

Agenda – Meeting in Public

Tuesday 19 November 2024 –11.00am to 12.30pm

Online 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
11.00	1.	Welcome, apologies for absence and Chair’s introduction	-	Verbal	Priya Singh - Chair
	2.	Conflicts of Interest Register and declarations of any interests relating to this agenda	Note	Paper	Priya Singh - Chair
	3.	Minutes of the last meeting in Public held on 17 September 2024 and matters arising	Approve	Paper	Priya Singh - Chair
	4.	Chief Executive Update	Note	Verbal	Fiona Edwards, Chief Executive
	5.	Leadership & Culture			
11.10	5.1	National 10 Year NHS Plan and Community Engagement – “Reconnect, Reset and Rebuild”	Note	Presentation	Sarah Bellars Chief Nursing Officer
	6.	Living Well			
11.30	6.1	Primary Care Access Recovery Plan (PCARP)	Note	Presentation	Sarah Bellars, Chief Nursing Officer
	7.	Board Approvals			
11.50	7.1	EPRR Annual Assurance	Approve	Paper	Sam Burrows, Chief

Timing	No.	Item	Action	Delivery	Lead
					Transformation Officer
	8.	Standing Items			
12.00	8.1	Frimley ICB Quality Performance Report	Note	Slides	Sarah Bellars - Chief Nursing Officer
	8.2	Frimley ICB Finance and Performance Report	Note	Slides	Richard Chapman - Chief Finance Officer
	8.3	Frimley ICB Workforce Performance Report	Note	Slides	Caroline Corrigan - Chief People Officer
12.15	8.4	Board Assurance Framework	Note	Paper	Caroline Corrigan - Chief People Officer
	8.	Close of Business			
12.20	8.1	Questions from the public received in advance of today's meeting	-	Verbal	Priya Singh - Chair
12.25	8.2	Any Other Business	-	Verbal	Priya Singh - Chair
12.30	8.3	Close	-	Verbal	Priya Singh - Chair
Date of next meeting in public: 21 January 2025, 11.30 – 12.30					

Job Title	First Name	Last Name	Interest	Description of Interest	Declarations of Interest – Other	Type of Interest	Actions agreed to mitigate risk of conflict materialising	
Chief Nursing Officer	Sarah	Bellars	FHFT	Son and Daughter in Law work for FHFT	Declarations of Interest – Other	Indirect	Indirect	Seek the advice of other senior members of the executive and Non-executive team if there is a potential conflict
Non Executive Member	Ilona	Blue	General Dental Council	Lay Council Member	Declarations of Interest – Other	Non-Financial Professional	Direct	I do not anticipate any direct conflicts of interest as I do not expect the ICB or its audit committee to engage in direct discussions/decisions related to individual dental professionals; or dental education establishments. My role in GDC does not involve any direct decisions about individual professionals as these are handled through independent hearing panels.
Non Executive Member	Ilona	Blue	Accent Housing Group Limited	Non-executive director	Declarations of Interest – Other	Non-Financial Professional	Direct	I don't anticipate any direct conflicts, but should any discussions arise relating to housing in Frimley I would flag my interest and if necessary recuse myself from any discussions/decisions.
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	I do not anticipate any conflicts of interest. NB Solutions' clients could sell into the NHS but my husband would not be directly involved in such commercial arrangements and I do not expect the ICB to be directly engaged with third party suppliers to provider organisations in the patch. My lack of direct involvement in any such commercial arrangements mitigates the risk of conflict.
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	No conflicts anticipated.
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	No conflicts anticipated
Non Executive Member	Ilona	Blue	Network Rail, an arms' length body of the Department for Transport	I am an independent advisor to the Audit & Risk Committee and the Treasury Committee	Declarations of Interest – Other	Non-Financial Professional	Direct	None anticipated
Chief Transformation Digital and Delivery 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	Sought advice from the Governance team and communicated to Line Manager. Will ensure that if this conflict of interest has the potential to become direct this will be immediately disclosed in order to identify further mitigations.
Chief Finance Officer	Richard	Chapman			Nil Declaration			
Chief People Officer	Caroline	Corrigan	BOB ICB	A director, including a non-executive director, or senior employee in a private company or public limited company or other organization which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations	Declarations of Interest – Other	Financial	Direct	regular review of work programmes conflict declared with BOB ICB and Chairs secondment arrangements identify Frimley ICB as my employer
Chief Executive	Fiona	Edwards	NHS Confederation	Board Trustee	Declarations of Interest – Other	Non-Financial Professional	Indirect	Will be managed in accordance with policy.
Chief Executive	Fiona	Edwards	Care Quality Commission	Executive Reviewer	Declarations of Interest – Other	Non-Financial Professional	Indirect	Only review services in distant geographical areas
Chief Executive	Fiona	Edwards	Law For Life	Chair	Declarations of Interest – Other	Non-Financial Professional	Direct	Will be managed in accordance with policy.
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	Will not participate in any decision which would result in a financial gain or loss where the NHS would become a tenant of the local authority.
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	
Non Executive Member	Paul	Farmer	Age UK	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	If contracts related to Age UK are discussed, I will recuse myself from discussions.
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	Will declare interests on specific ICB business if and when needed.
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	Will declare COI and leave meetings if any relevant discussions take place
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	This company has no dealings with the Health Sector/NHS/CCG
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	This company has no dealings with the Health Sector/NHS/CCG
Chief Medical Officer	Lalitha	Iyer	Daughter working as an intern with Graphnet who is one of our providers in the digital space	Indirect	Declarations of Interest – Other	Indirect	Indirect	I am not involved in any procurement conversations directly and will recuse myself from such decisions. I have also informed my colleagues (chiefs) and line manager.
ED & I 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	Do no provide any training via company to Frimley ICS
ED & I System Lead	Safina	Nadeem	BHA	Trustee for a Charity	Declarations of Interest – Other	Indirect	Indirect	
Primary Care Partner Member	Prash	Patel	Magnolia House	I am a profit sharing GP Partner	Declarations of Interest – Other	Financial	Direct	
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	

Primary Care Partner Member	Prash	Patel	Berkshire Primary Care Ltd	I am the CEO and Medical Director	Declarations of Interest – Other	Financial	Direct	
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 Council	Grainne	Siggins	Association of Directors of Social Services	Member of ADASS.	Declarations of Interest – Other	Non-Financial Professional	Direct	Declaration was needed, however, membership of ADASS does not present as a risk.
Bracknell Forest Council	Grainne	Siggins	Bracknell Forest Council	Employed as Executive Director of People Services	Declarations of Interest – Other	Financial	Direct	
Bracknell Forest Council	Grainne	Siggins	Association of Directors of Children Services	Member of ADCS	Declarations of Interest – Other	Non-Financial Professional	Indirect	
Chair of Frimley ICB	Priya	Singh	Guy's and St Thomas's NHS Foundation Trust	Appointed November 2015 - NED / Deputy Chair	Outside Employment			
Chair of Frimley ICB	Priya	Singh	National Council for Voluntary Organisations	Appointed November 2020 - Chair of Board of Trustees	Outside Employment			
Chair of Frimley ICB	Priya	Singh	Society for Assistance of Medical Families	Appointed January 2018 - Executive Director	Outside Employment			
Chair of Frimley ICB	Priya	Singh	PG Mutual Insurance	Non-Executive Director	Declarations of Interest – Other	Financial	Indirect	Manage in accordance with COI policy.
Chair of Frimley ICB	Priya	Singh	CAF Nominees	Charitable Trustee	Declarations of Interest – Other	Non-Financial Professional	Direct	
Chair of Frimley ICB	Priya	Singh	Royal Trinity Hospice	Trustee	Declarations of Interest – Other	Non-Financial Professional	Indirect	In line of the COI policy.
Chair of Frimley ICB	Priya	Singh	Regulatory Oversight Board (Cricket Regulator)	Non Executive Director	Declarations of Interest – Other	Non-Financial Professional	Indirect	In line with the COI policy.
Chair of Frimley ICB	Priya	Singh	BOB ICB	Chair	Declarations of Interest – Other	Financial	Direct	Managed in accordance with policy.
Place Clinical Lead RBWM	Huw	Thomas	Claremont and Holyport practice	Partner in the practice	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	Maidenhead Primary Care Network	Practice is a member of Maidenhead PCN	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	Frimley Health NHS Foundation Trust	Spouse employed by Trust as Clinical Nurse Specialist	Declarations of Interest – Other	Indirect	Indirect	Will be managed in accordance with policy
Place Clinical Lead RBWM	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	Will be managed in accordance with policy
Place Clinical Lead RBWM	Huw	Thomas	Holy Trinity Primary School, Cookham	Governor at school	Declarations of Interest – Other	Indirect	Indirect	Will be managed in accordance with policy
Place Clinical Lead RBWM	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	Manage in accordance with policy
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	Will be managed in accordance with the Conflicts of Interest policy.
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	Will be managed in accordance with the Conflicts of Interest policy.
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	Will be managed in accordance with the Conflicts of Interest policy.
NHS Provider Partner Member	Graham	Wareham	Friends of Chambo Seminary	Trustee	Declarations of Interest – Other	Non-Financial Personal	Indirect	No conflict anticipated
NHS Provider Partner Member	Graham	Wareham	Surrey and Borders Partnership NHS FT	Employed as CEO	Declarations of Interest – Other	Non-Financial Professional	Direct	Will excuse if conflict of interest occurs

Minutes of NHS Frimley Integrated Care Board
Held in Public on Tuesday 17 September 2024 from 11.30-12.30
Via Microsoft Teams

Chair – Priya Singh

Present:	
Dr Priya Singh	Chair
Fiona Edwards	Chief Executive
Sarah Bellars	Chief Nursing Officer
Richard Chapman	Chief Finance Officer
Dr Lalitha Iyer	Chief Medical Officer
Sam Burrows	Chief Transformation & Digital Officer
Caroline Corrigan	Chief People Officer
Ilona Blue	Non-Executive Member
Paul Farmer	Non-Executive Member
Dr Prash Patel	Primary Care Partner Member
Dr Huw Thomas	Primary Care Partner Member
Karen Edwards	Local Authority Partner Member
Grainne Siggins	Local Authority Partner Member
Alex Gild	NHS Provider Partner Member
Graham Wareham	NHS Provider Partner Member
In Attendance:	
Safina Nadeem	Equality, Diversity and Inclusion System Lead
Lance McCarthy	Chief Executive Officer of FHFT
Steven Roots	Freedom to Speak Up Guardian (FHFT)
Ollie Hemans	Communications and Engagement Manager
Mary-Jane Steijger	Head of Governance
Sam Branscombe	Governance Support Officer
Tom Allinson	Governance Manager (secretariat)
Apologies for Absence:	
Sarah Bellars	Chief Nursing Officer
Rachael Wardell	Local Authority Partner Member

1.	Welcome and Apologies for Absence
	<p>The Chair opened the meeting and welcomed members of the NHS Frimley Integrated Care Board and Lance McCarthy, the newly appointed Chief Executive Officer for Frimley Health Foundation Trust who would be observing the meeting.</p> <p>The meeting was noted to be quorate. Apologies were received as recorded above.</p> <p>Members agreed for the meeting to be recorded. The recording would then be uploaded to the public website along with the meeting papers.</p>

	<p>One member of the public had signed up to attend the meeting. No questions had been received in advance of the meeting.</p> <p>Members of the ICB Board's Mirror Board were in attendance.</p>
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 meeting's agenda.
3.	Minutes of the last meeting in Public held on 16 July 2024, Action Tracker, and matters arising
	<p>The minutes of the last meeting in public were taken as accurate and approved without further comment.</p> <p>There were no matters arising.</p>
4.	ICB Chief Executive's Update
	<p>The Chief Executive gave a brief verbal update, reflecting on the challenging and demanding environment across the system in primary care, mental health, social care and urgent and emergency care.</p> <p>There were concerns around the ongoing demand on emergency services however performance metrics were still reasonably strong. The Q1 assessment with NHS England recently published showed that the ICB was performing well compared to other Integrated Care Boards nationally.</p> <p>The ICB teams were keen to work with communities, residents and public services to design the ten-year plan partnership, and a major engagement exercise would be delivered to achieve this.</p> <p><i>The Board noted the update.</i></p>
5.1	Leadership and Culture: Anti Racism Alliance
	<p>Fiona Edwards introduced the Anti Racism Alliance paper referencing the NHS Frimley system strategy to reduce health inequalities and to understand the cause of poorer outcomes and deprivation across NHS Frimley communities and residents. Recent civil unrest across the patch had reinforced the importance of having a focussed anti-racism alliance.</p> <p>The ICB was deeply invested in addressing discrimination and encouraging people to speak up. A zero-tolerance approach had been formally supported by the Board and support would be offered to all partners within the system to address racism and discrimination at a leadership level. The board had agreed to launch work around anti racism at the Integrated Care Partnership (ICP) assembly which was due to be held the following day.</p> <p>Alex Gild relayed that Berkshire Health Foundation Trust had agreed an action statement and commitment which formed their strategy of inclusion around taking active steps to eradicate all forms of systemic racism experienced by staff, patients and communities.</p> <p>Work was underway to address and accelerate the impact of anti-racism across the system.</p> <p><i>The Board noted the update.</i></p>
5.2.	Leadership and Culture: Freedom to Speak Up Report (FTSU)
	Safina Nadeem presented the annual Freedom to Speak Up Report for 2023/24 report containing the FTSU activity across the ICB and its three partner trusts on the submissions provided to the national guardian office.

	<p>The report shared a collective view on areas of raised concerns. It was evident that there had been an increase in bullying and harassment, which aligned to the comparable national data for speaking up.</p> <p>Demographic data was collated to establish how to support groups who did not feel safe to speak up. The system was looking actively at solutions to create improved safety mechanisms to remove those barriers.</p> <p>Safina Nadeem would attend monthly meetings with the three other guardians from partner trusts to review patterns and themes to support people to speak up safely. Events would be arranged to support with this work. The aim was to create positive experience of speaking up and to ensure that people and leaders were listening and responding to raised concerns in a timely manner.</p> <p><i>The Board noted the update.</i></p>
5.3.	Leadership and Culture: Sexual Safety Report
	<p>Caroline Corrigan presented the annual Sexual Safety Report. The sexual safety charter and its ten actions displayed a significant connection to FTSU.</p> <p>The Board had previously approved the sexual safety charter, and this update provided assurance around several activities. Some materials were still to be produced by NHS England which had been detailed in the report. This charter connected locally to the ICB's work around leadership and culture.</p> <p><i>The Board noted and <u>approved</u> the Sexual Safety Report.</i></p>
6.1	Annual Assurance on the Fit and Proper Person Test (FPPT) submission to NHSE
	<p>The Chair gave the update on the Fit and Proper Persons Test which had been first introduced in September 2023. ICB Board Members had now made their annual submission to NHS England, having taken all the steps which had been set out, and all members of the board had been confirmed as fit and proper persons .</p> <p><i>The Board noted the update.</i></p>
6.2	Modern Slavery Statement 2024/25
	<p>Caroline Corrigan presented the annual refresh of the Modern Slavery Statement 2024/25 for the Board's approval. The statement would be published on the NHS Frimley website.</p> <p><i>The Board noted and <u>approved</u> the Modern Slavery Statement 2024/25.</i></p>
6.3	Board Composition and updated Constitution
	<p>Caroline Corrigan presented the Board Composition and updated Constitution report. In July the ICB Board had voted to increase the number of Non-Executive Director (NED) members on the Board from two to four.</p> <p>The constitution was updated to reflect this change and had been further amended to align to the revised model that had been issued by NHS England in 2024. These updates included the requirement for a deputy chair, a senior independent director and to set out the maximum term of office for the chair.</p> <p>A track-changed version of the updated constitution, covering both the increase in NED roles and alignment to the revised NHSE model, had been submitted to NHS England and since approved. The board was now asked to approve publishing the document on the ICB's website.</p>

The Board noted the updated Constitution and agreed for it to be published on the ICB's website.

