Adjustments/redesign of service delivery to recognise inequalities e.g. digital inclusion and quality improvement
4. Adjustments to decision-making process.
5. Workforce development and capacity building

Using data to better target interventions (eg through population health management approaches); understanding & evaluating impact – what is working, where and with whom?

Suggested key areas of system focus for 2025/26

Tab 11 Health Inequalities Framework Update

Step 2: Health inequalities strategic planning and review process

Stage 1: Strategic self-assessment and objective setting

- Set key objectives to address health inequalities that will be focussed on each year.
- Link objectives to strategic priorities in our JFP and systemwide outcome measures.
- Consider how progress will be monitored.
- To be completed annually.

Stage 2: Review of progress and learning

- Summarise progress against objectives and any outputs/outcomes achieved.
- Plan activities over the next 6-month period.
- Flag key challenges/risks and any system-level support needs.
- To be completed 6-monthly.

Purpose

- Support implementation of the Framework and prioritisation of activities to address health inequalities.

- Assess and understand contribution to the wider system approach for addressing health inequalities.

- Provide assurance to Board that each part of the system is contributing to the Heath Inequalities Framework.

- Identify where progress is being made and where there are opportunities to stretch further.

This process will utilise existing governance structures.

Tab 11 Health Inequalities Framework Update

Observations on content

- There is a spread of objectives across the three themes of the Health Inequalities Framework.

- Many objectives are activity focussed (under theme B) reinforcing the benefits of this approach.

- Organisations and partnerships have identified many operational objectives. The ambition is that over the next phase we will be working on more overarching strategic objectives

- There are good examples of transformational activities to address health inequalities happening at organisational and partnership level, and some system level, bringing opportunities to share examples of good practice between organisations/partnerships e.g. the EqIA approach.

- There is an opportunity to ensure strategic objectives are SMARTer and have agreed metrics linked to them and their contribution to higher level health inequalities outcomes.

- The types of outcomes that will result from themes A, B and C will differ; objectives under themes A and C will require a different approach to measurement and outcome-setting e.g. qualitative as well as quantitative indicators.

7

Tab 11 Health Inequalities Framework Update

Strengths and limitations of the process

The strategic planning and objective setting process has already led to:

- Increased awareness and commitment to including health inequalities into business processes e.g. health inequalities considerations have been embedded in GCC's service planning templates, and in the ICB's project management training and operational planning templates.

- Conversations about the terminology and interpretation e.g. workforce Equality, Diversity and Inclusion (EDI) should not be conflated with health inequalities, however it can contribute to reducing inequalities in access, experience and outcomes in relation to our healthcare services.

But there is scope to build on:

- Engagement with programmes/services to get a more comprehensive picture.

- The quality of information received, including metrics.

- The process and any supplementary questions that may assure us that a strategic approach is being taken e.g. NHS Confederation questions to consider what levers systems can use to start making an impact on population health outcomes.

8

Tab 11 Health Inequalities Framework Update

Opportunities and considerations

- Opportunities to link with system level programmes including the Gloucestershire Health and Wellbeing Board priorities, Quality Improvement, and Population Health Management.

- Opportunity for other organisations and partnerships e.g. VCSE organisations and District Councils to adopt the framework internally to strengthen their own approaches to health equity.

- Opportunity to agree system level objectives and outcomes.

- Consider the appropriate level of reporting to the system against strategic and operational objectives.

9

Tab 11 Health Inequalities Framework Update

Recommendations and next steps

What we need

- ICB Board members to confirm the level of detail needed from the strategic planning (objective-setting) process e.g. high-level strategic vs operational objectives.
- ICB Board members to champion the Framework and strategic planning and review process to ensure engagement with programmes/services to get a more comprehensive picture and embed the process.

What we want to do next

- Agree a shared ambition and a set of shared objectives, priority outcomes and metrics for addressing health inequalities for the system, aligned to the Health Inequalities Framework.
- Suggested system areas of focus for 2025/26:
  - *A: Contributory activity: Development of VCS infrastructure and support.*
  - *B: Targeted interventions: Targeting of specific groups and places e.g. blood pressure, cancer.*
  - *C: Improving the equity of mainstream service delivery: Data analysis to understand equity of universal services.*
- Review the Health Inequalities Framework and Strategic Planning and Review process and template to ensure the right level of reporting. Make identified amendments/improvements to the Framework.

10

Tab 11 Health Inequalities Framework Update

Time frame

January 2025
- Summary of first round of strategic planning and review templates and learning from the process to ICB Board.

February-March 2025
- Development of shared strategic objectives and review of the Strategic Planning and Review process and template.
- Proposed shared strategic objectives and amended Strategic Planning and Review process and template reviewed by relevant board/committee.

May 2025
- Proposed shared strategic objectives and amended Strategic Planning and Review process and template to ICB Board.

November 2025
- Organisations/partnerships follow amended Strategic Planning and Review process and submit new health inequalities objectives.

11

Tab 11 Health Inequalities Framework Update

Appendices

Slide number	Description
13	Stages of development matrix.
14	Gloucestershire ICB commitments: overview of Health Inequalities Strategic Planning and Review template.
15	Gloucestershire County Council commitments: overview of Health Inequalities Strategic Planning and Review template.
16	Gloucestershire Health and Care NHS Foundation Trust commitments: overview of Health Inequalities Strategic Planning and Review template.
17	Gloucestershire Hospitals NHS Foundation Trust commitments: overview of Health Inequalities Strategic Planning and Review template.
18	Clinical Programme Group commitments: overview of Health Inequalities Strategic Planning and Review template.
19	Integrated Locality Partnership commitments: overview of Health Inequalities Strategic Planning and Review template.

Gloucestershire
Transforming Care, Transforming Communities

Gloucestershire

12

Tab 11 Health Inequalities Framework Update

Stages of development

Level	Description	Criteria
1 Foundational	Initial awareness and understanding of health equity issues. No framework, and lots of good work but no join up.	Identify health equity as a priority. Establish governance structures to explicitly address health equity. Begin collecting basic demographic data. Raise awareness among staff.
2 Developing	Building strategies and integrating health equity into planning. Framework and some idea of plans but no tangible outcomes	Develop health equity policies. Use data to identify and understand health disparities. Engage with diverse communities. Agree shared priorities and outcomes.
3 Proficient	Implementing and monitoring health equity initiatives. Framework, embedded process and clear outcomes	Implement targeted interventions and key enablers. Regularly monitor and report on health equity metrics. Foster effective partnerships with community organisations.
4 Advanced	Comprehensive integration and continuous improvement of health equity. Fully embedded across whole system and outcomes being realised and measured	Embed health equity in all policies and practices. Achieve measurable improvements in health outcomes. Lead and innovate in health equity practices.

Tab 11 Health Inequalities Framework Update
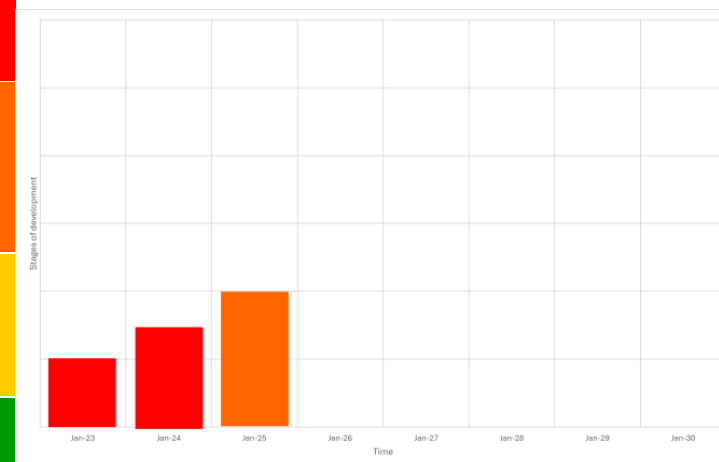
Gloucestershire Integrated Care Board Commitments (October 2024)

Reducing health inequalities and prioritising delivery of the national Core20PLUS5 framework, is one of the ICB's planning principles and a key focus in our strategic and operational plans.

THEME A: CONTRIBUTORY ACTIVITY

- Shift delivery of health and care to a sustainable, preventative, community driven model, e.g., initially by co-developing a VCSE partnership model to support this.
- Improve engagement with communities who are more likely to experience health inequalities, e.g., through the People's Panel and Joining Up Insights in Gloucestershire.

THEME B: TARGETED INTERVENTIONS

- Support specific groups/places over medium to longer term, e.g., by identifying areas for improvement that will have a significant impact on reducing health inequalities in Gloucestershire and agreeing priority actions.

THEME C: IMPROVING EQUITY OF MAINSTREAM SERVICES

- All programmes identify objectives to reducing health inequalities annually, e.g., through embedding the Health Inequalities strategic planning and review process.
- Make investment decisions that better address health inequalities, e.g. through the operational planning process.
- Improve digital literacy and access to digital health services, e.g., through the delivery of DigiHubs.
- Improve data collection, quality and analysis, e.g., through improved recording of key protected characteristics.
- Develop the awareness and skills of the workforce in health inequalities ,cultural competency and personalisation, e.g. through Black Maternity Matters anti-racism training for staff working in maternity services.

Note: slide may not include all objectives for this organisation/partnership

14

Tab 11 Health Inequalities Framework Update

Gloucestershire County Council Commitments (October 2024)

The Council's Build Back Better Strategy (2022-2026) identifies 'inequalities and deprivation' among the challenges and opportunities the Council faces and outlines its commitment to 'ensuring no community is left behind and supporting them to 'level up'.

THEME A: Contributory activity

Aim: To influence the social, economic and environmental conditions in which people live and shifting how we work with communities to deliver what they need and want.

- To deliver against the council's levelling up priorities including action on skills development and jobs, education provision, community engagement and community grants
- To develop universal offers to address core determinants of health e.g., scoping health in all policies approach; Gloucestershire Economic Strategy development; embedding prevention in local district plan making; contribution to Gloucestershire Climate Change Strategy
- To create social value e.g., anchor institutions leadership and implementation; social value toolkit.

THEME B: Targeted interventions

Aim: To deliver targeted interventions for specific population groups or places, that focus on prevention and early intervention

- To deliver health creation for specific groups e.g., White Ribbon action plan; strengthening early help through children and family centres and family hubs model; delivering an ageing well prevention strategy for adult social care; stop smoking outreach service.
- To improve access to existing services by addressing identified barriers e.g., Gig Buddies
- To support delivery of the ICS Exemplar Theme activity e.g., stop smoking insights research; employment and skills hubs

THEME C: Improving equity of mainstream services

Aim: To ensure mainstream services are delivered at a scale and intensity proportionate to level of need

- To make more effective use of data and intelligence e.g., Data and Intelligence Strategy; JSNA and power BI dashboard development; population health management programme; workforce EDI data collection
- To deliver service improvements to recognise inequalities e.g., ensuring suppliers integrate EDI
- To ensure HI systematically considered in all council decisions e.g., new EqIA process; Climate Impact Assessment; health in all policies (scoping)
- To ensure individuals and communities, including most disadvantage have access to and use of digital technologies
- To ensure workforce enabled to take effective action on health inequalities e.g., Digital Hub and community of practice (scoping).

Note: slide may not include all objectives for this organisation/partnership

15

Tab 11 Health Inequalities Framework Update

Gloucestershire Health and Care NHS Foundation Trust commitments (October 2024)

THEME A: CONTRIBUTORY ACTIVITY

- Improve access to services for local communities: e.g., by strengthening the digital infrastructure available.
- Ensure the right support for CYP with mental health needs: e.g., through development of the CPY Mental Health Navigation Hub.
- Increase representation from ethnic or minority groups in the GHC workforce: e.g., by improving awareness of job/volunteering opportunities.
- Strengthen links between community hospitals and the local community in supporting health and wellbeing: e.g., by exploring opportunities to use GHC sites as community health and wellbeing hubs.

THEME B: TARGETED INTERVENTIONS

- Increase access to prevention, early intervention and advice/signposting activity for people at risk of health inequalities: e.g., through outreach services in targeted communities.
- Reduce childhood obesity through targeted weight management support.
- Improve access, experience and outcomes for individuals from diverse ethnic backgrounds: e.g., by implementing the Patient and Carer Race Equality Framework.
- Increase digital literacy in local communities to support healthcare access e.g. via use of the NHS App.

THEME C: IMPROVING EQUITY OF MAINSTREAM SERVICES

- Improve data collection and quality through improving digital infrastructure for services e.g., through staff training as part of the ICS Digital Workforce Plan.
- Ensure availability of health inequalities data to understand population needs and support improvement: e.g., by the providing analysis and reports that are accessible to staff.
- Address health inequalities and discrimination for protected characteristics in the GHC workforce e.g. through use of the Equality Delivery System Framework to assess and identify opportunities for change.
- Identify and reduce health inequalities through the development of an AHPs Health Inequalities Action Framework.

Note: slide may not include all objectives for this organisation/partnership

16

Tab 11 Health Inequalities Framework Update

Gloucestershire Hospitals NHS Foundation Trust commitments (October 2024)

THEME A: CONTRIBUTORY ACTIVITY

- Increase engagement with communities in high deprivation areas to understand issues around access and experience of hospital services e.g. utilising the engagement tracker to build relationships and understand communities less engaged with a focus on communities in Cinderford.

THEME B: TARGETED INTERVENTIONS

- Continue to deliver the Treating Tobacco Dependency model in line with inpatient and maternity deliverables in the LTP, e.g., by identifying all smokers admitted to hospital or maternity pathways and providing smoking cessation interventions.
- Improve staff wellbeing through delivery of the Wellbeing Strategic Action Plan, e.g., by introducing a staff wellbeing nurse to provide health checks for staff including targeted work to tackle health inequalities.

