NHS Frimley Integrated Care Board

Agenda – Meeting in Public

Tuesday 21 November 2023 – between 11.30 and 12.30

Streamed to the public via MS Teams

Chair: Priya Singh

The quorum for a meeting will be seven members, including:

a) *Either the Chair or Vice Chair*
b) *Either the Chief Executive or the Chief Finance Officer*
c) *Either the Chief Medical Officer or the Chief Nursing Officer*
d) *At least one non-executive member*
e) *At least one Provider Member*
f) *At least one Practice Member*
g) *At least one Local Authority Member*

Timing	No.	Item	Action	Delivery	Lead
11.30	1.	Welcome, apologies for absence and Chair's introduction	-	Verbal	Chair
	2.	Conflicts of Interest Register and declarations of any interests relating to this agenda	Note	Paper	Chair
	3.	Minutes of the last meeting in Public held on 20 June and matters arising	Approve	Paper	Chair
	4.	ICB Chief Executive's Update	Note	Verbal	Fiona Edwards
		Strategy and Planning			
11.35	5.	Sexual Safety Charter	Discuss	Presentation	Sarah Bellars
11.45	6.	Urgent and Emergency Care Update	Discuss	Presentation	Sam Burrows
12.00	7.	Capacity and Access Improvement Plans	Approve	Paper	Sarah Bellars
12.05	8.	EPRR Annual Assurance Report 23/24	Approve	Paper	Sam Burrows
		Business as Usual			
12.10	9.	Frimley ICB Performance Oversight Reports • Finance • Performance • Quality	Note	Presentation on the day	Richard Chapman / Sarah Bellars / Caroline Corrigan

Timing	No.	Item	Action	Delivery	Lead
		• Workforce			
12.20	**10.**	**Board Assurance Framework**	**Note**	**Paper**	**Richard Chapman**
		Close of business			
12.25	**11.**	**Questions received in advance from members of the Public**	**-**	**Verbal**	**Chair**
12.30	**12.**	**Any Other Business and Close**	**-**	**Verbal**	**Chair**
Date of next meeting: 16 January 2024, 09.30 – 12.30					

Directorate	Job Title	First Name	Last Name	Interest	Description of Interest	Type of Interest		
495 Frimley CCG Chief Clinical Office	Chief Nursing Officer	Sarah	Bellars	FHFT	Son and Daughter in Law work for FHFT	Declarations of Interest – Other	Indirect	Indirect
495 Executive Board Directorate (ICB)	Non-Executive Member	Ilona	Blue	General Dental Council	Lay Council Member	Declarations of Interest – Other	Non-Financial Professional	Direct
495 Executive Board Directorate (ICB)	Non-Executive Member	Ilona	Blue	Accent Housing Group Limited	Non-executive director	Declarations of Interest – Other	Non-Financial Professional	Direct
495 Executive Board Directorate (ICB)	Non-Executive Member	Ilona	Blue	NB Solutions	I am a director (I own 25% and my husband Robert Nichols owns 75%) of NB Solutions. My husband is the sole employee.	Declarations of Interest – Other	Financial	Direct
495 Executive Board Directorate (ICB)	Non-Executive Member	Ilona	Blue	Defence Equipment and Support, an arms' length body of the MoD	Non-executive member of the Audit and Risk Assurance Committee	Declarations of Interest – Other	Non-Financial Professional	Direct
495 Executive Board Directorate (ICB)	Non-Executive Member	Ilona	Blue	Active Travel England, an executive agency of the Department for Transport	I am a non-executive director and Audit Chair	Declarations of Interest – Other	Non-Financial Professional	Direct
495 Executive Board Directorate (ICB)	Non-Executive Member	Ilona	Blue	DOHL, a public corporation of the Department for Transport	Interim non-executive director and Audit Chair.	Declarations of Interest – Other	Non-Financial Professional	Direct
495 Frimley CCG Chief Clinical Office	Director for Partnerships and Engagement	Emma	Boswell	Registered with a GP practice within the Frimley CCG boundary	Registered with a GP practice within the Frimley CCG boundary	Declarations of Interest – Other	Indirect	Indirect
495 Executive Board Directorate (ICB)	Chief Transformation & Digital Officer	Samuel	Burrows	Eightway Solutions Ltd	My spouse is the owner and operator of the company Eightway Solutions Ltd.	Declarations of Interest – Other	Indirect	Indirect
495 Executive Board Directorate (ICB)	Chief Finance Officer	Richard	Chapman			Nil Declaration		
495 Executive Board Directorate (ICB)	Chief People Officer	Caroline	Corrigan			Nil Declaration		
Non-Contracted Staff	NHS Provider Partner Member from Frimley Health FT	Neil	Dardis	Frimley Health NHS Foundation Trust	I am the CEO and full time employee of Frimley Health NHS Foundation Trust	Declarations of Interest – Other	Non-Financial Professional	Direct
495 Executive Board Directorate (ICB)	Chief Executive	Fiona	Edwards	Care Quality Commission	Executive Reviewer	Declarations of Interest – Other	Non-Financial Professional	Indirect
NEHF Place Committee	Local Authority Partner Member from Rushmoor Borough Council	Karen	Edwards	Land and Property owned or leased by Rushmoor Borough Council	As an Executive Director of Rushmoor Borough Council there will be occasions when land and property form which the Council would receive and income or profit may be under discussion	Declarations of Interest – Other	Indirect	Indirect
NEHF Place Committee	Local Authority Partner Member from Rushmoor Borough Council	Karen	Edwards	Land and property from which Rushmoor Borough Council as my employer would receive an income or profit may be under discussion	As an Executive Director of Rushmoor Borough Council with the responsibility for land and property there will be occasions when land and property from which the Council would receive an income or profit may be under discussion.	Declarations of Interest – Other	Non-Financial Professional	Direct
495 Executive Board Directorate (ICB)	Chief Executive	Fiona	Edwards	NHS Confederation	Board Trustee	Declarations of Interest – Other	Non-Financial Professional	Indirect
495 Executive Board Directorate (ICB)	Non-Executive Member	Paul	Farmer	Frimley ICS	My son works for the Public Affairs agency PLMR. On occasion, he works with their healthcare clients.	Declarations of Interest – Other	Indirect	Indirect
495 Executive Board Directorate (ICB)	Non-Executive Member	Paul	Farmer	Frimley ICS	I am employed by Age UK as Chief Executive. Age UK is a charity which works with older people. It is federated with independent local charities, which may work with Frimley ICS in the provision of services.	Declarations of Interest – Other	Financial	Indirect
Non-Contracted Staff	NHS Provider Partner Member from Berkshire Healthcare FT	Alex	Gild	Berkshire Healthcare NHS Foundation Trust	I am Deputy Chief Executive and voting Board member of Berkshire Healthcare NHS Foundation Trust, and provider partner member of the Frimley ICB.	Declarations of Interest – Other	Non-Financial Professional	Direct
495 Frimley CCG Chief Clinical Office	Chief Medical Officer	Lalitha	Iyer	Women's Scan Clinic	Director of private scanning company (company listed as Polar Diagnostics LLP)	Declarations of Interest – Other	Financial	Direct
495 Frimley CCG Chief Clinical Office	Chief Medical Officer	Lalitha	Iyer	Farnham Road GP Practice	GP Partner at the surgery	Declarations of Interest – Other	Financial	Direct
495 Frimley CCG Chief Clinical Office	Chief Medical Officer	Lalitha	Iyer	Farnham Road GP Practice	The practice is a Provider of care home services. 'Farnham Road Medical Group' has a contract to provide enhanced clinical services to one care home. The service provided is in line with the local enhanced care home service	Declarations of Interest – Other	Financial	Direct
495 Frimley CCG Chief Clinical Office	Chief Medical Officer	Lalitha	Iyer	Farnham Road GP Practice	Farnham Road Practice rents space to a community pharmacy, no profit share.	Declarations of Interest – Other	Financial	Direct
495 Frimley CCG Chief Clinical Office	Chief Medical Officer	Lalitha	Iyer	Globe Management Consultants	I am the Secretary of the company which is pwned by my spouse. I have no shareholding in this company.	Declarations of Interest – Other	Non-Financial Professional	Indirect
495 Frimley CCG Chief Clinical Office	Chief Medical Officer	Lalitha	Iyer	Magna Konserv	I am a Director of this company and have no financial interest or shareholding	Declarations of Interest – Other	Non-Financial Professional	Indirect
495 Frimley CCG Chief Clinical Office	Chief Medical Officer	Lalitha	Iyer	Solutions for Health	I am a Medical Advisor on the Board if Solutions for Health	Declarations of Interest – Other	Non-Financial Professional	Direct
495 Frimley CCG Chief Clinical Office	Chief Medical Officer	Lalitha	Iyer	Women's Scan Clinic	Director of private scanning company (company listed as Polar Diagnostics LLP)	Declarations of Interest – Other	Financial	Direct
495 Frimley CCG Chief Clinical Office	Chief Medical Officer	Lalitha	Iyer	Globe Management Consultants	I am the Secretary of the company which is owned by my spouse. I have no shareholding in this company.	Declarations of Interest – Other	Non-Financial Professional	Indirect
495 Frimley CCG Chief Clinical Office	Chief Medical Officer	Lalitha	Iyer	Magna Konserv	I am a Director of this company and have no financial interest or shareholding	Declarations of Interest – Other	Non-Financial Professional	Indirect

495 Frimley CCG Chief Clinical Office	Chief Medical Officer	Lalitha	Iyer	Solutions for Health	I am a Medical Advisor on the Board of 'Solutions for Health'	Declarations of Interest – Other	Non-Financial Professional	Direct
495 Executive Board Directorate (ICB)	Equality Diversity and Inclusion System Lead	Safina	Nadeem	Purple Infusion Ltd	Director of a limited company which provides training to health and social care sectors	Declarations of Interest – Other	Financial	Indirect
495 Executive Board Directorate (ICB)	Equality Diversity and Inclusion System Lead	Safina	Nadeem	BHA	Trustee for a Charity	Declarations of Interest – Other	Indirect	Indirect
495 Executive Board Directorate (ICB)	Primary Care Partner Member	Prash	Patel	Magnolia House	I am a profit sharing GP Partner	Declarations of Interest – Other	Financial	Direct
495 Executive Board Directorate (ICB)	Primary Care Partner Member	Prash	Patel	Frimley Health Foundation Trust	I am an employee of the FHFT	Declarations of Interest – Other	Non-Financial Professional	Direct
495 Executive Board Directorate (ICB)	Primary Care Partner Member	Prash	Patel	Berkshire Primary Care Ltd	I am the CEO and Medical Director	Declarations of Interest – Other	Financial	Direct
495 Executive Board Directorate (ICB)	Primary Care Partner Member	Prash	Patel	Ascot Primary Care Network	I am the Clinical Director of the Primary Care Network under the PCN Direct Enhanced Service Specification	Declarations of Interest – Other	Financial	Direct
Bracknell Forest Place Committee	Bracknell Forest Council	Grainne	Siggins	Association of Directors of Social Services	Member of ADASS.	Declarations of Interest – Other	Non-Financial Professional	Direct
Bracknell Forest Place Committee	Bracknell Forest Council	Grainne	Siggins	Association of Directors of Social Services	Member of ADASS. Joint Chair of South East ADASS Regional Branch	Declarations of Interest – Other	Non-Financial Professional	Direct
Bracknell Forest Place Committee	Bracknell Forest Council	Grainne	Siggins	Bracknell Forest Council	Employed as Executive Director of People Services	Declarations of Interest – Other	Financial	Direct
Bracknell Forest Place Committee	Bracknell Forest Council	Grainne	Siggins	Association of Directors of Children Services	Member of ADCS	Declarations of Interest – Other	Non-Financial Professional	Indirect
495 Executive Board Directorate (ICB)	Frimley ICB Chair	Priya	Singh	Guy's and St Thomas's NHS Foundation Trust	Appointed November 2015 - NED / Deputy Chair	Outside Employment		
495 Executive Board Directorate (ICB)	Frimley ICB Chair	Priya	Singh	National Council for Voluntary Organisations	Appointed November 2020 - Chair of Board of Trustees	Outside Employment		
495 Executive Board Directorate (ICB)	Frimley ICB Chair	Priya	Singh	Society for Assistance of Medical Families	Appointed January 2018 - Executive Director	Outside Employment		
495 Executive Board Directorate (ICB)	Clinical Lead Royal Borough of Windor & Maidenhead	Huw	Thomas	Claremont and Holyport practice	Partner in the practice	Declarations of Interest – Other	Financial	Direct
495 Executive Board Directorate (ICB)	Clinical Lead Royal Borough of Windor & Maidenhead	Huw	Thomas	Maidenhead Primary Care Network	Practice is a member of Maidenhead PCN	Declarations of Interest – Other	Financial	Direct
495 Executive Board Directorate (ICB)	Clinical Lead Royal Borough of Windor & Maidenhead	Huw	Thomas	Frimley Health NHS Foundation Trust	Spouse employed by Trust as Clinical Nurse Specialist	Declarations of Interest – Other	Indirect	Indirect
495 Executive Board Directorate (ICB)	Clinical Lead Royal Borough of Windor & Maidenhead	Huw	Thomas	East Berkshire Primary Care	Work on sessional basis for East Berkshire Primary Care. EBPC provide out of hours care and other primary care services.	Declarations of Interest – Other	Financial	Direct
495 Executive Board Directorate (ICB)	Clinical Lead Royal Borough of Windor & Maidenhead	Huw	Thomas	Holy Trinity Primary School, Cookham	Governor at school	Declarations of Interest – Other	Indirect	Indirect
495 Executive Board Directorate (ICB)	Clinical Lead Royal Borough of Windor & Maidenhead	Huw	Thomas	Royal Borough of WIndsor and Maidenhead	Practice subcontracted to provide opiate substitute prescribing services for the Royal Borough of Windsor and Maidenhead	Declarations of Interest – Other	Financial	Direct
Non-Contracted Staff	Local Authority Partner Member from Surrey County Council	Rachael	Wardell	Surrey County Council	Executive Director of Children, Families and Lifelong Learning since 07-12-2020	Declarations of Interest – Other	Non-Financial Professional	Direct
Non-Contracted Staff	Local Authority Partner Member from Surrey County Council	Rachael	Wardell	Become - The Charity for Children in Care and Care Leavers	Trustee and Board Member since September 2019	Declarations of Interest – Other	Non-Financial Professional	Direct
Non-Contracted Staff	Local Authority Partner Member from Surrey County Council	Rachael	Wardell	Association of Directors of Children's Services	Member of Professional Association since October 2009 and Chair of Workforce Development Policy Committee since April 2016	Declarations of Interest – Other	Non-Financial Professional	Direct
Non-Contracted Staff	NHS Provider Partner Member	Graham	Wareham	Friends of Chambo Seminary	Trustee	Declarations of Interest – Other	Non-Financial Personal	Indirect
Non-Contracted Staff	NHS Provider Partner Member	Graham	Wareham	Surrey and Borders Partnership NHS FT	Employed as CEO	Declarations of Interest – Other	Non-Financial Professional	Direct

NHS
Frimley
Integrated Care Board

Draft Minutes of NHS Frimley Integrated Care Board
Held in Public on Tuesday 20 June 2023 from 11.00-12.30
Via Zoom

Chair – Priya Singh

Present:	
Dr Priya Singh	Chair
Fiona Edwards	Chief Executive
Sarah Bellars	Chief Nursing Officer
Sam Burrows	Chief Transformation & Digital Officer
Richard Chapman	Chief Finance Officer
Caroline Corrigan	Chief People Officer
Dr Lalitha Iyer	Chief Medical Officer
Ilona Blue	Non-Executive Member
Paul Farmer	Non-Executive Member
Dr Prash Patel	Primary Care Partner Member
Karen Edwards	Local Authority Partner Member
Grainne Siggins	Local Authority Partner Member
Rachael Wardell	Local Authority Partner Member
Neil Dardis	NHS Provider Partner Member
Alex Gild	NHS Provider Partner Member
Graham Wareham	NHS Provider Partner Member
In Attendance:	
Emma Boswell	Director for Partnerships and Engagement
Safina Nadeem	Equality, Diversity and Inclusion System Lead
Philip Bell	Chief Executive Officer, Involve Community Services
Olly Hemans	Communications and Engagement Manager
Mary-Jane Steijger	Head of Governance
Sam Branscombe	Governance and Committee Support Officer
Tom Allinson	Interim Governance Manager (secretariat)
Apologies for Absence:	
Dr Huw Thomas	Primary Care Partner Member

1.	**Welcome and Apologies for Absence**
	The Chair opened the meeting and welcomed members of the NHS Frimley Integrated Care Board. The meeting was noted to be quorate. Apologies were received as recorded above. Members agreed for the meeting to be recorded. The recording would then be uploaded to the public website along with the meeting papers.

	Seven members of the public had signed up to attend the meeting. No questions had been received in advance of the meeting.
2.	**Declaration of Conflicts of Interest**
	Members noted the Conflicts of Interest register, and there were no specific declarations made for the contents of the day's agenda.
3.	**Minutes of the last meeting in Public held on 18 April, Action Tracker, and matters arising**
	The minutes of the last meeting in public were taken as accurate and approved without further comment. There were no matters arising.
4.	**ICB Chief Executive's Update**
	Fiona Edwards gave the verbal update, reflecting that it had been almost one year since the ICB was established on 1 July 2022. Huge changes to healthcare approach had been seen across both the organisation and the NHS as a whole amidst a time of continued surge, demand, industrial action, and the aftermath of the Covid-19 pandemic, with dedicated staff continuing to provide services. The announcement of funding a new hospital for Frimley Health Foundation Trust (FHFT) was an important opportunity for the system and its residents. Special mention was given to Dr Priya Kumar, a local GP Partner who had been awarded the British Empire Medal for her work in tackling health inequalities at both Slough Place and across the system as a whole. The Chief Executive also wished good luck to the six short-listed nominees in the Health Service Journal Awards in data analytics and reducing health inequalities. *The Board noted the update.*
5.	**Strategic Updates**
5.1	**Five Year Joint Forward Plan** Sam Burrows presented the Five Year Joint Forward Plan for approval, as set out in Health and Care Act 2022. For the Frimley ICS, the organisations producing this plan together included: • Surrey and Borders Partnership NHS Foundation Trust (SABP) • Berkshire Healthcare NHS Foundation Trust (BHFT) • Frimley Health NHS Foundation Trust (FHFT) • NHS Frimley Integrated Care Board (ICB) This Joint Forward Plan was fully aligned with the ICS Strategy and outlined how the local NHS would contribute to achieving the system's shared goals and priorities. In particular, the Joint Forward Plan described how the NHS would work in partnership together to meet its headline strategic objectives of reducing health inequalities and increasing healthy life expectancy. The document would need to be refreshed annually for the next five years, and the further input of local Health and Wellbeing Boards would be sought during this period. The deadline for approval was 30 June 2023. Sam Burrows highlighted the four key areas of the plan to be considered: 1. Service development priorities – to form the basis of how the system's services would evolve over the next five years 2. Best use of resources to support the plan, including finance, digital architecture, estates, and people

3. Partnership working to enact – via provider collaborative, places, and the Integrated Care Partnership
4. Year one 23/24 priorities – aligned with the 2023/24 Annual Operating Plan

Provider Partner Members confirmed that SABP, BHFT and FHFT had reviewed and endorsed the Plan.

It was confirmed that a Delivery Project Management Office (PMO) had been established to support the change and transformation work underpinning the Plan, and the PMO would track and monitor the delivery of the Plan.

The Board approved the Five Year Joint Forward Plan.

Voluntary Community and Social Enterprise – update

5.2 Emma Boswell was joined by Philip Bell to give an update on Voluntary Community and Social Enterprise (VCSE) work. It was recognised that having a strong and thriving VCSE, supported by a VCSE Alliance, would enable further development of the sector as a strategic delivery partner, integral to the transformation work focussed on reducing inequalities and creating sustainable services across the System.

There were already strong foundations on which to build with VCSE partners through a wide range of programmes and activities. VCSE colleagues were active members of the Frimley Integrated Care Partnership (ICP), and directly supported a range of services commissioned for the benefit of local people, including key priority areas of work such as Children and Young People and Mental Health.