7.1 Frimley ICB Integrated Performance Report

The Board received Quality, Finance and Performance, and Workforce assurance through the Integrated Performance Report as follows:

Quality (presented by Dr Lalitha Iyer):

- In February 2024 the ICB transferred its children's and adults' mental health services to Surrey and Borders Partnership (SABP). Feedback received had been positive about this service and there had been a significant reduction in complaints since the transfer.
- Significant progress had been made in the delivery of the Frimley ICB Children and Young People strategy approved in 2022. A refresh of the strategy, to ensure that priorities remained relevant and continued to meet the needs of the ICB population, was underway.
- The government and NHS England had accepted recommendations that all providers of mental health services would have to review their mental health care services by the end of September, following the conviction of Valdo Calocane. The ICB had two providers – BHFT and SABP and it was proposed that both would be present for the October System Quality Board meeting. The ICB had been asked to complete reviews and submit action plans to NHS England.
- No major impact had been felt during August with regards to collective action, and the ICB was continuing to monitor for potential impact in September.
- The CQC had inspected the Sandhurst Group Practice and the ICB would continue to work with the practice until full quality assurance had been received.

Finance update delivered by Rich Chapman as follows:

- The Frimley System position was £1.5m adverse to plan at month 4. The ICB was on plan and Frimley Health Foundation Trust (FHFT) was (£1.5m) adverse to plan.
- The ICB position included an underspend in Community Healthcare and Community, which was offset by pressures in out of area and independent sector activity.
- FHFT would be reporting an in-month deficit of £3.0m which was £0.7m favourable to plan. Year to date the deficit was 18.9m, which was £1.5m adverse to plan.
- The System forecast remained on plan at (£25m) deficit, however the plan relied upon the delivery of planned efficiency and material over performance of ERF, which could be impacted by further Industrial Action.
- The ICB had achieved all four of the Better Payment Practice Codes (BPPC) targets. FHFT had failed to meet any of the four BPPC targets and cite reverting to a Non-PO, No Pay policy causing issues along with several high value invoices affecting results.
- Key risks to the ICB position related to the achievement of efficiencies and ongoing contract agreements. FHFT carried risks around achievement of efficiencies, their contract negotiations and the receipt of ERF revenue through elective performance and Industrial Action.

Workforce update delivered by Caroline Corrigan as follows:

- At the end of M04 FHFT's Established Headcount and FTE were below Plan, which had been consistently below Plan since M01.
- FHFT – vacancy rates in Doctors had risen to 10.2% from 5.8% in M01.
- FHFT – nursing vacancies had steadily declined to 8% from a high of 13.5% M06 23/24.

	<ul style="list-style-type: none"> • FHFT achieved significant reductions in agency expenditure in 2023/24, spending £17.2M less compared to 2022/23 (a 36.5% reduction). • Work was ongoing in relation to the Department for Work and Pensions (DWP) and Department for Health and Social Care (DHSC) funded package to support disabled people and people with health conditions to start, stay and succeed in work. • The ‘Tackling Microaggressions to create an Inclusive Culture’ toolkit had been developed to share best practice on identifying, constructively challenging and reducing microaggressions • Good progress had been made against the 6 High Impact Actions <p><i>The Board noted the update.</i></p>
8.1	Frimley ICB Annual General Meeting: Presentation of the Annual Report and Accounts 2023-24
	<p>The Chair formally opened the Annual General Meeting section of the meeting and invited Fiona Edwards, CEO, and Rich Chapman, CFO, to present the Annual Report and Accounts for 2023/24.</p> <p>Fiona Edwards presented the Annual Report and Accounts 2023-24 and reflected that, despite the challenges of the increased and sustained pressure on health and social care services, continued support to communities had been given by increasing access to services through programmes such as Pharmacy First, urgent care centres and increased appointments for primary care, as well as an unrelenting focus on reducing health inequalities through the system’s Core 20 plus 5 programme. The ICB had also led nationally through digital innovations which supported programmes such as virtual wards, remote monitoring and supporting long term conditions. Despite this, challenges were still present, including increased and sustained pressure on all health and social care services and a challenging financial picture with reduction in ICB allocation</p> <p>Rich Chapman presented the accounts, showing that £1.572b allocation had been received by the ICB and that the ICB in 23/24 had not met its statutory targets to break even. The year had closed with a £14.7m deficit which was a constituent part of an overall system deficit of £25.5m. The deficit was attributable to a variety of factors which included unprecedented demand on pressure, rising inflationary pressures throughout the financial year, industrial action, and the cost of mitigating RAAC inefficiencies at FHFT. Compared to the 22/23 report a shift was noted from other programme expenditure into acute.</p> <p>Fiona Edwards noted other key highlights focused on some of the practical work which had taken place across the system in 2023/24, recognising the innovation fund work which was the result of the ICB’s partnership with the newly established voluntary sector alliance. The ICB had taken a pooled funding approach with local authority partners to promote direct support and help in the community. It was finally noted that the ICB had been recognised as the most improved system in the country.</p> <p><i>The Board noted the update.</i></p>
9.	Close
	<p>The Chair closed the meeting at 12.30.</p> <p>The date of the next meeting in public was confirmed to be 19 November 2024.</p>

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Reconnect, Reset, Rebuild, Engagement Exercise		
Agenda Item	5.1	Date of meeting	19 November 2024
Exec Lead	Sarah Bellars		

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	5. Leadership and Culture
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary	
<p>It's time for a new conversation with our communities, staff and stakeholders to Reconnect, Reset and Rebuild our priorities and focus together.</p> <p>The recent Darzi review, Grenfell recommendations, and work towards a new 10 year plan for the NHS, all provide an opportunity to open up a new conversation that can encourage a deeper understanding of our local communities, identify what matters to them as well as new opportunities and aspirations for existing assets. The way people live their lives has profound effect on health outcomes. This work will build on previous engagement and emphasise collaboration between individuals, professionals, and local community organisations.</p>	
Recommendation	The Board is asked to note the approach and support the activity

Please provide details on the impact of following aspects	
Risk and Assurance	
Equality and Quality Impact Assessment	
Patient and Stakeholder Engagement	
Financial Impact and Legal implications	
Please indicate which CQC Theme and Quality Statements this QIA supports. Interim guidance for assessing integrated care systems March 2023 (cqc.org.uk)	Partnerships & communities

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
ICB Board Seminar	15 October 2024	
Mirror Board	14 November 2024	



Reconnect Reset Rebuild

Community engagement 2024

Produced by NHS Frimley Communications and Engagement Team

Context

It's time for a new conversation with our communities, staff and stakeholders to Reconnect, Reset and Rebuild our priorities and focus together.

The recent Darzi review, Grenfell recommendations, and work towards a new 10 year plan for the NHS, all provide an opportunity to open up a new conversation that can encourage a deeper understanding of our local communities, identify what matters to them as well as new opportunities and aspirations for existing assets. The way people live their lives has profound effect on health outcomes. This work will build on previous engagement and emphasise collaboration between individuals, professionals, and local community organisations.

Frimley Health and Care has a wide range of mechanisms that can be engaged in this process. Including, but not limited to our Integrated Care Partnership (ICP), Primary Care Networks, the Mirror Board, well established relationships with Local Healthwatch and our emerging VCSE Alliance.

We have been connecting with The King's Fund, as a critical friend, in the development of this approach. [They have referenced our work here.](#)



Purpose

- Provide staff, stakeholders, communities and the wider public with the opportunity for a different conversation about health, care and wellbeing - considering short, medium and long-term goals and aspirations.
- Promote inclusive leadership in action and involve Board members and senior leadership throughout to help foster new relationships and understand different perspectives.
- To feed into the Government plans, inform service change design and consider the principles of our transformation plan. (Health in broadest sense – more health, less NHS)

We want people to...

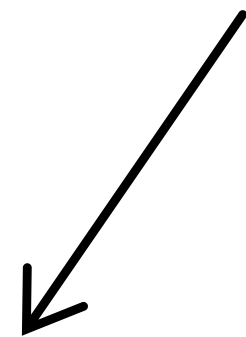
Think – they will genuinely have an impact on something tangible

Feel – empowered, excited, energised, connected

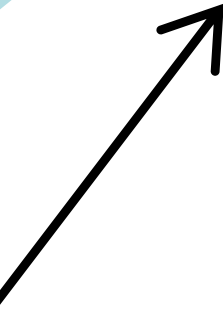
Do – get involved, be honest, share challenges, connect and continue to be involved

Approach

Expectation of Board involvement at all levels (individual commitment, attendance at at least one session, willingness to be recorded for session resources)



Broad reach



System focus

Targeted (inequalities)

Local community

Leadership connections

Facilitated sessions with system stakeholders

Co-produced Community involvement

Large scale listening and outreach

Focus on shifting power, responsibility and agency

Focus on reach

System Leaders to identify small group or community based on their own interests/experience and carry out structured/guided conversations. (ICB Board & Mirror Board build on existing mentoring relationships to do this together)

12 x Facilitated 90-minute sessions (inspired by Inspiration Station). Potential for digital elements/recordings with Board members to be included. To take place in locations across Frimley. Leaving sessions as 'connectors' and with relevant supporting materials. Supported by a resource pack so that session can be delivered by partners/community groups etc.

Development of a 'Community Engagement Fund' that VCSE organisations can apply to for small amounts of funding to carry out community engagement activity.

Online presence including digital resources and ability to feedback via survey/quiz etc. Information disseminated widely throughout our communities utilising partner relationships and existing channels and face to face community interactions in high footfall areas to encourage further feedback.

Produced by NHS Frimley Communications and Engagement Team

Listening and legacy

The success of this work will be defined by how we listen and respond to what we collectively hear. Six tests for success:

1. **Leadership commitment** - This needs to be the heart of our work, not an appendix
2. **Lasting impact** - What will be different as a result of this work?
3. **Leading differently** - Individual commitment to visibly taking something from it and doing something with it...
4. **Shifting power** - This is the start of a different relationship/approach for the system
5. **Listening together** - Who? How? Where?
6. **Connected action** - How will this impact the way we make our decisions?

Outputs will include:

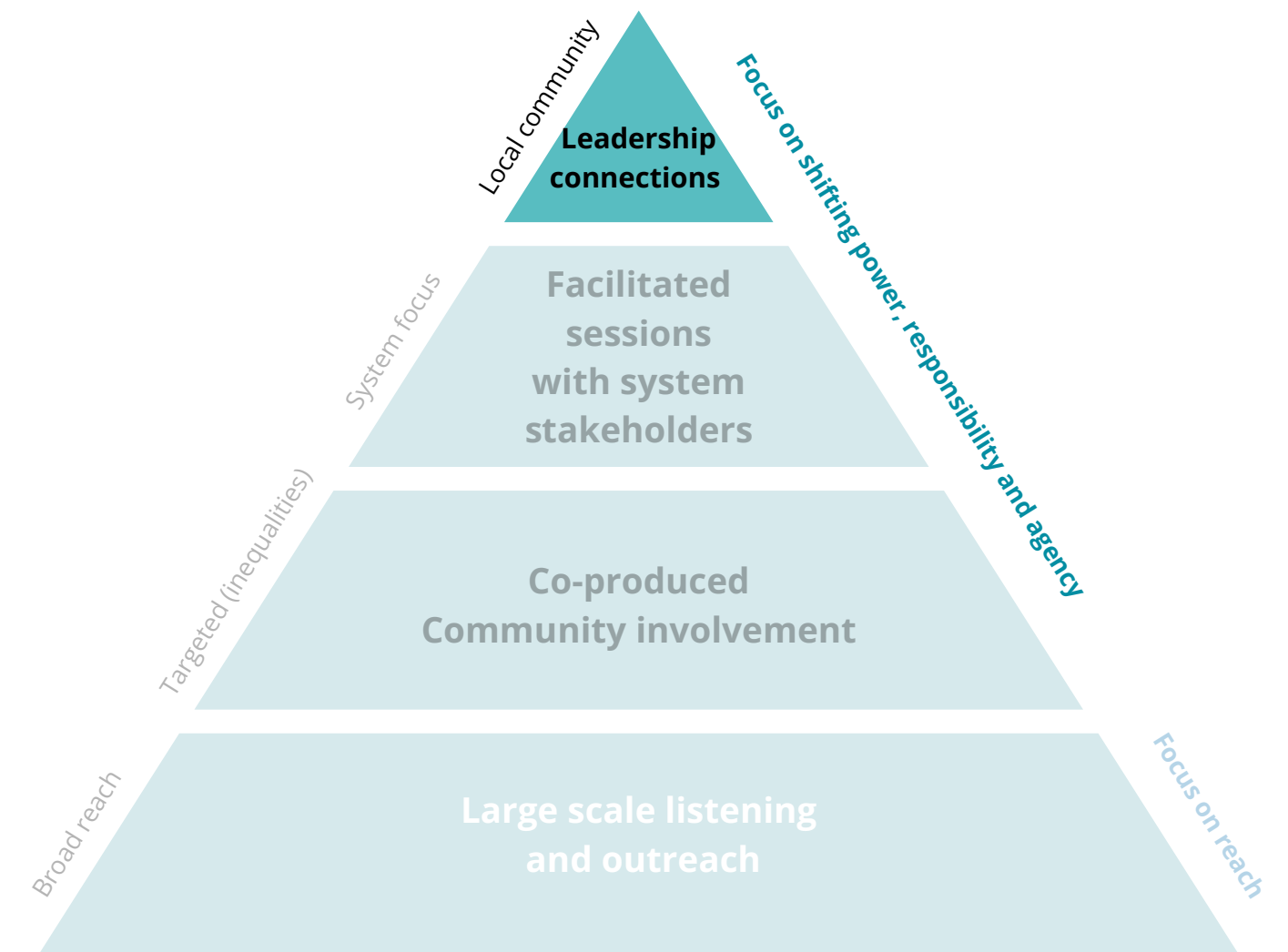
- A wide range of insight from a broad range of stakeholders for local and ten year plan input
- Evaluation/analysis report(s)/insight bank
- Case studies/videos on process & Board level input
- A range of community engagement output
- National sharing opportunities



Leadership Connections

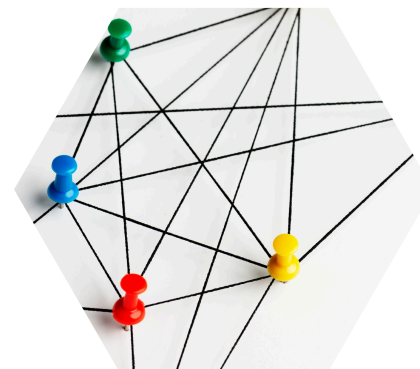
Purpose: Foster two-way engagement between system leaders and local communities, ensuring that leaders remain connected to the community and incorporate these insights into future decision-making processes

- System leaders to identify a small group or community based on their own interests/experience and carry out a conversation. ICB & Mirror Board build on existing mentoring relationships to use their collective experiences, connections and local insight to do this together.
- In order to do this all system leaders would be supplied with a 'conversation starter' document, a feedback template and encouraged to take a photo & short video.
- Where required, support can be provided to link up Board members with local organisations/community representatives based on their interest.
- All conversations will be captured as 'case studies' that will go on to support a wider invitation to staff across the system to connect with their local communities.
- This activity is designed to create two-way visible leadership out across our communities, giving system leaders access to experience and insight, as well as showing leadership that is visible, active and interested.
- System leaders will be encouraged to talk about their experience at future meetings and hold the insight in future decision making.