THEME C: IMPROVING EQUITY OF MAINSTREAM SERVICES

- Improve data completeness of EPR, e.g., by improving the collection and recording of key protected characteristics including preferred language, Armed Forces and inclusion health groups.

Note: slide may not include all objectives for this organisation/partnership

17

Tab 11 Health Inequalities Framework Update

Clinical Programme Groups commitments (October 2024)

THEME A: CONTRIBUTORY ACTIVITY

- Increase engagement, guidance, information and support to VCSE providers, e.g., pathway awareness raising, blood pressure monitoring, MECC training etc, through opportunities and initiatives such as the In Partnership newsletter.
- Identify and implement mechanisms to fund VCSE activity in CPG programme areas, e.g., blood pressure grant funding project.
- Increase patient, community and VCSE voice through CPG programme areas to enhance strategic planning and delivery, e.g., through use of reference groups and public facing events such as Know Your Numbers week.

THEME B: TARGETED INTERVENTIONS

- Improve diagnosis rates and treated to target rates for blood pressure for identified cohorts/localities, e.g., through partnership working with PCNs and VCSE organisations.
- Improve understanding of cancer pathways for target cohorts e.g., through the screening of co-created films, webinars and talks to target communities.
- Enable early access to diagnostics and support for Complex Breathlessness through provision of a 'one stop shop' model.
- Provide a place-based approach to diabetes management to support those who facing inequalities in Gloucester City, e.g., through place structured diabetes management.

THEME C: IMPROVING EQUITY OF MAINSTREAM SERVICES

- Improve data collection and quality, e.g., by creating templates on systems such as System One.
- Identify key metrics and implement dashboards to ensure health inequalities data can be readily accessed to support strategic decision-making.
- Identify areas where services can be developed, improved, or made more accessible in localities through data analysis.
- Ensure that health inequalities runs throughout all CPG work, e.g., by ensuring Equality Impact Assessments are undertaken and reviewed in decision making.

Note: slide may not include all objectives for this organisation/partnership

18

Tab 11 Health Inequalities Framework Update

Integrated Locality Partnership commitments (October 2024)

THEME A: CONTRIBUTORY ACTIVITY

- Increase engagement with communities in high deprivation areas to understand issues around access and experience of services and support, including hospital services, e.g. utilising the engagement tracker to build relationships and understand communities less engaged with a focus on communities in Cinderford.
- Engagement with communities to establish and improve existing health inequalities and barriers to healthy lifestyles, e.g., through Community and Wellbeing Hubs in West Cheltenham.
- Deliver Gloucester ILP Active Communities priorities by supporting and developing communities that are physically and socially more active, more empowered and inclusive.

THEME B: TARGETED INTERVENTIONS

- Increase strength and balance/strength and maintenance offers for fit and mildly frail populations.
- Promote community transport offers in the Cotswolds to rural and isolated communities and coordinate other community hub activities in both digital and physical formats.
- Increase the range of activities and services provided in a Core20 area, e.g., by creating Community Health and Wellbeing Hubs in Core20 areas of Gloucester City.
- Increase mental wellbeing of young people at risk of harmful behaviours or poor mental wellbeing, e.g. through a structured education programme to be delivered in schools.

THEME C: IMPROVING EQUITY OF MAINSTREAM SERVICES

- Use Core20PLUS5/ health inequalities data to target health and wellbeing initiatives to support ILP workstreams.
- Identify communities which struggle to access services and work with partners to identify interventions to improve access.
- Improve coding and identification of adult carers and young carers, e.g., by agreeing and implementing a code at practice level.
- Provide Information, Advice and Guidance training to community-based roles in the VCSE.

Note: slide may not include all objectives for this organisation/partnership

19

Tab 12 Updated Audit Committee Terms of Reference

Agenda Item 12a

NHS Gloucestershire ICB Board, Public Session

Wednesday 29th January 2025

Report Title	Audit Committee Terms of Reference			
Purpose (X)	**For Information**		**For Discussion**	**For Decision**
				X
Route to this meeting	Directly to Audit Committee			
	ICB Internal	**Date**	**System Partner**	**Date**
	Audit Committee	5th December 2024	N/A	
Executive Summary	It is good practice for Executive Committee Terms of Reference (TOR) to be reviewed and updated on an annual basis. The Audit Committee TOR have been reviewed and being presented to the Audit Committee for approval.			
Key Issues to note	The key updates made to the terms of reference incorporated comments made during the September Audit Committee and supported by the committee at its meeting on 5th December 2024.. The changes are summarised as follows: • Minor changes to the text including 'purpose' rather than introduction • Changes to the membership to read as follows "One Non-Executive Director from each of the main system Provider partners which can include the chair of their respective Audit Committees". • Section 4.1.4 to include 'cyber security' • Section 4.2.4 now reads that "It is desirable but not essential" that the Chair has relevant financial expertise. • Section 4.3.1 Attendees and Participants now reads: Representative of the ICB Internal and External Auditor firms. Representative of the ICB Digital Team for part two (2) of the meeting only unless requested. • Section 7.5 now reads The voting members of the Committee shall meet in private with the internal and external auditors not less than annually. • Section 9.11 includes paragraphs on Procurement and Contracting. • Section 9.16 includes a paragraph on Cyber Security.			
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	Without Committee ToRs which provide the framework in which the committee operates there would be no ICB committees providing an assurance and strategic function for the ICB. (4x3) 12 The development of ToRs has reduced this risk considerably to: (4x1) 4 (residual meaning accepted risk)			
Management of Conflicts of Interest	The original Terms of Reference from 2022 have been developed with the involvement and engagement of the ICB Chair, CEO, NEDs and Executives as well as governance staff and system partners. There are no conflicts of interests as this has been collaborative process following national guidelines and best practice.			
Resource Impact (X)	**Financial**		**Information Management & Technology**	

Tab 12 Updated Audit Committee Terms of Reference

	Human Resource		Buildings	2
Financial Impact	N/A			
Regulatory and Legal Issues (including NHS Constitution)	Each committee ToRs include statements relating to compliance with relevant regulations and laws.			
Impact on Health Inequalities	Committee ToRs are not directly about patients, but the committees will cover patient care and issues related to health inequalities such as System Resources, Quality Committee and People Committee etc.			
Impact on Equality and Diversity	Within the ToRs for the committees there is a commitment that members of the committee must demonstrably consider the equality, diversity and inclusion implications of decisions they make.			
Impact on Sustainable Development	N/A			
Patient and Public Involvement	N/A			
Recommendation	The ICB Board is asked to approve the updated Audit Committee Terms of Reference.			
Author	**Ryan Brunsdon** **Christina Gradowski**	**Role Title**	**Board Secretary** **Associate Director of Corporate Affairs**	
Sponsoring Director (if not author)	**Tracey Cox, Director of People, Culture and Engagement.**			

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise

Tab 12 Updated Audit Committee Terms of Reference

NHS Gloucestershire Integrated Care Board

Audit Committee Terms of Reference

V2.0
December 2024

1

Tab 12 Updated Audit Committee Terms of Reference

1. **Introduction**

1.1   The Audit Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.

1.2   These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

1.3   The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

2. **Purpose of the Committee**

2.1   The Committee shall contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB.

2.2   The Committee shall critically review the Integrated Care Board's financial reporting and internal control principles and ensure an appropriate relationship with both internal and external auditors, and counter fraud is maintained.

2.3   The duties of the Committee will be driven by the organisation's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however, this will be flexible to new and emerging priorities and risks.

2.4   The Audit Committee has no executive powers, other than those delegated in the Scheme of Reservation and Delegation and specified in these terms of reference.

2.5   For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

3. **Delegated Authority**

3.1   The Audit Committee is a formal committee of the ICB. The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time.

3.2   The Audit Committee is authorised by the Integrated Care Board to:

2

Tab 12 Updated Audit Committee Terms of Reference

- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) as outlined in these terms of reference;
- Commission any reports it deems necessary to help fulfil its obligations;
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice.

3.3   The Audit Committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board

4.   Membership and Structure

4.1   Membership

4.1.1   The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

4.1.2   The Board will appoint no fewer than five members of the Committee including:

- Committee Chair who shall be an Independent Non-Executive Director of the ICB who shall not be the Chair of the System Resources Committee;
- Independent Non-Executive Director of the ICB;
- One Non-Executive Director from each of the main system Provider partners which can include the chair of their respective Audit Committees
- Primary Care representative.

4.1.3   Neither the Chair of the Board, nor employees of the ICB will be members of the Committee. Other members of the Committee need not be members of the Board, but they may be.

4.1.4   Members will possess between them knowledge, skills and experience in: accounting, risk management, corporate governance, cyber security, internal, external audit; and technical or specialist issues pertinent to the ICB's business. When determining the membership of the Committee, active consideration will be made to diversity and equality.

4.2   Chair and vice chair

3

Tab 12 Updated Audit Committee Terms of Reference

4.2.1   The Chair of the Committee shall be independent and therefore may not chair any other committees.

4.2.2   Committee members may appoint a Vice Chair who shall be an Independent Non-Executive Director of the ICB.

4.2.3   The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR in consultation with the Chief Financial Officer.

4.2.4   <u>It is desirable but not essential that the Chair has relevant financial expertise.</u>

4.3   <u>Attendees and Participants</u>

4.3.1   Only members of the Committee have the right to attend Committee meetings, however all meetings of the Committee will also be attended by the following individuals who are not members of the Committee:

- Chief Financial Officer of the ICB or their nominated deputy;
- Associate Director of Corporate Affairs with the remit for governance;
- Governance team members who cover risk management and conflicts of interests;
- Representative of Gloucestershire Counter Fraud Service;
- Representative of the ICB Internal and External Auditor firms.
- Representative of the ICB Digital Team for part two (2) of the meeting only unless requested.

4.3.2   The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

4.3.3   Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives from the Health and Wellbeing Board(s), Secondary and Community Providers.

4.3.4   The Chief Executive should be invited to attend the meeting at least annually.

4.3.5   The Chair of the ICB may also be invited to attend one meeting each year in order to gain an understanding of the Committee's operations.

4.4   <u>Attendance</u>

4

Tab 12 Updated Audit Committee Terms of Reference

4.4.1   Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

4.5   Access

4.5.1   Regardless of attendance, External Audit, Internal Audit, Local Counter Fraud and Security Management providers will have full and unrestricted rights of access to the Audit Committee.

4.6   Structure

4.6.1   The structure of the Audit Committee will be developed to ensure that agenda items that are common across the NHS system are dealt with in the most effective way.   Committee agendas will be structured to cover both ICB specific items and the development of audit across the system and its partnerships.

5.   Quoracy

5.1   Quoracy is defined as a minimum of 50% of the Committee's core membership which must include the Chair or Vice-Chair or their nominated deputy.

5.2   Where partner members are included in the core membership of the Committee, business planners for meetings will be designed to make optimal use of partner time, meaning that they may not be required for all of every meeting. Where this is the case, their absence will not affect the quoracy of the meeting

5.3   If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum

5.4   If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken

6.   Voting and Decision Making

6.1   For a meeting to be quorate a minimum of two independent Non-Executive Members of the Board are required, including the Chair or Vice Chair of the Committee.

5

Tab 12 Updated Audit Committee Terms of Reference

6.2   The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

6.3   Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote

6.4   If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis using telephone, email or other electronic communication

7.   Frequency and notice of meetings

7.1   If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis using telephone, email or other electronic communication.

7.2   The Audit Committee shall meet formally up to six (6) times a year in accordance with the annual accounts cycle. The Chair of the Committee may convene additional meetings as required such as an audit briefing to review the annual accounts.

7.3   The Board, Chair or Chief Executive may ask the Audit Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

7.4   The external auditor or internal auditor may requisition a meeting of the Committee if it is deemed necessary.

7.5   The voting members of the Committee shall meet in private with the internal and external auditors not less than annually.

7.6   In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

8.   Committee secretariat

8.1   The Committee shall be supported with a secretariat function provided by the Corporate Governance Team. The Governance Team shall ensure that.

8.1.1   The agenda and papers are prepared and distributed in accordance with the Standing Orders at least 5 working days before the meeting, having been

6

Tab 12 Updated Audit Committee Terms of Reference

agreed by the Chair with the support of the relevant executive lead – Chief Financial Officer;

8.1.2 Attendance by members of the committee is monitored and reported annually as part of the Annual Governance Statement (contained within the Annual Report);

8.1.3 Records of members' appointments and renewal dates are maintained and the Board is prompted to renew membership and identify new members where necessary;

8.1.4 Good quality minutes are taken and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept;

8.1.5 The Chair is supported to prepare and deliver reports to the Board;

8.1.6 The Committee is updated on pertinent issues/ areas of interest/ policy developments;

8.1.7 Action points are taken forward between meetings and progress against those actions is monitored.

9. Remit and responsibilities of the Committee

9.1 The Audit Committee has been constituted in terms of its scope, responsibilities and membership to facilitate the ICB meeting its four fundamental purposes to:

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

9.2 Each Integrated Care Board Committee will have a remit which encompasses two primary areas of responsibility. First, the Committee will exercise the delegated authority of the Board to execute assurance against a sub-set of its statutory duties and functions. Second, it will retain oversight of progress against the Integrated Care Board's strategic priorities through the developing partnership and integrated working of its members. This balanced approach will ensure that the governance focus of the Committee spans both current performance and risk as well as strategic development and system effectiveness. Committees will have a core membership spanning both areas of its responsibility, which can be enhanced as required by the addition of co-opted attendees or participants who are invited to contribute to the debate and

7

Tab 12 Updated Audit Committee Terms of Reference

deliberation of the Committee. The decision on the use of co-opted attendees or participants rests with the Chair of the Committee. The responsibilities of this Committee include:

9.3   <u>Integrated governance, risk management and internal control</u>

9.3.1   To review the adequacy and effectiveness of the system of integrated governance, risk management and internal control across the whole of the ICB's activities that support the achievement of its objectives, and to highlight any areas of weakness to the Board.