The continued work to establish the Frimley VCSE Alliance would ensure:

- VCSE play a key role in the joint transformation of systems and services, improving the health of people & communities
- That the full potential of the VCSE sector was maximised as part of the new ICS structures
- The VCSE Alliance builds the sector as a strategic and delivery partner to transform health and care services for local people – unlocking access to resources and capacity
- Strengthened sector partnerships and governance processes, to drive effective commissioning
- The System addresses health inequalities, engages with communities and amplifies the voices of the most vulnerable and unheard
- Supportive delivery of strategic ambitions
- A stronger voice and more coherent relationship with stakeholders
- A 'front door' and a unified 'voice' for the sector

The Board noted the progress being made with the VCSE Alliance within the health and care system as set out in the presentation.

5.3 **Health Equalities and Equality, Diversity and Inclusion Updates**

Health Equalities Update

Lalitha Iyer presented the update on work to tackle health inequalities across both Place and System:

Fuel poverty

- Identified 56,000 at risk of fuel poverty within System
- Fuel Poverty Summit held in November 2022; working to mitigate risks

Digital weight management programme

- Nationally funded programme

- Well embedded and working with local authorities within both System and Place
- The System's weight management one pager and website were promoted nationally as an exemplar of good practice across

Smoking

- In-house, in-patient and maternity programmes at Frimley Health Foundation Trust to deliver Tobacco Dependence Treatment in line with NHS Long Term Plan commitment, with full coverage across the Trust
- A high-level maternity model had been agreed and piloted in Slough
- Frimley Health Smokefree Steering Groups established
- Working with local authorities and public health partners to improve linkages and coherence of stop smoking packages across the System
- Aligning work to Core20Plus5

NHS Health Checks

- Increased reach of health checks in Slough through community champions programme, including 40 volunteers from a diverse background speaking 14 different languages
- Health Checks levels have recovered to pre-pandemic levels in Surrey
- Learning Disability health checks are improving – achieved 85.7% (4th best nationally)
- Blood Pressure checks and wider health checks are being carried out at community venues, including vaccination centres and job centres

Hypertension

- System-wide Cardiovascular Disease Prevention Board focussed on prevention, including detection, monitoring, and treatment
- Large improvements in blood pressure recording – latest data showed 14 practices within the System having achieved the 80% target, supported by automation and digital technology
- Continuing to strengthen relationships with community pharmacies to support detection
- Community targeted hypertension pilots underway

The Board noted the Health Inequalities Update.

System Freedom to Speak Up Report

Safina Nadeem provided the System Freedom to Speak Up (FTSU) Report, detailing 2022-23 Q3 submissions data from the following System organisations:

- Berkshire Health NHS Foundation Trust (BHFT)
- Frimley Health NHS Foundation Trust (FHFT)
- NHS Frimley Integrated Care Board (ICB)

The summary of cases was as follows:

- Number of cases brought to FTSU Guardians -**105**
- Number of cases raised anonymously - **6**
- Number of cases with element of Patient Safety/Quality – **27**
- Well-being element – **13**
- Bullying and harassment element -**21**
- Inappropriate attitudes/behaviour – **65**
- Number of cases where people felt they are suffering a detriment -**3**

The Board reflected on the importance of FTSU and how they role model an open culture in all everyday interactions, and how a joined-up approach to developing an empowered culture across the system could be achieved. Next steps were to:

- Continue to work collectively to improve the culture of speaking up where it is welcomed and used as a tool for improvement
- Routinely collect equality monitoring data to understand who is and isn't speaking up
- Develop a plan/approach for speaking up in Primary Care
- Engage in a Board Seminar around FTSU (July 2023)
- Work with Local Authority colleagues to understand speaking up arrangements
- Continue to raise issues with organisations in our system, once brought to the ICB's attention
- Organisations to adopt the new national policy, and use the guide and improvement tool, to map our plan for the next three years

The Board discussed potential overlap with HR policies, however it was reinforced that Freedom to Speak Up should not be seen as another policy or framework – it was about empowering staff to talk about concerns safely. Creating strong relationships was seen as critical in encouraging early conversations.

The Board noted the System Freedom to Speak Up Report.

5.4

Board Assurance Framework

Emma Boswell presented the most current version of the Board Assurance Framework (BAF), which detailed the principle risks to the delivery of the ICB's five strategic objectives. The BAF included the outputs of the Risk Appetite Seminar session held in May 2023 and was included for final approval by the Board. In line with governance best practice the Board had reset its risk appetite considering its refreshed strategic objectives, and had developed a narrative Risk Appetite Statement, setting its risk thresholds using the Good Governance Institute Guide as a framework:

Domains	Risk Appetite	Risk Threshold
QUALITY: Clinical quality, safety and patient experience	Cautious	8
PEOPLE: Workforce	Open	12
PERFORMANCE: Operational Performance	Open	12
TRANSORMATION: Innovation and transformation	Seek	16
FINANICAL: Financial risk and value for money	Open	12
REGULATORY: Compliance and regulatory risk	Open	12
REPUTATIONAL: Reputational risks and partnerships	Open	12

The Board acknowledged the need to review its risk appetite on at least an annual basis, or if there were significant changes in the operating environment. It was noted that the Integrated Risk Group would undertake a detailed review the BAF and corporate risks on behalf of the Board and this would in turn inform the BAF.

It was noted that the BAF was ICB-focussed at present but that next steps included a widening of its scope to System risks.

The Board approved its risk appetite and thresholds statement as detailed above and noted the ongoing development of the Board Assurance Framework.

6. **Frimley ICB Performance Oversight Report**

Sarah Bellars, Richard Chapman, and Caroline Corrigan presented the Frimley ICB Performance Oversight Report as follows:

Workforce

- Sickness data continued to show improvement and was lower than the regional average
- Vacancy levels improved and were now at the regional average
- Staff Appraisal rates improved
- The decreased use of temporary staff, with strengthened governance arrangements
- Industrial action during June had been managed and planning had commenced regarding potential action In July

Quality

- The National Quality Board (NQB) had issued a draft early warning signs framework which would guide systems and NHSEI teams on swift identification of significant quality issues, using widespread data and intelligence
- *Chlostridiodes Difficile* rates had increased across the system. A number of strands of work were in place to address this
- Essential Standards of Care was a new programme of work commenced across the system, focussing on ensuring concentration on key care elements including nutrition, hydration, bladder and hygiene (IPC), to improve quality of life for individuals

Operational performance

- Significant pressures seen at the very beginning of the year had eased, although extra Bank Holidays during May did put increased pressure on services at FHFT. Waiting times problematic at times due to a higher proportion of high acuity patients
- Patient flow throughout hospitals remained a key challenge with bed occupancy rates above sustainable levels, despite utilising extra escalation capacity (above previous year)
- Ambulance performance showing an improvement but was challenged during May
- NHSE had ended the pilot scheme for A&E Metrics so Frimley Health Foundation Trust had reverted to reporting 4-hour breaches from 15 May 2023.
- Elective care waiting lists had been decreasing since February 2023; those patients who had waited the longest were being treated as the highest priority.

Finance:

- The System position included Surrey and Borders and Berkshire Health Foundation Trusts and was not a statutory position. The outturn for the System was a £1.7m deficit – a £10.5m favourable variance to plan
- The statutory ICB included Frimley Health Foundation Trust (FHFT) and had delivered a £0.124m surplus against a break even plan
- This comprised £0.1m from FHFT and £0.024m from Frimley ICB.
- The key financial metrics for 22/23 were detailed in the following table:

	Target (Outturn £m)	Result (Outturn £m)	Variance (Outturn £m)	Achievement
ICS Surplus/(Deficit)	(12.2)	(1.7)	10.5	
ICB Statutory Surplus/(Deficit)	0.0	0.1	0.1	
Agency Cap - FHFT	(18.7)	(47.8)	(29.1)	
Capital position - FHFT	(94.2)	(70.7)	(23.5)	
Achieve Better Practice Payment Code - ICB	NHS 2/2	2	0	
	Non-NHS 2/2	2	0	
Achieve Better Practice Payment Code - FHFT	NHS 2/2	0	2	
	Non-NHS 2/2	1	1	

ICS includes ICB, FHFT, SABP, BHFT. ICB = NHS Frimley Integrated Care Board. ICB Statutory = NHS Frimley Integrated Care Board & FHFT (100%)
Includes I and E for FHFT, BHFT and SABP at 100%.
Invoices paid within Better Practice Payment Code >95%, volume & value

2023/24 Plan

- Frimley ICS had submitted a break-even plan at the beginning of May 2023, which was subsequently approved by NHS England
- The plan contained material risk, including a requirement to identify additional cost savings valued at approximately £30m
- The system was working rapidly to implement a financial sustainability programme in order to ensure it is able to deliver the required efficiency saving

The Board noted the Integrated Performance Report as detailed above.

7.	**Questions received in advance from members of the Public**
	None.
8.	**Any Other Business**
	None.
9.	**Close**
	The Chair closed the meeting at 12.30. The date of the next meeting in public was confirmed to be 19 September 2023.

Title of Paper	Overview of Frimley's response to Sexual Safety in HealthCare and Addressing Domestic Abuse priorities.		
Agenda Item	5	**Date of meeting**	21 November 2023
Exec Lead	Sarah Bellars	**Author(s)**	Shahana Ramsden Strategic Adviser and EDI Consultant Sharon Ballantyne, Domestic Abuse and Exploitation Safeguarding Lead

Paper Type	To Approve	☐	**Link to Strategic Objectives**	Reduce Health Inequalities	☒
	To Support	☐		Improve Healthy Life Expectancy	☐
	To Discuss	☒			
	To Note	☒			

Other Meeting(s) where paper has been discussed	**Committee name**	**Date discussed**	**Outcome**
	None		

Action Required	

Executive Summary
Under the remit of the Domestic Abuse and Sexual Violence programme NHS England has launched a Sexual Safety In Healthcare Charter with the expected that each healthcare organisation will appoint a named Executive lead to oversee the programme. Signatories of the charter are expected to implement all ten commitments by July 2024
Recommendation
Board to agree that: • NHS Frimley ICB will sign the charter – and confirm support for the 10 commitments • Confirm that this work can be taken forward by the ICB Just Culture working group • Agree that system partners will be encouraged to sign the charter • Agree that a review of progress across the whole system will be completed – with protected time at a future board meeting to review progress ○

Frimley Health and Care

Sexual Safety of NHS staff and patients

Sexual Safety of NHS staff and patients: timeline

"Any abuse is unacceptable, and I know you will share my determination to keep staff and patients safe. It is therefore timely that we redouble our efforts to ensure that every part of the NHS takes a systematic zero-tolerance approach to tackle this issue which encompasses prevention, support and decisive action against perpetrators.."
Steve Russell, Chief Delivery Officer, NHS England

July 2022 : Domestic Abuse and Sexual Violence Programme established

June 2023 : Letter from Steve Russell– outlining specific work with ICBs to support discharge of responsibilities

3 priority areas of focus:

1. Supporting our staff
2. National Leadership
3. Improving data collection

Chief Executives of ICBs and trusts to:

13th July 2023 – Deadline to appoint Domestic Abuse and Violence leads [Executive member and designated operational lead]

- ❑ Review policies and support – including data collection and analysis, dedicated sexual safety policies.
- ❑ Sign up to DASV Future Collaboration Platform

4th September 2023: Sexual safety in healthcare – organisational charter launched [BHFT are listed as signatories]

July 2024: Expected that signatories will implement all ten commitments.

Context

A UNISON study of members working in health in 2019, 'It's Never Ok' found that nearly one in ten (8%) respondents had been sexually harassed in the previous year. Of these, nearly a third (31%) said the harassment was frequent or regular, and more than one in ten (12%) said it occurred daily or weekly. The vast majority (81%) of those harassed identified as female. (2)

There is a risk that tolerating sexualised behaviour creates a culture where sexual harassment is more likely to occur. The 2019 LRD report, *'Reducing the likelihood of sexual harassment at work'* shows that if sexualised behaviour and sexual objectification of women is perceived to be tolerated in the workplace, there is more likely to be an occurrence of sexual harassment. (3) page 24)

Less than one in 10 NHS trusts has a dedicated policy to deal with allegations of sexual assault and harassment, an investigation has found. (1)

Studies also acknowledge that Sexual harassment is linked with power - either through the abuse of power by the perpetrator who feels more powerful than the target, or when the perpetrator feels powerless and uses the sexual harassment as a means of disempowering the target. (4) (2023, Page 13)

(1) https://www.personneltoday.com/hr/nhs-trusts-missing-sexual-assault-policies/
(2) UNISON Sexual Harassment is a Workplace Issue (Feb 2020, page 5)
(3) Labour Research Department Tackling Sexual Harassment at Work (2019)
(4) Sexual Harassment in the workplace (2023, page 18)

Frimley Health and Care

Sexual Safety of NHS staff and patients: charter

Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace. We all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours. **As signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce.** We commit to the following principles and actions to achieve this:

1.We will actively work to eradicate sexual harassment and abuse in the workplace.
2.We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3.We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4.We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5.We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.

These commitments will apply to everyone in our organisation equally. Where any of the above is not currently in place, we commit to work towards ensuring it is in place by July 2024.

NHS Frimley – Compliance with Sexual Safety in Healthcare Charter

1. We will actively work to eradicate sexual harassment and abuse in the workplace.		Named Executive Lead in place - attended national Executive training/ briefing
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.		Frimley values and culture supports openness in all forms but no specific strategy on Sexual Safety.
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.		We have a proactive Equality, Diversity, and Inclusion Action Plan in place which includes intersectionality, but no specific focus on internal sexual harassment at work. A sexual safety in healthcare workshop was included in Oct 2023 as part of the EDI event. It is a starting point but evidently not a complete solution.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.		Usual support routes – eg line manager, employee assistance in place but no specific signposting re sexual safety issues.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.		No communication strategy in place on this matter from ICB perspective. Staff briefing presentation planned for Dec 2023.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.		People experiencing sexual harassment would need to use grievance/ disciplinary and FTSU routes, but this is assumed rather than openly stated. Grievance policy does not proactively mention sexual safety.
7. We will ensure appropriate, specific, and clear training is in place.		Apart from workshop held as part of EDI event, no training in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.		No specific reporting mechanism in place – but people can report via FTSU/ Grievance routes
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.		No formal commitment in place to confirm this.
10. We will capture and share data on prevalence and staff experience transparently.		Question to be included in staff survey - we need to prepare for and publicise this.

Records of Sexual Safety Cases

Data gathered by the HR team confirms that Frimley NHS has a very small number of employment cases, and the majority are resolved informally. It appears that none of these include complaints or implications of sexual harassment.

Type of case	Number of cases (since 1 July 2022)	Formal/ informal	Sexual harassment elements?
Grievance	3	Informal	Not evident
Grievance/ FTSU	2	Grievance element informal	Not evident
FTSU	6		Not evident
Appeal	1	Formal – flexible working	Not evident
Disciplinary	0	N/A	Not evident

Progress so far:

- Sexual Safety focused meeting with Just Culture group
- Review of our own data
- Exec lead appointed and attended Sexual Safety training/ briefing
- Sexual Safety workshop as part of EDI events (XX attended)

Signatories in our system

- Berkshire Healthcare NHS Foundation Trust
- Frimley Heath NHS Foundation Trust

Experience & Policy: Sexual Safety of Staff
[includes lived experience account]
Charlie Phillips & Dipen Rajyaguru
5th October 2023
12:30 – 14:00

This session shares a lived experience story of Sexual Assault, and its' impacts. It then considers Sexual Assault and harassment in the wider context of an organisation.

Speakers will share examples of practical actions including a campaign, establishing a charter, education and training of staff. Discussion about how to create safe environments for reporting and supporting staff who are victims will also be shared.

Frimley Health and Care

Sexual Safety at work: insights beyond NHS

Harassment is unlawful under the Equality Act 2010

Equality and Human Rights Commission guidance offers a legal explanation and practical examples of how to tackle and respond effectively to harassment, including:

- definition and examples of harassment and victimisation
- the effect of harassment in the workplace
- your responsibilities as an employer
- how to prevent and respond to harassment

Wales TUC toolkit - Adopting a Trauma informed approach

Highlights important of responding appropriately, with empathy and centring the needs of the person disclosing.

- Focus on the impact that the experience has had, rather than the experience itself.
- Listen, validate, support.
- Give options, not advice. Victims deserve to be able to make informed choices and have the
- option of being at the centre of decision-making about their case.

UNISON: Sexual harassment is an urgent workplace issue includes guides and model policies

Highlights greater impact on certain groups:

- 2016 research found that more than half of all women polled have experienced some form of sexual harassment
- Black, LGBT+, younger or disabled workers and those with insecure work arrangements.
- Young women are particularly wary of reporting sexual harassment due to fear of losing their job
- Seven out ten LGBT workers experienced at least one type of sexual harassment at work

Frimley Health and Care

Sexual Safety of NHS staff and patients: next steps

1. **Get our own house in order**
   - Sign NHS England charter
   - Staff briefing on Sexual Safety commitments
   - Update our own policies

2. **Support NHS Trusts across the system**
   - Collate list of Domestic Abuse and Sexual Violence Executive and Operational leads across Frimley
   - Encourage remaining organisations to sign up to charter
   - Map progress across System partners (using checklist on slide 4)
   - Engagement with relevant Health and Wellbeing boards
   - Identify good practice policies
   - Identify gaps and embed into Frimley action plans

3. **Influence and enable system partners to engage with the Charter**
   - Through Just Culture, Civility and Respect meetings, share Charter commitments
   - Share good practice across NHS and wider system
   - Develop mechanisms for regular progress checks
   - Create a community of practice to sustain best practice.

Addressing Domestic Abuse: A Comprehensive Approach

Introduction:

- 1 in 4 women and 1 in 6 men experience domestic abuse in their lifetime. Children are seen as victims and not as bystanders
- Domestic Abuse includes Honour Based Violence, Forced Marriage and FGM

10 Key Initiatives

1. Pathfinder toolkit & Domestic Abuse Act 2021

- recommends an ICB lead for Domestic Abuse (D.A) and Whole Health project to coordinate a response to D.A

2. ICB Safeguarding Team

- has a dedicated D.A lead in place

3. Board Involvement

- D.A lead actively participates in Executive Board meetings in East Berks and NE Hants
- Co-Chair for Slough D.A Partnership Board with Police

4. Health Collaboration

- D.A lead Chair of the D.A Health only Group

~ Involves eight health providers focusing on:

~ Supportive policy, procedures and pathway

~ Frontline staff training
~ Sharing best practice
~ Identifying gaps
~ Data Collection
~ D.A Champions Scheme

- Task and finish group to look at how we capture the voice of the survivor
- Links with local Sexual Assault Referral Centre

10 Key Initiatives (continued)

5. Policy Implementation

- ❑ The ICB has a robust 'Domestic Abuse Support for Staff' Policy
- ❑ Committed to developing the Sexual Safety at work directive
- ❑ Aligning D.A work with the Serious Violence Duty, Prevent Duty, VAWG Strategy and Suicide Strategy

6. Health Advocacy

- ❑ Health Independent Domestic Violence Advocate (HIDVA) in place
- ❑ Covers Wexham and Frimley Park Hospitals for patient and staff, as well as D.A training
- ❑ Commissioned by Frimley Health Foundation Trust with contribution from ICB

7. Community Focus

- ❑ Diverse Communities Group meeting initiated by ICB with statutory, community and voluntary sectors attending
- ❑ Focus is on overcoming barriers that the diverse community face when accessing D.A services
- ❑ Represents the ICB on DHR/DSR panels across Frimley

8. Workplace Network Engagement

- ❑ ICB is a proud member of the Employment Initiatives on Domestic Abuse (EIDA) network.
- ❑ Demonstrates commitment to addressing domestic abuse in the workplace.