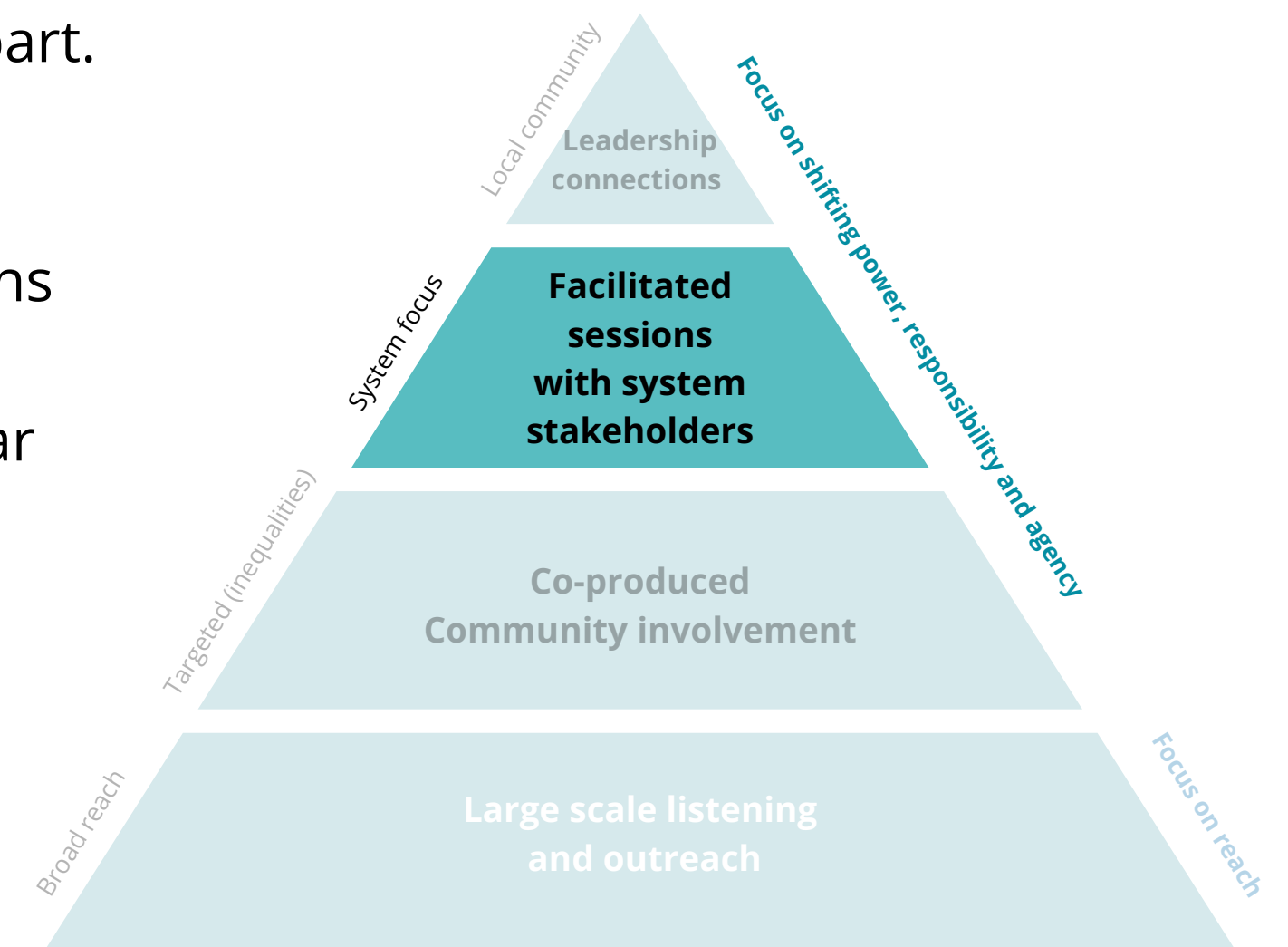


Facilitated sessions with sytem partners

- 12 x Facilitated 90-minute sessions (inspired by Inspiration Station).
- Self booked sessions -invitees to include Board, ICP, VCSE Alliance, Healthwatch, PCNs, LAs, NHS Providers. who else?
- Identifying key 'spokespeople' for this work to support assets to support the session (e.g. short video)
- Where possible, senior leadership representation present to take part.
- To take place in locations across Frimley - north/middle/south x2
- Participants asked to leave sessions as 'connectors' with an expectation to share their experiences and develop new connections across the system.
- Sessions would be supported by a range of resources so that similar sessions can be delivered by partners/community groups etc.



Purpose: Gather detailed insight and feedback from system stakeholders and build a network of 'connectors' who will build new relationships



Co-produced Community Involvement

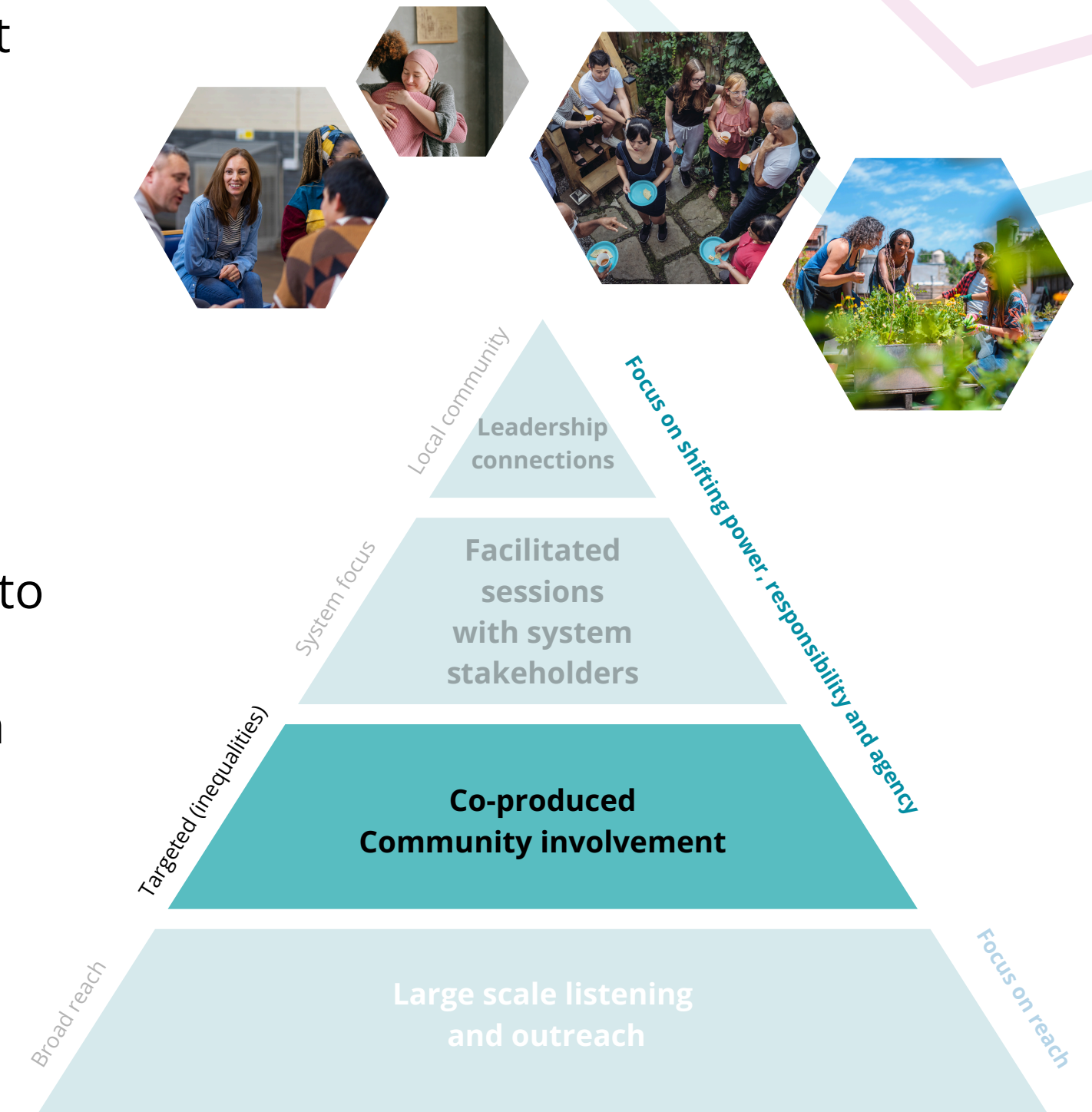
Development of a process that recognises that 'we' are not always best placed to lead these conversations or access communities. Shifting power to our voluntary, community and faith partners to lead connections.

Development of a 'Community Engagement Fund' that VCSE organisations can apply to for small amounts of funding or support to carry out community engagement activity.

The application process would ensure that work carried out is aligned to our overall objectives, content themes and captures insight in a meaningful way. We would encourage applications that ensure system demographic representation and reach those experiencing health inequalities.

We envisage this could involve community events, focus groups, informal drop-ins or conversations over tea and biscuits!

Purpose: Shift power and ownership to local communities by empowering voluntary, community, and faith partners to lead engagement efforts.

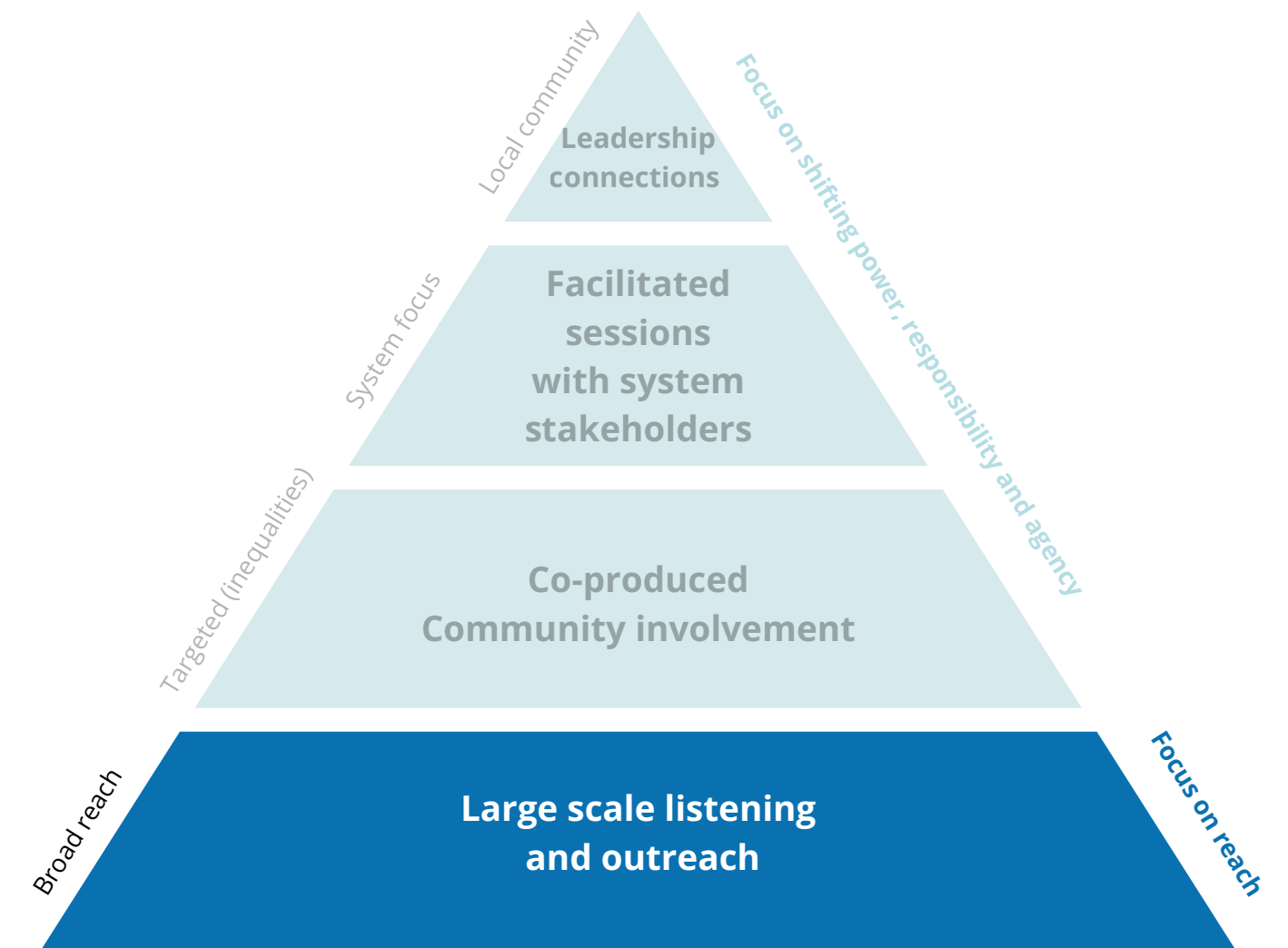


Large scale listening and outreach

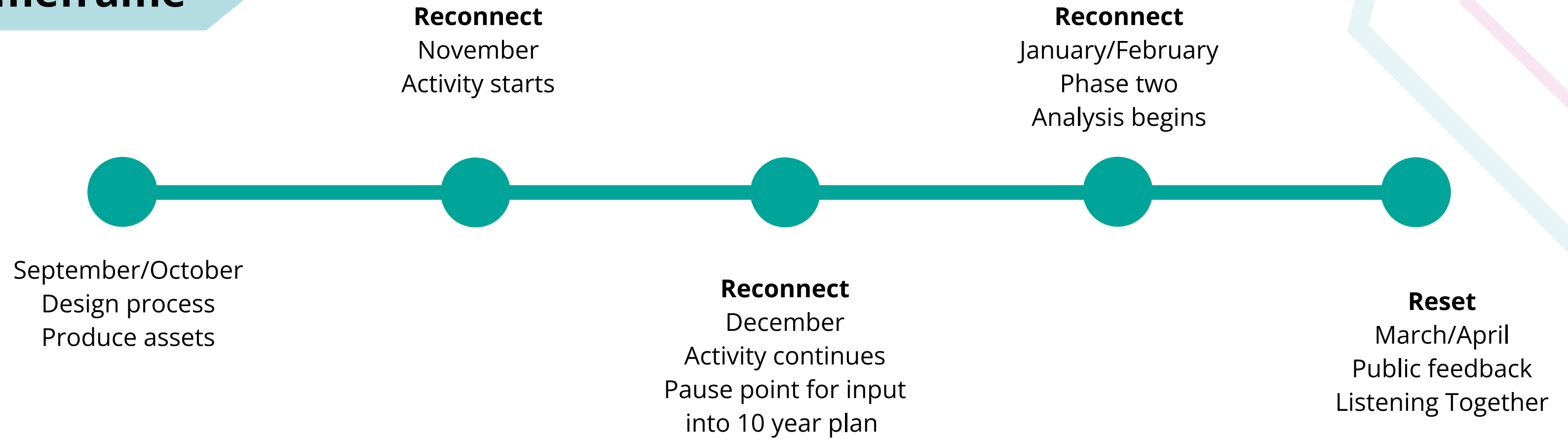
- Supporting the national 'Change NHS' conversation: <https://change.nhs.uk/en-GB/>
- Information disseminated widely throughout our communities utilising partner relationships and existing channels.
- Face to face community interactions in high footfall areas to encourage further feedback.