9.3.2   To review the financial systems and governance that are established in order to facilitate compliance with DHSC's Group Accounting Manual.

9.3.3   To review the adequacy and effectiveness of the assurance processes that indicate the degree of achievement of the ICB's objectives, and the effectiveness of the management of principal risks.

9.3.4   To agree the risk management framework, policies and procedures ensuring that the risk management structure and processes within the ICB are robust and effective.

9.3.5   To review the quality of risk identification, management and reporting; providing scrutiny and challenge to the Corporate Risk Register and Board Assurance Framework.

9.3.6   To have oversight of system risks where they relate to the achievement of the ICB's objectives.

9.3.7   To ensure that the ICB acts consistently with the principles and guidance established in HMT's Managing Public Money.

9.3.8   To seek reports and assurance from directors and managers within the ICB and the ICS as required, concentrating on the systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

9.3.9   To review and approve on behalf of the Board those policies that ensure compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification e.g. Counter Fraud, Bribery and Corruption Policy, Standards for Business Conduct including Conflicts of Interests policy etc.

<div align="center">8</div>

Tab 12 Updated Audit Committee Terms of Reference

9.3.10 To identify opportunities to improve governance, risk management and internal control processes across the ICB, and the ICS where appropriate.

9.4 Internal audit

9.4.1 To ensure that there is an effective internal audit function that meets the Public Sector Internal Audit Standards and provides appropriate independent assurance to the Board. This will be achieved by:

9.4.2 Reviewing and approving the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework;

9.4.3 Considering the major findings of internal audit work, including the Head of Internal Audit Opinion, (and management's response), and ensure coordination between the internal and external auditors to optimise the use of audit resources;

9.4.4 Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation; and

9.4.5 Monitoring the effectiveness of internal audit and carrying out an annual review.

9.5 External audit

9.5.1 To review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:

9.5.2 Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan;

9.5.3 Discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee; and

9.5.4 Reviewing all external audit reports, including to those charged with governance (before its submission to the Board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

9.6 Other assurance functions

Tab 12 Updated Audit Committee Terms of Reference

9.6.1   To review the findings of assurance functions in the ICB, and to consider the implications for the governance of the ICB.

9.6.2   To review the assurance processes in place in relation to financial performance and other key governance processes and systems (e.g. risk management) across the ICB, including the completeness and accuracy of information provided.

9.6.3   To review the findings of external bodies and agencies issued by arm's length bodies or regulators and inspectors: e.g. National Audit Office, Select Committees, NHS Resolution etc and consider the implications for governance of the ICB.

9.7   Counter fraud

9.7.1   To assure itself that the ICB has adequate arrangements in place for counter fraud, bribery and corruption (including cyber security) that meet NHS Counter Fraud Authority's (NHSCFA) standards and shall review the outcomes of work in these areas.

9.7.2   To review, approve and monitor counter fraud work plans, receiving regular updates on counter fraud activity, monitor the implementation of action plans, provide direct access and liaison with those responsible for counter fraud, review annual reports on counter fraud, and discuss NHSCFA quality assessment reports.

9.7.3   To ensure that the counter fraud service provides appropriate progress reports and that these are scrutinised and challenged where appropriate.

9.7.4   To be responsible for ensuring that the counter fraud service submits an Annual Report and Self-Review Assessment, outlining key work undertaken during each financial year to meet the NHS Standards for Commissioners; Fraud, Bribery and Corruption.

9.7.5   To report concerns of suspected fraud, bribery and corruption to the Board and the NHSCFA.

9.8   Freedom to Speak Up

9.8.1   To review the adequacy and security of the ICB's arrangements for its employees, contractors and external parties to raise concerns, in confidence, in relation to financial, clinical management, or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.

10

Tab 12 Updated Audit Committee Terms of Reference

9.9   Information Governance (IG)

9.9.1   To receive regular updates on IG compliance (including uptake & completion of data security training), data breaches and any related issues and risks.

9.9.2   To review the annual Senior Information Risk Owner (SIRO) report, the submission for the Data Security & Protection Toolkit and relevant reports and action plans.

9.9.3   To receive reports on audits to assess information and IT security arrangements, including the annual Data Security & Protection Toolkit audit.

9.9.4   To provide assurance to the Board that there is an effective framework in place for the management of risks associated with information governance.

9.10   Financial reporting

9.10.1 To monitor the integrity of the financial statements of the ICB and any formal announcements relating to its financial performance.

9.10.2 To ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.

9.10.3 To review the Annual Report and Financial Statements (including accounting policies) before submission to the Board focusing particularly on:

- The Governance Statement and other disclosures relevant to the Terms of Reference of the Committee;
- Changes in accounting policies, practices and estimation techniques;
- Unadjusted mis-statements in the Financial Statements;
- Significant judgements and estimates made in preparing the Financial Statements;
- Significant adjustments resulting from the audit;
- Letter of representation; and
- Qualitative aspects of financial reporting.

9.11   Procurement & Contracting

9.11.1 To receive reports to examine and provide assurance regarding the ICB procurement decisions relating to the procurement of health care services and supply arrangements

11

Tab 12 Updated Audit Committee Terms of Reference

9.11.2   Review and examine the ICB use of waivers and standing orders.

9.11.3   Review, examine and approve procurement policies, procedures and processes.

9.12   Conflicts of Interest

9.12.1   The Chair of the Audit Committee shall be the nominated Conflicts of Interest Guardian.

9.12.2   The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

9.13   Policies

9.13.1   Approval of policies and standard operating procedures (SOPs) as relevant to the committee's business.

9.14   Management

9.14.1   To request and review reports and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

9.14.2   The Committee may also request specific reports from individual functions within the ICB as they may be appropriate to the overall arrangements.

9.14.3   To receive reports of breaches of policy and normal procedure or proceedings, including such as suspensions of the ICB's Standing Orders, in order provide assurance in relation to the appropriateness of decisions and to derive future learning.

9.15   Communication

9.15.1   To co-ordinate and manage communications on governance, risk management and internal control with stakeholders internally and externally.

9.15.2   To develop an approach with other committees, and with the Integrated Care Partnership, to ensure the relationship between them is understood.

9.16   Cyber Security

12

Tab 12 Updated Audit Committee Terms of Reference

9.16.1 To request and review reports and assurance on cyber security management and support within the ICB & ICS.

9.16.2 The Committee will provide assurance to the Board that the organisation is properly managing its cyber risk, including appropriate risk mitigation strategies.

10. Relationship with the ICB and other groups / committees / boards

10.1 To work closely with the other committees in the ICB where appropriate and relevant e.g. implementation of the Internal Audit recommendations.

10.2 To investigate identified areas of concern with regard to the ICB's internal controls referred by another committee or the Board of the ICB.

11. Policy and best practise

11.1 The Committee shall have regard to current best practice, policies and guidance issued by NHS England, HMFA and other relevant bodies.

12. Monitoring and Reporting

12.1 The minutes of each meeting of the Committee shall be formally recorded and retained by the Integrated Care Board. The minutes shall be submitted to the Board of the ICB.

12.2 The Chair of the Committee shall report the outcome and any recommendations of the committee to the Board of the ICB.

12.3 The Audit Committee will provide the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement. The report will summarise its conclusions from the work it has done during the year specifically commenting on:

- The fitness for purpose of the assurance framework;
- The completeness and 'embeddedness' of risk management in the organisation;
- The integration of governance arrangements;
- The appropriateness of the evidence that shows the organisation is fulfilling its regulatory requirements; and
- The robustness of the processes behind the quality accounts.

13

Tab 12 Updated Audit Committee Terms of Reference

12.4   The Committee shall agree an annual schedule of reports and their frequency for the Audit Committee meetings.

13.   Conduct of the Committee

13.1   Members will be expected to conduct business in line with the ICB values and objectives.

13.2   Members of, and those attending the Committee, shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy

13.3   Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

13.4   Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

13.5   Conflicts of interests: In discharging duties transparently, conflicts of interest must be considered, recorded and managed. Members should have regard to both the ICB's policies and national guidance on managing conflicts of interest. All potential conflicts of interest must be declared and recorded at the start of each meeting. A register of interests must be maintained by the Governance Team, submitted with the Audit Committee papers and annually to the Board. If the Chair considers a conflict of interest exists then the relevant person must not take part in that item, and the Chair may require the affected member to withdraw at the relevant point.

14.   Review of ToR

14.1   These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

Annex 1 – Auditor Panel

1.   Context and role

1.1   The Audit Committee will fulfil the role of 'Auditor Panel', as defined in the Local Audit and Accountability Act 2014 and in accordance with the Department of Health publication 'Auditor Panels – Guidance to help Health Bodies meet their Statutory Duties, September 2015'.

14

Tab 12 Updated Audit Committee Terms of Reference

1.2   The principal roles of the Auditor Panel are to advise the Board of the ICB on the selection, appointment and removal of the ICB's external auditor and to appoint the internal auditor. The Auditor Panel is also responsible for advising the Board of the ICB on the purchase of 'non-audit services' from the external auditor.

1.3   The Auditor Panel will take the form of a separate section of the Audit Committee meeting and will be minuted separately.

2.   Membership, Attendance, Secretary and Quorum

2.1   The membership, quoracy and committee secretary will be as per the Audit Committee and outlined in sections 3, 4 and 6.

2.2   The Chief Finance Officer will be invited to attend the meetings. In addition, the Panel may invite any other individual to attend the meetings, as appropriate.

3.   Frequency and notice of meetings

3.1   The Panel will meet as and when required.

3.2   Written notice of the meetings and agendas will be provided, as part of the normal Audit Committee processes, to Panel members not less than 5 working days before the meeting.

4.   *Remit and responsibilities of the Panel*

4.1   The key duties of the Panel are:

4.1.1   to advise the Board on the selection, appointment and removal of the ICB's external auditors, paying due regard for their performance;

4.1.2   the selection, appointment and removal of the ICB's internal auditors, paying due regard for their performance;

4.1.3   the maintenance of an independent relationship with the appointed external auditor;

4.1.4   the maintenance of an independent relationship with the appointed internal auditors; and

4.1.5   to advise the Board on the purchase of 'non-audit services' from the external auditor.

15

Tab 12 Updated Audit Committee Terms of Reference

5.   Monitoring and reporting

5.1   The minutes of each meeting of the Panel will be formally recorded and retained by the ICB and submitted to the Board of the ICB.

5.2   The Chair of the Panel shall report the outcome and any recommendations of the Panel to the Board of the ICB.

6.   Review

6.1   Annually in line with the ToR for the Audit Committee.

16

AUDIT COMMITTEE 5th December 2024

ASSURANCE REPORT

Part I

Area	Assurance	Notes
Internal Audit	Green	Population Health Inequalities report – Moderate design and effectiveness. Recognised good governance in place and good work being done. 1 main recommendation on information flow/usage/locality specific. Project groups being formed. Primary Care Commissioning report – Substantial design and effectiveness. Discussion noted primary care capacity is main driver of access. DPST Toolkit – new format aligned to Cyber Assessment Framework. Increased emphasis on resilience, training, awareness at all levels. ICB has great deal already in place for June annual submission but work still ongoing
External Audit	Green	General update. MHIS work progressing. VFM work to start in the new year. Same team as last year. Noted that submission date has been brought forward by one week – both ARC and Board meeting dates for June will need to be changed.
Risk Management	Amber	BAF – discussed at Board previous week. Request for lead Execs to review descriptions to ensure reflect current risks and to ensure BAF updated consistently CRR – requested reviews of some risk scores to ensure reflect ICB position and are consistent with others approaches. Old risks to be reviewed for continued applicability. Discussed feedback from Quality Committee on specific risks and overall supplier risks associated with increased costs (energy, employee NI etc) No directorate presentation due to sickness. Integration Directorate due in March for detailed risk discussion
Conflicts of interest	Green	Update on current compliance, support to directorates and new guidance.
Counter Fraud	Green	Briefed on impact of Economic Crime and Transparency Act – contains details of responsibilities on 'corporate fraud' (where employee commits fraud to benefit the organisation). Requires changes to policy, employee contracts, induction etc.

	Green	Discussed process for ensuring suppliers provide relevant policies before formal contract award.
Procurement	Green	Update on procurement decisions. 12-month procurement report discussed with minor amendments. Will be used as a report on procurement function for the financial year end. Final report due in June. Waivers – usage and standing order definitions – will be reviewed with forward look of forthcoming contracts continuing at Op Exec maintained.
Financial Management	Green	Aged Debtor report – reviewed with follow up required on controls improvement work. No Losses/Special Payments
Terms of Reference	N/A	Revised TOR agreed for approval by Board
Policy approval – AI Generative Usage	Amber	Initial policy agreed (based on national guidelines and Civil Service policy). Controls in place over approval for usage and reliance. Further work required with more measured assessment. Training required with suggestion of use of case studies in leadership training to illustrate advantages and potential pitfalls.
Delegation of Specialised Commissioning (AOB)	Amber	Delegation effective from 1st April 25. ICB/NHSE checklist being followed. Parallel workstreams on policies, risk management, quality assurance etc means that co-ordinating formal updates to Committee and Board is complex. Updates expected to Board and SRC Jan 2025 and ARC Mar 2025.