9. Training

- ❑ Level 1 mandatory for all staff e-learning safeguarding adults and children has a D.A element
- ❑ Level 2 e-learning and face to face offered by ICB to staff and Primary Care has a D.A element
- ❑ Level 3 face to face offered by ICB to staff and Primary Care
- ❑ D.A specific e-learning module available to all ICB staff
- ❑ preparing to deliver lunch time bite sized training to ICB and Primary Care staff

10. Communications

16 days of activism 24th Nov – 10th Dec 2023

- ❑ White Ribbon Day 25th November 2023
- ❑ sharing resources, external training, rapid reads and toolkits
- ❑ sharing social media campaigns across the ICS

Frimley Health and Care

Urgent and Emergency Care Update

NHS Frimley Integrated Care Board

21 November 2023

ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR

The system has continued to experience unprecedented pressure

Key System Challenges

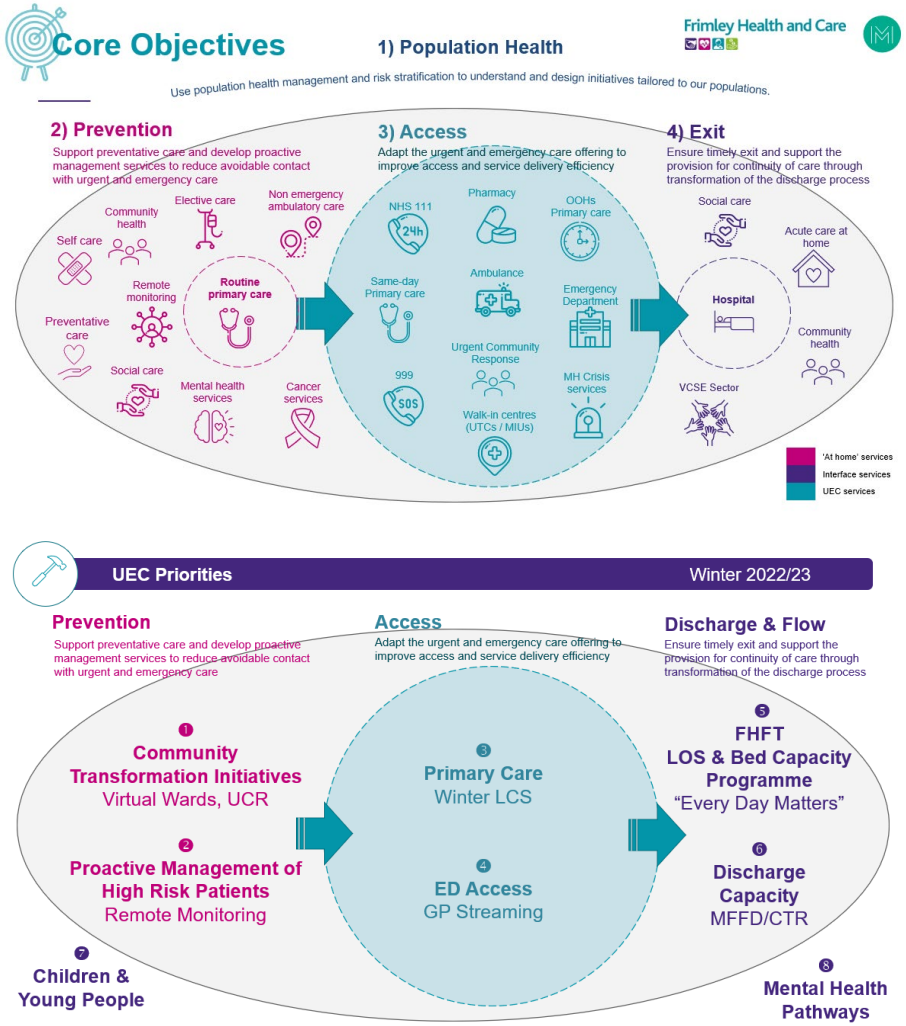
- Demand for services continues to increase
- Disruption from continued Industrial Action
- Planning for 23/24 against financial challenges
- Delivery of UEC Strategy for the long term

The demand for Urgent and Emergency Care services continued to climb steadily throughout 2022/23, as the system emerged from the post-pandemic period.

The operational challenge was exacerbated by several periods of Industrial Action, with more scheduled throughout 2023/24.

As a system we came together to develop a detailed Operational Plan for 2023/24, against exceptional financial pressure.

Meanwhile, we continued to roll out our long term UEC Strategy, as endorsed by the ICB Board in February 2023.



Frimley Health and Care

NHS Frimley Integrated Care Board

We came together as a system to develop a detailed UEC Operational Plan for 2023/24

The Urgent & Emergency Care Recovery Plan was published by NHS England on 30 January 2023. In response we worked rapidly and thoroughly as a system to devise and submit our UEC Operational Plan for 2023/24 by the end of March, based on our long term UEC Strategy.

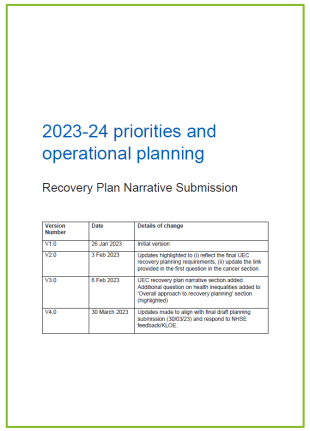
A key element of our plan was our Bed Modelling, which factored in a number of crucial schemes designed to mitigate the demand for Secondary Care beds this Winter.


Department of Health & Social Care

NHS England

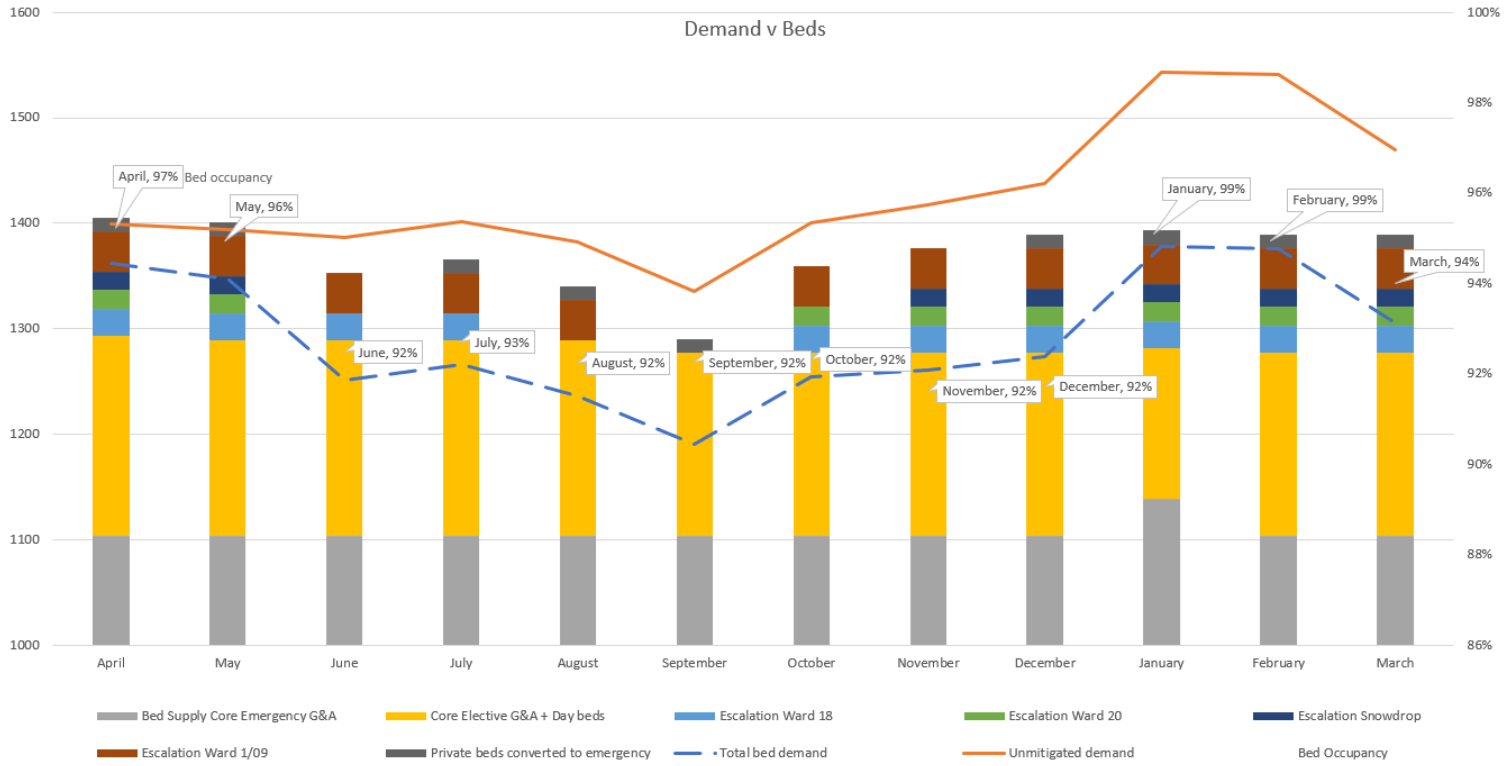
Delivery plan for recovering urgent and emergency care services

January 2023


2023-24 priorities and operational planning

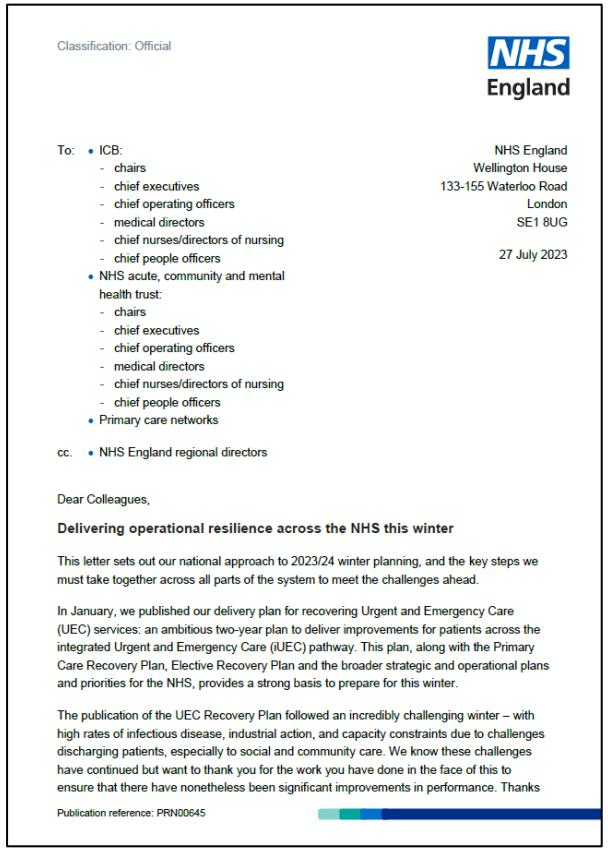
Recovery Plan Narrative Submission

Version Number	Date	Details of change
V1.0	26 Jan 2023	Initial version
V2.0	3 Feb 2023	Updates highlighted to (i) reflect the final UEC recovery planning requirements, (ii) update the link provided in the first question in the cancer section
V3.0	6 Feb 2023	UEC recovery plan narrative section added. Additional question on health inequalities added to 'Overall approach to recovery planning' section (highlighted)
V4.0	30 March 2023	Updates made to align with final draft planning submission (SDCICO) and respond to NHSE feedback/KLOE.



New guidance from NHSE was issued at the end of July

"Delivering Operational Resilience across the NHS this Winter"



Classification: Official

NHS England

To:
- ICB:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses/directors of nursing
  - chief people officers
- NHS acute, community and mental health trust:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses/directors of nursing
  - chief people officers
- Primary care networks

cc.
- NHS England regional directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

27 July 2023

Dear Colleagues,

Delivering operational resilience across the NHS this winter

This letter sets out our national approach to 2023/24 winter planning, and the key steps we must take together across all parts of the system to meet the challenges ahead.

In January, we published our delivery plan for recovering Urgent and Emergency Care (UEC) services: an ambitious two-year plan to deliver improvements for patients across the integrated Urgent and Emergency Care (iUEC) pathway. This plan, along with the Primary Care Recovery Plan, Elective Recovery Plan and the broader strategic and operational plans and priorities for the NHS, provides a strong basis to prepare for this winter.

The publication of the UEC Recovery Plan followed an incredibly challenging winter – with high rates of infectious disease, industrial action, and capacity constraints due to challenges discharging patients, especially to social and community care. We know these challenges have continued but want to thank you for the work you have done in the face of this to ensure that there have nonetheless been significant improvements in performance. Thanks

Publication reference: PRN00645

For us the UEC Recovery plan focuses on two key objectives:

1. **76% of patients will be seen within 4 hours by March 2024 (we are aiming by end of October)**
2. **Delivering High Impact changes to support**

Plan in on time on the 11th September! Big, big thanks

Feedback: More detail on UEC recovery and surge beds!

NHS England High Impact Interventions for Winter…

10 High Impact Interventions			
1	**Same Day Emergency Care**: reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.	6	**Intermediate care demand and capacity**: supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.
2	**Frailty**: reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.	7	**Virtual wards**: standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and help with discharge.
3	**Inpatient flow and length of stay (acute)**: reducing variation in inpatient care (including mental health) and length of stay for key iUEC pathways/ conditions/ cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.	8	**Urgent Community Response**: increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission.
4	**Community bed productivity and flow**: reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.	9	**Single point of access**: driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, e.g. home treatment
5	**Care transfer hubs**: implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.	10	**Acute Respiratory Infection Hubs**: support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

…mostly maps to our existing UEC programme

❼ Virtual Wards

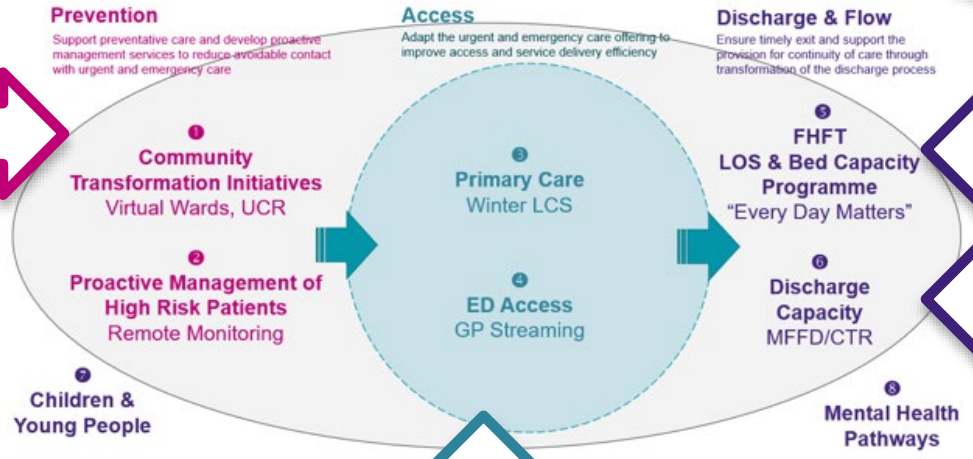
❽ Urgent Community Response

❶ Same Day Emergency Care

❷ Frailty

❸ Inpatient flow and length of stay (acute)

❹ Community bed productivity and flow



❾ Single point of access

❿ Acute Respiratory Infection Hubs

❺ Care transfer hubs

❻ Intermediate care demand and capacity

…and to Place

Implementation and continuation of Minor Injuries and Minor Illness Services in the community – St Marks, KEVII & Bracknell; PCNs and OOHs

Primary care Access Recovery Plan (PCARP) delivery through GP Improvement programme, Practice QI QOF, PCN CAIPs and adoption of segmentation

Practive management of patients in partnership with ICTs, remote monitoring, virtual wards and high uptake in Vaccinations

Discharge and Flow – integrated with partners

Adoption and roll out of remote monitoring for High Risk Patients

Discharge and Flow – integrated with partners

Surge response across primary care capacity readied to respond; enhanced access, MIMI, general practices, OOHs & comm Pharmacies

10 High Impact Interventions

1	**Same Day Emergency Care**: reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.	6	**Intermediate care demand and capacity**: supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.
2	**Frailty**: reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.	7	**Virtual wards**: standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and help with discharge.
3	**Inpatient flow and length of stay (acute)**: reducing variation in inpatient care (including mental health) and length of stay for key iUEC pathways/ conditions/ cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.	8	**Urgent Community Response**: increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission.
4	**Community bed productivity and flow**: reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.	9	**Single point of access**: driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, e.g. home treatment
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Winter is now fast approaching…

Key System Challenges

- Demand for services continues to increase
- Disruption from continued Industrial Action
- Planning against financial challenges
- Need for surge beds, e.g. Heathlands

- **Acute Demand:** Compared to last year, Demand is a lot higher across both Acute sites. Presenting complaints are fairly consistent with normal.
- **Regional Picture:** We are not alone. September and October has been tough across the region, disproportionately to previous months.
- **Four-hour performance:** we are off track in September (All-Types Trajectory: 65%; All-Types Achieved: 62.8%; Type 1 Achieved: 59.3%) and October (All-Types Trajectory: 76%; All-Types Achieved: 59.7%; Type 1 Achieved: 56.3%)
- **Primary care:** Looks like it is starting to heat up which is comparable with last winter at about this time when demand was then sustained through winter. Primary Care will be absolutely key this winter. Some of our practices are rapidly innovating to change access models to better meet the needs of our population but we could do more to support all practices achieve this
- **Comms:** We need to have a Comms campaign that is bigger and wider reaching than ever before. Working closely with primary care we need to get messages out that strengthen primary care without flooding them.

Our System focus on Prevention and Discharge will help

- **Primary Care:** Frimley has the highest (a) % no of Primary Care Same Day appts and (b) appointments within 2wks in Region. There also is £2m extra funding to help further improve Primary Care access this year. This might increase the number of primary care appointments by c 100,000 over this winter. Looking at creating walk in Same Day Urgent Care capacity for a further 212 daily appointments (c77,000 pa) – see slides below
- **Urgent Community Response:** performance is at 97% (against a national standard of 2 hours).
- **Remote Monitoring: O**ver 5500 patients now being actively monitored with 2/3rd of practices now enrolled (connected care evaluations suggest Remote Monitoring reduces attendances by 31%, admissions by 33% and GP appointments by 21%).
- **Virtual Wards:** We also have the second highest number of Virtual Ward admissions per 100,000 by ICB in the country. We have the highest number of virtual ward beds, 51, compared to 40 per 100,000. A business case for further expansion has been approved. And 90% of referrals are preadmission and 10% post admission.
- **Medically Optimised for Discharge:** Discharges have been consistently c15-20% higher all year than 2022 baseline. We have a new dashboard and set of metrics capturing length of time from referral to discharge hub to final discharge. This will help drive better and faster decisions for patients.

We have also reviewed Same Day Urgent Care as per the UEC strategy recommendation to help this winter

In 2022, Frimley ICS commissioned a strategic review of its Urgent and Emergency Care (UEC) services.

Foremost in its recommendations was to review the delivery of the Same Day Urgent Care provided for Minor Illness and Minor Injury. A Strategic Outline Case has been developed in response to this recommendation as the first in a series of service model reviews.

The ICS currently spends £7.6m a year on out of hospital interventions to support same day access. At least £2.6m of this could be repurposed ahead of Winter 2023/24 if a more suitable model of care was identified.

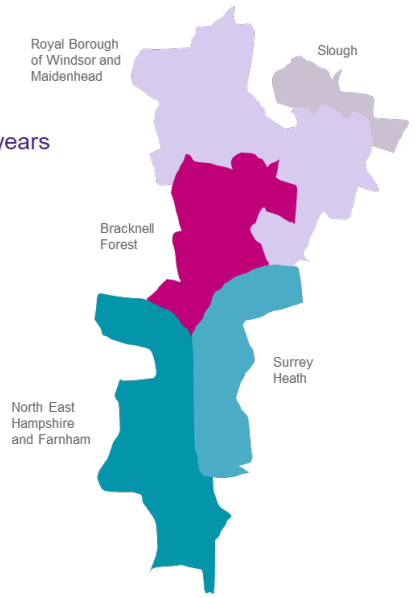
21%

increase in hospital length of stay in the last 2 years across the patch

10.3%

increase in 111 calls since 2019/20

ED peak activity levels occurring more frequently than prior to 2020



51%

of high intensity users of UEC in Frimley are people with long term conditions

Frimley GP appointment activity per working day is up **10.5%** compared to the same months in 2021/22.