Purpose: Hear from a broad range of voices, understand diverse perspectives, identify common priorities and contribute to a national conversation.



Timeframe



Mon 18th Nov – Fri 13th Dec	Reconnect - Delivery Phase One (to include launch of system connections, launch of community engagement fund, all facilitated sessions and all national engagement input)
Mon 6th Jan – Fri 14th Feb	Reconnect - Delivery Phase Two (to include ongoing community engagement, and leadership connections)
March 2025	Reset - Listening Phase One (initial outputs, collective listening together, ICP meeting)

Content

These themes are designed to start and guide conversations but not limit them.

GOVERNMENT

Hospital to community

Shifting more care from hospitals into the community

Analogue to digital

More digitalisation and better use of technology

Sickness to prevention

Moving the health service from one focused on sickness to one focused on prevention

DARZI REVIEW

Re-engage staff and re-empower patients

Lock in the shift of care closer to home

Drive productivity in hospitals and bring down waiting lists

Tilt towards technology

Contribute to the nations prosperity

Simplify and innovate care delivery for a neighbourhood NHS

Reform to make the structure deliver

FRIMLEY HEALTH AND CARE

Reducing health inequalities

Sustainability and green healthcare

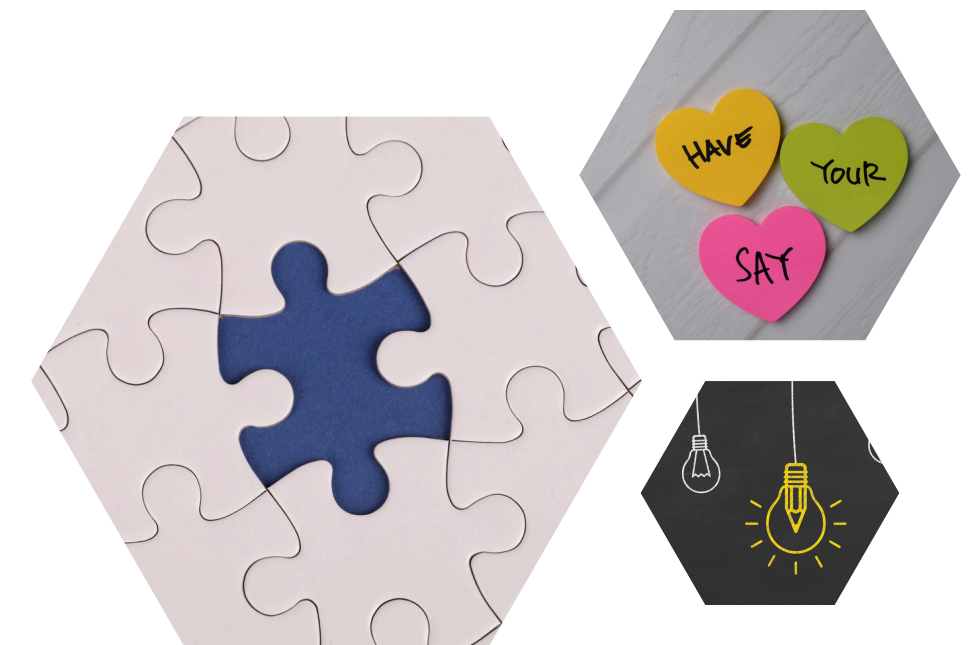
Outcomes for children and young people

Health and wellbeing in the broadest sense

Shifting power and responsibility

How you can help

- We need commitment from everyone to make this a success and to ensure a legacy for our future work
- There are multiple ways that everyone can get involved, whether it be as a connector to local communities, supporting wider team involvement, attending sessions or inputting to the national 'Change NHS' conversation.
- More information about how to get involved and a range of localised resources will be available to support this work from mid-November
- If you have suggestions for community groups to visit, or if you would like to talk through further please email the Communications and Engagement Team frimleyicb.communications@nhs.net












FRIMLEY PRIMARY CARE BOARD & INTEGRATED CARE BOARD

Title of Paper	Primary Care Access Recovery Plan Report		
Agenda Item	6.1	Date of meeting	19 November 2024
Exec Lead	Sarah Bellars, Chief Nursing Officer NHS Frimley		

Purpose	To Approve	<input type="checkbox"/>
	To Ratify	<input type="checkbox"/>
	To Discuss	<input checked="" type="checkbox"/>
	To Note	<input checked="" type="checkbox"/>

Link to Strategic Objective	Objectives 3, 4 and 5
------------------------------------	-----------------------

Executive Summary
<p>Background</p> <p>NHS England and the Department for Health and Social Care published the <i>Delivery plan for recovering access to primary care</i> in May 2023. Now known as PCARP (Primary Care Access Recovery Plan), the plan centres on four key areas to support recovery:</p> <ul style="list-style-type: none"> • 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. <p>NHSE required all ICBs to produce system-level access improvement plans for approval to their Integrated Care Boards and subsequently report to that Board at six-month intervals. This progress report should include achievements, shifts in direction, issues, and risks to deliver the ICB responsibilities set out in the plan.</p> <p>Frimley Primary Care Transformation Plan</p> <p>The Frimley ICB Primary Care Transformation Plan continues to align with the national priority for access improvement, so the local plan remains the framework for the ICB access improvement programme. The plan was developed in early 2021 for 5 years and first submitted as part of the organisations 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.</p> <p>The current version of the plan describes nine workstreams and enablers, as set out below, additionally supported by four channels aligned to team delivery plans set out in the report itself.</p>

	Increasing capacity by investing to develop and test at scale models		Self care and alternatives to general practice including using Community Pharmacy, Dentistry and Optometry services, and digital enablers such as Frimley Healthier Together
	Increasing workforce capacity & skills mix including support from non-clinical roles where appropriate for patients' needs		Continuing to engage and communicate with our residents including supporting PCNs and practices to improve their communication with patients, and co-designing service improvements in neighbourhoods
	Improving premises and releasing capacity through the development of PCN Estates Toolkits reflected in the system estates plan and ensure a clear robust investment programme is ready for available investment		Population health management to drive proactive care, working in partnership with others to improve health and wellbeing and reduce health inequalities
	Maturing PCN development to develop "at scale" models of care based on local population needs, delivering on the ambitions from the Fuller Stocktake and encouraging integration of primary care through an MDT approach		Utilising digital to support people getting the right care for their needs early in their journey and delivery of clinical capacity where most needed
			Fairer funding to better align primary care funding with our understanding of the needs of our population

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 allows us to go further, faster, particularly for clinicians and practices that are innovators and early adopters, and then to learn from and spread what works.

Over the last year the five place-based primary care teams have been re-organised into two teams covering the individual five Places: east Berkshire with Slough, RBWM and Bracknell Forest, plus a south team with NEHF and Surrey health Places. This change in key delivery teams has had an impact on the delivery of ambitions through 2024, however the report sets out progress despite this challenge. Individuals has worked extremely hard with practices and PCNs to co-produce clear annual improvement plans, supplied critical skills and experience, and showcase base practice across practices locally and at system level.

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

Key highlights of delivery since previous ICB Board report (April 2024)

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.

Headline achievements in year one PCARP delivery:

Focus on reducing demand by engaging our patients differently:

- 100% of practice websites are compliant with NHSE expectations
- NHS app utilisation increased by 22% and increased in use for repeat prescriptions and appointment management
- Approved app utilisation established with over 15% 0-17 yr olds registered for Frimley Healthier Together

Practice-led capacity and demand (C&D) plans for modern general practice:

- 91% of practices have co-designed C&D plans and 47% have participated in NHSE programmes to support delivery

- Sharing of experience and best practice established through events, the introduction of peer ambassadors and PCN clinical director networks
- Patient needs better understood through the adoption of segmentation in 60/66 practices in clinical systems

Building capacity:

- 100% ARRs workforce allocations to PCNs utilised resulting in over 450 WTE additional roles across Frimley PCNs
- PCN excelling through their workforce development with 8 PCNs approved as learning environments and 4 PCNs in NHSE pilot for recruitment
- Over 80 general practice premises have been assessed for improvement and re-development needs, with new policies developed to include PCN essential needs in the ICB estates and IT planning

Cutting bureaucracy:

- Primary and secondary care colleagues working more effectively together through reducing bureaucracy with ¾ national expectations already met and best practice adoption in the ICS to engage across service interfaces evidencing better outputs.

Recommendation	The Integrated Care Board agreed and discussed the progress by NHS Frimley as set out in the 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. Risks identified in relation to programme delivery beyond those already on the ICB's risk register are included in the risk section of this paper.
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 in the report 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	PCARP is a national priority work programme funded through a range of sources including ICS Service Development Funds and dedicated national funding. The impact on the demise of the two-year programme to continue the improvement trajectory will be challenging.

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Primary Care Board	3 rd December 2024	Meetings did not align with the timeline – to be shared with the Primary Care Board at the next meeting.

Purpose of paper

This report to the ICB Board on the Primary Care Access Recovery Plan¹(PCARP) is to meet the requirement for all ICBs to produce system-level access improvement plans and present these to their public boards in November 2023, May 2024, and November 2024. 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 year one 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 2023/24⁴ brings this ambition together for systems. A further year-two PCARP update was published in April 2024, describing a national plan to make it easier and quicker for patients to their GP and primary care team.

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. Empower patients.
 - B. Implement Modern general practice access.
 - C. Build Capacity
 - D. Cut 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 several 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

¹ [Delivery plan for recovering access to primary care \(england.nhs.uk\)](https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/)

² [B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/publication/b2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf/)

³ [Microsoft Word - FINAL 003 250522 - Fuller report\[46\].docx \(england.nhs.uk\)](https://www.england.nhs.uk/publication/microsoft-word-final-003-250522-fuller-report46.docx/)

⁴ [PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/publication/prn00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf/)

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.

In recent years, we are seeing significantly increased demand for appointments, with more patients considering their condition to be urgent. In Frimley ICS, practices are delivering 20% 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.
- Impact of national funding decisions on unfunded ARRS staff and national insurance increases
- Longstanding premises pressures in some surgeries increasingly limiting ability to expand services.

At the same time as the public is reporting a poorer experience, the morale of the primary care workforce is low at times 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.

With demand for 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 make 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 most 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.
- GPIIP – 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 GPIIP, and now available to all practices for completing the SLF and delivering the MGPAM.

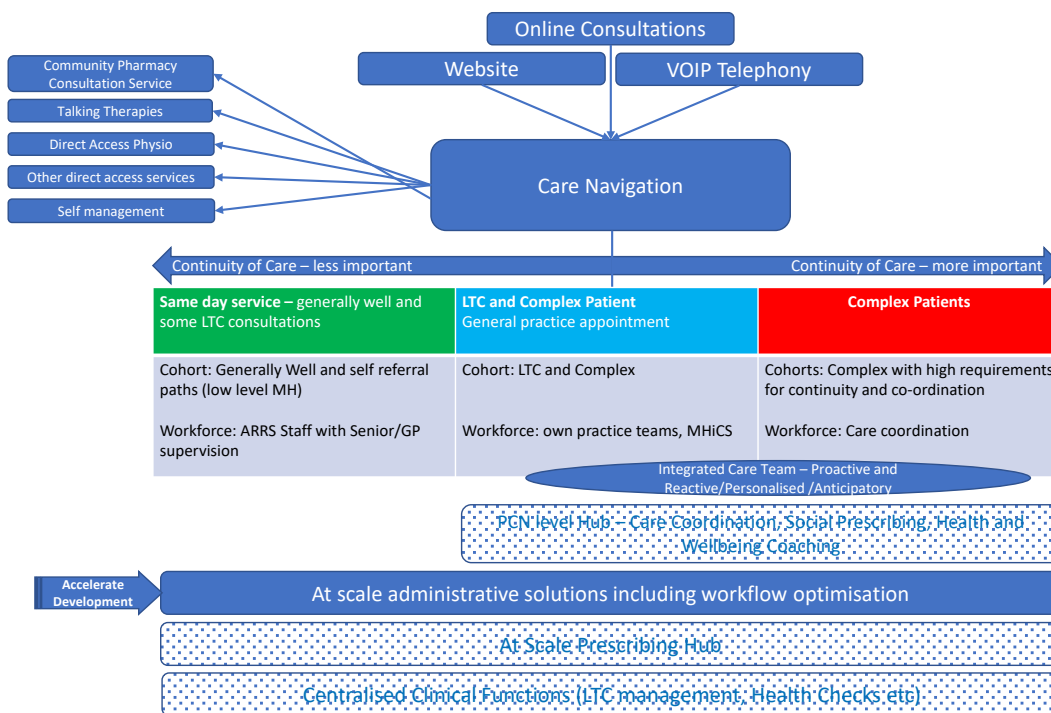
Frimley ICB target operating model.

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.