NHS Gloucestershire ICB Audit Committee Part 1 Meeting

Held at 09.30am on Thursday 5th September 2024
as
Hybrid Meeting via MS Teams and in ICB Boardroom, Shire Hall, Gloucester

Members Present:		
Karen Clements	KC	Non-Executive Director, ICB (Deputy Committee Chair - *Chairing the meeting*
Dr Jo Bayley	JB	Chief Executive Officer, GDOC
Julie Soutter	JS	Non-Executive Director, ICB (Committee Chair)
Dr Marie-Annick Gournet	MAG	Non-Executive Director, GHFT
Participants:		
Andrew Davies	AD	Engagement Manager, Grant Thornton LLP
Adam Spires	AS	Partner, BDO LLP
Christina Gradowski	CG	Associate Director of Corporate Affairs, ICB
Cath Leech	CL	Chief Finance Officer, ICB
Justine Turner	JT	Audit Manager, BDO LLP
Paul Kerrod	PK	Deputy Head of Local Counter Fraud Service
In Attendance:		
Gerald Nyamhondoro	GN	Corporate Governance Officer, ICB (taking minutes)
Ryan Brunsdon	RB	Board Secretary, ICB
Micky Griffiths *(Agenda Item 16)*	MGr	Working as One Programme Director, ICB
Benedict Leigh *(Agenda Item 8)*	BL	Director of Integrated Commissioning, ICB & GCC
Hope Tucker	HT	Intern, ICB

1.   Introduction and Welcome

1.1   KC welcomed new member, Dr Marie-Annick Gournet, to the Committee and thanked in absentia the outgoing member, Mike Napier, for his contribution commitment to the work of the Committee.

2.   Apologies for Absence

2.1   An apology was received from Bilal Lala.

2.2   KC confirmed that the Audit Committee meeting was quorate.

3.   Declarations of Interests

3.1   JB declared that she had been appointed the Deputy Chair of MDDUS Board. The other members considered the declaration and concluded that the inclusion of JB in the proceedings was consistent with the terms of reference and her participation with full rights

Page **1** of **11**

NHS Gloucestershire Audit Committee Minutes, Thursday 5th September 2024

of members was not prejudicial to the proceedings, or to the Gloucestershire Integrated Care Board (thereafter "the ICB").

3.2 KC asked GN to facilitate registration of declarations of BL and MAG. BL and MAG had recently joined the Committee. **ACTION: GN required to create accounts for BL and MAG**   **GN** **on the Civica platform and to add the new members' names to the Audit Committee Register and to the ICB Register of decision makers.**

4.   **Minutes of the Last Audit Committee Meeting Held on 24th June 2024**

4.1 Minutes of the meeting held on 24th June 2024 were approved as an accurate record of the meeting.

5.   **Matters Arising & Action Log**

5.1.1 **Action No.22,07.12.2023, Items 7.3.1 & 7.3.2** POD Governance. Further update on POD transition was requested by members. A comprehensive update was submitted on 5th September 2024. **Item closed.**

5.1.2 **Action No.28,07.03.2024, Item 14.1** Waivers. JS suggested that trends and administration of waivers be included in the Annual Report. Members agreed that this matter required consideration. David Porter preparing a report for submission on 5th December 2024. **Item remains open.**

5.1.3 **Action No.31,24.06.2024, Item 10.2.2** Risk Scoring. JS and CGi stated that they were working with partner organisations to explore ways of standardising system risk scoring. Work reported to be progressing well. **Item remains open.**

5.1.4 **Action No.32,24.06.2024, Item 10.2.2** POD Recommendations. Monitoring and review of POD transition by the Chairs of the Audit Committee and the PC & DC Committee continue. **Item Closed.**

5.1.5 **Action No.33,24.06.2024, Item 11.3.2** Social Media Policy. Members requested that a social media policy be updated and be brought before the Board through its committees. Tracy Cox (TC) and CGi drafted the policy, and the policy has been sent to the Communications department for further input. **Item remained open.**

5.1.6 **Action No.34,24.07.2024, Item 11.7.2** Internal Audit. Members requested that CGi and MG facilitate submission of the Annual Statement of Assurance to the System Resources Committee. This was actioned. **Item closed.**

5.1.7 **Action No.35,24.06.2024, Item 12.4.1** GHFT/GHC Risk: CGi was asked to liaise with GHFT and GHC senior colleagues to help map out system level risks and standardise risk tools. CGi still liaising with relevant partnership senior staff. **Item remains open.**

5.1.8 **Action No.36,24.06.2024, Item 13.1** Conflicts of Interest. JS -being the Conflict-of-Interest Guardian- requested that arrangements be made on her and CGi's behalf to address staff

on matters relating to conflict of interest. Arrangements have been made for JS and CGi to address ICB staff in October 2024. **Item closed.**

5.1.9 **Action No.37,07.03.2024, Item 15.2** Counter Fraud. Members highlighted a need to review the Counter Fraud risk scoring. PK and RB reviewing the risk metrics. **Item remains open.**

5.2 Counter Fraud Update POD Transition Update

5.2.1 KC presented for discussion the POD transition update report which included information including finance, workforce, quality, contracts, and Information Technology.
RESOLUTION: The Audit Committee noted the POD Transition update report.

6. Internal Audit

6.1 Internal Audit Progress Report and Sector Update

6.1.1 JT presented and highlighted emerging issues relevant to the HealthCare sector. JT expressed a need to create a psychologically safe and ethical working environment which benefited employees and the communities they served. JT cited the Worker Protection Act of 2023. JT stated that the Act would come into effect in October 2024, and it would be an enabling instrument in creating an environment safe from sexual harassment.

6.1.2 JT cautioned that it was projected that the health service environment would experience pressures for the foreseeable future whilst NHS funded systems would be compelled to live within allocated funding. JT emphasised a need to identify operational improvements which would help NHS funded organisations do more with less resources. JT also expressed a need for increased diligence, and she cited the incident of the June 2024 ransomware attack which impacted delivery of services at Guy's and St Thomas', King's College Hospital, and primary care services across South East London.

6.2 Data Security & Protection (DSP) Toolkit Follow Up

6.2.1 JT presented and stated that the Toolkit formed part of a framework for ensuring that organisations were implementing recommended data security standards. JT summarised areas of good practice identified through the audit. JT stated that assessment of the ICB's DSP Toolkit pointed toward overall high confidence rating and moderate risk.

6.3 Benchmarking

6.3.1 JT presented and stated that the report provided comparative information across ICBs including assurance opinions issued in year 2023-24. JT explained that Gloucestershire ICB's performance gave an impression of being relatively average, and this had been exacerbated by the high number of recommendations issued. JT reassured that this should not be cause for alarm as audits are risk based and as such this can indicate that the focus is in the right areas.

6.4   BDO Global Risk Landscape 2024

6.4.1   AS presented and stated that the report derived from annual interviews with national and international executives in both the public and private sector to understand their perspective on risks and how its changing year on year. . AS highlighted that this year's focus in on anti-fragility.

6.4.2   AS defined anti fragility as an increasing number of risks for which people feel unprepared and that they are changing at a more rapid pace than previously, it encompasses the need to be more resilient and develop the ability to thrive when under stress. AS also described the increasing focus on employing Artificial Intelligence (AI) to support risk management processes. MAG expressed a need for members to acquire enough knowledge on AI so that they were able to understand how it could support organisations. **ACTION: Paul Atkinson (PA) to circulate to members the report presented to the last Board development session.**

6.5   Patient Safety Incident Reporting Framework (PSIRF) Report

6.5.1   AS presented and stated that the PSIRF was a shift from the culture of determining root causes and apportioning blame, toward a culture favouring analysing, learning, and improving processes. AS added that BDO LLP hoped that their evidence-based recommendations would add value to clients who were in the process of transitioning.

6.6   Internal Audit Follow Up Report

6.6.1   JT presented and commended the ICB for responding positively to audit recommendations and acknowledged that most recommendations had been completed. JT highlighted the complexities associated with Personal Health Budgets (PHB) and described the implementation of PHB recommendations as proceeding well. JT added that it was pleasing to note that an Oversight Group had been established for PHB workstreams, and there also was evidence of investing in areas such as staff training, automation, and the streamlining of processes.

6.6.2   JT described recommendations relating to Business Continuity, and Emergency Preparedness, Resilience and Response (EPRR) as being overdue, but she reiterated that auditors were aware that training needs of workforce were being addressed. CGi stated that EPRR would be added to mandatory online training and the ICB was weighing best options **CGi** for developing fit for purpose modules. **Action: CGi to subsequently update members and auditors on development and implementation of mandatory EPRR online training.**

RESOLUTION: The Audit Committee:

- **Noted the Progress report and Sector Update report.**
- **Noted the Data Security and Protection Toolkit (DSP Toolkit) report.**
- **Noted the Benchmarking report.**
- **Noted the Global Risk Landscape report.**
- **Noted the Patient Safety Incident Reporting Framework (PSIRF).**

APPROVE - NHS Gloucestershire Audit Committee Minutes, Thursday 5th September 2024

- **Noted the Internal Audit Follow-Up report.**

7. External Audit

7.1   AD delivered a verbal update and explained that Grace Hawkins was replacing Julie Masci as the substantive Engagement Lead. AD stated that all the 2023-24 reports and supporting papers were submitted to the Committee in June 2024. AD also stated that he was working closely with the Deputy Chief Finance Officer, Shofiqur Rahman (SR), on developing the 2024-25 Audit Plan. AD stated that the audit timelines were unlikely to significantly deviate from the preceding year timelines. AD reassured that the auditors were investing enough resources to make the audit run smoothly.

RESOLUTION: The Audit Committee noted the External Audit update.

8. Risk Management Report

8.1   Board Assurance Framework (BAF)

8.1.1   CGi presented a remodelled BAF and explained that risks scoring 12 and above were logged into the BAF and that the ICB had a total of 34 risks rated Red, and 9 of those risks were rated 20 which was the highest score in the ICB. CGi stated that the risk position presented before members did not significantly deviate from what had been recently presented before the Board. CGi explained that the Governance team worked closely with Risk Leads from all directorates in reviewing and monitoring risks. Members commended the remodelled BAF, and they stated that the new BAF provided succinct and easy to analyse information.

8.1.2   CGi reiterated that partners were still jointly working on standardising system risks, and on completing the exercise a workshop would be held to demonstrate the functionality of the proposed approach for system risk management. CGi stated that partners would likely use cyber risk and other significant risks to test the approach. **ACTION: CGi to update on development and subsequently arrange a workshop to demonstrate the system level risk management approach.**   CGi

8.1.3   JS suggested that consideration of the functionality of the new platform should extend to driving the system into detecting emerging risks and organisational level risks with a high probability of turning into system level risks. CGi stated that Risk B12 which is the risk of failure to detect Cyber Security threats and attacks which could result in serious consequences for the ICS was being reviewed by Paul Atkinson (PA) and Una Rice UR).

8.2   Corporate Risk Register (CRR)

8.2.1   RB presented the 133 risks on the CRR and explained that the increase in risks on the CRR was a result of diligence of the Governance team and directorate Risk Leads in risk identification and capturing. RB added that a recent deep dive into the People, Culture & Engagement directorate had resulted in unearthing more risks. Therefore, the increase in the recorded risks in the CCR was not indicative of increased risks in the organisation but an improvement in risk detection. RB stated that risks were not only reported to the Audit

Committee and the Board, but also to Risk Owners and Operational Executive Committee on monthly basis.

8.3   Risk Closure Report

8.3.1   RB presented 6 risks for closure. These were namely:

- F&BI 4: Risk that the ICB would not achieve breakeven in year 2023-24;
- F&BI 5: Risk that the ICS would not achieve breakeven in year 2023-24;
- F&BI 7: Risk that the ICS would not achieve a breakeven position against its capital resource limit in year 2023-24;
- Integration 23: Risk that the Trust was not an appropriate place for minors of lone pregnant asylum seekers;
- PC&P17: Risk that Drybrook Practice would be unable to provide services;
- S&T 4: Risk that the ICB would deviate from NICE NG77 Cataracts in adults: management.

8.4   A Report from the Integrated Commissioning Directorate Team on Risk and Assurance

8.4.1   BL presented and stated that the Integrated Commissioning directorate worked across the health and social care system and inputted into both the ICB and the GCC risk Registers and risk management processes. BL explained that his senior team reviewed significant risks falling within their ambit on monthly basis, and the area covered was wide. BL stated that some risks were unique and mutually exclusive to the two organisations and such risks did therefore not appear in both sets of Registers.

8.4.2   BL also stated that the ICB and GCC also shared common risks and he emphasised that this necessitated collaboration but stated that the two organisations employed different risk tools and metrics, and appreciation of how they were impacted by similar risk differed. BL emphasised that there was a need to establish some consistency in areas where risks were shared.