Epic Electronic Patient Record system rolled out system-wide in June 2022

Our analysis suggests up to 240 A&E attendances per day could be treated in community settings

Segment	Key insights	Potentially modifiable A&E opportunities	Outcomes and Objectives
1 Low need and low complexity adults	**54.5**% of population, **~70-80**% of A&E attendances are without prior GP contact. Peak A&E 10 & 11am.	Minor illness accounts for **102** attendances per day (**15**% of total). Top 5 reasons are Abdominal Pain, Chest Pain, Fever, Difficulty Breathing and Headache. **12.8** % admission rate	• Access to / uptake of community provision for minor illness
2 Low need children	**16.6**% of population, **~70-75**% of A&E attendances without prior GP contact. Peak A&E at 6-9pm but only slightly above daytime avg.	Minor illness and injuries accounts for **57** attendances per day (**8**% of total). Top 5 reasons are Fever, Head Injury, Abdominal Pain, Vomiting, and hand injury. **4.2**% admission rate	• Behaviour change / improved advice / self care (Healthier Together App) • Access to / uptake of community provision for minor illness
3 Multi-morbid medium complexity	**9.1**% of population, Hypertension, Depression, Obesity, Diabetes and Asthma most common conditions.	Illness accounts for **59** attendances per day (**9**% of total), **17** admissions per day and **8**% of total non elective bed days. Top reasons are Chest Pain, Abdominal Pain, Difficulty Breathing, Short of Breath and Fever	• Prioritised improvement of CVD and respiratory condition management
4 Dominant chronic condition	**6.9**% of population, Hypertension, Depression, Obesity, Diabetes and Cancer most common conditions	Illness accounts for **44** attendances per day (**6**% of total), **14** admissions per day and 8% of total non elective bed days. Top reasons are Chest Pain, Abdominal Pain, Difficulty Breathing, Fever, Short of Breath	• Prioritised improvement of CVD and respiratory condition management • Remote monitoring of highest risk patients within the cohort

Key messages: The cohorts identified in this analysis account for 87.1% of the population and exclude our most frail, pregnant and SMI cohorts. The cohorts shown consume over 70% of Urgent activity across the system and 47.2% of non elective bed days in total. The intervention areas identified target a subset of their A&E activity deemed modifiable / avoidable to some extent. This subset of activity represents 240 A&E attendances per day (~36% of attendances) and circa 20% of non-elective bed days

Now launched!

Slough minor illness service

Supporting development of same day access enhanced service to be located in Priors Close Slough:

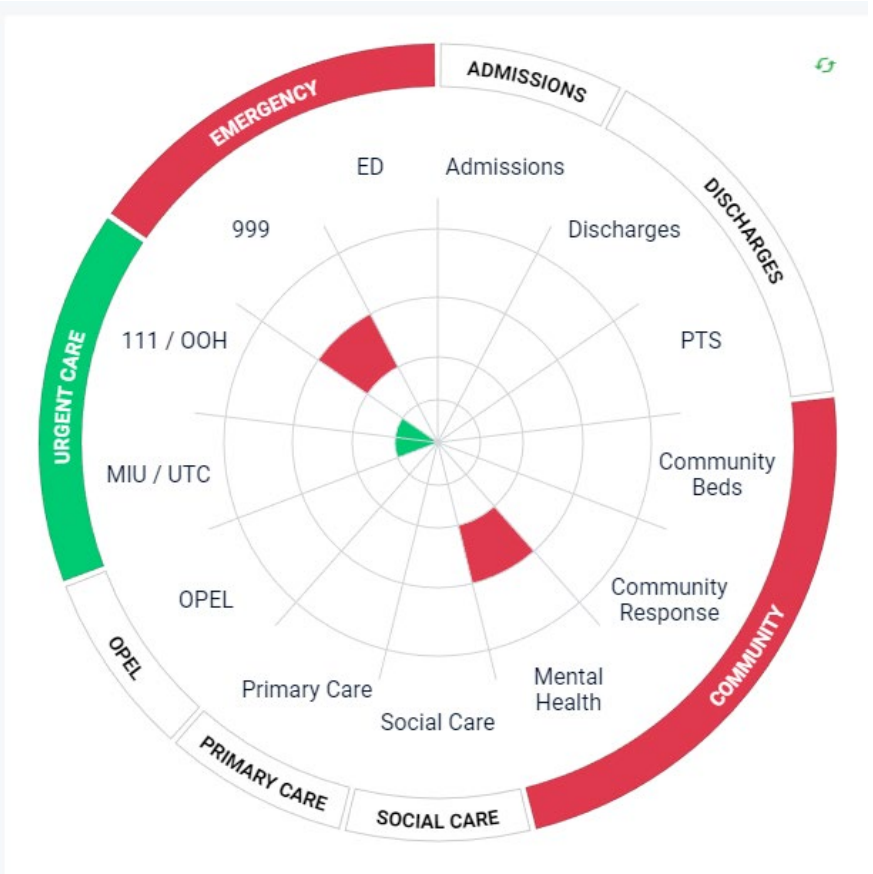
- Minor illness (not for complex needs patients)
- Offer of 60% walk in appointments, 40% booked appointments
- Seven days a week
- 8am - 8pm
- Multi-disciplinary team led - with GP facing intervention
- May offer some diagnostics - no x-rays but testing (offer still being looked at)
- To include patients that are not registered with a practice.

- The proposed models for Slough and Aldershot may be subject to change and are currently evolving while this strategy is being developed.

We are also seeking to manage Winter better

System Co-ordination, Surge and Resilience

- Adoption of new OPEL framework to ensure consistency across regional landscape
- Frimley SCC - full implementation underway in line with NHSE required operational standards and timescales with real time visibility of operational pressures and system risks.
- Increased requirement for operating hours aligned to collaboration discussions with neighbouring ICB partners
- Key aim to take action ahead of demand and activity peaks using real time information
- SHREWD platform in place to act as primary decision support tool and single version of truth for system pressures
- New discharge dashboard live next week (mentioned on next slide)
- Design principle is to proactively manage clinical risk and mitigate emerging system issues impacting patient safety and flow



We have overhauled our Winter Governance

- **UEC & Planned Care Board** maintains strategic oversight of Winter delivery – monthly meeting with option for additional ‘Gold’ level calls in times of extreme pressures.
- Creation of **Winter Delivery Group (WDG)** – replaces the UEC Ops Steering Group
- Will have a tactical focus on winter operations and maintaining resilience, escalation, system flow and patient safety
- Links directly to existing CIC to ensure clinical input into operational decisions
- Weekly **WDG** meeting supported by reporting up from daily whole system resilience calls, with option to increase frequency
- Accountability requirement for each organisation to carry out agreed actions with timescales and report back
- Oversight of intelligence gathered via SHREWD and other decision support infrastructure
- Focus on delivery relating to tiering metrics and 10 high impact intervention indicators
- Agree and action escalation interventions at tactical level

But Industrial Action and RAAC will make things harder…

- So far since the first action was called, NHS Frimley has responded to, or supported, 41 days of industrial action

Date	Union Involved
June 2023	14/06 – 17/06 BMA Junior Doctors
July 2023	13/07 – 18/07 BMA Junior Doctors 20/07 – 22/07 BMA Consultants
August 2023	11/08 - 15/08 BMA Junior Doctors 24/08 – 26/08 BMA Consultants
September 2023	19/09 – 21/09 BMA Consultants 20/09 – 23/09 BMA Junior Doctors
October 2023	02/10 – 05/10 BMA Consultants 02/10 – 05/10 BMA Junior Doctors

✓ ICB coordinated response with FHFT, including co-location at Heatherwood for first day of action
✓ Additional support by Primary Care and OOH with extra staff on rotas
✓ Proactive communications work by NHS Frimley/Frimley ICS Communications Team and FHFT Comms
✓ Consolidated situation reporting and pre-strike assurance completed by EPRR/Systems Resilience Team
✓ Representation at Regional calls, and 24-hour rota, covered by EPRR/Systems Resilience and UEC Teams
✓ Parallel response structures in place for any emerging, unrelated, incidents

Taking a Whole System approach to supporting our residents this winter

- Promoting uptake of vaccinations (including health and care staff)
- Signposting to alternatives to ED such as Pharmacy, Primary Care First, Urgent Primary Care services, Healthier Together App, etc.
- Supporting our Winter Comms plan through Place forums and with partner organisations
- Supporting Practices to implement their access plans and introducing digital telephony. Primary care is open and accessible.
- Encouraging the use of admission avoidance schemes such as Urgent Community Response, Mental Health Crisis teams, Remote Monitoring, Virtual Wards, use of 111
- Delivering the new Urgent Care community-primary care model to help decompress our Emergency Departments
- Continuing the focus on discharges, and using and feeding back on the new dashboard
- Feeding back on Mini-MADE and getting involved in Winter MADE (11th – 15th December)

NHS
Frimley
Integrated Care Board

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Primary Care Access Recovery Plan Update		
Agenda Item	7	**Date of meeting**	7 November 2023
Exec Lead	Caroline Farrar, Director of Primary Care Development and Slough		

Purpose	To Approve	☐
	To Ratify	☐
	To Discuss	☐
	To Note	☒

Link to Strategic Objective	Objectives 3, 4 and 5

Executive Summary

Background

NHS England and the Department for Health and Social Care published the *Delivery plan for recovering access to primary care* in May 2023. Now known as PCARP (Primary Care Access Recovery Plan), the plan centres on four key areas to support recovery:

- **Empower patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice.
- **Implement Modern General Practice Access** to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
- **Build capacity** to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
- **Cut bureaucracy and reduce the workload** across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

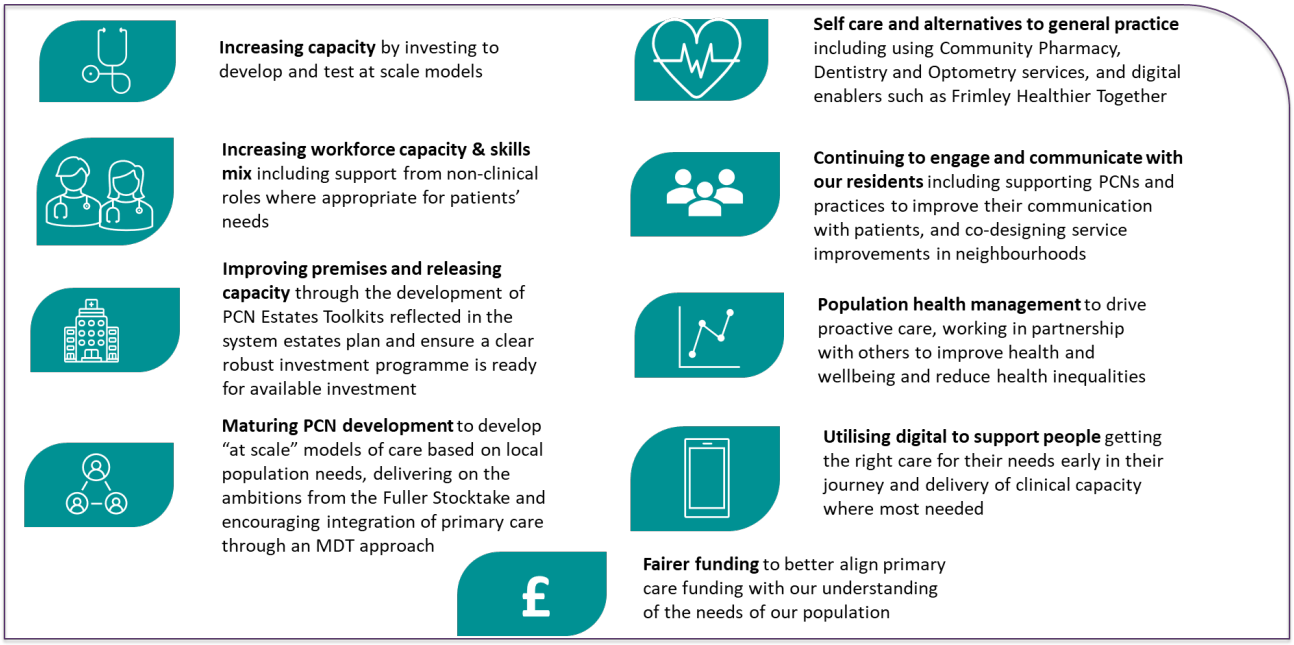
NHSE requires all ICBs to produce system level access improvement plans which need to go to ICB public boards in October or November 2023. The ICB access improvement plans also need to include a summary of practice/PCN improvement plans, challenges, wider support needs and barriers, and ICB actions. A further report on progress will be made to the board in February or March 2024.

NHSE is investing significant funding to support the primary care access recovery plan. ICBs should be assured that primary care recovery funding is being used for its intended purpose. NHSE requires that the funding should be used as additional support for primary care, with other primary care funding remaining in place and not being reduced.

Frimley Primary Care Transformation Plan

Frimley has an existing comprehensive and ambitious Primary Care Transformation Plan. The plan was developed in early 2021 and first submitted as part of the then CCG operating plan in May 2021. The plan has been iterated and developed in line with changing priorities over time (for example the Covid vaccination programme has become business as usual and no longer forms part of the plan), delivery, learning from delivery, and emerging best practice.

The current version of the plan describes nine workstreams and enablers, as set out below.



There is a high level of alignment between the Frimley plan and the national PCARP, and so our focus has been on adoption and delivery of the key elements of the national plan which best enable our local transformation work. Our intention is to accelerate change through the national offers of support, additional funding, and focus provided by the PCARP programme.

While the ICB welcomes the focus on additional investment and focus that the PCARP programme has brought to the challenge of improving access to primary care, its design is one of complexity with a patchwork of requirements, hypothecated funding, initiatives and offers. Our approach as an ICB primary care portfolio team is always to integrate such initiatives with our existing programmes of work and show how they support and extend them. A more balanced approach, with increased flexibility and autonomy with clear objectives and outcomes from the national team, could more effectively support the integration of the overall programme of locally, regionally and nationally-driven work. However, it could also increase the risk in delivery of the ambition if the system chose to prioritise elsewhere.

The key difference between the local Frimley programme and PCARP is in our local adoption of the principles of population segmentation, supported by the capabilities and analytical capacity within Connected Care. This affords us the opportunity to go further, faster, particularly for clinicians and practices that are innovators and early adopters, and then to learn from and spread what works.

Organising to deliver

Our five place-based primary care teams have worked effectively with our 68 practices and 16 PCNs to support the adoption of the PCARP programme. The picture of national and regional PCARP support offers has taken time to emerge, and over the last few months local teams have worked to rapidly disseminate the information, make sense of the offers, and discuss and support practices and PCNs to develop and deliver their plans.

The place-based teams are supported by two dedicated portfolio specialist teams (Workforce and Digital), and teams from other portfolios supporting transformation most notably including estates, communication and engagement, and analytics and insights.

Key highlights of delivery

The PCARP is a large and complex programme of work encompassing the entirety of the primary care transformation programme, and additional workstreams in community services and community pharmacy.

With a transformation programme beginning in 2021, our delivery against the PCARP ambitions is already ahead of the national plan in many areas in Frimley. Where this is the case, our focus is on optimising delivery, realising the benefits, and spreading best practice.

Key highlights include:

- 100% of Frimley practices are now utilising cloud-based telephony (also known as VOIP).
- In 2022/23, Frimley was the only system in the country to draw down its full ARRS allocation; we are projecting a full draw down again in 2023/24.
- 100% of Frimley PCNs submitted Capacity and Access Improvement Plans by the June 2023 deadline.
- 79% of practices have taken up the Frimley blueprint website offer with a further 3% transitioning.
- 23 practices are participating in the national General Practice Improvement Programme intensive and intermediate offers.
- 43 practices have completed a Support Level Framework template.
- Within the south east region, Frimley has the highest proportion of appointments seen on the same day (48%), and the highest proportion seen within two weeks (88%), and Frimley benchmarks high on these measures nationally. These are the key outcome ambitions for the PCARP programme.

Areas for further work and development

Two areas of the national plan remain outstanding pending national negotiations and developments:

- Pharmacy First
- National Digital Framework

The relevant teams are working with regional and national colleagues to understand the developing picture and preparing to support these areas once released.

Work on self-referral pathways has begun, with increased focus and support for delivery in place.

A more detailed update on progress will be provided in the next report, due in February or March 2024.

Recommendation	The Integrated Care Board discuss and approve the Frimley approach to delivering the requirements set out in the NHSE Primary Care Access Recovery Plan.

Please provide details on the impact of following aspects	
Risk and Assurance	The report is to provide assurance on the delivery of the Primary Care Access Recovery Plan to the ICB Board, as required by NHS England. No significant risks have been identified at this stage in relation to programme delivery beyond those already on the ICB's risk register – see risk section below for details of programme risks.

Equality and Quality Impact Assessment	Not required for this report – PCARP is a national priority work programme. Improving access to primary care is intended to have a positive impact on equality and quality.
Patient and Stakeholder Engagement	No patient or stakeholder engagement is required for this report – PCARP is a national priority work programme. The relevant sections below highlight the actions in relation to patient engagement with the changes in general practice and intended improvement in patient access and experience.
Financial Impact and Legal implications	None for this report – PCARP is a national priority work programme funded through a range of sources including ICS Service Development Funds and dedicated national funding. It is supported and delivered by existing ICB team capacity (mainly the primary care place-based teams, primary care workforce team, Digital First Primary Care team, Connected Care and the communications and engagement team).

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Primary Care Transformation Management Group	6 November 2023	Agreed as representing the FICB PCARP programme.
Senior Leadership Team	7 November 2023	Approved with minor amendments.
Primary Care Board	7 November 2023	Approved with minor amendments. Discussion to identify and populate the challenges and barriers section.

Purpose of paper

This report to the ICB Board on the Primary Care Access Recovery Plan[1](PCARP) is to meet the requirement for all ICBs to produce system level access improvement plans and present these to their public boards in October or November 2023. The ICB access improvement plans also need to include a summary of practice/PCN improvement plans, challenges, wider support needs and barriers, and ICB actions. This paper sets out the ambitions and delivery approaches that should be considered central to the delivery of system commitments.

The publication of the PCARP document in May 2023 sets out the primary care ambitions around access and describes the relationship with the *Delivery Plan for Recovering Urgent and Emergency Care services*[2] (Jan 2023). The plan aligns with the ambitions set out in the *Fuller Report*[3] for urgent care and the NHSE Operational Planning Guidance for 2023/24[4] brings this ambition together for systems.

NHSE is investing significant funding to support the primary care access recovery plan. ICBs should be assured that primary care recovery funding is being used for its intended purpose. NHSE requires that the funding should be used as additional support for primary care, with other primary care funding remaining in place and not being reduced.

This paper sets out the Frimley ICB System Level Access Improvement Plan and updates on progress made to date on each of the areas highlighted in the checklist of key ICB actions.

The paper will:

- Provide the overarching context and high-level overview of the contents of the PCARP
- Set out the Frimley ICB System Level Access Improvement Plan
- Provide a high-level summary of practice and PCN-level improvement plans
- Provide updates on progress made to date on the following areas:
    A. Empowering patients
    B. Modern general practice access
    C. Capacity
    D. Reducing bureaucracy
- Highlight challenges, barriers, key risks and mitigations
- Set out next steps

Context

General practice and primary care services continue to be at the heart of communities with thousands of people benefiting from advice and support every day. However, there are signs of discontent with these services from our population with insights showing a poorer experience being reported.

The challenges for primary care services have long been recognised, dating back at least to the publication of the General Practice Forward View in April 2016. The sector lacked investment over a number of years, and despite progress now being made, the real-terms increase in funding has been relatively small when compared with the growing and ageing population. This investment was designed to meet the challenges primary care faced before the pandemic, but the layering on of additional post-pandemic demand and workforce challenges has left the sector in crisis.