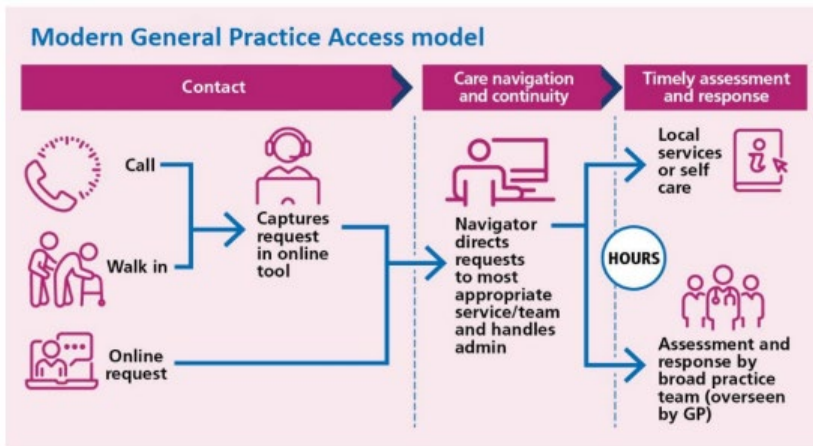


Care navigation is a critical part of this journey, to ensure that patients are streamed into the right services at the right time with the most appropriate, and least costly, clinician. The objective is to ensure that our most expensive and increasingly constrained workforce, general practitioners themselves, 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.

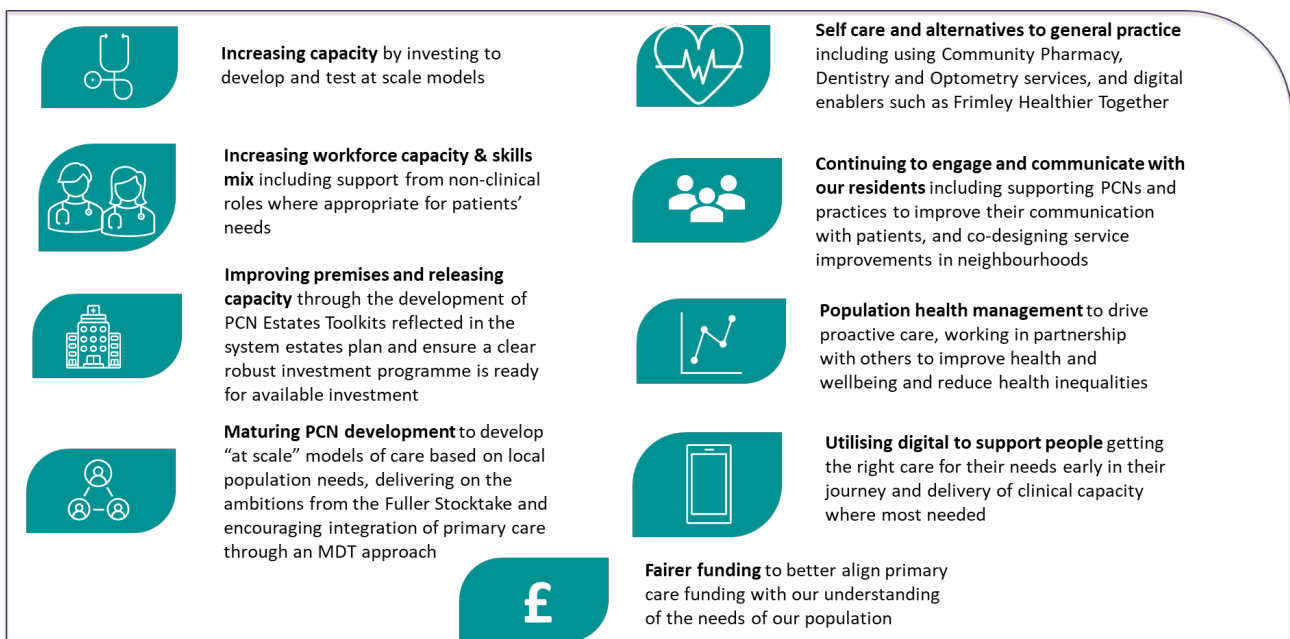
The national Modern General Practice Access Model set out below includes the common elements from the Frimley model of care; contact (front door), care navigation and continuity, and timely assessment and response.



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 commissioning 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 on 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. PCN Clinical Directors can self-declare their deliver programmes to access the conditional 30% before March 2025.

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 66 general practices; within this we have over 40% of practices that have participated 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 and transformation funding aligned with the individual practice needs to improve access for their patients.

⁵ [NHS England » National General Practice Improvement Programme](#)

Transition funding⁶

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

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.

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 were established in October 2023 and given a target of 50% additional activity through the existing pathways, the target has been achieved through data quality improvement by service providers.

The following next steps have been agreed:

- 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 announced the new Pharmacy First scheme launched in January 2024. By engaging our local pharmacy services, the services will make it easier for Frimley residents to access treatment for common conditions through their local pharmacy while taking some of the pressure off general practice.

Pharmacy First (PF): Frimley is 24 out of 42 ICBs nationwide for pharmacy first referrals/ 100k with significant variation across PCNs on utilisation based on some reasons with poor first experiences, and improvement needed on integration across practices and pharmacies. Looking at clinical pathway consultations only: more than 18,000 consultations have been completed, meaning over 18,000 patients received treatment at community pharmacies instead of visiting their GP for a

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

prescription. This has freed up nearly **2,500 hours of GP appointment time in the 6 months to June 24**. A higher proportion of those with lower needs have no appointments after a CPCS referral, 60% for lower need group reducing to 37% for the higher need group.

Hypertension Case Finding Service: The hypertension blood pressure check service supports the ambition of the [NHS Long Term Plan](#), tackling health inequalities and the prevention of ill health and aims to prevent 150,000 strokes, heart attacks and dementia over the course of 10 years. The number of blood pressure (BP) checks in Frimley has significantly dropped over the past 3 months, both in referrals and opportunistic checks. Nationally, Frimley's ranking for BP checks completed has fallen from 19th in March 2024 to 33rd in June 2024, compared to 8th in August 2023. Efforts are underway with the LPC and the CVD group to identify the reasons for this decline and to increase referral numbers. This reduction could have an impact on the early detection and prevention of cardiovascular disease (CVD) for Frimley residents, exacerbating health inequalities. With less than 4% of ABPMs (Ambulatory Blood Pressure Monitoring) completed from January to June 2024, this is significantly below the national target of 30% of total blood pressure checks. This is a risk as ABPM is seen as the gold standard for diagnosing hypertension.

Pharmacy contraceptive service (PCS): Approximately 60% of pharmacies in Frimley are currently signed up to provide the Pharmacy Contraception Service (PCS). Subject to changes in the Community Pharmacy commissioning arrangement maximising this opportunity may be challenging. The table below sets out the current activity and the opportunity is to build further on this for our population.

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 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 five practices that continue to work towards these key digital functions in Frimley. There is an ongoing program of support for practices to optimise their use of VOIP systems by understanding and using data to manage their demand and capacity.

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 over 60% of over 18s registered with the NHS App.

Practices 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 previously 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.

An audit has been carried out to 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.

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 22 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. A new role on newly qualified GPs has been introduced in October 2024, which our PCNs continue to explore.

The ARRS programme commissioned through the Network DES to Primary care Network has an uncertain future with 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 2023/24 and is currently forecasting full utilisation of the available funding in 2024/25, needing additional PCN resources to be diverted to planned overspend beyond the allocations.

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 2025 and the levels of supervision by PCNs need for new roles such as physician's associates.

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 eight 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, PCN recruitment exemplar pilots, and access to a programme of continuing professional development for all those working in primary care.

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 three GPs by suicide (one GP partner / one salaried GP at a practice in Frimley and a second locum GP with a history of working in Frimley), the ICB is committed to supporting the suicide prevention project and ensuring the learning is invested into the future for our primary care workforce.

We learned from last year's pilot primary care staff survey the results indicate a below-national average across the People Promise elements. Frimley ICB had the initial scoping meeting of the Primary Care Culture and Wellbeing Group to develop a workstream to provide a clearer focus for 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. The survey indicates a need to develop in this work a focus on building a more positive culture around diversity and inclusion across practice teams, with staff reporting 7% below national average on being treated fairly.

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

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

arrangements, including: onward referrals, complete care (fit notes and discharge letters), call and recall arrangements, and clear points of contact across the interface.

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 practices 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 that sit alongside it. The ICB offers support to practices and PCNs on communication through:

- 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 offers supports activities for all practices and PCNs including:

- 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:

- Core messages on the programme – *Make the right choice*
- 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

We have been approached by several practices and PCNs who are keen to focus on engaging the population in a more targeted way to improve access to care, explain the changes to how their practice is supporting access for all and to empower the population to work together to support their neighbours.

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. 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.
- iii. Impact of ICB organisational change on partnerships between the ICB teams with practice and PCNs which has impacted on the pace of change and scale of impact across all practices.

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 the recently announced employers NI uplift; as a result, some are seeking efficiencies through the reduction of core workforce. Although the Frimley Fairer Funding for Primary Care programme has provided 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. Primary Care Networks are unfunded for the agenda for change uplift across the ARRS programmes, leading to PCN diverting service funding, changing priorities, and reviewing the roles in ARRS impacting on future capacity.
- 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.

Priority	Description	Mitigation
National support offers	Practices who would benefit most from transformation and support offers are those least able to commit and identify the leadership	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. ICBs to locally develop offers to

	<p>requirements and therefore there is a risk they do not sign up. With the end of the GPIIP (PLS) national programme in March 2025 leaving some practice still to complete their journey to MGPAM.</p>	<p>enable practice through transition beyond GPIIP into 2025/26.</p> <p>Work has commenced with the current GPIIP provider to support our ICB team to develop the skills and practice for confidence the facilitator approach to sustainable changes in practices and PCNs to build a consistent offer to our population.</p>
PCARP & SDF Transformation Funding	<p>With systems under significant pressure access to the necessary transformation resources may be restricted and impact on outcomes.</p> <p>Significant impact to the ICB with low confidence in SDF funding into 2025/26 with both the Frimley PC Training Hub and PC Digital First team currently funded through these transformation funds.</p>	<p>Raise awareness of the impact of no confirmed transformation funds beyond 2024/25 through the Primary Care Access Recovery Plan which concludes April 2025, and low confidence in the allocation for primary care System Development Funds (SDF) into 2025/26.</p> <p>The Primary care teams continue to build evidence through case studies and evaluation to spread good practice and build local leadership, however this is not without a cost.</p>
Primary & Secondary Care Interface	<p>The interface resources are limited following the ICB re-organisation for this programme, with most of the demands being managed through the Trust GP liaison team.</p>	<p>ICB continued to explore options as the teams settle into the new organisation to support the agenda with some dedicated capacity to continue to develop the CIC forum, align with pathway programmes and referral tools such as DXS.</p>

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 April/May 2025.



Primary Care Access Recovery Plan (PCARP) Report

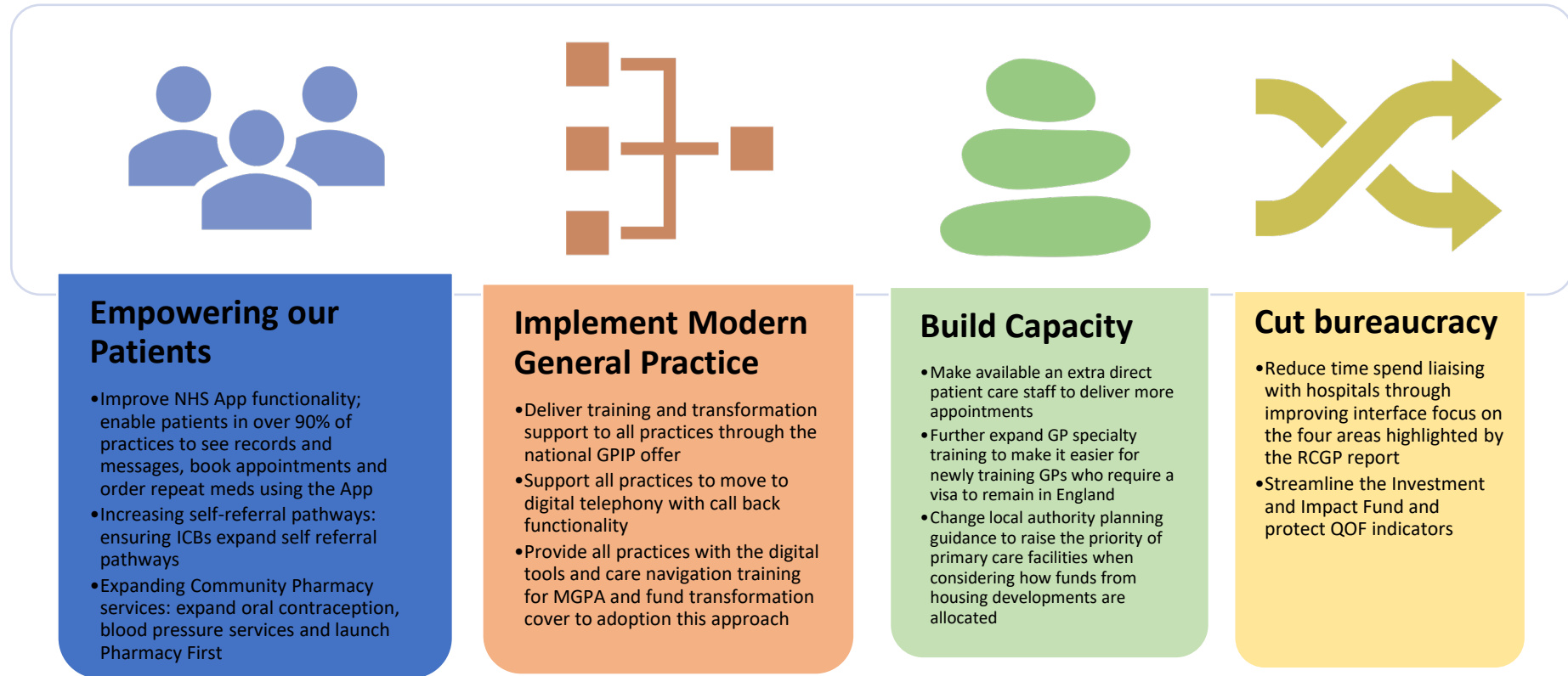
NHS Frimley Integrated Care Board
November 2024

Primary Care Development Programme 2024/25

Access, Capacity and Demand	Digital and Estates	Workforce	Engage with Population and Communities
Support and embed the introduction of Pharmacy First providing capacity for minor illness diverting low level need from general practice teams for better patient experience.	Continue to improve uptake of apps and online tools (including Frimley Healthier Together and the NHS app) to reduce demand and administrative burden on practices	Continue to support PCNs to optimise and develop their ARRS workforce to enable new models of care, including at scale offers and Modern General Practice Access	Continue engaging with communities to communicate the changes in general practice services, how these can benefit patients and how best to access services at their practice/PCN
Continue the delivery of Capacity and Access Improvement Plans across our PCNs (and practices) as determined in the Network DES.	Clearly define the GP IT operating model following publication of the national framework	Extend the Frimley general practice apprenticeship scheme focused on school and college leavers across all places over the next two years.	Evaluate and learn from feedback and insights with our population on the offer from general practice
Continue to develop care navigation and population segmentation as part of embedding the Modern General Practice Access model across all practices	From October 2024, utilise the newly available telephony data to understand further opportunities to reduce demand and maximise capacity.	Explore ways to improve efficiency in practices through workforce planning tools , developing a clearer model of managing demand and capacity across a day, week, month and year	Implement the outcomes of the Frimley Fairer Funding programme, better targeting investment on need and health inequalities to support population health management approaches
Continue development of at scale PCN-level same day access services aimed at generally well populations, supporting patients to reach the most appropriate professional first time	Ongoing development of primary care estates strategy including completion of PCN estates toolkit work, and supporting development of solutions to tail estate and population growth	Support four PCNs with their successful exemplar workforce retention bids , including supporting them to develop their approach, learn from each other, and spread their learning across the ICS.	Share learning and best practice both locally and from across the country, to support the spread of population health management and proactive, personalised care and support
Implement and develop the insights tool for general practice (Insights Version 2)	Embed online consultation and support the contractual requirement for equitable access throughout core hours	Increase the number of training placements for nurses, ARRS roles and general practitioners through PCN Training Environments.	Identify populations with barriers to accessing care , with particular focus on CORE20Plus5 areas including carers and those with learning disabilities to better manage their health needs.