8.4.3   JS expressed a concern that the report presented by the directorate showed no gaps in controls, and this conveyed the impression that controls were providing solid mitigation. JS clarified that the risk landscape was not static but always shifting, thus creating new gaps requiring attention. BL outlined the data and steps taken by his team to demonstrate assurance and agreed to demonstrate within the next iteration of the BAF. BL proposed to return before the Committee with substantive data to help address the concerns raised. **Action: BL to return to the Committee to address the issue of gaps and mitigation.**   **BL**

8.4.4   CL highlighted that there was acknowledgement, by the Executive team, of concern over GP collective action and she reassured that the ICB and its partners were closely monitoring activities surrounding GP collective action. CL added that there was a Working Group including partners to monitor and mitigate the impact of the 10 collective action. Reporting is to PCDC and to Strategic Executives as there is cross system impact. JS drew attention to the ICB's concern that the Collective Commissioning Hub (CCH) would not have the capacity   **CL**

Page **6** of **11**
APPROVE - NHS Gloucestershire Audit Committee Minutes, Thursday 5th September 2024

to support local POD initiatives. CL proposed to follow up with others and update the Committee. **Action: CL to follow up with others and update the Committee.**

RESOLUTION: The Audit Committee:

1. **Noted the Board Assurance Framework (BAF).**
2. **Noted the Corporate Risk Register (CCR).**
3. **Approved the closure of risks cited in paragraph 8.3.1 except risk relating to Drybrook Practice.**
4. **Noted the report from the Integrated Commissioning Directorate Team on Risk and Assurance.**

9.   Managing Conflicts of Interest

9.1   GN presented and outlined compliance levels measured against the 95% standard as follows:

- members were 100% compliant;
- members and senior staff were collectively 95% compliant;
- junior staff were 93% compliant;
- overall compliance rate was 94%.

9.2   GN presented the Registers and explained that staff in Bands 8a and above constituted the senior staff, and all staff below Band 8a were junior staff. GN clarified that NHS England required all decision makers under its auspices to declare interests, but the requirement did not extend to junior staff. GN highlighted that the ICB as good practice, extended the requirement to junior staff. GN explained that considering that 95% compliance rate was achieved, the ICB had met requirements of NHS England. CGi concurred and clarified that there was a generally constant and statistically determined rate of workforce turnover which informed provision of 5% slippage.

9.3   GN presented the two declarations in the Hospitality & Gifts Register and highlighted a culture of low appetite for accepting gifts and less inclination to accept offers of hospitality prevailing within the ICB. GN explained that the two offers accepted were associated with upskilling and professional development which benefited both the staff and the ICB, considering that skills were enhanced without impacting the ICB's budget.

9.4   JB queried what assurances were in place for ICB Board members who were not directly employed by the ICB around visibility and circulation of policies and procedures. An example was given around a Data Protection Impact Assessment. **CG agreed to further discuss with JB offline.**   **CGi**

RESOLUTION: The Audit Committee noted the report on Managing Conflicts of Interest.

10.   Committee Effectiveness Findings

10.1   CGi presented the report on Audit Committee effectiveness and summarised as follows:

- members showed confidence in their Committee;
- members favoured shorter and succinct reports;
- members did not believe that increasing the number of meetings would add value;
- it was critical to pay attention to development needs of members;
- members valued meeting the Chair on one-to-one basis.

RESOLUTION: The Audit Committee noted the findings on Committee Effectiveness.

11.   **Terms of Reference (TOR) Review**

11.1   RB stated that there was requirement to periodically review the TOR, and if deemed necessary, to update such terms. RB presented an updated draft TOR and highlighted the changes made. RB highlighted that cyber security had been included within the remit of the Audit Committee. JS suggested that procurement should be included in the TOR. JS added   **CGi** that paragraph 4.3.1 of the TOR should specify that the Committee engages two different   **& RB** sets of auditors: one for external audit work and the other for internal audit work. The following amendments were to be included:
- **procurement in the TOR;**
- **clarify auditor engagement TOR;**
- **Inclusion of NHSE guidance for Audit Committee Chair.**

11.2   Members favoured the number of meetings held in a year to remain unchanged. It should be clarified that two meetings would be held in the first Quarter followed by one meeting in each Quarter. JS stated that the TOR should specify precisely that only formal members of the Committee should meet with external and internal auditors not less than twice annually. JS   **RB** suggested that the term "deep dive" in paragraph 9.3.8 of the TOR be changed to read "risk reports and assurance". **Action: RB to amend the TOR accordingly.**

RESOLUTION: The Audit Committee referred back the draft Terms of Reference for further amendment.

The Chair directed the meeting to proceed to agenda item 13.

13.   **Counter Fraud Report & Policy**

13.1   PK presented the progress report. PK presented year 2023-24 Counter Fraud, Bribery and Corruption Annual report and stated that this was the final report succeeding the draft which was presented at the preceding meeting. PK presented an amended Counter Fraud, Bribery and Corruption policy before members and highlighted that the amendment was a result of a need to improve the reporting by service providers and contractors in the event of a fraud in their organisation. PK provided a summary of Counter Fraud investigations and described the four live investigations, including one which had been escalated to the police. PK also summarised the CFA Good Practice Thematic Engagement sector report.

RESOLUTION: The Audit Committee:

- **Noted the Progress report.**
- **Noted the Final year 2023-24 Counter Fraud, Bribery and Corruption annual report.**
- **Approved the amended Counter Fraud, Bribery and Corruption policy.**
- **Noted the summary of Counter Fraud investigations.**
- **Noted the NHSCFA Good Practice Thematic Engagement Sector report.**

14.   Summaries of Procurement Decisions

14.1   There were no procurement decisions to report for this period, but a broader procurement report was being prepared for the next meeting.

15.   Register of Waiver of Standing Orders

15.1   CL presented 15 waivers of Standing Orders approved by the ICB Executive. Members examined the waivers and discussed their impact. JS requested justification for the provision of a waiver for British Sign Language Translation and Interpretation Services. **Action: and   DP David Porter (DP) to provide a response at the next meeting.** Members reiterated a need to review process and gain assurance on controls.

        RESOLUTION: The Audit Committee noted the Waiver of Standing Orders.

        Members requested a short break, and the Chair adjourned the meeting at 10:10am.
        The meeting resumed at 10:15am.

16.   Integrated Urgent Care (IUC) Procurement & Lessons Learnt

16.1   MGr presented the paper on the IUC service procurement process measured against lessons learnt from the Consultant Connect legal challenge. MGr stated that the newly developed IUC service procurement process employed extra safeguards to ensure a robust, unbiased, and transparent process.

16.2   MGr stated that the development of IUC service procurement process was a product of collective effort and it benefited from a broad range of skill set. MGr added that evaluator impartiality, moderation, and scoring managed very carefully to ensure that the procurement was run in a robust manner.

        RESOLUTION: The Audit Committee noted the Integrated Urgent Care (IUC) Procurement & Lessons Learnt report.

17.   Losses and Special Payments Register

17.1   Nothing was reported under this item.

18.   Debts Write-offs

Page **9** of **11**
APPROVE - NHS Gloucestershire Audit Committee Minutes, Thursday 5th September 2024

18.1   Nothing was reported under this item.

19   Aged Debtor Report

19.1   CL presented the outstanding debt report as at 29th August 2024; this showed total debt of £564,208 of which £135,659 was NHS and £410,549 was non-NHS. Members discussed the individual items constituting the outstanding debt and the actions required to recover such debt. CL stated that all controls were in place and functioning well. Members expressed satisfaction with management action and the low level of risk.

20.   New Ledger Implementation

20.1   CL delivered a verbal update and explained that it was initially planned that the new ledger system would go live on 1st April 2024, but this was moved back to 1st April 2025. CL stated that small scale user testing of the new system continued within the Finance team. CL highlighted that the new platform would produce a more rigorous purchase order processing system and she re-emphasised a need to invest in user training to enable optimal use of the system.

RESOLUTION: **The Audit Committee noted the new Ledger Implementation update.**

The Chair directed the meeting to proceed to agenda item 12.

12.   Ambulance Partnership Board (APB) Terms of Reference (TOR) & Delegation Agreement

12.1   CGi gave an overview of the TOR and Delegation Agreement and stated that the seven South West ICBs collectively agreed to submit the Ambulance Partnership Board's TOR and the Delegation Agreement before respective Boards and their committees for scrutiny and approval. CGi summarised the Delegation Agreement and stated that the Agreement should be considered in the context of the relevant TOR. CGi clarified that the authority and decisions of the APB did not go beyond what was delegated. CGi added that any decisions which lay beyond what was delegated should first seek endorsement of the ICBs, and furthermore the South West ICBs remained jointly and severally liable for commissioning activities introduced by way of delegation.

RESOLUTION: **The Audit Committee resolved:**

- **That approval of the Ambulance Partnership Board (APB) Terms of Reference (TOR) & the Delegation Agreement be and is hereby deferred to allow more time for scrutiny of the documents.**

21.   Forward Planner

21.1   KC presented the meeting Forward Planner. Members reviewed the Planner and concluded that there was no need for any amendment.

22.   Any Other Business

22.1   There was no other business.

The meeting ended at 10:55am.

Date and Time of Next Meeting: 5th December 2024 at 09:30am.

Minutes Approved by the Audit Committee:

Signed (Chair):_____ Date:_____

NHS Gloucestershire ICB System Resources Committee

Meeting Held at 2:00pm on Thursday 7th November 2024
as
Hybrid Meeting via MS Teams and in ICB Board Room, Shire Hall
Gloucester

Members Present		
Prof. Jo Coast	JC	Non-Executive Director, ICB _ Chair
Ayesha Janjua	AJ	Non-Executive Director, ICB
Mary Hutton	MH	Chief Executive Officer, ICB
Kelly Matthews (*deputising for Ellen Rule*)	KM	Programme Delivery Director, ICB
Cath Leech	CL	Chief Finance Officer, ICB
Mark Walkingshaw	MW	Director of Operational Planning & Performance, ICB
Participants Present:		
Jaki Meekings-Davis	JMD	Non-Executive Director, GHFT
Sandra Betney	SB	Deputy Chief Executive Officer & Director of Finance, GHC
William Cleary-Gray	WCG	Director of Improvement and Delivery, GHFT
In Attendance:		
Gerald Nyamhondoro	GN	Corporate Governance Officer, ICB (taking minutes)
Sandra MacDonald (*Agenda Item 6*)	SM	Health and Equality Improvement Manager, ICB
Ryan Brunsdon	RB	Board Secretary, ICB
Kat Doherty	KD	Senior Performance Management Lead, ICB
Mark Golledge	MG	Programme Director- PMO & ICS Development, ICB
Tom Hewish	TH	System Operational Planning Lead, ICB
Chris Buttery	CB	Finance Programme Manager, ICB

1.   Introduction and Welcome

1.1   The Chair welcomed members and others present.

2.   Apologies for Absence

2.1   Apologies were received from Julie Soutter, Ellen Rule, Karen Johnson and Jason Makepeace.

2.2   The Chair confirmed that the System Resources Committee meeting was quorate.

3.   Declarations of Interest

3.1   There were no declared interests received other than those presented by way of the Register.

4.   Minutes of the System Resources Committee Meeting Held on 5ʰ September 2024

Page **1** of **8**

Minutes of the System Resources Committee Meeting Held on 7th November 2024

4.1   Minutes of the meeting held on 5th September 2024 were approved as an accurate record of the proceedings.

5.   Action Log & Matters Arising

5.1   Action Log

5.1.1   **16/01/2024, Action 30.** Investments & Benefits Review. A small set of strategic schemes was brought before members to consider the impact of investments. It was suggested that a proposed list should be brought back to the System Resources Committee, and criteria should be developed on what schemes would be considered. Members continue to monitor the impact of schemes. Update scheduled for January 2025. **Item remains open.**

5.1.2   **04/07/2024, Action 38.** Sharing and Learning from Productivity. SB agreed to present before members the GHC productivity model. Scheduled for January 2025, and Ryan Brunsdon to organise with Sandra Betney **Item remains open.**

5.1.3   **05/09/2024, Action 39.** Risk Management. MG and AJ to explore the Primary Care risks to the extent the risks fall within the remit of the System Resource Committee. A deep dive scheduled for 7th November 2024. **Item closed.**

5.1.4   **05/09/2024, Action 40.** Risk Management. BAF5 Risk. This is risk of failure to meet Urgent & Emergence Care (UEC) performance standards. JS reminded members that the risk had reduced from a score of 16 to a score of 12. It appeared the scoring did not consider, the high probability of GP collective action which would impact the UEC performance. Members requested that the risk be reviewed, and feedback be provided. Risk was reviewed ahead of the Board meeting scheduled for 27th November 2025. **Item closed.**

5.1.5   **05/09/2024, Action 41.** ICS Finance Report inc. Savings Plan System Financial Risk Share. CL stated that performance relating to the Financial Risk Share would inform monthly reports which would be submitted to members for assurance. JC raised a concern that whilst the reports would be prepared on monthly basis, members charged with providing oversight and assurance convene bi-monthly. The Finance team was reviewing this process problem. **Item remains open.**

6.   Risk Management Report

6.1   MG presented the risks held in the Board Assurance Framework (BAF) which were within the remit of the System Resources Committee. MG explained that the BAF report and contents followed a cyclical pattern which took them before the Board and back to the Audit Committee for further review and refreshing. MG added that the Governance team worked with Risk Owners and Risk Leads in reviewing existing risks, and in scanning for emerging risks.

6.2   MG explained that risk management also benefited from input from other sub-groups. MG highlighted that the risk metrics before members did not show a significant shift from the position presented previously. AJ expressed a concern that Digital Strategy risk had been

Page **2** of **8**

Minutes of the System Resources Committee Meeting Held on 7th November 2024

under the radar for a long time, but with little evidence of positive shift regarding mitigation and controls. SB emphasised on the importance of sharing a common understanding of system risks.

6.3   JMD expressed a need for more clarity on BAF9. The risk referred to insufficient resources to deliver strategic priorities to ensured financial sustainability and improvement in value for money. JMD stated that BAF9 did not appear to explain the correlation of individual partner risks with the system risk. CL described system risks as risks with broader impact across the health spectrum. CL reassured that a system approach to risk management would not prejudice partner specific objectives.