[1] Delivery plan for recovering access to primary care (england.nhs.uk)
[2] B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf (england.nhs.uk)
[3] Microsoft Word - FINAL 003 250522 - Fuller report[46].docx (england.nhs.uk)
[4] PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf (england.nhs.uk)

Post-pandemic we are seeing significantly increased demand for appointments, with more patients considering their condition to be urgent. In Frimley ICS, practices are delivering 21% more appointments year to date compared with the same months in 2019/20, but demand continues to outstrip capacity in many practices. Practices report the current drivers of demand and capacity challenges include:

- A particular increase in the working age, generally well population accessing general practice.
- Increase in “health anxiety” and mental health consultations.
- Deterioration in long-term conditions through the pandemic, although the backlogs of routine chronic disease management have by now largely been recovered (including diabetes, respiratory and heart disease).
- Increased levels of vaccine hesitancy requiring increased effort to offer vaccinations to some cohorts.
- Continuing to manage people on the waiting lists to access community and secondary care services, including the deterioration of patients through extended waits.
- Increased staff turnover due to pressures in general practice.
- Longstanding premises pressures in some surgeries increasingly limiting ability to expand services.

At the same time as the public are reporting a poorer experience, the morale of the primary care workforce is low and capacity is stretched, leading to concerns for the long-term stability of general practice services. General practice resilience will continue to be a key area of focus, particularly for smaller practices, and those with workforce and estates challenges.

Despite this, new models of care have emerged with the adoption of population health principles, the multiplicity of new skills and roles through workforce development and the positive adoption of new technologies. This illustrates the agility and flexibility that general practices working together can achieve.

Following on from the publication of the *Fuller Stocktake* in May 2022, as well as the government’s commitments during the Autumn Statement to improve access to general practice, NHS England and the Department for Health and Social Care published the *Delivery plan for recovering access to primary care* in May 2023.

With demand on general practice growing and record numbers of appointments being delivered, the plan has been developed with key partners to improve access and patient experience, as well as making a difference for those working within general practice.

PCARP overview

NHS England and the Department for Health and Social Care published the *Delivery plan for recovering access to primary care* in May 2023. Now known as PCARP (Primary Care Access Recovery Plan), the plan centres on four key areas to support recovery:

- **Empower patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice.
- **Implement Modern General Practice Access** to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
- **Build capacity** to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.

- **Cut bureaucracy and reduce the workload** across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

These four areas of focus are steered by two main ambitions:

i. To tackle the 8am rush – meaning patients should be able to not only contact their practice easily but be able to book an appointment (not necessarily on the same day as when they ring) when they ask for it.
ii. For patients to know on the day they contact their practice how their request will be managed.
    - If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.
    - If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.
    - Where appropriate, patients will be signposted to self-care or other local services (e.g., community pharmacy or self-referral services).

Key terms

The scope of the plan is very broad and encompasses the majority of the primary care transformation programme. Nationally this is supported by a range of planning requirements, initiatives, support offers and funding, which are summarised below:

- CAIP – Capacity and Access Improvement Plans, developed by every PCN setting out how they will improve capacity and access utilising the additional investment in 2023/24.
- MGPAM – Modern General Practice Access Model setting out the shift to a digital front door with online consultation and cloud-based telephony, care navigation and triage directing patients to the right member of the multidisciplinary team, first time.
- GPIP – General Practice Improvement Programme of nationally facilitated improvement offers, at both intensive and intermediate levels, to support and promote adoption of MGPAM.
- SLF – Support Level Framework, tool developed with clinical input to assess progress on the adoption of MGPAM and support improvement conversations with practices and PCNs.
- TCTSF – Transition Cover and Transformation Support Funding, originally billed as “backfill” funding to support practices in undertaking the GPIP, and now available to all practices for completing the SLF and delivering the MGPAM.

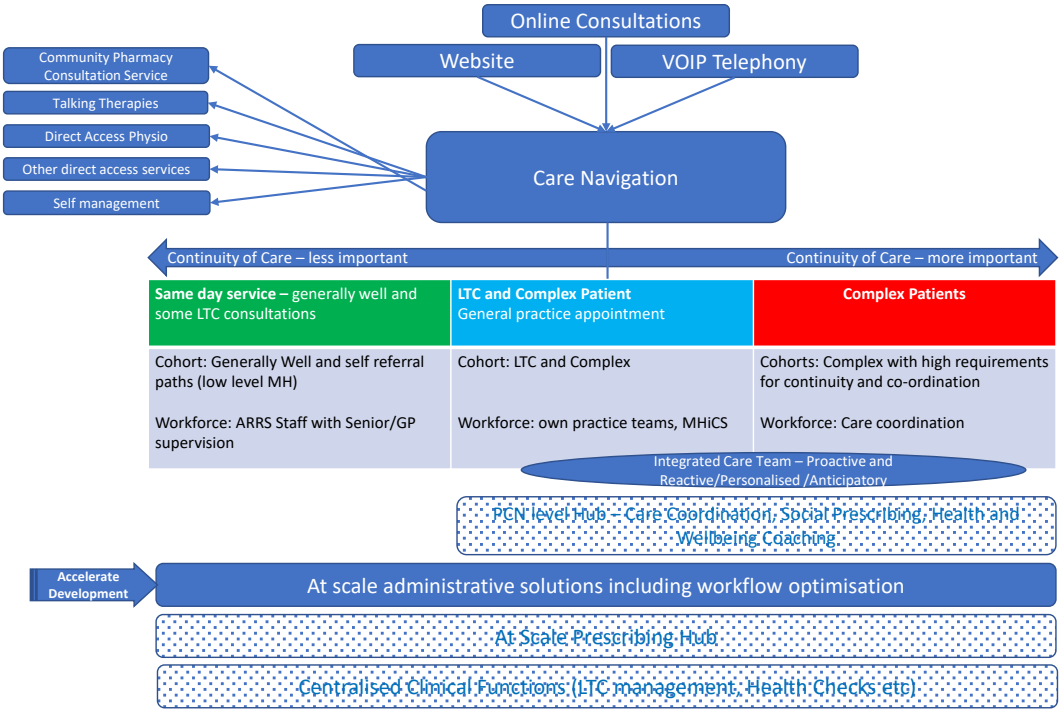
Frimley ICB target operating model

In Frimley, a population segmentation model of care has framed the approach to access improvement, workforce development and implementation of digital tools such as online consultation and segmentation. The model described below is that developed in Frimley in 2021, maximising the opportunity through population health intelligence to better support our patients and as a result transform services in a sustainable way.

Primary care is unparalleled in its ability to safely and effectively manage undifferentiated demand – it is what primary care does. Primary care is understood and recognisable to patients. It has a range of access modes (in person, telephone, and online).

A population segmentation approach to general practice involves segmenting patients effectively based on their health needs, to deliver the most appropriate care in the right time and place, with the right member of the clinical team. This recognises that people’s need for continuity of care is not absolute but varies by both individual need and presenting complaint. This is recognised in the diagram below, which shows the population segmented into green (generally well), blue in the

Frimley diagram but more often represented as amber (long term conditions), and red (complex needs), with continuity of care being less important to the left and more important to the right of the diagram.

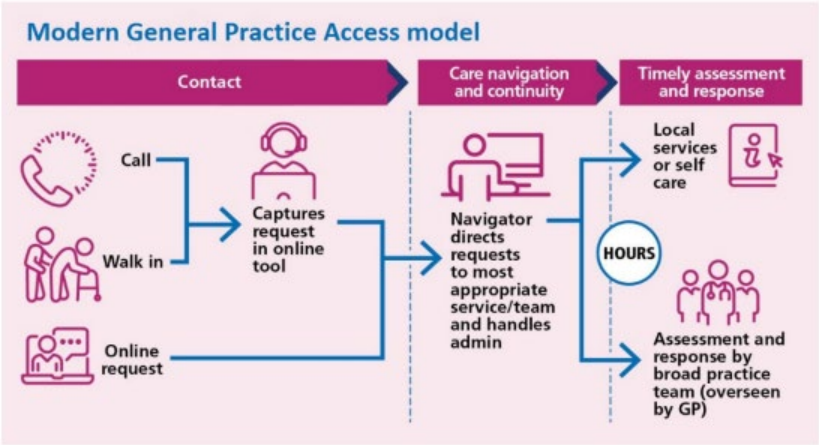


Care navigation is a critical part of this journey, to ensure that patients are streamed into the right services at the right time with the most appropriate, and least costly, clinician. The objective is to ensure that our most expensive and increasingly constrained workforce, general practitioners themselves, do the work that only they can do. In addition, our GPs increasingly organise and supervise members of the wider clinical and non-clinical multidisciplinary team that is now available to them (including nurses, paramedics, mental health practitioners, physiotherapists, clinical pharmacists, dietitians, social prescribers, care coordinators, and health and wellbeing coaches) to meet the broader needs of their patient population.

The model aims to improve whole population access to primary care by ensuring that meeting the urgent care needs of the generally well population do not impact as heavily on providing continuity of care for those people who need it most. This means providing continuity of care more appropriately – through the clinical record for some, and through practice-based, team-based and relational continuity for others depending on their level of need and presenting complaint. Increasingly sophisticated, MDT-based models of care are developing around key population segments as part of our wider primary care transformation work.

By adopting this model, outcomes for the whole population can be improved and therefore contribute significantly to reducing health inequalities and increasing healthy life expectancy, our two headline ICS strategic outcomes.

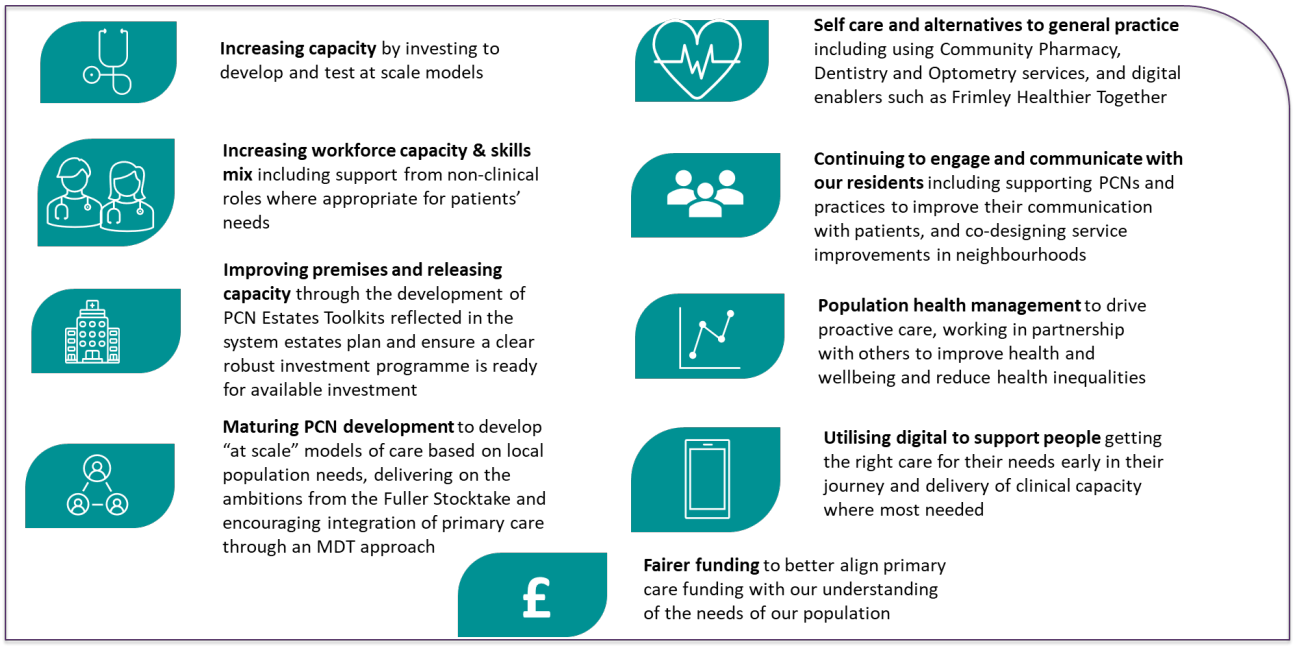
The national Modern General Practice Access Model set out below includes the common elements from the Frimley model of care; contact (front door), care navigation and continuity, and timely assessment and response.



Frimley ICB plan

Frimley has an existing comprehensive and ambitious Primary Care Transformation Plan. The plan was developed in early 2021 and first submitted as part of the then CCG operating plan in May 2021. The plan has been iterated and developed in line with changing priorities over time (for example the Covid vaccination programme has become business as usual and no longer forms part of the plan), completed and delivered elements, learning from delivery, and emerging best practice.

The current version of the plan describes nine workstreams and enablers, as set out below.



There is a high level of alignment between the Frimley plan and the national PCARP, and so our focus has been on adoption and delivery of the key elements of the national plan which best enable our local transformation work. Our intention is to accelerate change through the national offers of support, additional funding, and focus provided by the PCARP programme.

The attached appendix provides an overview of the work undertaken to deliver the ICB actions within the PCARP.

Summary of PCN and practice-level plans

Frimley PCN Capacity and Access Improvement Plans

A major change in 2023/24 has been the re-targeting of much of the existing PCN Investment and Impact Fund to support access improvement. 70% of this is being paid upfront to PCNs, with 30% to be awarded by ICBs conditional on PCNs achieving agreed improvement in access and experience. The value of this financially to PCNs in Frimley is £2.15m upfront and £923k reward payment.

To support this, the ICB agreed a capacity and access baseline for each PCN in June 2023 which included metrics on:

a. patient experience of contact,
b. ease of access and demand management, and
c. accuracy of recording in appointment books

All PCNs have developed their Capacity and Access Improvement Plans designed to deliver improvements in each of the three areas identified above. These plans were signed off by the ICB at the end July 2023 and progress will be monitored throughout the remainder of the financial year. It is expected that plans will be iterative and may therefore require amendments to respond to the fast-learning cycles arising from implementation of actions in the plans.

A summary of the PCN-level plans is provided in appendix A.

Most PCNs recognise the positive impact of these plans in preparation for winter and have tailored their commitments to this timeline; this forms part of the Frimley primary care winter preparedness plans.

National Support Offers – General Practice Improvement Programme (GPIP)[5]

The national GPIP was introduced in May 2023. The programme includes four elements:

- An intensive offer: six months targeted, hands-on support for those practices working in the most challenging circumstances.
- An intermediate offer: three months of hands-on support available for both practices and PCNs.
- A universal offer for all practices encompassing online resources, webinars and online support sessions.
- A capability building offer including a programme for PCN Digital & Transformation Leads, and accredited quality improvement programmes.

NHS Frimley has 68 general practices; within this we have six practices currently participating in the intensive programme and a further 17 participating in the intermediate GPIP programme. All practices have access to support from the primary care place leads as required and have access to the available webinars and training offers through the universal offers. These offers are shaped by the outputs of the Support Level Framework discussions with each practice and supported through the GPIP offers aligned with the individual practice needs to improve access for their patients.

[5] NHS England » National General Practice Improvement Programme

Transition funding[6]

Practices are eligible to access transition funding through a plan based on the Support Level Framework to transition towards the modern general practice access model. These funds are provided to support the challenge of backlog of demand when moving to new ways of working. ICBs have been allocated this transition funding available for practices which can be accessed throughout 2023/24 and 2024/25, through a 30% allocation and the remainder through draw down on actual spend.

Practices access improvement status – October 2023

The table below summarises the level of participation of Frimley practices in the General Practice Improvement Programme offers, completion of the Support Level Framework template, and completed applications for the Transition Support funding to enable practices to adopt the Modern General Practice Access Model.

	Number of practices	% participation
General Practice Improvement Programme (GPIP):		
Intensive	6	9%
Intermediate	17	25%
Universal (local and national online offers/Pending GPIP)	45	66%
Service Level Framework:		
Completed (non-GPIP)	20	30%
Pending / Booked	13	19%
Completed (GPIP)	23	34%
No action / refused	12	17%
Transition Support to Modern General Practice Access Model (TCTSF) – 50% of practices target 2023/24:		
Approved	5	7.4%
Pipeline	5	7.4%
Not yet submitted	58	85.4%

Summary of ICB actions to support the PCARP

A. Empowering Patients

Self-referral pathways

Empowering patients to care for themselves and ensuring the public have appropriate access to alternative services to general practice is central to the PCARP. General Practice has become the gateway to other services, often when not clinically necessary. Expanding self -referrals to alternative community services is more convenient for patients and frees up valuable practice time.

[6] NHS England » Transition cover and transformation support funding to move to a modern general practice access model

NHS England has identified seven priority services (falls services, musculoskeletal services, audiology for older people including loss of hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services) where self-directed referrals routes should be available by 31 September 2023.

NHS Frimley has prioritised three services initially to establish the current position, understand the benefits to the service change and commitment to working towards the ambition from PCARP and NHSE planning guidance. These are MSK services, audiology and podiatry. The delivery task and finish group was established in October 2023.

The following next steps have been agreed:

- Establish bi-weekly meetings for the Task & Finish group to progress.
- Develop a project plan to monitor and evaluate advancements across all seven services.
- Collaborate with the contracting team to verify the accuracy of service-specific details and assess the current payment structure for each service/provider under the contract.
- Identify contractual strategies to prevent any potential additional costs.

Expansion of community pharmacy services

As part of the PCARP, NHSE have announced that a new Pharmacy First scheme will launch before the end of 2023. This service will build on learning for similar models already in place and will enable pharmacist to supply prescription-only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women) without the need to visit a GP. We are currently being advised that this negotiation is due to conclude with a potential start date of January 2024. The relevant Frimley teams will prepare to support delivery of the new service once further details are made available.

From October 2019 the NHS Community Pharmacist Consultation Service (CPCS) was commissioned by NHS England as an advanced service. In line with the ambitions set out in the NHS long term plan, the service aims to relieve pressure on access to GP services, and to support the delivery plan for recovering urgent and emergency care services. The service connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.

From April 2023, referrals from urgent and emergency care (UEC) settings were included as part of the NHS CPCS.

Over 95% of community pharmacies in Frimley are signed up to deliver the NHS CPCS. Uptake and utilisation by GP practices is high with over 23k Frimley residents being referred into the service since its commencement, who may otherwise have attended their GP practice. The ambition is to enable all eligible pharmacies in Frimley to deliver the service.

Frimley is participating in the nationally funded, Community Pharmacy Independent Prescribing Pathfinder Programme. The strategic aim is to establish a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing for patients in primary care. This supports the Fuller Stocktake report vision for transforming access to services, improving experience for patients with long term conditions and preventing ill health through integration and collaboration, and offers the opportunity for community pharmacists to work at their full clinical potential.

We have been awarded funding for three community pharmacies to be pathfinder sites, delivering a CPCS+ clinical model.

NHS England introduced a blood pressure check advanced service in October 2021, and over 6,000 community pharmacies are supporting the identification and prevention of cardiovascular disease. This service is currently available through 109 community pharmacies out of 135 (81%) across Frimley with over 21,000 BP checks carried out through Frimley pharmacies since the launch of the service in October 2021.

From April 2023, community pharmacy started to manage ongoing oral contraception for women. NHSE intend that this service will be expanded from late 2023, dependent on findings from initial pilots currently underway and consultation. This service is initiated in general practice or a sexual health clinic; this is the Tier 1 service. Subject to a positive evaluation of the pilot, Tier 2 of the service will be implemented; community pharmacists will also be able to initiate oral contraception, via a PGD, and provide ongoing clinical checks and annual reviews. The Tier 1 service is currently available in 20 community pharmacies in Frimley.

B Modern General Practice Access

Digital First Programme

The use of technology is an important part of the plan, including the ability to access the functionality of the NHS App with a target of 75% of adult patients enabled, alongside 90% of patients having access to their own health records by March 2024.

Patients will be encouraged to use online or app-based tools to contact their practice, and practices are encouraged to utilise the tools when managing telephone contacts in order to shape the care navigation conversation and capture structured and coded data. Engaging practice teams in being able to implement these technologies is key to success.

The Modern General Practice Access Model (MGPAM) includes set tools to achieve a better access offer, including better digital telephony; online options; faster navigation, assessment, and response to the needs of the patient. This model and elements of it, are already being used in many of our practices so learning from what has worked and what hasn't will be an important part of the success of this work.