PCARP– Year two

Building on the success statements from year one, the second year of the delivery plan for recovering access to primary care is about realising the benefits to patients and staff from the foundations we have built since launch in the following four priority areas. [Set out in the Operating Plan 24/25]



This slide deck gives NHS Frimley SLT and Board members an overview of how implementation of this national plan is progressing across Frimley, noting that improving access to, and reducing the variability of general practice, is one of four operational priorities in our four pillars Primary Care Development Delivery Plan, in Access, Capacity and Demand. The milestones agreed in our plan are reviewed by the Primary Care Board and delivered in the main through the new Primary Care Programme Delivery Group.

The following slides describe the alignment of the local actions in our annual delivery plan aligned with the national recovery plan, detailing the achievements so far, next steps and risks to delivery

Empowering our Patients



Ambitions

- Improve NHS App functionality; enable patients in over 90% of practices to see records and messages, book appointments and order repeat meds using the App
- Increasing self-referral pathways: ensuring ICBs expand self referral pathways
- Expanding Community Pharmacy services: expand oral contraception, blood pressure services and launch Pharmacy First

What have we done?

- Provide communication materials and support sharing key messages with our population through the **practice website** blueprint offer
- Continued the focus on promoting the **NHS App** as a one portal to health records, access support and advice around GP services. 62% of registered patients over 13 yr of age are registered for the NHS App.
- **Healthier Together App Registered Users % of Population** performance has improved by 0.6 percentage point compared to last month (value increased from 14.5% to 15.1% at 31/08/24). However, there has been a steady decline in the number of new registrations since April 24. There is no national target, but Frimley ICB has set itself a target of 15%, which we have now exceeded.

Impact:

We know that people responding to the General Practice Patient Survey (GPPS 2024), 57% to 80% rate their overall experience as good, however, the ICB average is below the national average by 4% (70% vs 74%). Over most survey responses answers are on a downward trend and this is in line with national figures. The GPPS represents a small snapshot in time and should not be viewed in isolation.

NHS Frimley scored just above the national average on all elements of the online GP service indicating the early adoption of the digital offers has embedded better than other parts of the country. In addition to this the Community Pharmacy services usage reported in GPPS is above or in line with the national average, with some variation across PCNs.

Next Steps:

- 35% of respondents indicate they *didn't do anything before trying to get an appointment with their GP practice* – impacting positively on this number through patients being supported to self-manage through care navigation to Pharmacy First or direct to 111 for low-risk, low-need patients would reduce demand where alternative services can better support patient needs.
- The opportunity to build more effective pathways with general practice and community pharmacy have a positive foundation, and focus on developing this further to benefit our population remains a priority – see *Community Pharmacy section*

Empowering our Patients

Children and Young People

Frimley Healthier Together @ 31/10/24

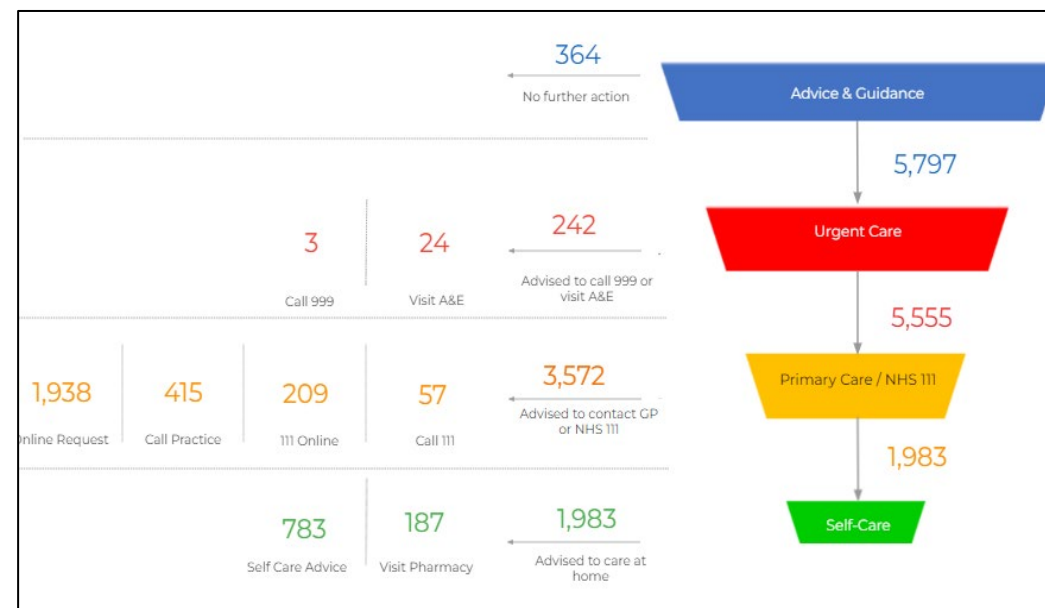


Healthier Together App: over the last 12 months the Frimley Healthier Together app has enabled 1,800+ children to receive care at home or with a community pharmacy and supported parents to have confidence through advice and guidance for 460+ children. Further impact on urgent care and primary care services has been positive, with variation across PCNs indicating that populations with high deprivation and English not as their first language are not fully benefiting from the app yet.

Over 15% of our population aged between 0-17 years is now using Frimley Healthier Together (Aug 2024)

October 2024 headlines:

- 96% General Practices actively promoting the app and website with over 6,000 children using Healthier Together in one month
- From these, 364 patients who needed no more and a further 1,983 patients advised to care at home in a month, reducing demand on other services
- 3,572 patients were advised to contact their general practice or use 111:
 - 415 called the practice for support
 - 266 patient utilised the 111 services both phone and online
- Resulting in only 4% of the 6,000 children being advised to seek urgent support in A&E or via 999



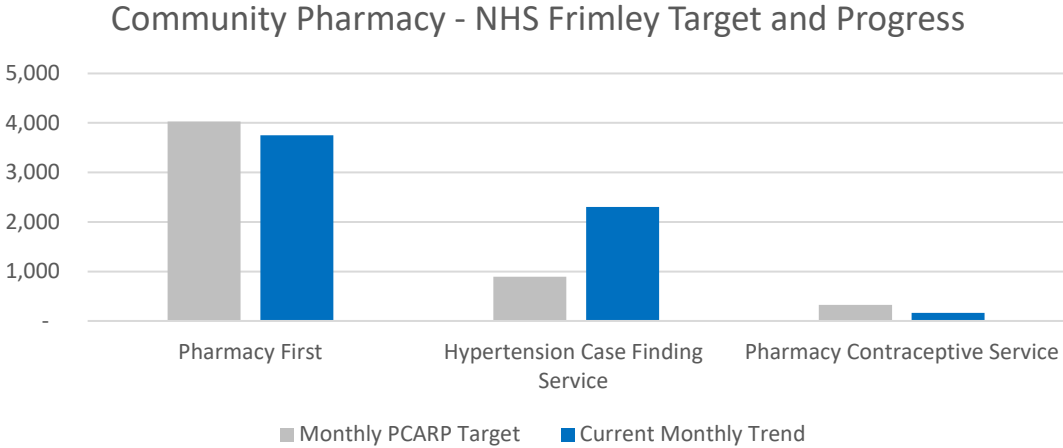


By engaging in these pharmacy services, we are making it easier for Frimley residents to access treatment for common conditions through their local pharmacy while taking some of the pressure off general practice. The BP check service supports the ambition of the [NHS Long Term Plan](#), tackling health inequalities and the prevention of ill health and aims to prevent 150,000 strokes, heart attacks and dementia over the course of 10 years by raising awareness and diagnosis of high blood pressure.

As part of the [NHS England » Delivery plan for recovering access to primary care: update and actions for 2024/25](#) there will be a further focus on growing monthly patient volumes across all three pharmacy services by March 2025 by at least 71,000 [blood pressure check consultations](#) ; 25,800 [oral contraception consultations](#); and 320,000 [Pharmacy First](#) clinical pathway consultations.

Using the national ambitions set out in the PCARP programme Frimley’s monthly trajectory illustrated below, shows the significant opportunity for further integration across primary care providers these services will deliver to our population.

NHS Frimley	Monthly Target	Current Monthly Trend
Pharmacy First	4,032	3,750
Hypertension Case Finding Service	895	2,300
Pharmacy Contraceptive Service	326	162



Next Steps: The community pharmacy primary care network (PCN) engagement lead role has been recruited (4/5 places) up to October 2024. This role has been established to support the implementation of the pharmacy Primary Care Access Recovery Plan (PCARP) requirements, including implementing the Pharmacy First Service and expanding the Blood Pressure Checks Service and Pharmacy Contraception Service through integration with wider NHS services. The objective is to increase the utilisation of these services through general practice, 111 and UEC services keeping the patients in the community and continuing to develop the community pharmacy offer.



Hypertension Case Finding Service:

The number of blood pressure (BP) checks in Frimley has significantly dropped over the past 3 months, both in referrals and opportunistic checks. Nationally, Frimley's ranking for BP checks completed has fallen from 19th in March 2024 to 33rd in June 2024, compared to 8th in August 2023. Efforts are underway with the LPC and the CVD group to identify the reasons for this decline and to increase referral numbers. This reduction could have an impact on the early detection and prevention of cardiovascular disease (CVD) for Frimley residents, exacerbating health inequalities. With less than 4% of ABPMs (Ambulatory Blood Pressure Monitoring) completed from January to June 2024, this is significantly below the national target of 30% of total blood pressure checks. This is a risk as ABPM is seen as the gold standard for diagnosing hypertension.

NHS FRIMLEY - Hypertension Case Finding Service	JAN 24	FEB 24	MARCH 24	APRIL 24	MAY 24	JUNE 24	TOTAL
ABPM	120	180	179	213	202	129	1106
CLINIC	1309	1926	1985	2229	2758	2197	13978
Total	1429	2106	2164	2442	2960	2326	15084

Pharmacy contraceptive service (PCS): Approximately 60% of pharmacies in Frimley are currently signed up to provide the Pharmacy Contraception Service (PCS). Subject to changes in the Community Pharmacy commissioning arrangement maximising this opportunity may be challenging. The table below sets out the current activity and the opportunity is to build further on this for our population.

NHS FRIMLEY INTEGRATED CARE BOARD	
Initiation	127
Ongoing monitoring	684
Total	811



Pharmacy First (PF): Frimley is 24 out of 42 ICBs nationwide for pharmacy first referrals/ 100k with significant variation across PCNs on utilisation based on some reasons with poor first experiences, and improvement needed on integration across practices and pharmacies. Looking at clinical pathway consultations only: more than 18,000 consultations have been completed, meaning over 18,000 patients received treatment at community pharmacies instead of visiting their GP for a prescription. This has freed up nearly **2,500 hours of GP appointment time in the 6 months to June 24**. A higher proportion of those with lower needs have 0 appointments after a CPCS referral, 60% for lower need group reducing to 37% for the higher need group.

Integrated care System – South East Region	Per 1,000 patients
NHS HAMPSHIRE AND ISLE OF WIGHT INTEGRATED CARE BOARD	1279
NHS KENT AND MEDWAY INTEGRATED CARE BOARD	1260
NHS FRIMLEY INTEGRATED CARE BOARD	1112
NHS SUSSEX INTEGRATED CARE BOARD	977
NHS BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST INTEGRATED CARE BOARD	907
NHS SURREY HEARTLANDS INTEGRATED CARE BOARD	887

NHS FRIMLEY	Total referrals to June 24
Clinical pathways consultation	18,746
Minor illness referral	22,468
Urgent medicine supply	16,722

NHS FRIMLEY INTEGRATED CARE BOARD	Jan	Feb	March	April	May	June	total
NHS 111	1645	2094	2503	2161	2186	1857	12446
GP Practice	598	1688	1811	1632	1928	1441	9098
Self referral	16	1226	1322	1114	1202	832	5712
Signposted	6	303	392	339	324	179	1543
Other	0	9	13	17	35	35	109
Walk in Centre	0	3	14	7	11	11	46
Urgent Treatment Centre	0	4	1	0	3	3	11
Emergency Department	0	0	1	1	1	0	3
Ambulance Service	0	0	0	0	0	1	1
Total	2265	5327	6057	5271	5690	4357	28969

Opportunity:

Referral from UCC/ ED is low due to IT issues and the balance of priorities for the service. Working with FHFT, ICB UEC team to identify ways to increase referral numbers with the current system. Investment make be required to an effective increase – being explored with other systems

Implementing Modern General Practice



Ambitions

- Deliver training and transformation support to all practices through the national GPIP offer
- Support all practices to move to digital telephony with call back functionality
- Provide all practices with the digital tools and care navigation training for MGPA and fund transformation cover to adoption this approach

What have we done?

- **Practice Plans** – 91% practice have completed their SLF resulting in a practice owns improvement plan for MGPAM, supported through PCARP transformation funds. 47% of practices have participated in the **GPIP/PLS** programmes.
- **Shared learning events** – QOF and Inspiring General Practice delivering in Spring 2024 with positive evaluation to share best practice across the ICB
- **Audited CBT (telephony) functionality** – gain commitment from practice to move to the functions where current CBT providers are not yet available over an agreed timeline.
- **Increase the adoption of segmentation** to better manage the needs of our population with a frame for scheduled, unscheduled and proactive care – 60/66 Practices adopted

Impact:

GP Appointments: On average, in Frimley there are 21 GP appts per working day for each GP FTE (incl. training grades) in Jul-24, highest of all ICBs in the region. Appointments with a GP increased by 6% in Jul-24 compared to Jul-19. There were 17,542 total recorded GP appointments per working day in Jul-24 in Frimley ICB, equating to a 25% increase in recorded appointments over 5 years. The increase is primarily from GP appts delivered by practice staff other than GPs.