6.4   <u>A Deep Dive into Risk of Failure to Promote and Embed Initiatives on Health Inequalities and Prevention (BAF1)</u>

6.4.1   MW and SM presented. MW described Siobhan Farmer and Douglas Blair as being instrumental to mitigation of BAF1 risk. MW emphasised on a need to embed health equity and promote health and wellbeing through developing and employing prevention tools. MW stated that their team favoured zeroing on specific areas of health inequality with significant impact on health delivery. SM highlighted factors causing health service variation and inequalities within the local community. SM stated that their team was identifying areas of health inequality, and they were producing instruments to measure the inequality.

6.4.2   MW explained that BAF1 was developed by all system partners and is premised on the ICS Engagement Framework designed to tackle inequalities and improve outcomes in population healthcare. MW added that the Framework supported feedback mechanisms and provided forward planning tools, and reflection was provided via workshops. SM emphasised that the partners had adopted a culture of sharing good practice and learning from one another on what works well.

6.4.3   SM stated that the approach favoured delivered target outcomes in a controlled number of areas for improvement. The target areas aligned with metrics in the Joint Forward Plan. SM emphasised that the areas were picked for their potential for significantly reducing health inequalities gaps. SM added that reducing inequalities required strong partner engagement. SM described the Gloucestershire Prevention and Health Inequality Hub and stated that the Hub was an online platform for information resource and a useful tool aiding people to better understand and take action to reduce health inequalities in their areas of work. SM clarified that the Hub was developed by GCC Public Health. KM expressed a need to shift from operating as a niche and move to mainstream.

        <u>RESOLUTION</u>: The System Resource Committee noted the Risk Management report and the Deep Dive.

7.   **System Approach to Tackling Health Inequalities**

7.1   MW highlighted a need to meet health requirements of all cohorts in the local system through embedding healthy equity in strategies and plans. This would be achieved by

making more effective use of data and intelligence. MW stated that an overarching health equity strategy would benefit from taking a Clinical Programme approach delivered in a transparent manner. SM described the strategic planning and review process which included self-assessment, objective setting, and review of progress.

7.2 SM outlined the employed methodology which involved use of templates to pull up relevant data from partners to drive forward health equity re-modelling. SM addressed the strengths and weaknesses of the methodology. She reassured that it would be revisited to capitalise on the strengths whilst mitigating weaknesses to improve effectiveness of process. WCG suggested that Leads within the partnership would benefit from sharing knowledge and experience on health equity programmes. MW concurred and stated that the ICB team looked forward to bringing the Leads together. **Action: MW and SM to facilitate.**

MW & SM

RESOLUTION: The System Resource Committee noted the report on System Approach to Tackling Health Inequalities.

8.   System Resource Committee Workshop: Feedback and Next Steps

8.1 MG presented the workshop feedback and suggested the next steps going forward. He explained that the workshop was held in September 2024 to discuss how to improve cost effectiveness and efficient use of resources. MG highlighted that the workshop resulted in seven themes namely:

1. Demographic change & cost of inertia.
2. Prioritisation of strategic intent.
3. Focus on long term health outcomes.
4. Clinical safety and clinical risk appetite.
5. Understanding the cost base.
6. Prioritising transformation resource.
7. Ambition for integrated services.

8.2 MG explained that in summary the outcome of the workshop highlighted the following:
- lack of transformation in the face of demographic changes would result in significant impact in areas such as frailty, falls, dementia, and obesity;
- there was a need to fully comprehend local priorities and balance them with national priorities;
- there was a need to nurture foresight and guard against disproportionately focusing on short term priorities;
- there was a need to shift from a process centric culture to a person-centred approach when delivering healthcare services;
- more effort should be put in refining the mapping of local cohorts and their specific needs;
- there was a need to foster a culture of supporting transformation programmes.

8.3 Members discussed the workshop outcomes presented. CL cautioned of the reality of resource limit impacting recommendations made in the workshop but explained that being

creative with the resources already available would mitigate threats to addressing inequality. Members suggested that the workshop outcome should be taken to Operational Executive and could also be made available to the System Executive Committee. **Action: MG to facilitate.**

MG

RESOLUTION: The System Resources Committee noted the Workshop Feedback and the Next Steps proposed.

9.   Strategic & Operational Planning

9.1   TH discussed the Darzi report on health delivery and stated that the report was comprehensive and bold. He summarised the key messages as follows:

- productivity was falling and not matching investment;
- available resources were disproportionately being spent in hospitals than in the community;
- demand for healthcare services was increasing in the face of deteriorating quality of service;
- there was significant slippage in waiting time in critical areas and this required urgent attention;
- the magnitude of slippage in waiting lists and performance standards pointed toward a long term problem;
- social care was under resourced, and this had a huge impact on the economy and the ability of people to return to work;
- consistent overpromising and under delivery had resulted in erosion of trust and in lack of confidence in the NHS.

9.2   TH stated that the Darzi report emphasised on preventive approach to health service delivery, and in investing in aging estates whilst focusing on harnessing technology. TH added that the report favoured a more flexible organisational structure. TH highlighted that the report aimed to re-engage staff and empower patients and explained that Darzi recommendations pointed toward guiding both NHS operational, medium term and long-term plans.

9.3   MG presented local context and stated that the local system was well placed to respond to the NHS Long-Term Plan through Integrated Care Strategy and Joint Forward Plan. WCG concurred and added that the system could harness the competencies of the Primary Care Networks (PCNs) and Integrated Local Partnerships (ILPs) to drive outcomes. MG highlighted that the report pointed toward nurturing a culture of financial discipline, improved productivity, and improved efficiency. TH stated that there was a need to commit to engagement in various forms and at various levels to achieve target outcomes.

9.4   CL stated that Savings remained a challenging area and this therefore restricted transformation resources. CL added that under such circumstances delivering quality programmes depended on prioritising certain transformation programmes ahead of others. MG concurred and added that consequentially some schemes would get to

Page **5** of **8**

Minutes of the System Resources Committee Meeting Held on 7th November 2024

business case stage ahead of others. CL reiterated that budgetary pressures would persist for the foreseeable future. CL however reassured that partner organisations remained proactive at closing gaps and realising savings, and the partners were mutually identifying schemes that would take the system forward.

9.5   Autumn Statement 2024

9.5.1   CL presented and clarified that information on Autumn budget had not yet formally filtered to provider organisations. CL explained that the 2024 Autumn Department of Health budget provided additional spending of £22.6 billion. This budget included funding for shortfall on 2024-25 pay award and £1.8 billion additional elective activity for 2024-25. A cash injection of £3.1 billion was added to the capital investment budget. CL cited other key issues such as change in national living wage which would impact on providers across a range of the health sector; and the change in employers NIC rate and threshold which did not exempt GP practices and private providers. CL highlighted that these cost drivers would add to the preceding year pressures.

RESOLUTION: The System Resources Committee noted the Strategic & Operational report and the Autumn Statement.

10.   Urgent & Emergency Care / Working as One Update

10.1   KM presented and stated that Working as One was premised on supporting people to stay in their own homes and communities, where possible, thus relieving hospital bed pressures. KM also stated that the programme aimed to maximise people's independence. KM cautioned that although Working as One programme was progressing well, not every element met expectation; although a range of benefits were being realised, some of the anticipated financial benefits remained unrealised, and some of the financial benefits realised were not readily quantifiable. KM highlighted that the programme saw to the reduction of 39% in short stay units, and length of stay in acute units dropped by 13%.

10.2   KM added that discharge pathways showed encouraging results. She described various workstreams and highlighted benefits realisation. KM also stated that the programme remained focused on cashable opportunities in the UEC through:

- agreeing on critical enablers;
- building confidence in ability to deliver within timescales;
- sound impact assessment;
- agreeing on clear ownership and governance framework.

RESOLUTION: The System Resources Committee noted the Urgent & Emergency Care / Working as One Update report.

11.   Any Other Business or Items of Escalation from System Partners

11.   There were no items of Escalation from System Partners, or any other business to discuss.

Page **6** of **8**

Minutes of the System Resources Committee Meeting Held on 7th November 2024

12. ICS & ICB Performance Report

12.1 MW presented and summarised as follows:

- performance against the 62-day cancer treatment standard improved to 69% and narrowly missed the interim recovery target by 1%;
- urology pathway improved with backlog reducing by at least 50% since the start of the year;
- reversal of slippage in Elective Recovery continued and it was likely that the system target of 118% would be achieved;
- there was increased effort to reverse on 65-week breaches and performance showed encouraging progress;
- there was evidence of increasing imaging activity referrals from the emergency department, and outpatient settings were the biggest drivers of increase in demand.

12.2 KD also presented and summarised as follows:

- category 2 ambulance performance remained below the target of 30 minutes and available statistics showed a turnaround performance of 38.4 minutes;
- winter plans focused on preventive care;
- the system projected delivering an interim national recovery target of 70% against the 62-day cancer standard, by March 2025;
- 31-day treatment performance improved to 96.6% by August, thus meeting the 96% target;
- 104-day waiting time performance remained challenging both at local and national level;
- the Working As One programme had been identifying key operational actions to help support delivery of performance.

12.3 KD stated that in terms of mental health, the Talking Therapies service continued to demonstrate strong recovery rates. She highlighted that completed treatments in July significantly outperformed expectations, with 656 treatments compared to a planned 462. KD added that access to perinatal mental health services continued to exceed target. KD however cautioned that a rise in staff sickness was impacting the 2-week assessment threshold.

RESOLUTION: The System Resources Committee noted the ICS & ICB Performance report.

13. ICS & ICB Finance Report

13.1 CL presented the financial position and stated that the system continued to aim for break-even despite pressures. CL explained that optimism of breaking even derived from available evidence pointing toward progressing reduction of risk in individual partner organisations and the system. CL cautioned that anticipated pressures included pressure emanating from pay awards, with the pressure rising to as much as £900,000 for GHFT. CL clarified that partners had considered non-recurrent mitigations in calculating pending

Page **7** of **8**

Minutes of the System Resources Committee Meeting Held on 7th November 2024

pressures. CL stated that having taken into consideration current planned Savings, there remained a gap of £5 million and partners were working on closing it.

RESOLUTION: The System Resources Committee noted the ICS & ICB Finance report.

14.   Any Other Business

14.1   There was no other business.

The meeting ended at 5:00pm

Date and Time of Next Meeting: 9th January 2025

Minutes Approved by: System Resource Committee Signed (Chair): Ayesha Janjua Date: Thursday 9th January 2025

Minutes of the System Resources Committee Meeting Held on 7th November 2024

NHS Gloucestershire ICB People Committee

Thursday 17th October 2024, 14.00 – 17.00pm

Virtually and in the Board Room at Shire Hall, Westgate Street, Gloucester, GL1 2TG

Members Present:		
Karen Clements (Chair)	KC	Non-Executive Director, Committee Chair
Prof Jane Cummings	JC	Non-Executive Director, Committee Vice-Chair
Deborah Evans	DE	Chair, GHFT
Sumita Hutchison	SH	Non-Executive Director, GHC
Tracey Cox	TC	Director of People, Culture and Engagement, ICB
Trudi Pigott (deputising for Mary Hutton)	TP	Deputy Clinical Quality Director, ICB
Participants Present:		
Christina Gradowski	CG	Associate Director of Corporate Affairs, ICB
Claire Radley	CR	Director of People & OD, GHFT
Sophie Atkins	SA	People Programme Manager, ICS
Zack Pandor	ZP	Strategic Workforce Transformation Programme Manager, ICS
In attendance:		
Jade Ajetunmobi	JA	People Promise Manager, GHC
Luke Rogerson	LR	Principal Data Analyst (Strategic Workforce), ICS
Nikita Davis	ND	HR and Governance Project Officer, ICB
Ryan Brunsdon	RB	Board Secretary, ICB

1   Introduction & Welcome

1.1   KC welcomed everyone to the meeting and introduced SH who had joined the committee for the first time.

2   Apologies for Absence

2.1   Apologies were received from Dr Ananthakrishnan Raghuram (AR), Marie Crofts (MC) Mary Hutton (MH) and Neil Savage (NS).

2.2   It was confirmed that the meeting was quorate.

3   Declarations of Interest

3.1   No declarations of interest were received during the meeting.

4   Minutes of the Previous Meeting

4.1   The minutes of the previous meeting held on Thursday 18th July 2024 were approved as an accurate record of the meeting.

5   **Action Log & Matters Arising**

5.1   **Action Log**

5.1.1   **16.05.2024, Item 8.9** – ICS Programme Priorities. CR, NS and TC meet and provide an update at the next committee meeting. Action to remain open.