Cloud Telephony

All analogue phone systems across the country are due to be switched off by December 2025. The 2023/24 GP Contract requires practices to use the nationally set Cloud (digital) Telephony Framework for procuring digital telephony.

Across 2021/22 and 2022/23, Frimley ICB undertook a programme of work to support and fund practices to move from analogue to digital telephony systems. All Frimley practices are currently engaged in the cloud telephony programme with all practices already implemented.

Key functionality for patient experience includes call queueing and call- back functionality, with ongoing support provided to adopt these. There remain under ten practices that continue to work towards these key digital functions in Frimley. There is an ongoing programme of support for practices to optimise their use of the VOIP systems by understanding and using data to manage their demand and capacity.

Due to Frimley's early adoption of this technology, a number of practices are utilising VOIP telephony systems that do not meet the most recently published guidelines, from suppliers that are not on the new national framework. Targeted support is being offered to these practices, along with escalation to the national team to support all suppliers to meet the new requirements and avoid further disruptive changes for Frimley practices.

The ICB has had work in place since late 2021 to encourage and support the development of at scale telephony hubs at PCN and place level. Multiple PCNs have already developed such models and support offers remain in place for any further practices and PCNs with the appetite for this scale of transformational change.

NHS App and patient records access

NHS Frimley have a workstream in place to improve use of the core functions of the NHS App across all practices to meet the ambition of 75% of adult patients with an NHS App or website registration. Practices are encouraged to promote the app. The app brings benefits both to patients and practices, with access to health records, ability to book and cancel appointments, and order repeat medications directly to the pharmacy. In September 2023, NHS Frimley have achieved 58% of over 18s registered with the NHS App.

Practice are also being supported to enable all patients to have access to prospective records access through the NHS App and website, where this is not already in place.

Practice websites

An ambition of the PCARP is to enhance patient journeys on GP websites to ensure that all patients that require care can access primary care services online as a good option for those comfortable to do so. NHS Frimley have already commissioned a website provider as part of the digital first programme, to which 54 of our 68 practices are now signed up, with a further two moving through mobilisation. The remaining 12 practices have retained independent websites, 100% of practices have active website offers.

In support of this ambition, NHSE south east regional team have commissioned an audit of all practice websites which commenced in October 2023.

Phase one of the audit involves an assessment and evaluation of practice websites across the ICS utilising the NHS England Benchmark and Improvement Tool. The audit will provide an analysis of this data that will allow the ICB to understand the extent of the compliance / noncompliance by practice, by website supplier, template version, standards and contractual obligations.

Digital Tools

Ahead of the publication of a new national Digital Pathway Framework, the ICB has full understanding of the contracting position for online consultation, messaging and booking solutions across all ICS practices. Once the framework is published (currently expected to be January 2023), the ICB Digital First Primary Care team will review the framework and guidance to assess and address any gaps in provision. As and when existing contracts cease, the ICB will procure new services via the framework.

The ICB is committed to enabling more patients to self-monitor certain long-term conditions at home through the Remote Monitoring programme. This requires limited support from General Practice only when clinically required.

Practices across Frimley use Accurx with patients as a communication platform between patients and healthcare professionals, with the ambition to benefit from the NHS App messaging service going forward.

C Capacity

Additional Roles Reimbursement Scheme

The Additional Roles Reimbursement Scheme (ARRS) was introduced in England in 2019 as a key part of the government's manifesto commitment to improve access to general practice. Through the scheme, primary care networks (PCNs) can claim reimbursement for the salaries (and limited on-costs) of 17 new roles within the multidisciplinary team to meet the needs of the local population. In expanding general practice capacity, the scheme improves access for patients, supports the delivery of new services and widens the range of offers available in primary care.

The ARRS programme is now in its final year with some ambiguity around the continuation, however NHSE have provided some commitment to the scheme continuing and have asked the PCNs to fully commit to the programme. In some systems the uncertainty has been an issue, however in Frimley the PCNs have continued with their recruitment programme. Across Frimley, the ICB place-based primary care teams have worked closely with PCNs to support them to use their full ARRS budget. NHS Frimley was the only system to draw down its full ARRS funding in 2022/23 and is currently forecasting full utilisation of the available funding in 2023/24.

The impact of the success through ARRS leads to challenges around non progressive pay band arrangements, uncertainty around the future of the scheme beyond March 2024 and the levels of supervision by PCNs.

Workforce Growth & Retention

The Frimley Training Hub and Primary Care Workforce Team work in partnership with PCNs and practices to continue in the ambition to become high quality and sustainable learning environments for clinicians in training. Currently six of our PCNs are signed up to the PCN learning environment programme. Working together at PCN level will provide broader learning opportunities for an increased number of students from all clinical roles, giving as many students as possible the chance to experience primary care as part of their learning and consider their career in this setting.

The workforce team lead on a number of both local and national programmes supporting primary care workforce retention. Examples include fellowships for new GPs and nurses to primary care, mentoring opportunities, Next Generation GP, and access to a programme of continuing professional development for all those working in primary care.

Frimley alongside Kent and Medway are piloting a 'GP Appraisal plus' approach where, as part of the GP annual appraisal there can be additional signposting to pension advice, mentoring, and other relevant services as part of the conversation.

The increasing pressures of working in general practice have been widely documented due in part to increased demand, increased levels of abuse from patients and low staff morale. Health and wellbeing for the primary care workforce has been identified as a priority in the Fuller Stocktake and NHS Long Term Workforce Plan. Following the tragic deaths of two GPs by suicide (one GP partner at a Frimley practice, and a second with a history of working in Frimley), the ICB is committed to supporting the suicide postvention project and ensuring the learning is invested in to the future for our primary care workforce.

We learned from last year's pilot primary care staff survey that 25% of responders did not have a decent work/life balance and 33% were unsure what services were available to them. Frimley ICB had the initial scoping meeting of the Primary Care Culture and Wellbeing Group to develop a workstream to provide a clearer focus this work. Priorities will focus on what is working well, and how we learn from each other as well as maximising opportunities to work at scale.

D Reducing Bureaucracy

Improving the Primary-Secondary Care Interface

Through the annual operating plan guidance NHSE asked Chief Medical Officers to establish the local mechanism which will allow both general practice & consultant-led teams to raise local issues, to jointly prioritise working with Local Medical Committees (LMCs), and to tackle the high-priority issues including those in the AoMRC (Academy of Medical Royal Colleges) report.

To strengthen our interface arrangements and optimise patient care across primary and secondary care, the ICS has worked collaboratively to review and develop a reference guide that outlines agreed ways of working for the different clinical professionals across the interface. In early 2023, the guide was published, "FHFT (Frimley Healthcare Foundation Trust) and Primary Care Collaborative Working Reference Guide"[7].

This guide was developed collaboratively with senior primary and secondary care clinicians with significant input from the ICS Clinical Interface Committee (CIC), which includes LMC members and the ICS Elective Steering Group (ESG). A recent self-assessment of compliance requested by NHSE against the Chapter 2 standards confirmed that the guide sets out clarity for the interface arrangements, including: onward referrals, complete care (fit notes and discharge letters), call and recall arrangements, and clear points of contact across the interface.

The implementation plan supporting this framework and improve culture is being co-designed with primary and secondary care colleagues, with a dedicated session in September 2023 starting this process. Clinicians believe a focus on the patient being at the centre of all we do, reducing duplication and unnecessary delay for them, will be the key to colleagues understanding the need to change the way things have been done over many years.

Frimley ICB recognises the significant impact on primary care workload that results from the current interface between primary and secondary care. The ICB is committed to improving communication, reducing duplication and bureaucracy across both primary and secondary care providers.

Progress will continue to be reported through the next update to the board in Feb/March 2024.

Register with a GP online

Scoping and regional/national team discussions have confirmed that the local Frimley website blueprint registration form meets the core requirement so avoids an additional form with no added benefit.

There is ongoing engagement with those practices not on the local website blueprint to encourage them to register for the national offer.

Some practices are piloting self-funded automated and integrated offers and sharing best practice with peer practices.

E Enablers

Communications and Engagement

Communications and engagement support to primary care and our partners in the ICS is tailored to deliver the PCARP and local priorities which sit alongside it. The ICB offers support to practices and PCNs on communication through:

[7] fhft.nhs.uk/media/6522/fhft-and-primary-care-collaborative-working-reference-guide-2023.pdf

- Offer to write up cases studies and tell stories
- Work closely with Digital team to ensure insight informs messaging
- Agile to system pressures to support general practice as needed
- Full suite of materials available on partner resource pages including voice notes and translations
- Focus on nurse, care navigator and clinical pharmacist roles within the multidisciplinary primary care team – more roles coming soon

The engagement offer supports activities such as:

- Bespoke PCN surveys, development and use of standardised campaign assets
- Advice on planning future patient involvement
- Support with focus group planning and delivery
- Provision of online pages on our Insight and Involvement Portal to share local work

Our agreed local priority messaging which aligns with the aims of the PCARP are as follows:

- We're listening and making improvements
- There are three ways to get in touch; phone, online or face to face
- Appointments are available 8am-8pm and at weekends
- For out of hours support visit NHS 111 or call 111
- There is now a larger team in general practice to support you
- Improved digital options are there for those who want to use them

All communication messages to our patients are co-designed with local people and our primary care colleagues and tested regularly. A range of communications and engagement activity is planned utilising existing channels and targeting groups who we know will require specific messaging or support. A full communications and engagement plan has been developed to support improved access to general practice services, including supporting the recently released national campaign.

Directory of Services

The ICB maintains an up-to-date DoS for use by NHS 111. The action to train practices and PCNs on the DoS will be reviewed in the next period to ensure the fit with local Frimley systems and processes, as the ICB also maintains a more comprehensive pathways and services database (DXS) for practices, which all practices are encouraged to use.

Challenges and barriers

The Primary Care Board members set out the following challenges in meeting the expectations of the PCARP:

i. Primary care network additional roles reimbursement scheme – uncertainty around policy and ambition beyond March 2024. Identified challenges include band progression through the defined bands of all roles, continued commitment to PCNs for ARRS, and additional resources necessary to successfully utilise ARRS roles such as supervision, recruitment and development.
ii. Delays to national enablers such as Pharmacy First will restrict elements of PCARP delivery, specifically the enhanced offers from expanded alternative community pharmacy services to better signpost patient to reduce demand on other services.
iii. National benefits with the delayed Digital Framework will restrict timely delivery of PCARP, specifically the ability to select more advanced digital tools from the approved provider framework.
iv. National communications to support the challenges and focus on the improvements around capacity and demand in general practice. We welcome the campaign on the wider members of the team, however a focus on the transformation elements around digital and self-

management would be helpful with the challenge of engaging our population in the delivery of the Modern General Practice Access Model.

More broadly, we identify the following challenges in the current political and financial context:

i. Increasing local and national intelligence suggests that contractual uplifts in core income have not fully funded actual increases in costs for practices, and some are seeking efficiencies through the reduction of core workforce. Although the Frimley Fairer Funding for Primary Care programme is likely to provide some mitigation for practices that are currently under-funded for their levels of objectively assessed need and health inequalities, this goes alongside an ask to reduce health inequalities. The ICB cannot fully address this challenge for all practices in the current financial context.
ii. The actions identified in the national letter dated 8 November 2023, "Addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to take", are likely to have an impact on general practice. Recent anecdotal evidence suggests up to 20% of consultations with a GP (rather than the wider primary care MDT) may be related to people on waiting lists for care in other parts of the health economy. Further work is required to validate this and understand whether the impact on primary care can be reduced or mitigated in any way.
iii. Recent national research on understanding public attitudes to the NHS suggests that there is a significant time lag of several years between worsening and improving performance against objective measures, and patient experience of those services, i.e. it takes some years for patients to notice both worsening and improving performance. Further, the research shows that complaints about the NHS are used by some sections of the public as a means of expressing dissatisfaction with the current government. This has implications for the patient experience element of the PCARP. Our communications and engagement work includes a focus on practices and PCNs communicating directly with their patient populations about self-care, use of self-help apps, digital tools and routes to care, and this seems most likely to mitigate this challenge.

Key risks and mitigations

This section provides an overview of the programme risks and issues in delivering the PCARP requirements, and the work to date on mitigating or accepting the status.

Risk/Issue	Mitigation
Self-referral pathways: four out of seven pathways currently not offering self-referral, requires engagement across all community provider partners to deliver.	Work is underway to work with those providers to agree dates for self-referral routes to be implemented, where clinically appropriate. Workforce and capacity constraints are a key issue that many of these providers are working through to enable direct referral routes. Project Fusion will provide further opportunities to review and develop pathways in a consistent manner across the ICS.
Expansion of community pharmacy services: national delays for the implementation of the Pharmacy First programme.	Accepted the issue whilst preparing for the launch. Frimley ICB has a history of commissioning similar schemes from community pharmacy and will build on existing relationships to ensure pharmacies are supported to sign up.

National support offers: Practices who would benefit most from transformation and support offers are those least able to commit and identify the leadership requirements and therefore there is a risk they do not sign up.	SLF (Support Level Framework) discussions to happen with each practice to review support requirements and encourage sign up to national programmes where it is identified that these would be of benefit. Funding is now available for two years.
PCN CAIPs (Capacity Access Improvement Plans): Winter pressures could prevent PCNs and practices from focussing on delivering Capacity & Access Improvement Plan actions	PCNs will have regular review meetings with place-based primary care teams to discuss progress, barriers to delivery and changes to actions because of the fast-learning cycles being undertaken. Baselines and trajectories have been agreed with PCNs. PCNs have been provided with a set of principles against which their delivery will be measured for the year end achievement payment. Primary care teams are working with clinical leads to support practices and PCNs in accelerating reasonable progress prior to winter 23/24, recognising this situation.
Reducing bureaucracy: primary-secondary care interface: This is a notable change, needed across large numbers of clinicians (approx. 1,200 doctors across all grades in FHFT and 435 GPs including trainees), 68 GP practices and many non-medical team members.	A plan for implementation of this framework and change in culture is being codesigned with primary and secondary care colleagues, with a dedicated session on 21st September starting this process. Clinicians believe a focus on the patient being at the centre of all we do, reducing duplication and unnecessary delay for them, will be the key to colleagues understanding the need to change the way things have been done over many years. It is recognised this will require input through medical education, training, professional standards teams, with agreed and encouraged ways to challenge each other positively when the framework is not followed.
GPIT Digital Framework: the delay in the framework being published has impacted on the need to continue some contracts to this timeline.	Accepted that the issue is with the national team in NHSE. Digital Forst Primary Care team continues to work with general practice services to review the anticipated options within the framework and progress the culture and process changes necessary to adopt the offers.

Next steps

A further update on progress against the actions set out in the Frimley ICB System Level Primary Care Access Improvement Plan will be provided to Public Board in February/March 2024.

APPENDIX A: Frimley ICB – Primary Care Networks; Capacity & Access Plans

A major change in 2023/24 is for 30% of the retargeted Investment and Impact Fund incentive to be awarded by ICBs conditional on PCNs achieving agreed improvement in access and experience. To support this, the ICB agreed a capacity and access baseline for each PCN in June 2023 which included metrics on:

a. patient experience of contact,
b. ease of access and demand management, and
c. accuracy of recording in appointment books

All PCNs have then developed and received ICB sign off, of their Capacity and Access Improvement Plans designed to deliver improvements in each of the three areas identified above. These plans were signed off at the end July 2023 and progress will be monitored throughout the remainder of the fiscal year. It is expected that plans will be iterative and may therefore require amendments to respond to the fast-learning cycles arising from implementation of actions in the plans.

The PCN plans for Capacity and Access Improvement[8] (CAIP) are set out in the service specification and framed in the Investment and mpact Fund[9] (IIF).

Specific impacts set out around access in the IIF are:

a. ACC-08: Percentage of appointments where time from booking to appointment was two weeks or less

Mapping of CAIP Plans

CAIP Chapter	Action	Incl in PCNs Plans
GP Patient Surveys – national and local*	Improve patient experience using the GP Patient Survey baseline to plan improvements	16/16
Friends and Family Test (FFT) – establish and increase return rates*	Improve patient experience using the Friends and Family Test (FFT) response as a baseline for improvement. Ensure that all practices are promoting and reporting FFT	16/16
Engage more and develop PPGs – and HealthWatch*	Engage with patients to understand service improvements, gather feedback on patient experience and work in partnership around improvement	7/16

[8] PRN00157-ncdes-v2-capacity-and-access-payment-2023-24-guidance.docx (live.com)
[9] Report template - NHSI website (england.nhs.uk)

CAIP Chapter	Action	Incl in PCNs Plans
	Expanded use of VCSE partners	
Processes within the PCN to analyse and act on feedback*	Website to support patients ensuring that the digital landing platform of the website supported effective signposting, access and self care. Learning from utilisation and feedback.	7/16
	PCN Communication Strategy – incl. social media / Google reviews / digital inclusion; gathering feedback themes to improve experience	4/16
	Promote MDT / diverse staff offers in practices/PCNs: embed the local and national communication messages through the PCN with practices to establish trust and value in the practice and PCN teams	4/16
	Engage with specific cohorts of residents – LD and SMI, veterans, GRT	2/16
Cloud based telephony (CBT) in place and call-back function activated, with use of data to drive improvement*	Digital telephone systems (CBT/VOIP) – audit and change for improvement of patient experience to maximise the potential of the digital telephone systems to improve patient experience	16/16
	At Scale Telephony capacity model	7/16
	Equitable triage offer – SOP, training, safe	5/16
Effective usage of online consultation system(s) by practices in a PCN, demonstrated by increased use of online consultation systems as a digital access route and triage support*	Increased adoption of online consultation (incl. Smart Inbox)	8/16
	At scale online consultation capacity model	5/16
	Equitable triage offer – SOP, training, safe	5/16
Capacity and Access Improvement Plans adopting the tools and	Additional capacity – at scale/hub, surge response, EA models, remote care	7/16
	Self-management tools – Apps; NHS App	5/16

CAIP Chapter	Action	Incl in PCNs Plans
taking a change improvement approach to supporting patients to get the right care to support their needs		
	Self-management tools – Apps e.g. Frimley Healthier Together App	6/16
	Self-Management tools – AccuRX self-booking / administrative requests / automatic test result management / self-referral	5/16
	Maximise the Community Pharmacy Consultation Service (CPCS) opportunity enabling better links with local pharmacies and improving access to minor illness and over the counter medicines	5/16
	Adopt segmentation / insights and implement a change – green stream, proactive care, complex case management	5/16
Improve quality of 'inconsistent mapping'	Accurately recording all appointments, by all relevant roles (including ARRS), at PCN and practice level (including enhanced access) in practice/PCN appointment book When recording all appointments, complying with the urgent/same day and two week categorisation guidance on recording of appointment	16/16
Reduce the volume of 'unmapped' appointments	Accurately recording all appointments, by all relevant roles (including ARRS), at PCN and practice level (including enhanced access) in practice/PCN appointment book When recording all appointments, complying with the urgent/same day and two week categorisation guidance on recording of appointment	16/16

[END]

NHS FRIMLEY Emergency Preparedness, Resilience and Response Annual Assurance Process for 2023/24

Title of Paper	Emergency Preparedness Resilience and Response Annual Assurance Process Report 2023-24		
Agenda Item	8	**Date of meeting**	21 November 2023
Exec Lead	Dr Stephen Dunn, Director of System Delivery and Flow, and Accountable Emergency Officer for Frimley ICB		

Purpose	To Approve	☐
	To Ratify	☐
	To Discuss	☐
	To Note	☒

Link to Strategic Objective	

Executive Summary

The annual Emergency Preparedness, Resilience & Response (EPRR) assurance process for 2023-2024 was launched by NHS England National Head of EPRR on 23rd May and then subsequently the South East Regional Head of EPRR on 31st May 2023.

This consisted of a National letter outlining the process and timelines for this year and the updated National Core Standards.