Time Between Booking and Appointment: In Jul-24, 89% of GP appts with a GP were within 14 days of booking, and 68% were on either the same day or next day in Frimley ICB

Pharmacy First: 93% of GP practices within the ICB are referring patients to pharmacy first and 98% percentage of pharmacies have opted in to provide the service.

Next Steps:

- Post ICB re-organisation; re-establishing the Primary Care teams providing the tools to the team to best engage practice with a tailored offer to individual practices – driving to MGPAM consistency for patients
- Implement a learning event for practice and PCN teams to share case studies and connect those who have a matured MGPAM offer and those on the journey to more efficient management of scheduled, unscheduled and proactive care

Implementing Modern General Practice



PCARP introduced the Modern General Practice Access Model (MGPAM) built on national intelligence around sustainable and efficient service models. The following support the foundations of this model:

- ✓ Optimising contacts
- ✓ Structures information gathering
- ✓ Consistent care navigation
- ✓ Allocating existing capacity to need
- ✓ Build capacity within the general practice teams

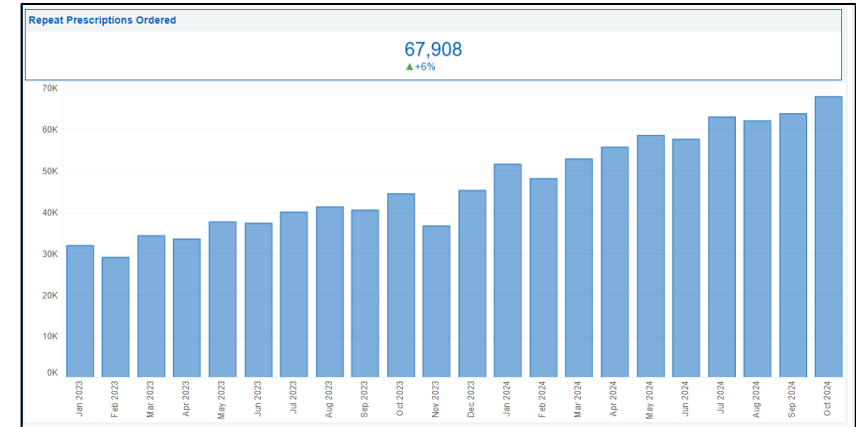
Practice-level transformation support has been made available to through the GP Improvement Programme (GPIP) which comprises of support-level frameworks facilitated by primary care teams and led by practices. NHS Frimley has benefitted from these offers with 32 practices (47%) accessing the GPIP programme following the production of their own plans. 91% our now 68 general practices have developed practice-level support plans including access improvement. All practices have been supported to access the Transition Cover and Transformation Support Fund (TCTSF) to assist with implementing their practice level plans.

100% of practices are now on Cloud Based Telephony (CBT), the focus in to maximise this for greater efficiency in the services and improved patient experience. Year two of PCARP, set out clear expectations on the new functionality of the CBT and this was also reflecting in the Capacity and Access Improvement plans indicators introduced to the PCN services.

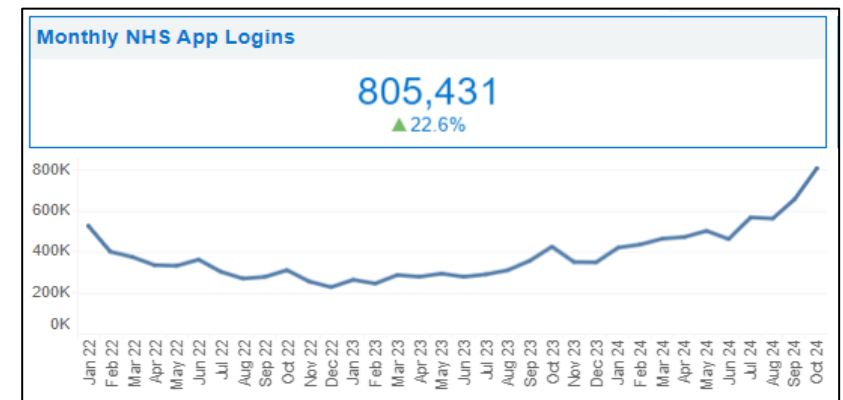
Care navigation adoption is maturing at practice and PCN level, there is variation reflected through the multiple models being explored. A comprehensive national and local training offers has been implemented.

Peer Ambassadors (PAMs) – this year has benefitted from the introduction of a new peer leadership role being piloted by NHSE with ICBs. In NHS Frimley we have appointed two GP peer ambassadors, intending to invite new entrants in January 2025. PAMs provide leadership as a peer to practices focused on lived experience through transformation and a peer support offer to build resilience in general practice.

NHS APP – Repeat Prescriptions – over previous 2 years (NHS Frimley)



NHS APP – Log-ins – over previous 2 years (NHS Frimley)



Implementing Modern General Practice



Contacting the General Practice

General Practice Improvement Programme

Feedback from practices on the approach and benefits to the practice and their patients.

Practice Manager, said: "Taking part in GPIIP enabled us to identify and implement a wide range of changes to improve our staff and patient experience. We came together as a team and decided what we wanted to focus on and what our priorities were. GPIIP provided us with guidance, expertise and peer support to find the right solutions for us. I'd encourage other practices to sign up for GPIIP, it's definitely been worth doing and you can get great results if you commit to trying new approaches." "It was a partnership between our team, the GPIIP facilitators and our patients. It's particularly improved our staff experience, people feel more valued and we're working more efficiently and effectively than before."

Reaching the practice: phone and online

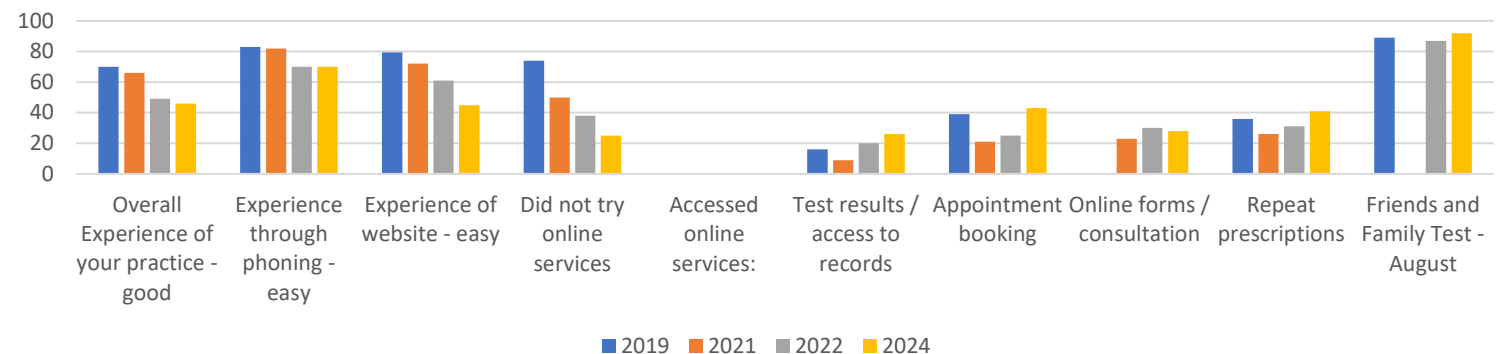
The overall indicators for experience of general practice have struggle through the post-COVID period reflecting the challenged in practices and the change in demand and needs from our population. The patient survey reflects the increase is utilising the digital offers including online tools and telephone systems (Cloud Based Telephony – CBT). All practice have online consultation, promote the NHS App and other online tools and all practices completed the NHSE website audit this year including providing key functions.

Monthly Friends and Family Test – General Practice in NHS Frimley:

92% of patients would recommend their practice to their friends and family which is in line with national and regional levels of satisfaction. This more sensitive and timely insight measure reflects the hard work that general practice in Frimley have achieved to maintain confidence from their patients and highly valued care.

Care Navigation skills development – this year's ICB programme ran from May to Sept 2024 with 151 delegates participating in intermediate and/or advanced training plus access to stakeholder marketplace events in three Places. The offer was commissioned, designed and promoted through our integrated PC Training Hub team.

Patient Insights - % respondents



Building Capacity



Ambitions

- Make available an extra direct patient care staff to deliver more appointments
- Further expand GP specialty training to make it easier for newly training GPs who require a visa to remain in England
- Change local authority planning guidance to raise the priority of primary care facilities when considering how funds from housing developments are allocated

What have we done?

- PCNs have **invested 100% of the ARR allocation** over the last three years in building skills and capacity within general practice
- **Continually professional development** offers have aligned with clinical needs following the Locally Commissioned Services review **securing new skills** for service delivery, a focus on **care navigation** for practice front door teams and care co-ordinators, and supporting the continuing personal development of **PCN Clinical Directors leadership programme**
- **Established 8 PCNs as Learning Environments** to support the workforce pipeline in Frimley to grow our own across staff groups, and piloted four PCNs on the **Example PCN recruitment** initiative

Impact:

- A 25% increase in recorded appointments over 5 years is primarily from General Practice appts have been delivered by **practice staff other than GPs**.
- Overall **GP FTE has increased by 3% from Sep-19 to Aug-24**, FTE for GP Partners has reduced by 30.1 while FTE for GPs in training has increased by 37.2.
- Better understanding of the current workforce establishment challenges i.e. **25.7% of GP FTEs (excl. GPs in training grade) are age 55+ in Frimley ICB**. There is a higher profile of female GP FTEs within the 33 to 40 age range.
- Whilst discussions continue locally with **planning authorities** on CIL and S106 opportunities in an ad hoc way per development, the system partners have yet to take up this conversation with challenging financial positions across public services.

Next Steps:

- Understand the impact of national pay and economic policies on the ARRS allocation
- Primary Care Board seminar – Dec 2024 – workforce planning and development to project the priorities for 2025/26

Building Capacity

Nationally the NHS has significant challenges around retention, recruitment and development of its workforce. This is no different in NHS Frimley with the number of GP partners reducing by XX%, with specific attention on our female Partners and salaries GPs. We are population needs for long term condition management where the recruitment and retention of nursing and AHP staff is less than optimal.

Since the establishment of the Primary care network DES element, Additional Roles Reimbursement Scheme, to provide greater breadth in our workshop to sustain general practice and deliver an increased agenda on early intervention and prevent our team has grown by 490 whole time posts. The PCNs have maximised the full allocation within the scheme and put additional investment from the PCN DES to achieve this additionality, we were one of the first ICBs to be in this position back in 2020/21 and continue to develop the roles and capabilities.

We have XX PCNs with learning environments and PCN Exemplar People Plan pilots in four of the PCNs, these are both aimed to provide a positive education and development environment and attract workforce through effective recruitment practices at PCNs.

The Frimley family have experienced the painful loss of life in our GP workforce and the impact of this on their families and teams has brought into focus the importance of well-being in early prevention, accessible support available to colleagues and the ability to ask for help when needed without negative connotations.

Workforce Planning and Development

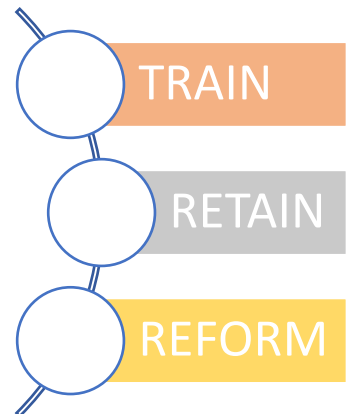
Building our workforce capacity and capability through a programme of work developed across primary care and delivered through the Frimley Training Hub with their networks in NHS/HEE and local employers. **The Frimley Primary Care Training hub** are dedicated to delivering high-quality training, education and development for the primary and community care workforce across NHS Frimley at Place, PCN and Practice level.

Aims:

- Work with PCNs to develop, expand and deliver high quality learning environments, education programmes and placement opportunities
- Support workforce planning across primary care networks and access to continued professional development (CPD) for all new and existing primary care roles

Commitment to deliver:

- Access to advanced clinical practice modules, for example, non-medical prescribing, long term conditions and minor illness management
- Support the development of multi-professional advanced clinical practitioners
- Support the development of primary care professionals by offers of preceptorships and leadership support
- Support PCNs to analyse their primary care staff training requirements and workforce plans



Building Capacity

PCN Employed ARRS workforce – Aug/Sept 2023 (table to right)

100%+ of ARRS allocation committed in 2024/25.

Opportunity through the access improvement programme to share practice and improve the impact of key roles such as care coordinators, GP assistant and Digital & Transformation Lead aligned with ICS ambitions.

As models of care changes and the segmentation for more complex patients evolves the role of care coordinators have an opportunity to pivot to a personalise care, preventative roles and integrated with the specialist MH and AHP competencies.

Retention has previously been of concern for ARRS roles, however the maturity of PCNs as employers has reduce turnover – according to feedback from PCNs.

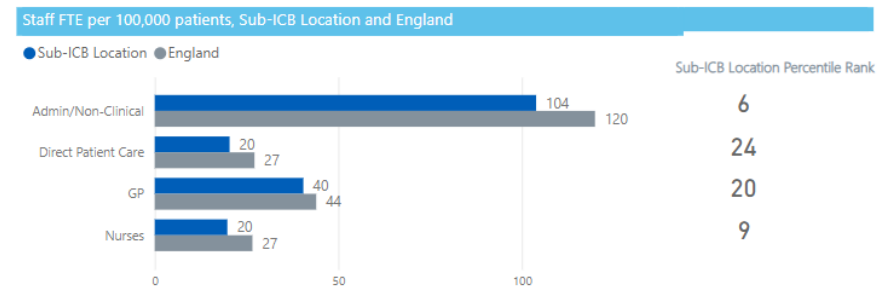
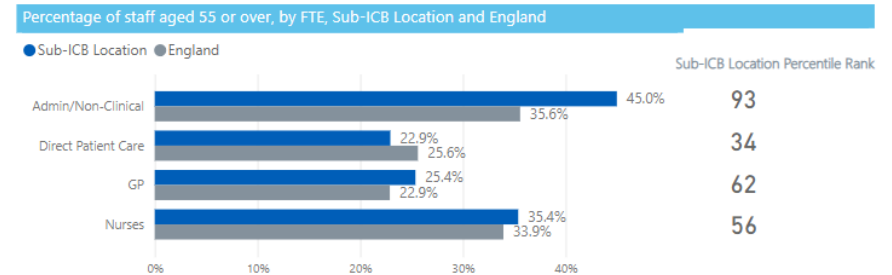
By role	
Employee Role	Latest WTE
Care Coordinator	150.04
Clinical Pharmacist	86.86
Social Prescribing Link Worker	40.60
First Contact Physiotherapist	37.07
Paramedic	28.51
Physician Associate	28.07
Pharmacy Technician	26.49
General Practice Assistant	21.67
Health and Wellbeing Coach	14.82
Advanced Clinical Practitioner Nurse	12.89
Nursing associate	7.95
Digital and Transformation Lead	7.21
Mental Health Practitioner Band 7	6.00
Trainee nursing associate	5.73
Advanced Pharmacist Practitioner	4.95
Mental Health Practitioner Band 6	3.13
Mental Health Practitioner Band 8a	3.00
Advanced Paramedic Practitioner	2.28
Advanced Physiotherapist Practitioner	1.00
Dietician	1.00
Enhanced Practice Nurse	1.00
Occupational therapist	0.48
Total	490.76

Workforce Planning and Development

General Practice employer core workforce – September 2024 (Chart above)

These teams are directly employed by GP practices providing the full core services, plus Quality Outcomes Framework and Locally Enhanced Services; plus engage in the transformation programme at the same time as meeting the needs of their population.