5.1.2   **18.07.2024, Item 6.8** – People Function Summary Report. Presentation on the proposed Integrated Care System (ICS) leadership development support offer and feedback was circulated to committee in August.
TC updated that further conversation was had at the September strategic executive meeting and there was broad support for development of a bid for investment in 2025 – 26. System partners had asked us to map out the differences and distinction between system level programmes and individual organisational offers. **Action closed.**

5.1.3   **18.07.2024, Item 7.14** – Workforce Intelligence and productivity.
LR outlined that the emergent workforce productivity tool was an excel workbook that provided a breakdown of different types of activity and costs that would then be used in productivity calculations made by the national team. LR confirmed that the tool had been sent to acute providers to use, and that it would be important for acute trusts to engage with NHSE to ensure the workforce data was accurate as it would be used for the productivity calculations. LR summarised that the productivity calculation would look at cost weighted activity, volume, and factors such as case mix and hospital flow but wouldn't take into consideration the quality of what is being provided which had been raised with NHSE.
KC requested the tool be shared with the committee and offered to introduce interested committee members to an individual who had a lot of experience and knowledge in the workforce productivity space. **Action closed.**   **LR/SA**

5.1.4   **18.07.2024, Item 7.15** – Workforce Intelligence – sharing details of how the potential impact of patient safety is assessed as part of vacancy controls. CR suggested it would be more advantageous to committee members to share the whole set of vacancy controls and the principles adopted. CR to share them for circulation following the meeting.   **CR**

5.1.5   **18.07.2024, Item 8.10** – Apprenticeship Strategy. TC advised that strategic executives had requested more oversight of the challenges around apprenticeship numbers linked to the long-term workforce plan (LTWP) and that it be discussed at a future meeting. TC added that the lack of clarity around apprenticeship funding streams and levy meant there wasn't a clear picture of all the potential impacts but would report back to the committee following further discussion at strategic exec. **Action to remain open.**

5.1.6   **18.07.2024, Item 9.13** – to organise a follow up meeting to discuss the emerging risk of short term versus long term workforce planning. TC confirmed that this was on the future work plan for a board development session but would need to wait for a slot to be confirmed. Action to remain open.

5.1.7   **18.07.2024, Item 12.2** – Risk Register and BAF. TC advised that the risk had been reflected in the risks that had been reported as part of the last Integrated Performance (IP report) that had been reported to the Board. **Action closed.**

6   **Integrated Care System (ICS) People Function Summary Report**

6.1   TC provided an overview of important national updates, highlighting the resolution of the junior doctors pay deal and noted that going forwards junior doctors would be

Page **2** of **12**

Minutes of the People Committee, Thursday 17ᵗʰ October 2024

referred to as 'resident doctors. TC outlined that there is a requirement to improve the conditions and quality of experience for this staff group as part of the resolution and next steps.

6.2　　TC drew attention to the Health Services Safety Investigation report which reflected the experiences of temporary staff, particularly in relation to patient safety, and described the potential for temporary staff to face double levels of discrimination a) as a temporary worker and b) due to their ethnicity. The report had been shared at a recent Staff Partnership Forum. A staff side representative reflected the experience of a temporary worker where they stated that they were either never asked if they wanted a break or were always last to be asked. The report had been discussed at the Workforce Steering Group (WFSG). SEA advised that this currently sat with the Health and Safety team who had linked in with the temporary staffing teams.

TC

KC requested an update at a future committee meeting to understand the extent to which the report had resonated and what responses had been made in common and individually by the provider organisations.

6.3　　TC stated that the new legal duty around preventing sexual harassment would come into force on 26 October 2024, and that the General Medical Council (GMC) had provided resources for both patients and staff to support raising concerns. KC queried whether there should be a system-wide, consistent approach to addressing this or whether it was best handled at an organisational level. CR suggested that local management would be better to start with as each organisation had their own work to do in this area and get right first but agreed that it would be useful to share learning and approaches at a system-wide level.

6.4　　KC felt that a consistent response and offer of protection made to staff involved in incidents across the system could be aspired to once local work had been done. CG agreed that it would be useful to share information and learn from each other but questioned whether because of the different environments and the ways in which this type of behaviour could manifest that there would also need to be differences in the way each organisation would take this agenda forward. The ICB had recently conducted a survey in which staff had been asked about unwanted behaviour of a sexual nature and that based off responses, an action plan had been produced.

6.5　　JC and ZP agreed consistent system-wide messaging is needed so that all staff within the system know that wherever they work any incident would be taken seriously and there is zero tolerance for it, which would still allow individual organisations to manage incidents internally having reflected on their own staff experiences.

6.6　　DE commented that there were many differences between the organisations and the starting points. DE would be supportive of consistent messaging if each organisation could look at it locally first and progress it at their own pace, rather than as a system-wide, single campaign. TC proposed a follow up in six months to discuss what had been achieved and response to date, with an aim to work towards a collegiate approach.

6.7　　TC reported that NHSE would shortly be undertaking an Equality, Diversity, and Inclusivity (EDI) audit to assess organisations against the high impact actions. The questionnaire would also gather information about where individual organisations were in relation to the sexual safety charter. This might provide some useful comparative information. CR suggested a task and finish group reporting into the Organisational Development Steering Group (ODSG) to make use of existing governance routes.

Page **3** of **12**

Minutes of the People Committee, Thursday 17th October 2024

6.8　　TC referenced upcoming changes to English language requirements for international applicants to the Health and Care Professionals Council (HCPC), and also changes to the apprenticeship levy. TC commented that there was a real Government focus on using the health service to support wider social and economic benefit by creating opportunities for employment through foundational courses and apprenticeships.

6.9　　TC summarised that a review would be undertaken on Health and Wellbeing (H&W) services that would be led by ZP. The review will explore the current offers that are available to staff, how it fits with what needs to be provided in the future and whether there is scope to make a different offer. ZP added that he would be engaging with strategic leads and operational providers of the H&W services and would report back to the ICS early in the New Year.

RESOLUTION: The People Committee noted the content of the ICS People Function – Summary Report.

7　　Workforce Intelligence & Programme Highlight Report

7.1　　SA provided a general programme update:
- The second ICS Leadership conference on "turning uncertainty into opportunity" due to be held next week had received registrations from 230 delegates across the system.
- SEA introduced two new members of staff in the People team: LR who was present at the meeting, our new Principal Data Analyst and Gugu Mthethwa who would be starting next week as the Housing Hub Officer..
- The team had been promoting T-Levels and apprenticeships via awareness events held at the ICB and Primary Care away days that had been positively received.
- The We Want You team (WWY) had been featured as a case study in both the NHS Employers retention and recruitment bulletin and Health Anchors Learning Network. Charlie Presley (CP) and Mandy Tuckey (MT) had also participated on a panel at the NHS Employers Supply conference and received very positive feedback.
- A series of education and training proposals had been made in response to an offer of targeted funding for Allied Health Professional (AHP) support from NHSE.
- There had been recent conversations about who would attend recruitment and careers fairs from a system-level and some basic principles had been agreed. Events aimed at young people would be attended by the WWY team who would represent the system, but more specific recruitment events would be represented by individual organisations.

7.2　　SA outlined the general metrics:
- The current ICS leaver rate was 12.2% which equated to 12.7% for the trusts combined and 11.6% for social care.
- The ICS vacancy rate was 12.1%.
- The sickness rate remained consistent at 4.2% across health and social care.
- There had been a further reduction in agency usage for the trusts to 128.3wte and a slight increase for social care to 165wte. SEA reported that agency spend had remained steady and under the cap at 2.7% (GHFT at 3% and Gloucestershire Health and Care (GHC) at 2.1%) up to August 2024.

Page **4** of **12**

Minutes of the People Committee, Thursday 17th October 2024

7.3   SA advised that whilst lots of positive work had happened and spend was down there remained a national focus on off-framework usage. Whilst there were robust sign-off processes and valid reasons for use, GHC was one of the only trusts in the country still using off-framework health care support workers. SA explained that the usage was in the hotspot areas (Forest of Dean and North Cotswolds) and related to specific patients who require one-to-one (or more than one-to one) care.

7.4   SA concluded that the integrated urgent care contract would start with GHC on 17th November 2024 so would be monitoring for any potential increase in temporary staffing spend.

7.5   KC queried whether there was any specific performance against the operational plan that needed to be looked at. SA advised that the main focus was on temporary staffing and off-framework usage.

7.6   DE commented on the report and how some figures showed GHFT and GHC combined, and others didn't, so suggested that it would be more useful to separate them out as they are very different organisations. TC drew attention to the section of the report that separated the figures for GHFT and GHC but agreed that they could look at improving the presentation of the report to make it clearer.

7.7   JC commended the work that had gone on and yielded the positive figures that had been reported but expressed concern that the leaver rate for staff with less than a year was still quite high at 22% and queried whether there was a breakdown within the data which could highlight any hotspots. SA advised that level of detail was not provided on an ongoing basis but could be requested. A retention deep dive report was produced six to nine months ago but we could look to review it again, adding that one of the hotspot areas had been around healthcare support workers.

7.8   KC continued that one of the factors that had been identified as having an impact on the leavers data during the last deep-dive had been fixed-term contracts, and once this data had been removed the figure had not been so alarming. KC added that administration and some specialist roles had been some of the highest contributing groups. KC suggested a mid-level update that looked at the data for each individual organisation to identify any issues or concerns that needed to be addressed. It would be useful to have commentary provided with the data going forwards. **Action: LR/SA to provide some initial further analysis on leaver rates.**   **LR/SA**

7.9   TC reported regional work on agency price cap compliance that is ongoing in the nursing profession would now move into the AHP space and would be led by Cara Charles-Barks with input from systems.

RESOLUTION: The People Committee noted the content of the Workforce Intelligence & Programme Highlight Report.

8   Staff Passporting Update and supporting staff moving around the system

8.1   ZP outlined that enabling staff movement was a national programme that aimed to improve the experience of staff moving between health and social care roles through allowing records such as recruitment checks and mandatory training to be moved with the member of staff and from employer to employer. The digital staff passport (DSP) was a specific digital solution within the programme that would support staff to share their essential employment information. The programme had been running since the NHS People Plan had been published in 2021 supported by a local framework and agreement

8.2   ZP described staff movement in its simplest form as when an employee moves from one employer to another, adding that this could occur in many different ways such as moving from a health to social or primary care employer, changing from a bank to substantive contract, and internal substantive moves. The programme aimed to create a framework that would support all types of movement as opposed to having different types of agreements between different organisations for each different scenario.

8.3   ZP explained that the DSP aimed to streamline the onboarding process for staff, however it is currently restricted to NHS employees moving between NHS employer organisations, and to temporary movers and postgraduate doctors in training. NHSE had requested that three or more provider organisations group together and collaborate to go live with the DSP. In the South West the providers would be Gloucestershire, Bristol, North Somerset, and South Gloucestershire (BNSSG), Bath, Somerset, and Wiltshire (BSW) and Somerset due to postgraduate doctors mainly rotating between providers in those systems.

8.4   ZP advised that the project was formally started around five months ago. Michelle Hurley-Tyers, Deputy Director of Human Resources and Organisational Development (HR and OD) at GHC would be the Senior Responsible Officer (SRO) and workstreams that focussed on different elements of the project such as aligning mandatory training to the national core skills training framework, had been set up. There would be further work ongoing to interface the different learning management systems and around governance and information sharing. The initial requirement had been for all trusts to go live by August 2025, but this had changed, and the DSP system is now required to be out of pilot phase by August 2025 and trusts could then take it on after this time.

8.5   ZP reflected on the readiness of Gloucestershire:
- GHC are content with data quality; there was an active work programme at GHFT to improve data quality within ESR.
- Learning management and recruitment systems had both been interfaced.
- New occupation health system was being implemented and interface of these would take place late 2024 to early 2025.
- Digital ID verification had gone live at GHFT recently but still needed to be implemented in GHC. ZP highlighted this as a key risk as without it the DSP could not go live.
- Workforce sharing agreements between organisations would be developed to support the project from a governance perspective.

8.6   KC thanked ZP for the update. KC discussed a conversation between operational colleagues from across the system regarding ways that accident and emergency (A&E) and minor injury units could work differently and where temporary staff transfers may be useful, and queried whether passporting would be required for this or if it could be managed through current sharing arrangements that were already in place. ZP responded that the 2020-21 framework could enable that to happen but advised that some of the more efficient processes that the DSP would offer are not yet in place so it would likely be a cumbersome process for both the staff and organisations involved. ZP added that the initial focus had been on postgraduate doctor rotations but would be happy to take any proposals to the working group as this could sit under the temporary movers' staff group.

8.7   KC queried whether there was enough focus across the system on supporting the workstreams. ZP reflected that there had been some difficulties getting the project going

Page **6** of **12**

Minutes of the People Committee, Thursday 17th October 2024

due to multiple priorities and people being stretched. There had also been a long delay to the release of the national solution, which had been expected to be up and running around nine months ago, so ZP explained there had been a balance between putting more pressure on already pressurised local staff to push the work through and the timelines being shared by NHSE.

8.8   DE commented that it was a fantastic undertaking which had long been needed and was pleased with the progress. DE added that GHFT had contributed to a pilot with the national team on what mandatory training elements there should be so that all NHS staff would eventually have the same. ZP recognised that there had been positive progress on the alignment of core skills training at both GHFT and GHC, and that it would only be of benefit to both organisations and staff in terms of productivity and efficiency to have systems in place that would share this information.

8.9   TC queried whether a member of staff within the system working for 2 providers would still need to do their mandatory training individually with each provider. ZP advised that there was a manual process for passporting completed mandatory training between organisations but would have to check the arrangements between GHC and GHFT before definitively saying it could be done. Passporting to or from Primary Care couldn't be done as they do not use the electronic staff record (ESR). SA stated that there was an agreement between GHC and GHFT and it could be done, so questioned whether the issue arose from within the Commissioning Support Unit (CSU) team. CG advised that CSU could do this, and that staff should get in touch with the CSU People Pay team to facilitate this.

RESOLUTION: The People Committee noted the Digital Staff Passporting update.