- The total number of core standards for the ICB is: 47
- The total number of core standards for the Acute Trusts are: 62
- The total number of core standards for the Community/MH Providers are: 58
- The number of core standards for Ambulance Trusts are: 58, with 136 Interoperable standards

The EPRR Assurance Deep Dive Focus 2023/24 is on Training and Exercising. This has 10 standards to be compliant with for the ICB but 13 for FHFT and HCRG. The Deep Dive is not used to calculate overall compliance with the core standards, but is used as a barometer on specific areas of EPRR work each year. Trends identified across providers and organisations are then utilised to focus national work in the coming year.

The NHS Frimley ICB Providers that participate in the annual EPRR assurance process are:

- Frimley Health Foundation Trust
- HCRG Care Group

Outcomes from the EPRR assurance process for our shared providers will be made available via the lead commissioning ICB and are therefore not included in our assurance process. These include:

- South Central Ambulance Service NHS Foundation Trust
- South East Coast Ambulance Service NHS Foundation Trust
- Berkshire Healthcare NHS Foundation Trust
- Surrey and Borders Partnership NHS Foundation Trust
- West London NHS Foundation Trust (Broadmoor Secure Hospital)
- Sussex Partnership NHS Foundation Trust

This paper is being submitted to the Public Board in order for them to have sight on our compliance ratings for the ICB and our providers for 2023/24 and to note these ratings as an accurate reflection of the EPRR assurance process that has been undertaken by NHS Frimley ICB EPRR/Systems Resilience Team.

All NHS organisations are required to undertake a self-assessment against the 2023/24 national core standards relevant to their organisation. This assessment is then required to be taken to a Public Board meeting for formal acknowledgement.

Local Health Resilience Partnerships will also work with their constituent NHS organisations to agree a process whereby they are sighted on organisational ratings and offer an opportunity across agencies to promote the sharing of good practice. This process is coordinated with the NHS England Regional Head of EPRR, and the EPRR leads for neighbouring Integrated Care Boards.

For NHS Frimley ICB the LHRP engagement will be via the Thames Valley (BOB), Hampshire and Isle of Wight (HIOW) and Surrey Heartlands LHRPs during November.

The outcome of this process for NHS Frimley ICB has been submitted to the South East Regional Emergency Preparedness, Resilience and Response Team on

Supporting templates to be completed by all organisations are:

- The Core Standards excel spread sheet including the deep dive standards;
- A Statement of Compliance;
- An Improvement Plan.

Plans Reviewed:

This year NHS Frimley ICB has reviewed the following plans from FHFT and HCRG:

- Incident Response Plan and Action Cards
- Training and Exercising Plan and Schedule;
- CBRNe Plan
- EPRR Work Plan
- On Call Plan/Policy

Quarterly meetings are in the diary annually to support the NHS Frimley Providers and the ensure they are completing their core standards that they are partially compliant with.

The outcome of the 2023/24 EPRR Assurance Process are as follows:

• NHS Frimley ICB • Frimley Health Foundation Trust	Fully Compliant	The organisation is fully compliant against 100% of the relevant NHS EPRR Core Standards
• HCRG Care Group **Shared Providers:** • South Central Ambulance Service NHS Foundation Trust • Surrey & Borders Partnership NHS Foundation Trust • West London NHS Foundation Trust	Substantially compliant	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
• South East Coast Ambulance Service NHS Foundation Trust • Berkshire Healthcare NHS Foundation Trust	Partially Compliant	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards

All the organisations listed have plans in place to be fully compliant with all the national core standards, with timescales that are realistic and monitored by the ICB with lead commissioner responsibility.

Recommendation	A rigorous and thorough EPRR assurance process has been undertaken for 2023 with minimal actions to follow up: NHS Frimley ICB is fully compliant with both the core EPRR Standards and Deep Dive on Training and Exercising. FHFT have 1 outstanding core standard in relation to their Data Security Toolkit and is working at pace to meet this standard. They are fully compliant with this year's deep dive. HCRG have 1 outstanding core standard related to business continuity and will be fully compliant with this standard by January 2024. They are fully compliant with this year's deep dive. The shared organisations assurance status is being managed by the relevant lead commissioning ICBs. Both commissioned providers have received a letter summarising this annual EPRR process and how we will monitor full compliance going forward, offering support when required. The quarterly meetings put in place by the NHS Frimley ICB EPRR team, led by the Acting Head of EPRR/Systems Resilience will oversee and manage this process to its full completion, reporting to the Frimley Executives and UEC/Planned Care Board as required.

Please provide details on the impact of following aspects	
Risk and Assurance	Submission of these standards to public board ensures the ICB's compliance with its EPRR assurance requirements.
Equality and Quality Impact Assessment	N/A
Patient and Stakeholder Engagement	N/A
Financial Impact and Legal implications	N/A

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Urgent, Emergency and Planned Care Board	21st November 2023	Noted by the Board

NHS
Frimley
Integrated Care Board

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Board Assurance Framework		
Agenda Item	10	**Date of meeting**	21 November 2023
Exec Lead	Emma Boswell (Director for Partnerships and Engagement)		

Purpose	To Approve	☐
	To Ratify	☐
	To Discuss	☐
	To Note	☒

Link to Strategic Objective	The Board Assurance Framework supports assurance on the delivery of all of the ICBs strategic objectives and the principles risks and mitigations to delivery.

Executive Summary
The Board Assurance Framework (BAF) sets out the principal risks to the achievement of the ICB's strategic objectives and is a practical means through which the Board can assesses progress against delivery of these. In so doing, the BAF also serves as a primary source of evidence in describing how the ICB is discharging its responsibility for internal control. The BAF further sets out the controls in place to manage these risks and the assurances available to support judgements as to whether the controls are having the desired impact. It additionally describes the actions to further reduce each risk. The Board is asked to note that the BAF will be presented to the Board on a quarterly basis and work is ongoing to align the corporate risk register to the principle risks. The Integrated Risk Group will undertake a detailed review the BAF and corporate risks on behalf of the Board and this will inform the BAF.

Recommendation	The Board is asked to note the BAF and the risks analysis for each strategic objective and principle risk

Please provide details on the impact of following aspects	
Risk and Assurance	The Board Assurance Framework sets out the principle risks to delivering the ICBs strategic objectives and describes controls in place to manage risks and provides assurance on internal controls.
Equality and Quality Impact Assessment	EQIA requirements built into ways of working within the ICBs governance architecture and underpins decision making
Patient and Stakeholder Engagement	Patient and stakeholder engagement requirements built into governance approach
Financial Impact and Legal implications	The Board Assurance Framework supports assurance and risk mitigation to the financial strategic objective of the ICB.

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome

NHS Frimley ICB
Board Assurance Framework
2023/24

November 2023

The Board Assurance Framework (BAF) sets out the principal risks to the achievement of the ICB's strategic objectives and is a practical means through which the Board can assesses progress against delivery of these. In so doing, the BAF also serves as a primary source of evidence in describing how the ICB is discharging its responsibility for internal control.

The BAF further sets out the controls in place to manage these risks and the assurances available to support judgements as to whether the controls are having the desired impact. It additionally describes the actions to further reduce each risk.

NHS
Frimley

STRATEGIC OBJECTIVES 2023/24

A	B	C	D	E
Our People	**Improving Outcomes and Reducing Inequalities**	**Delivering our work programme focused on Transformation and Wider Reform**	**Data and Insights driven by Technology**	**Financial Sustainability**
We want to help our employees thrive and be healthy both at work and in their personal lives, while also listening to our workforce to help us achieve our goals as an organisation. We will take actions that create a culture of inclusivity that values our diverse workforce and encourages everyone to contribute to our vision and values.	**We will work together with our communities and other partner organisations to improve health and care outcomes and experiences for local people, resulting in reduced health inequalities.**	**We will make sure our organisation stays focused on the delivery of our work programme. Our leaders will oversee our progress and work to improve our approach over time. We will also work closely with our partners and places to make sure we are collectively contributing to wider improvements in public services, reform and transformation.**	**We will invest in new technology that can help us provide better care and prevent illness. We will increase the use of data and insights to help us innovate and improve how we provide care and support to our patients and residents.**	**We will work to make sure our organisation is financially sustainable in the long term. We will manage our finances carefully and make sure we are providing the best possible value to taxpayers.**
• Co design an ICS People Strategy and associated workplan with Partners across our ICS. This will build upon our work to date, the leadership and culture work through our Frimley Academy, the NHS Long Term Workforce Plan, People Promise and strategic ambitions set out by partners including Skills for Care impacting positively on our workforce • Deliver the ambitions set out in our ICS EDI strategy including supporting our teams and our partners in all aspects of leadership and role modelling a safe environment to raise concerns and take improvement actions. • Develop a specific ICB People strategy and OD plan to ensure our organisation has the capabilities and values to lead and enable our system work	• Embed the Core 20 plus 5 approach in the work of the ICS working jointly with place teams and partners to enable this approach focussing on 20 % of our most deprived population • Deliver the plus 5 clinical programme as outlined in the Core 20 plus 5 approach • We will work with public health and other partners to improve uptake of immunisation and screening programmes • Align policies across the ICS to reduce inequalities • Take a population health management approach to our work so we target our resources and programmes to areas of inequalities • Embed our inclusive approach to engagement/co-production through our People and Communities Strategy	• Develop a shared workplan which clearly sets out the ICBs contribution for both delivery, and leadership of, applicable elements of the ICS Strategy and the Joint Forward Plan. This workplan will demonstrate clarity to the Board on timescales, benefits, risks and issues. • Work with colleagues in Partner organisations to fully explore opportunities for the development of a new system operating framework which maximises the opportunities of greater public sector collaboration in a post Health and Care Act (2022) system architecture. These may include, but not limited to; the development of Place, pan-system shared functions and Provider Collaboratives. • Establish a PMO that ensures we remain focused on our work programme and that we deliver short term priorities as well as our longer term ICS strategic ambitions	• Rapid expansion and deployment of Virtual Care solutions, which includes both Virtual Wards and Remote Monitoring solutions for patients with varying levels of need and acuity. This will be the core plank of our approach to reducing non-elective demand and keeping residents well, for longer, in their own homes. • Continue to develop the Shared Care Record and its capability, focusing on sustainability and scalability by working closely with other health and care systems. • Roll out of our System Insights Platform version 2.0, building on the success of the first version and creating an analytics tool which is usable by clinical and professional leaders across our system to inform better planning, transformation, evaluation and resource allocation	• Develop an aligned financial strategy focused on cost containment and reduction • Implement plans to managing / mitigating growth to ensure flow of income growth for deficit reduction. Utilising a system-first approach to transforming services for the benefit of our population regardless of organisational boundaries. • We will focus on providing defined services and capacity to meet patient needs. • Develop a system wide Business Intelligence function to enable the system to operate with trust, transparency and effective data sharing to do things efficiently and effectively. • Implement our Financial sustainability programme

RISK APPETITE 2023/24

Draft Board Risk Appetite Statement 2023/24

Risk appetite is defined as the amount of risk that we are willing to seek or accept in the pursuit of long-term objectives.

It is key to achieving effective risk management and is agreed by the Board so that that the nature and extent of significant risks we are willing to take in achieving our strategic objectives is understood. It represents a balance between the potential benefits of transformation, the challenges we face, and the threats change inevitably brings.

The Board will review its risk appetite annually or more frequently should the environment we operate in change significantly. The risk appetite sets the threshold for risk against key domains and enables the Board, its Committees and Boards and teams to effectively manage risks.

Risk Statement:

NHS Frimley recognises that long term sustainability of health and care services depends upon managing risks in relation to the delivery of our strategic objectives, and that our relationships with communities, staff and all our partners is key to our success. Our approach to our risk appetite is underpinned by the maturity of our system working .

We believe that no risk exists in isolation and that effective risk management is about finding the right balance between risks and opportunities to deliver our ambitions, to act in the best interests of our communities alongside delivering value for money. Our risk appetite approach recognises the need for risk trade-off conversations, creating a flexible framework within which we can drive transformation, make agile decisions and balance boldness and caution, risk and reward and cost and benefit. It also aims to provide a proportionate approach to risk reducing bureaucracy but ensuring appropriate rigour in our risk management.

We recognise that no health and care is risk free and when balancing risk, we will tolerate some more than others. For example: we will have a cautious approach to risks which impact quality (clinical quality, safety and patient experience) which means we prefer safe delivery options and take decisions that aim to mitigate the level of risk. When driving transformation and innovation we will seek options that have bigger rewards but greater risks to get there, using our risk approach to understand and balance the risk with benefits.

Overall NHS Frimley has an open appetite to take well-considered balanced risks to pursue innovation and opportunities where positive gains can be expected, whilst being confident that through good risk management the threats can be averted.

References**:** Good Governance Institute: Board guidance on risk appetite: 2020; NHSE/I Risk Appetite 2021

The Board has agreed its risk appetite in the following domains for 2023/34:

Domains	Risk Appetite	Risk Threshold
QUALITY: Clinical quality, safety and patient experience	Cautious	8
PEOPLE: Workforce	Open	12
PERFORMANCE: Operational Performance	Open	12
TRANSORMATION: Innovation and transformation	Seek	16
FINANICAL: Financial risk and value for money	Open	12
REGULATORY: Compliance and regulatory risk	Open	12
REPUTATIONAL: Reputational risks and partnerships	Open	12

Risk Appetite	Description
None	We have no appetite for decisions or actions that will impact in anyway - avoid risk at all costs and all decisions taken to remove the risk
Minimal	We are only willing to accept the possibility of very limited risk and will avoid any decisions or actions that may result in heightened risk unless absolutely essential
Cautious	We are prepared to accept the possibility of limited risk. Our preference is for safe delivery options but we are able to tolerate low level risk and uncertainty. Every decision will be with the aim of mitigating the level of risk.
Open	We are willing to consider all potential delivery options and choose while providing an acceptable level of reward. Take a greater degree of risk and tolerate higher uncertainty to achieve a bigger reward.
Seek	We are eager to be innovative and to choose options offering greater rewards but have greater inherent risk. Eager to take on risk to achieve strategic objectives
Significant	Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust. Will chose the option with greater reward and will accept any loss as the price for the reward.

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RISK SUMMARY

Strategic Objective A: Our People

BAF REF	Domain	Principle Risk	Risk Owner	System Board/ Assurance Committee	Initial Risk rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite	Status (in/out of appetite)	Move from last quarter
					I	L	Rating (IxL)	I	L	Rating (IxL)			
A1	PEOPLE	If the ICB does not create a positive working environment that creates a culture of inclusivity that values a diverse workforce, then our people will not feel listened to and included, our people will become disengaged resulting in workforce gaps, unable to attract diverse talent to the ICB leading to a lack of delivery and we will not achieve our goals	Chief People Officer	SLT/Renumeration Committee/System People Board	4	5	20	4	4	16	Open 12	OUT	⟺

Strategic Objective B: Improving Outcomes and Reducing Inequalities

BAF REF	Domain	Principle Risk	Risk Owner	System Board/ Assurance Committee	Initial Risk rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite	Status (in/out of appetite)	Move from last quarter
					I	L	Rating (IxL)	I	L	Rating (IxL)			
B1	QUALITY	If the ICB is unable to prioritise prevention and population health programmes then the ICB will not be able to put in place the foundations to improve health and care outcomes and in the long term health inequalities will increase resulting in greater pressure on partner organisations, increasing costs, and resulting in poorer outcomes and experiences for the local people.	Chief Medical Officer	System Quality Committee / Finance and Performance Committee / ICB Board	5	4	20	4	3	12	Cautious 8	OUT	⟺

Strategic Objective C: Delivering Our Work Programme: Transformation and Wider Reform

BAF REF	Domain	Principle Risk	Risk Owner	System Board/ Assurance Committee	Initial Risk rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite	Status (in/out of appetite)	Move from last quarter
					I	L	Rating (IxL)	I	L	Rating (IxL)			
C1 Risk 1	TRANSFO-RMATION	If the ICB fails to engage key stakeholders in delivering the transformation agenda or commitment to integration is superficial due to operational and financial pressures then some partners will become disengaged from system integration resulting in delays in the reform, transformation and improvements to public services	Chief Transformation and Digital Officer	Transformation and Delivery Board/Finance and Performance/System Quality Committee	4	5	20	4	4	16	Seek 16	IN	⟷

Strategic Objective D: Data and Insights Drive by Technology

BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite	Status (in/out of appetite)	Move from last quarter
					I	L	Rating (IxL)	I	L	Rating (IxL)			
C1 Risk 2	TRANSFO-RMATION	The responsibility for the development of a shared operating model for the Pharmacy, Optometry and Dentistry (POD) Hub for the SE Region sits with all six ICBs and NHS England, as the delegating body. However, if the Frimley ICB as the host for the Pharmacy, Optometry and Dentistry (POD) function for the SE Region is unable to develop a single shared vision for a distributed leadership model on behalf of all ICBs in the SE Region, then there is a risk that some ICBs in the SE Region may cease to work collaboratively resulting in the potential fragmentation of the Hub model, which will adversely impact on service transformation and operational effectiveness and delivery across the whole of the SE Region. If the other ICBs in the SE Region do not work collaboratively to mitigate this shared risk then there will be a disproportionate adverse impact on the Frimley ICB because it will be unable to deliver on its responsibilities for developing hosted POD services, which will result in the organisation facing reputational, operational and financial risks.	Chief Transformation and Digital Officer											⟷

Strategic Objective C: Delivering Our Work Programme: Transformation and Wider Reform

BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite	Status (in/out of appetite)	Move from last quarter
					I	L	Rating (IxL)	I	L	Rating (IxL)			
D1	TRANSFO-RMATION	If the ICB fails to resource, work collaboratively towards the priorities in the Digital strategy or ensure effective adoption of digital solutions then the ICB will not be able to maximise the benefits afforded by the advancement of digital and data and this will hinder the advancements in health care and prevention	Chief Transformation and Digital Officer	System Digital Board/Finance and Performance/ System Quality Committee	4	4	16	4	3	12	Seek 16	IN	⟷

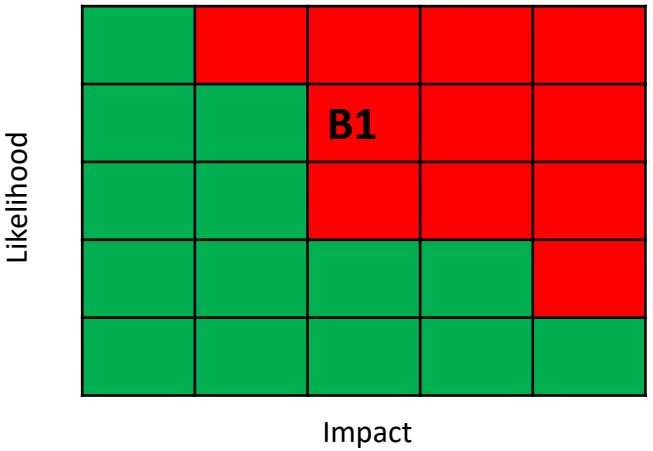
Strategic Objective D: Data and Insights Drive by Technology

BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite	Status (in/out of appetite)	Move from last quarter
					I	L	Rating (IxL)	I	L	Rating (IxL)			
E1	FINANICAL	If we fail to operate within available resources we will cause financial instability and take less VFM decisions leading to poorer outcomes for communities, increasing costs and reputational damage threatening future organisational sustainability	Chief Finance Officer	Finance and Performance	4	5	20	4	4	16	Open 12	OUT	⟷

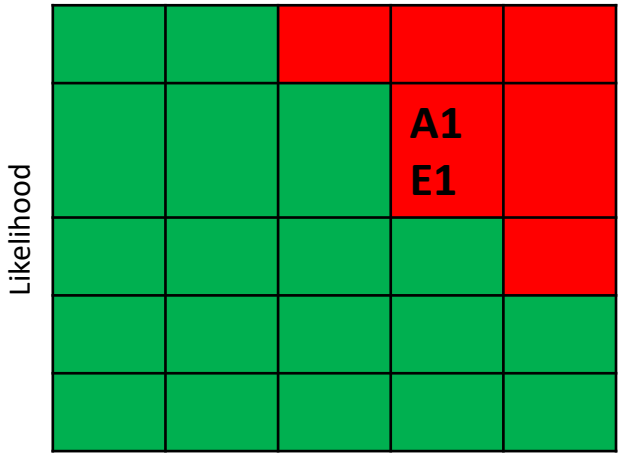
Heat Map

Domains	Risk Appetite	BAF Risk
Quality	*Cautious (8)*	B1
People	*Open (12)*	A1
Performance	*Open (12)*	-
Transformation	*Seek (16)*	C1, D1
Financial	*Open (12)*	E1
Regulatory	*Open (12)*	-
Reputational	*Open (12)*	-