9   Review of Terms of Reference (ToR) and Committee review and effectiveness

9.1   KC advised that the committee ToR were due for review to ensure members were confident that they accurately described the role the committee fulfilled in the governance structure and with membership. KC requested that members review the ToR outside the meeting and if there were any comments or suggested changes that these be shared with CG to collate over the next two weeks. CG outlined that the suggested amendments could then be circulated to the core committee membership for approval or KC could take chairs action if they were not contentious changes. CG provided examples of what members could comment on such as the reporting framework, membership, or the remit of the committee.   **ALL**

9.2   KC discussed the conventional format of the current committee and queried whether there would be benefit in alternating formal meetings with a workshop on a particular topic, given that 'People' was a broad topic. CR relayed a conversation that had discussed how to turn a formal committee focussed on People Directors to one that was owned by a wider group of executives who could help to broaden conversations and topics.

9.3   TC agreed with CRs comment and confirmed that the intention of a workshop would be to include staff who don't usually operate in the people space and by being topic driven it would allow the committee to broaden the scope of their conversations. TC added that the committee meets quarterly and asked whether it would be useful for future meetings to be formatted as assurance and oversight of programmes for the first half, followed by a workshop session. CR welcomed the suggestion as it would be useful to engage with wider executives and staff to raise the profile and importance of the people agenda.

Page **7** of **12**

Minutes of the People Committee, Thursday 17th October 2024

9.4   KC summarised that based on discussions there would likely be some changes made to the ToR to allow the committee freedom to have different types of meetings with different attendees and proposed a short meeting with NS, CR and TC to discuss in more detail. They would then feedback to the committee.

NS/CR/ TC/ KC

9.5   TC advised that members would also be sent and asked to complete a questionnaire about the effectiveness of the committee after the meeting.

ND

RESOLUTION: The People Committee noted the actions relating to the review of ToR and committee effectiveness.

10   **People Promise Update**

10.1   CR gave an update on the People Promise programme for GHT and explained that the reason they had been keen to apply was that every organisation that had participated in cohort one had seen an exponential increase in their staff survey results compared to those that hadn't. GHFT worked through various data sources such as staff survey, exit interviews, and pulse surveys to determine which people promise elements the programme partner would focus on, and the themes that emerged were flexible working, having a voice that counts and we are always learning.

10.2   CR explained that GHFT already had a structure in place that looked at improving staff experience and had to consider how the work that Fran Wilson (FW), GHFT People Promise Partner, undertook would complement and fit into the existing programme. CR outlined that FW had the opportunity to attend regional and national forums from which she obtained information about good practise related to all the people promise elements, so it was important that FW worked in partnership with the rest of the programme and other workstreams.

10.3   CR provided an overview of the work ongoing starting with flexible working. CR acknowledged that this was a challenging area across many NHS organisations and that it was difficult to balance the needs of the organisation against the needs of individuals, so this would be a key focus. FW would review the current guidelines, update processes for flexible working, and subsequently produce guidance and training for managers. They would also look to pilot team-based rostering and ensure that recruitment process have flexible working embedded throughout.

10.4   Work on the second people promise element - we all have a voice that counts – included implementing 'fresh eyes' conversations with new staff in medical, surgical, women's and children's and diagnostic and specialty departments within the first three months of their employment, to understand their experiences with the aim that this could be used to improve local induction processes. FW would also pilot 'stay conversations' within a specific division and review the exit questionnaire.

10.5   CR outlined that there had been a significant challenge related to line managers not being given the correct skills around technical competence and/ or people management to line manage effectively, so FW would work in collaboration with the leadership team to review the induction programme and toolkit that was available to managers. CR concluded that FW would report against agreed measures, progress, and risks for each of the workstreams via the staff experience programme chaired by CR.

10.6   TC agreed that there were significant challenges impacting on the ability to properly implement flexible working and queried how FW was approaching it. CR advised that GHFT currently don't have the infrastructure to support what they are trying to do so the

Page **8** of **12**

Minutes of the People Committee, Thursday 17th October 2024

introduction of policy, structure, and a recording mechanism was one part, and the coaching and challenge of managers was another. FW would focus on working with the managers in a small area to begin with before looking to roll it out wider.

10.7   KC commented on how Zurich, a local, traditional organisation, had decided to advertise all roles as flexible positions and as a result had seen benefits relating to reduced attrition and vacancy levels because of increased applicant levels. CR debated that this would be more challenging for organisations that had high vacancy rates and reflected that during a previous employment they had sent teams to trusts who had scored highly in relation to flexible working on their staff survey and the overwhelming feedback had been not to emulate what they had done because whilst staff had been happy the needs of the organisation were no longer being met, so it would be a tricky balance to strike and was a complex issue.

10.8   DE concurred that it was a complex area and that there were good reasons for offering flexibility in order to attract and retain staff but was also conscious that as a result of the pandemic a series of arrangements for working from home became established and it was now difficult to get back from that to also meet the needs of organisation, and that the topic required sensitivity and confidence from managers. KC thanked the committee for the discussion and proposed the continued sharing of learning in this area.

Jade Ajetunmobi (JA) joined the meeting

10.9   KC welcomed JA to the meeting and invited JA to provide an update on the programme for GHC. JA gave an overview of the two governance structures; the first related to programme governance and would ultimately report to the Board. The second related to project governance and reported to the NSE National team. GHC also collated information from various data sources similar to GHFT to determine which elements to focus on and identified we work flexibly, we have a voice that counts, and we are recognised and rewarded as the key themes.

10.10   JA highlighted that there was lots of established work already ongoing by the organisational development, recruitment and Working Well teams relating to the people promise so made sure to capture and have knowledge of these prior to agreeing what projects to work on within the three key themes.

10.11   JA outlined that she would also focus on flexible working and would further promote and educate staff on use of the flexible working toolkit. They would also look at process mapping where the data from exit interviews went as it wasn't very clear and services had reported they would like to use the information from the interviews to make changes.

10.12   JA stated there are many benefits available to staff at GHC however the results of a tailored pulse survey that asked staff about this specifically evidenced that not many people were aware of or understood them, so would aim to create something that housed all the benefits in one place, either in the form of a brochure or space on the intranet, that would make it easier to access.

10.13   JA added that staff had also reported not receiving thanks in a timely way, or at all, so were collating the various recognition methods and programmes that exist to recognise staff and have the information available in one place so that they could promote it more widely. This would include the apprenticeship, long service, and annual staff awards, and also the gift recognition button on the intranet which JA reported is very underutilised. In recognition of the fact that not all staff use the intranet, they have also created thank you and welcome to the team postcards which they would encourage staff to use.

Page **9** of **12**

Minutes of the People Committee, Thursday 17th October 2024

10.14   JA explained that a lot of time over the last few months had been focussed on the Human Resources (HR) and Organisational Development (OD) roadshow as it was important to hear directly from staff and understand what was important to them, as well as using the data collected via other sources. They visited 30 different sites over Gloucestershire with HR and OD colleagues and asked staff: what are we doing well? What could we do better? How could we make GHC a great place to work? The answers had been collated into themes and they plan to speak to the departments related to those themes, such as Information Technology (IT) and estates, and could then report back to staff on what could be done or what wasn't possible. JA relayed that it had provided a great opportunity to speak to and connect with staff face-to-face, and also helped to raise the profile of the people promise.

10.15   JA concluded that there were measures in place to evaluate the impact of each of the projects but speculated that due to the staff survey being annual, changes to the results may not be seen until 2026.

10.16   TC queried whether the providers had thought about the sustainability of the role given that demand and needs in this area was unlikely to cease. JA responded that the role was incredibly important as there wasn't a specific place in GHC that solely worked in this space but couldn't comment on conversations about the longevity of the role.

10.17   CR agreed that it was an important role but reflected that it was a challenging question given the current financial environment and that it would be unlikely they would have the role if NHSE was not funding it. CR debated that a lot of the work should be business as usual and integrated into organisations as part of culture, leadership, and OD so a separate funded post may not be the way forward as it could also create dependence on the role when the work should be able to sit within existing teams. CR summarised that there were various ways for progressing the staff experience agenda, and that without continued funding they would need to be creative about it.

10.18   KC thanked JA for her time and update.

         JA left the meeting.

10.19   KC suggested it could be useful to discuss outside the meeting how to evidence the benefits and importance to the system of the various roles that are at risk due to financial constraints, but that are also required to stabilise the workforce, manage attrition, and aid staff development and retention.

         RESOLUTION: The People Committee noted the content of the People Promise updates.

11   People Committee Risk Register and Board Assurance Framework (BAF) Update

11.1   TC gave an overview of the BAF which had last been updated in September and highlighted the high-level strategic risk around workforce capacity and capability which had been scored at 20. TC discussed the reluctance to reduce the score so there would be greater visibility of the risks despite the metrics and measures progressing in the right direction. CR confirmed that the GHFT risk also remained at 20 even though significant progress had been made and agreed that it was important to keep a focus on these areas which could be lost if the score was lowered. CR reflected that it was difficult to call and that whilst staff survey results had markedly improved, for GHFT as

Minutes of the People Committee, Thursday 17th October 2024

they were still well below the national average had kept the score at 20. TC requested that the committee reflect on the score and whether it should be changed.

11.2   TC also raised the risk around EDI, which was still rated at 12. There remains a strong appetite and drive from the region and system around the EDI agenda so this score may need adjusting and questioned whether the score reflected our level of risk. TC referenced again the upcoming Regional EDI audit, the South West Leading for Inclusion strategy. TC and KC would also be meeting with Vareta Bryan (VB) to discuss what the Non-Executive Directors (NEDs) across the system are doing in relation to EDI.

11.3   KC advised that she was comfortable for the strategic workforce risk to remain at 20 as whilst the shorter-term horizon had started to look better, looking further ahead there were still significant challenges to be faced that included financial and workforce challenges, issues faced by the Universities attracting students into health programmes and apprenticeship funding challenges. CR queried whether there was enough discussion at system-wide level about these risks and whether they had leveraged enough out of the 20. SA added that social care still had extremely high turnover and vacancies so agreed that it should remain at 20. Members agreed.

11.4   Regarding the EDI risk KC debated whether this had been scored too low given some emerging themes coming out across our system. CR commented that she had been surprised to see the score as low as it was given the challenges being experienced and felt low on the scale against what is aimed to be achieved. ZP agreed that it was low and didn't give it the prominence that it needed. JC also agreed that the score was too low, and it should still be a massive focus given there was no evidence to show that things had significantly progressed and there was a lot more to do.

11.5   CG commented that she had a discussion with the governance leads at GHFT and GHC about the best mechanism to rate strategic risks, and they had stated that committees were best placed to do this as they tend to involve system partners who are subject matter experts that provide rationale for why a score is appropriate. CG added that she had agreed to add risk tolerance into the ICB BAF to align it with the provider organisations versions and that the governance leads had agreed to produce an annual, joint risk report. DE stated that aligning the BAFs was crucial and supported the work and conversations around this.

11.6   KC summarised that based on the discussion today, new evidence from HR and various forums that the EDI agenda is not delivering the anticipated results and so the risk score should be increased.   **TC**

11.7   TC referred to the risk register and noted there were currently four risks rated 15 or above but based on the committee's conversation queried if the EDI challenge had been articulated sufficiently. Action TC/ZP to review   **ZP/TC**

11.8   TC highlighted that regionally a People Board and Workforce Delivery Group had been re-established, which had been useful as it gave greater insight into areas that had not previously been that visible to system partners. These included the underutilisation of Multi-professional Education & Training Investment Plan (METIP) funding across the region, bought and paid for activity was not being taken up, and concerns around the Learning and Development (LD) nurse pipeline.

11.9   KC reflected that it could be difficult to look beyond the day-to-day issues being managed to think about future risks so and proposed a session outside the committee to look at this in more depth and with a longer lens. JC agreed it would be a worthwhile

Minutes of the People Committee, Thursday 17th October 2024

exercise with the right people but stressed that beyond identifying the risks knowing what would be done to mitigate them was just as important and so there was a need to identify anything that could be done now to address current risks as well as taking into account future strategic risks.

11.10   KC added that the exercise would be more about identifying wider issues that would need a co-ordinated action, response, or national lobbying so as not to duplicate work across the system. DE agreed that it would be worthwhile and useful to look at where the system could add value and understand the areas that won't be addressed through local action, but the difficulty to doing it would be finding the time.

11.11   SA suggested a workshop or session that had a particular outcome they wanted to achieve rather than discussing the risks over would be more beneficial if the preparation work was thorough. KC agreed that presenting the risk data differently could be a more valuable way to look beyond the immediate risks. TC suggested it would be important to have staff from other parts of the organisation involved. KC and TC to develop a proposal and report back to the committee.   **KC/ TC**

RESOLUTION: The People Committee noted the content of the risk register and BAF.

12   Policy Updates

12.1   CG advised that as part of the committee ToR review members can decide whether ratification of ICB policies should remain with the committee or if it would be preferable to delegate that responsibility elsewhere.

12.2   CG outlined the changes to the travel and expenses policy which had been updated to reflect details for claiming expenses related to furniture, working at home and eye tests, details of the new expenses system, and clarification around what mileage can be claimed for those who have excess travel arrangements following the office move to Shire Hall.

12.3   The flexible working policy had been revised to align with updated legal requirements and legislation that had been introduced earlier this year and now reflects the recommendation that flexible working applications are acknowledged and approved in writing by a manager.

RESOLUTION: The People Committee approved the Travel and Expenses and Flexible Working policies.

13   Any Other Business

13.1   There was no other business to discuss.

13.2   KC thanked the committee for an engaging discussion and their time.
The meeting ended at 17.02pm.

Date and Time of next meeting: Thursday 16th January 2025 at 2pm in Shire Hall.

Minutes Approved by:
Signed (Chair):_____   Date:_____

Minutes of the People Committee, Thursday 17th October 2024