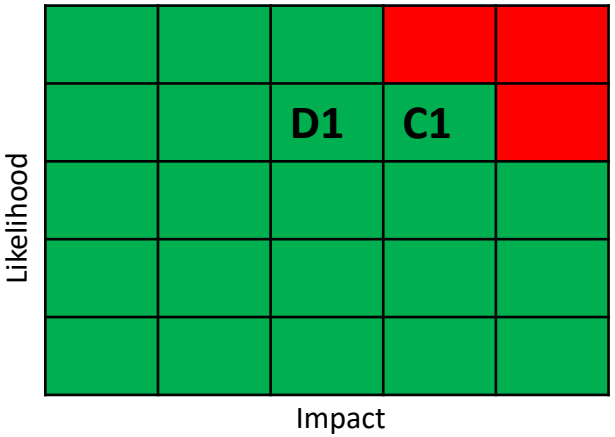
Cautious



Open



Seek



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RISK ANALYSIS

BAF REF:	Strategic Objective:	Principle Risk:	Risk Domain:	Risk Score:
A1	Our People	If the ICB does not create a positive working environment that creates a culture of inclusivity that values a diverse workforce, then our people will not feel listened to and included, our people will become disengaged resulting in workforce gaps, unable to attract diverse talent to the ICB leading to a lack of delivery and we will not achieve our goals	People	16

Risk Owner: Chief People Officer	Assurance Committee: SLT/Remuneration	Date Added to BAF: April 2023

Initial Risk Rating (before mitigation)			Current Risk Rating (after Mitigation)			Risk Appetite	Status (in/out appetite)
I	L	Rating (IxL)	I	L	Rating (IxL)		
4	5	20	4	4	16	OPEN 12	OUT

Risk Analysis	Qtr. 1 (23/24)	Qtr. 2 (23/24)	Qtr. 3 (23/24)	Qtr. 4 (23/24)
Current Rating	16	16	16	

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
• ICS People Board established and has representation across partner organisations and Trade Unions. ICS People Strategy refresh underway to align to ICS Joint Forward View. ICS People Board oversighting this work including highlight reporting, engagement plans including alignment with ICB Board Horizons framework. • EDI strategy and workplan agreed and reporting progress via ICB and system networks and committees. • ICB OD plan developed and oversight via ICB SLT • PMO reporting to oversight and assure the ICB's governance framework. • Delivery of key system transformation programmes; Partnership Working & Insights, Just Culture, Civility & Respect, Retention, and indirect approaches such as the HROD Community of Practice and staff engagement networks and opportunities • The third strategic People Board ambition focuses on staff health and wellbeing • Leadership development programmes that are available to partners across the System • ICB Remuneration Committee established and work plan agreed.	• Data analytics gap due to resourcing issues • Alignment of system workforce operational plan with finance and activity plans

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update
Analytics resourcing options being progressed via conversation with the ICB's Insights team and partners including CSU and NHSE – Workforce, Training and Education team	31/07/23	CPO	Plan to be confirmed by 31/10/2023
Alignment of operational performance oversight with partners and CFO	31/07/23	CPO	Further review and improvement after initial reporting cycle
Develop closer relationships and reporting with the System's Transformation PMO to manage the interdependencies, issues and risks between the People Transformation prog. and other programmes in the ICB	31/10/23	CPO	

BAF REF:	Strategic Objective:	Principle Risk:	Risk Domain:	Risk Score:
B1	Improving Outcome Reducing Inequalities	If the ICB is unable to prioritise prevention and population health programmes then the ICB will not be able to put in place the foundations to improve health and care outcomes and in the long term health inequalities will increase resulting in greater pressure on partner organisations, increasing costs, and resulting in poorer outcomes and experiences for the local people.	Quality	12

Risk Owner: Chief Medical Officer	Assurance Committee:	Date Added to BAF: April 2023

Initial Risk Rating (before mitigation)			Current Risk Rating (after Mitigation)			Risk Appetite	Status (in/out appetite)
I	L	Rating (IxL)	I	L	Rating (IxL)		
5	4	20	4	3	12	CAUTIOUS 8	OUT

Risk Analysis	Qtr. 1 (23/24)	Qtr. 2 (23/24)	Qtr. 3 (23/24)	Qtr. 4 (23/24)
Current Rating	12	12	12	

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
• Population health approach and health inequality lens in ICS work at system and place, particular focus in the MIMI work • Our ICS ambitions and ICP strategy • EHIA within each business case • EDI director in ICS • Anticipatory care programme, remote monitoring and proactive management • Regular links to regional health inequalities group • Clinical policies review work has begun– SQDG to oversee • ICS Cardiovascular disease prevention group focussed work to reduce the burden of CV disease morbidity and mortality • Health and social care partnership (including the VCSE) at place • Slough and NEHF have increased focus with support from place administrative and clinical leads to tackle health inequalities • Fuel poverty work in places	• Lack of awareness of usual services (refugees/ asylum seekers) • Significant system pressures impacting on delivery and recovery • Digital exclusion • Language barriers • Cost of living crisis

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update
Embed Core 20 plus 5 approach with identification of plus groups Deliver improvement in the plus 5 clinical programmes- maternity, SMI, COPD, HT and early diagnosis of cancer	December 2023 for plus groups	Lalitha Iyer	Adult Plus groups identified: carers and LD. Work to agree Paediatric plus groups
Work in places on tackling digital exclusion, Access to NHSE regional expertise, finance and support to facilitate the settlement of refugees and asylum seekers Extended the contracts for interpreting and language services in primary care to ensure adequate communication with the patients	Ongoing	Lalitha Iyer	Work in progress and on track and examples of delivery in places available

BAF REF:	Strategic Objective:	Principle Risk :	Risk Domain:	Risk Score:
C1	Delivering Work & Transformation	If the ICB fails to engage key stakeholders in delivering the transformation agenda or commitment to integration is superficial due to operational and financial pressures then some partners will become disengaged from system integration resulting in delays in the reform, transformation and improvements to public services	Transformation	16

Risk Owner: Chief Transformation Officer	Assurance Committee: Transformation & Delivery Board/F&P and System Quality Committee	Date Added to BAF: April 2023

Initial Risk Rating (before mitigation)			Current Risk Rating (after Mitigation)			Risk Appetite	Status (in/out appetite)
I	L	Rating (IxL)	I	L	Rating (IxL)		
4	5	20	4	4	16	SEEK 16	IN

Risk Analysis	Qtr. 1 (23/24)	Qtr. 2 (23/24)	Qtr. 3 (23/24)	Qtr. 4 (23/24)
Current Rating	16	16	16	

Positive Assurance and Key Controls in Place

- Establishment of System Delivery PMO to ensure that we have a comprehensive baseline of change and transformation programmes occurring across the ICS which contribute to the delivery of the ICS Strategy and / or the NHS Joint Forward Plan
- Clarity of key delivery control information such as milestone planning, risks, issues, dependencies and benefits forecasting which places risk adjustment at the heart of the approach to quantifying improvements and their likely realisation
- Instigation of the Transformation & Delivery Board which will create a supportive forum, building on the success of the ICS Programme Delivery Board (2017 – 2019) to ensure there is mutual accountability and visibility of risk to delivery
- Working with ICB Board Partner Members and Non Executive Members to ensure broad expertise and attention to constructing this delivery framework in the right way

Gaps in Control and/or Assurance

- Transformation & Delivery Board is a new meeting which has not yet been established and will require time / attention / resourcing from system partners to ensure it can be given the best possible start and operate to the full extent of the opportunity
- System PMO team only in place since April 2023 and are also supporting Delegated Commissioning Transition which means function is currently under-resourced compared to requirements
- Integrated Care Partnership is a novel construct and there is not yet an emergent consensus on how this statutory joint-committee will prioritise and oversee delivery of the ICS Strategy
- Joint Forward Plan not yet approved by NHS partners and will not be ready from day one (1/7/23) to provide full clarity on long term delivery aspirations with sufficient granularity

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update
Establish Transformation & Delivery Board following publication of Joint Forward Plan and no later than 31/07/23	31st July 2023	CTO	Established and met for first time in August 2023
Set clear objectives and requirements for System PMO and work with Partners to ensure integration into system architecture is thoughtful, generative and respectful of organisational and sector boundaries	31st July 2023	CTO	Objectives and requirements set for PMO and being delivered

BAF REF:	Strategic Objective:	2nd Principle Risk : HOSTED POD	Risk Domain:	Risk Score:
C1	Delivering Work & Transformation.	The responsibility for the development of a shared operating model for the Pharmacy, Optometry and Dentistry (POD) Hub for the SE Region sits with all six ICBs and NHS England, as the delegating body. However, if the Frimley ICB as the host for the Pharmacy, Optometry and Dentistry (POD) function for the SE Region is unable to develop a single shared vision for a distributed leadership model on behalf of all ICBs in the SE Region, then there is a risk that some ICBs in the SE Region may cease to work collaboratively resulting in the potential fragmentation of the Hub model, which will adversely impact on service transformation and operational effectiveness and delivery across the whole of the SE Region. If the other ICBs in the SE Region do not work collaboratively to mitigate this shared risk then there will be a disproportionate adverse impact on the Frimley ICB because it will be unable to deliver on its responsibilities for developing hosted POD services, which will result in the organisation facing reputational, operational and financial risks.	Transformation	

Risk Owner:	Assurance Committee:	Date Added to BAF: October 2023

Initial Risk Rating (before mitigation)			Current Risk Rating (after Mitigation)			Risk Appetite	Status (in/out appetite)
I	L	Rating (IxL)	I	L	Rating (IxL)		

Risk Analysis	Qtr. 1 (23/24)	Qtr. 2 (23/24)	Qtr. 3 (23/24)	Qtr. 4 (23/24)
Current Rating				

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
TBC	TBC

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update
TBC			

BAF REF:	Strategic Objective:	Principle Risk:	Risk Domain:	Risk Score:
D1	Data and Insights	If the ICB fails to resource, work collaboratively towards the priorities in the Digital strategy or ensure effective adoption of digital solutions then the ICB will not be able to maximise the benefits afforded by the advancement of digital and data and this will hinder the advancements in health care and prevention	Transformation	12

Risk Owner: Chief Transformation Office	Assurance Committee: Digital Board/F&P/System Quality	Date Added to BAF: April 2023

Initial Risk Rating (before mitigation)			Current Risk Rating (after Mitigation)			Risk Appetite	Status (in/out appetite)
I	L	Rating (IxL)	I	L	Rating (IxL)		
4	4	16	4	3	12	SEEK 16	IN

Risk Analysis	Qtr. 1 (23/24)	Qtr. 2 (23/24)	Qtr. 3 (23/24)	Qtr. 4 (23/24)
Current Rating	12	12	12	

Positive Assurance and Key Controls in Place

- Production of the Digital Costed Plan for the Frimley system gives a coherent focus on priority areas and risks to delivery.
- Aspiration and focus areas for Digital interventions and enablers have been elevated in the Joint Forward Plan and are a shared priority for system partners, as described in the "Use of our Resources" section of the ICS Strategy
- Frimley partner funding commitments for Connected Care and supporting functions (i.e. System Analytics) have been maintained going into 2023/24
- Major digital pathway changes (i.e. virtual wards, remote monitoring, etc) are continuing to be developed, implemented and scaled with a view to reducing long term system expenditure on inappropriate acute based care, despite the challenges of funding this work up front.

Gaps in Control and/or Assurance

- System Digital Board needs refreshing with membership examined and re-established following a Covid-related hiatus
- Funding model for Connected Care requires a partner led approach with sufficiently robust governance to establishing degree of risk appetite
- Evaluation of digitally led pathway changes or other up front investments in virtual care requires robust evaluation and specific partner oversight controls for examining degree of scaling or exit where appropriate

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update
Re-establish the Frimley Digital Board with new membership	31st July 2023	CTO / CIO	Re-established and met in July 2023 Chaired by CT&DO
Oversight and Evaluation governance for high value virtual care investments	31st May 2023	CTO / CIO	Evaluation fully in train for VC projects and early output shared with STB & CFO

BAF REF:	Strategic Objective:	Principle Risk:	Risk Domain:	Risk Score:
E1	Financial Sustainability	If we fail to operate within available resources we will cause financial instability and take less VFM decisions leading to poorer outcomes for communities, increasing costs and reputational damage threatening future organisational sustainability	Financial	16

Risk Owner: Chief Finance Officer	Assurance Committee: Finance and Performance	Date Added to BAF: April 2023

Initial Risk Rating (before mitigation)			Current Risk Rating (after Mitigation)			Risk Appetite	Status (in/out appetite)
I	L	Rating (IxL)	I	L	Rating (IxL)		
4	5	20	4	4	16	OPEN 12	OUT

Risk Analysis	Qtr. 1 (23/24)	Qtr. 2 (23/24)	Qtr. 3 (23/24)	Qtr. 4 (23/24)
Current Rating	16	16	16	

Positive Assurance and Key Controls in Place

- Robust and effective budgetary control and timely, accurate and complete provision of budgetary intelligence to allow budget holders to take appropriate and effective action to maintain a forecast position which is within the resource envelope delegated to them.
- Focused reporting based on: requirement to manage in-year risk; root cause of variance to plan; exit run rate and underlying position.
- Financial sustainability programme with full executive and Board engagement and embedded within core operating model of the System.
- Dual focus on in year recovery alongside long-term sustainability.

Gaps in Control and/or Assurance

- Gaps identified in HFMA self-assurance checklist. Financial control performance poor, by ISFE metrics. Requirement for step-change in financial control environment capability, shift to high-performing financial services function supported by development of financial control competencies organisation-wide.
- Further development and strengthening of financial control regime required, including direct CEO engagement in resource commitment decision making and wider socialisation and utilisation of financial intelligence linked to capacity and performance intelligence.
- Management capacity to deliver transformation alongside day-to-day operational pressures impacting all areas of the system.
- System wide delivery oversight arrangements in their infancy. No current holistic view of delivery of key financial sustainability programmes across the system. Requirement for a single, integrated

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update
Action plan to mitigate HMFA checklist weaknesses being managed day-to-day by Deputy CFO. Budgets to be complete by May 30th with budget holder sign-off. Transition plan to finance business partner model in train.	Ongoing. First deadline May 30th	Debbie Fraser	Work in progress and on track
Director of Financial Sustainability appointed. Decommissioning / disinvestment policy developed. System financial resourcing group instigated weekly.	Ongoing.	Ollie White	Refresh to SRG in line with evolving plan
System wide Project Management Office being established alongside project management processes for oversight and escalation of potential delivery risks and issues	Mid June	Sam Burrows / Ollie White	Established

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APPENDIX
RISK Matrix

Risk Score Matrix

Likelihood					
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5
		1	2	3	4	5
		Impact				

Low Risk	Medium Risk	High Risk	Significant Risk
1-3	4-8	9-12	15+

Likelihood Score

Likelihood Score		(L)			
Descriptor	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Frequency How often does it/ might it happen	This will probably never happen/ recur	Do not expect it to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/ recur but it is not a persistent issue	Will undoubtedly happen/ recur, possibly frequently
Probability Will it happen or not? % chance of not meeting objective	<0.1 per cent	0.1-1 per cent	1 -10 per cent	10-50 per cent	>50 per cent

Impact (Consequence) Score

	Consequence score (impact levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Serious	Catastrophic
Impact on the safety of patients, staff or public (physical /psychological harm)	• Minimal injury • requiring no/minimal intervention or treatment. • No time off work	• Minor injury or • illness, requiring minor intervention • Requiring time off work for >3 days • Increase in length of hospital stay by • 1-3 days	• Moderate injury requiring professional intervention • Requiring time off work for 4-14 days • Increase in length of hospital stay by 4-15 days • RIDDOR/agency reportable incident • An event which impacts on a small number of patients	• Major injury leading to long-term incapacity/disability • Requiring time off work for >14 days • Increase in length of hospital stay by >15 days • Mismanagement of patient care with long-term effects	• Incident leading to death • Multiple permanent injuries or irreversible health effects • An event which impacts on a large number of patients
Quality/ complaints/ audit	• Peripheral element of • treatment or service • suboptimal • Informal complaint /inquiry	• Overall treatment or service suboptimal • Formal complaint / • Local resolution • Single failure to meet internal standards • Minor implications for patient safety if unresolved • Reduced performance rating if unresolved	• Treatment or service has significantly reduced effectiveness • Formal complaint/ • Local resolution (with potential to go to independent review) • Repeated failure to meet internal standards • Major patient safety implications if findings are not acted on	• Non-compliance with national standards with significant risk to patients if unresolved • Multiple complaints/ • independent review • Low performance rating • Critical report	• Totally unacceptable level or quality of treatment/ service • Gross failure of patient safety if findings not acted on • Inquest/ombudsman inquiry • Gross failure to meet national standards
Human resources/ Organisational development/ staffing/ competence	• Short-term low • staffing level that temporarily reduces service quality (< 1 day)	• Low staffing level • that reduces the service quality	• Late delivery of key objective/ service due to lack of staff • Unsafe staffing level or competence (>1 day) • Low staff morale • Poor staff attendance for mandatory/key training	• Uncertain delivery of key objective/ service due to lack of staff • Unsafe staffing level or competence (>5 days) • Loss of key staff • Significant numbers of staff not attending mandatory / key training	• Non-delivery of key objective /service due to lack of staff • Ongoing unsafe staffing levels or competence • Loss of several key staff • No staff attending mandatory training key training on an ongoing basis
Statutory duty/ inspections	• No or minimal • impact or breech of guidance/ statutory duty	• Breech of statutory legislation • Reduced performance rating if unresolved	• Single breech in statutory duty • Challenging external recommendations/ improvement notice	• Enforcement action • Multiple breeches in statutory duty • Improvement notices • Low performance rating • Critical reports	• Multiple breeches in statutory duty • Prosecution • Complete systems change required • Zero
Adverse publicity / reputation	Rumors Potential for public concern / media interest Damage to an individual's reputation.	• Local media coverage – short-term reduction in public confidence • Elements of public expectation not being met • Damage to a team's reputation	• Local media coverage – • long-term reduction in public confidence • Damage to a services reputation	• National media coverage with <3 days service well below reasonable public expectation • Damage to an organisation's reputation	• National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) • Total loss of public confidence (NHS reputation)
Business objectives/ projects	Insignificant cost increase/ schedule slippage	• <5 per cent over project budget • Schedule slippage	• 5–10 per cent over project budget • Schedule slippage	• Non-compliance with national 10–25 per cent over project budget • Schedule slippage • Key objectives not met	• Incident leading >25 per cent over project budget • Schedule slippage • Key objectives not met
Finance including claims	Small loss Risk of claim remote	• Loss of 0.1–0.25 per cent of budget • Claim less than • £10,000	• Loss of 0.25–0.5 per cent of budget • Claim(s) between £10,000 and £100,000	• Uncertain delivery of key objective/ Loss of 0.5–1.0 per cent of budget • Claim(s) between £100,000 and £1 million • Purchasers failing to pay on time	• Non-delivery of key objective/ Loss of >1 per cent of budget • Failure to meet specification / slippage • Loss of contract / payment by results • Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	• Loss/ interruption of >8 hours • Minor impact on environment	• Loss/interruption of >1 day • Moderate impact on environment	• Loss/interruption of >1 week • Major impact on environment	• Permanent loss of service or facility • Catastrophic impact on environment
Data Loss / Breach of Confidentiality	Potentially serious breach. Less than 5 people affected or risk assessed as low eg files	• Serious potential breach and risk assessed high eg unencrypted clinical records. Up to 20 people affected	• Serious breach of confidentiality eg up to 100 people affected	• Serious breach with either particular sensitivity eg sexual health details or up to 1000 people affected	• Serious breach with potential for ID theft or over 1000 people affected