Practice are not included in the AfC structure for wider NHS providers, however the introduction through ARRS of the AfC bands has an impact on recruitment and retention, leading to a strong market for skilled staff.



GPs in Training Grades are excluded from these visuals to allow for fair comparison, as not all training placement locations are identified in the data.



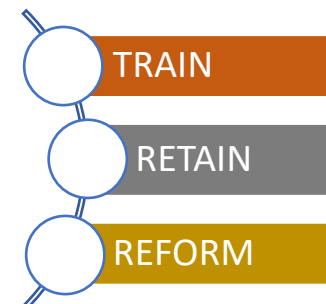
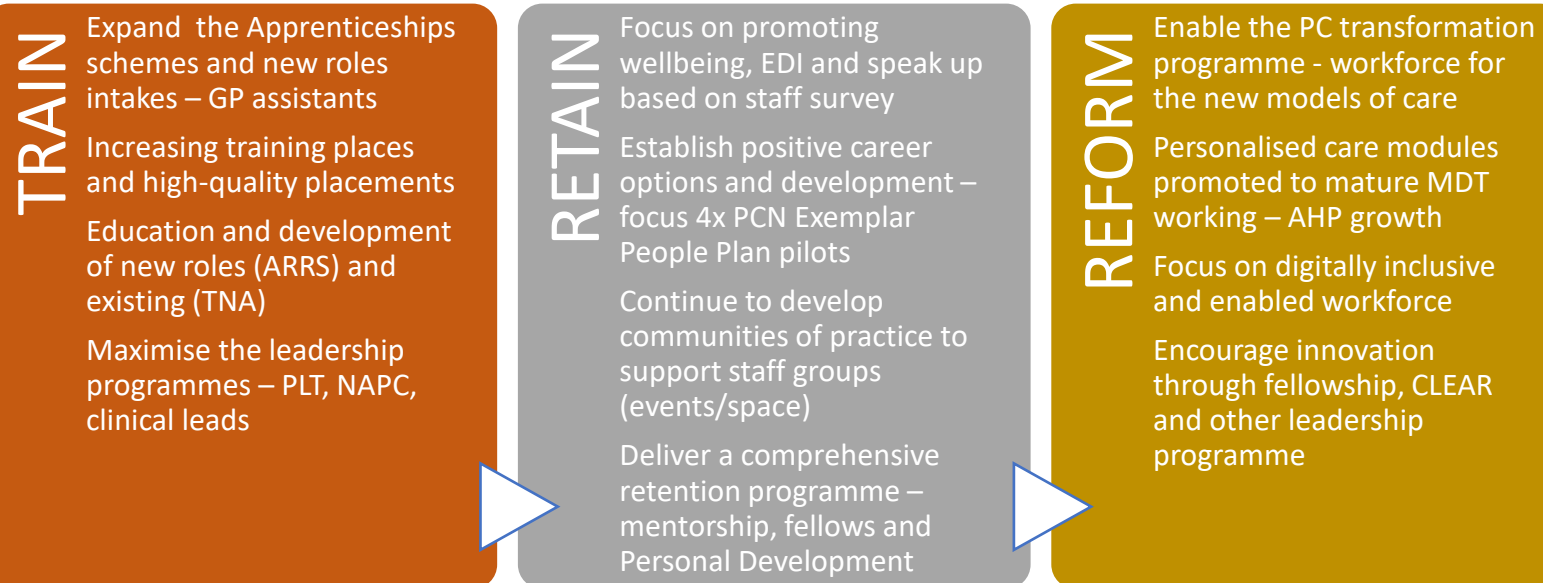
Building Capacity

Workforce Planning and Development



Workforce - Challenges and Actions

- The retention and recruitment projects have been established over the last 12 months including three waves of primary care apprenticeships, PCN learning environment standards achieved and 4 PCN recruitment exemplars – the evaluation and learning will contribute to workforce plans into the future.
- The RCGP has held a strong adverse position on Physicians Associates, however within the Frimley PCNs the role has continued with appropriate support and supervision to retain the skills and the dedicated staff delivering this role.
- Significant pressure from 24/25 pay award applied to general practice teams, requiring PCNs to seek solutions to fund this without allocations increased for these roles. Impact likely to be a drop in the workforce capacity over time to accommodate the uplift through new AfC banding. The assumptions through national policy and local ambitions will need to consider the employment arrangements and affordability of the ARRS capacity when developing models of integration and alignment of clinical pathways.
- Recently announced increase in employers NI contribution will put pressure on service capacity with difficult decisions by general practice employers on how to adjust their models to accommodate this challenge.
- Per 1,000 population Frimley practices core teams are below the national FTE rate for all staff groups. This can be mapped geographically and currently indicates an opportunity to review and plan for the development of workforce skills and capacity to better address local population health needs.



Building Capacity

Premises and Estates



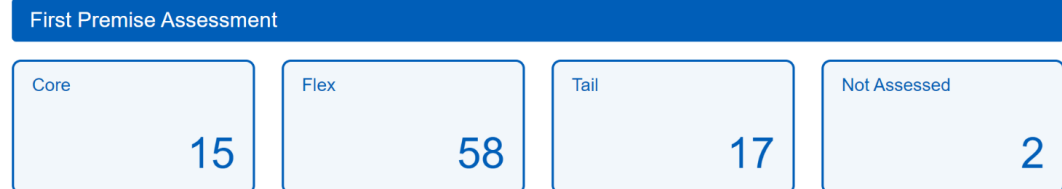
Context

PCARP sets out the ambition to better align with local planning authorities in the establishment of effective infrastructure around planning applications from developers and identifying One Public estates opportunities where evidence indicates challenges for local services, as equal partners with education, highways and council services. The future of successful primary care service delivery in Frimley ICB, supporting the 'left shift' strategy, requires up to date premises provision with adequate capacity for a growing workforce and population. Working collectively with other community and system partners to inform future requirements and secure opportunities within the one public estate will be key to developing the infrastructure whilst capital remains constrained.

It is imperative that the ICB identify sufficient capacity to optimise relationships with Local Authorities, to secure maximum health contributions through CIL and Section 106 and contribute effectively to the development of Infrastructure Development Plans. Recognising the lack of capital investment, the new restrictions on grant awards and the competing priorities, supporting the Primary Care team to implement the prioritisation programme will be key to ensuring success in areas of greatest need across Frimley.

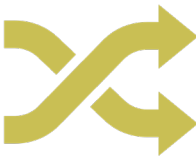
In Frimley work has been undertaken to understand the condition and requirements for current Primary Care estate and this information has been subsequently published the 16 x PCN Estate Toolkits across the ICB. It also identified over further forty projects where there is capacity shortfall, or an immediate need to address infrastructure requirements (below left). The toolkit outputs suggested that the ICB has a substantial proportion of 'Flex' and 'Tail' estate (below right) requiring replacement or alternatives within the next 5-10 years.

Place	Plan in place/in progress	Plans needed	Watch and wait	Do nothing
Bracknell Forest	3	3	4	3
NEHF	4	4	4	12
Surrey Heath	2	2	1	5
Slough	3	4	5	4
RBWM	6	10	3	9



- Core:** Buildings that will remain in operation for at least 10 years to provide primary care services.
- Flex:** Buildings that will remain in operation for at least five years to provide primary care services, but may not be needed longer term.
- Tail:** Buildings that are likely to be disposed of within five years.

Cut Bureaucracy



Ambitions

- Reduce time spend liaising with hospitals through improving interface focus on the four areas highlighted by the RCGP report
- Streamline the Investment and Impact Fund and protect QOF indicators

What have we done?

- **Promotion of the Primary and Secondary Care interface guidance** document through the Elective Clinical Interface Committee (CIC) members ensuring positive relationships and support practice in effective communication channels for enquiries and issue to resolution
- Priority interface pathways programme underway, more recently a CIC a focus on **Cardiology** across primary and secondary care
- **Offers CAIP to PCNs** using a flexible self-declaration arrangements for the 30% outturn payment, this has resulted in a good update of data provision notices
- The **BMA Collective Action** impact continues to be monitored, and the ICB has provided advice to practice whilst promoting the benefits of MGPAM on save working practices action

Impact:

- **IIF CAIP indicators** have enabled progress on the access improvement and MGPAM programme with 100% of practice signing up to the data provision notice for sharing CBT and OC data.
- Commitment across **clinical pathways for primary and secondary** care bringing a better understanding of challenges seeking shared solutions – Cardiology community offer promoted and recognition of the variation between hospital sites for GPs

Next Steps:

- Monitoring locally with LMCs the impact from Frimley practice action through the BMA 10 actions under **Collective Action**

Cut Bureaucracy

Primary and Secondary Care Interface



The Frimley System has a long-established commitment to strengthening and developing the interface between primary and secondary care to optimise patient care. The status and progress against the national Primary-Secondary Interface self-assessment tool in Frimley is mature and an areas of work that continues to develop.

PCARP set out a national toolkit which specifically focuses on four national priorities from the RCGP papers, namely onward referrals; complete care (eFit notes and discharge/clinic letters); call & recall; and clear points of contact. In 2022/23 senior primary and secondary care clinicians worked with other key stakeholders across the ICS Clinical Interface Committee (CIC) (including LMC members), to collaboratively 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 and Primary Care Collaborative Working Reference Guide*' : [Link](#).

A Onward Referrals: if a patient has been referred into secondary care and they need another referral, for an immediate or a related need (including diagnostic needs and community referrals, both in and out of area), the secondary care provider should make this for them, rather than sending them back to general practice.

- LEVEL 2: Ability to refer for immediate needs e.g. two weeks referral and ability to refer for need related to the condition for which they have been originally referred (non urgent)

Bi Complete care (fit notes and discharge letters): To help ensure the most seamless experience for patients, trusts should ensure that on discharge, or after an outpatient appointment, patients receive everything they need.

- LEVEL 1: Electronic Fit notes are not routinely issued on discharge

Bii Discharge Summaries and Outpatient letters

- Level 1+- 2: GP Actions' section on the front page of discharge letters and 'GP Actions' clearly listed under a separate headed section on outpatient letters as well as a description of the medications that will need reconciliation with rationale for any changes. A process in place for identifying, working through and developing consensus guidance with GPs (and their local LMC on a ICB basis), where a lack of clarity anything below the agreed minimum timeframe should be organised and followed up by the hospital

C Call and recall: For patients under their care, NHS trusts should establish their own call/recall systems for patients for follow-up tests or appointments.

- LEVEL 2: Digital process for checking the appointment and for booking follow-up tests electronically.

D Clear Point of Contact: ICBs should ensure providers establish single routes for general practice and secondary care teams to communicate rapidly: e.g. a single outpatient department mailbox or phone number for GP practices or primary care liaison officers in secondary care.

- LEVEL 2: Dedicated email address or phone number for GP liaison which is available to all GP practices, with emails promptly responded to, or a primary care liaison officer in secondary care. The trust has a dedicated, overall named lead for resolving issues and improving the interface with primary care.

Cut Bureaucracy

Self-Referral Pathways



PCARP sets out the following ambitions to enable patients to refer themselves into community-based services, these include: 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.

- To increase self-referrals by at least a further 15,000 patients a month, continuing to grow activity across 54 community services by the end of March 2025. In 2023/24 ambition was to increase by 50% in 7 services
- Opportunity exists for more people to benefit from self-referrals as benefit well as those services where it is clinically appropriate, with patients and staff understanding the availability and benefits of self-referral locally
- Potential areas for growth, in self-referrals to be considered with systems, utilising current plans, reviewing data quality issues and addressing variation across services and providers
- Challenge: still a risk for ICSs as services continue to be impacted by demand and community waiting lists.

Frimley ICB have delivered the national ambitions as illustrated below, however there are significant challenges to ICBs and providers in achieving further into this ambition, including the scale of change to systems and processes, the capacity to implement the changes and sustain the transition period to a new normal resource requirements. The principle of self-referral is present in several existing pathways across Frimley with some variation in local offers to our population which will be considered in the community services programme.

Sum of RefCount	Column Labels					2024 Total	Grand Total
	2024	5	6	7	2024		
Row Labels	4	5	6	7	2024 Total	Grand Total	
NHS KENT AND MEDWAY INTEGRATED CARE BOARD	10436	10799	10235	10777	42247	42247	
NHS HAMPSHIRE AND ISLE OF WIGHT INTEGRATED CARE BOARD	6652	6475	4686	6717	24530	24530	
NHS BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST INTEGRATED CARE BOARD	4367	4447	4444	4784	18042	18042	
NHS SUSSEX INTEGRATED CARE BOARD	3290	3416	3305	3478	13489	13489	
NHS SURREY HEARTLANDS INTEGRATED CARE BOARD	1947	2024	1789	1859	7619	7619	
NHS FRIMLEY INTEGRATED CARE BOARD	1509	1993	1721	1797	7020	7020	
Grand Total	28201	29154	26180	29412	112947	112947	

ICS	Monthly Self-referral ambition for 24/25
BOB	4,199
Frimley	1,701
Surrey	1,737
HIOW	6,914
Sussex	3,266
K&M	8,450
TOTAL	26,266

PCARP – Key Risks and Challenges

Priority	Description	Mitigation	RAG
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. With the end of the GPIIP (PLS) national programme in March 2025 leaving some practice still to complete their journey to MGPAM.	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. ICBs to locally develop offers to enable practice through transition beyond GPIIP into 2025/26. Work has commenced with the current GPIIP provider to support our ICB team to develop the skills and practice for confidence the facilitator approach to sustainable changes in practices and PCNs to build a consistent offer to our population.	
PCARP & SDF Transformation Funding	With systems under significant pressure access to the necessary transformation resources may be restricted and impact on outcomes. Significant impact to the ICB with low confidence in SDF funding into 2025/26 with both the Frimley PC Training Hub and PC Digital First team currently funded through these transformation funds.	Raise awareness of the impact of no confirmed transformation funds beyond 2024/25 through the Primary Care Access Recovery Plan which concludes April 2025, and low confidence in the allocation for primary care System Development Funds (SDF) into 2025/26. The Primary care teams continue to build evidence through case studies and evaluation to spread good practice and build local leadership, however this is not without a cost.	
Primary & Secondary Care Interface	The interface resources are limited following the ICB re-organisation for this programme, with the majority of the demands being managed through the Trust GP liaison team.	ICB continued to explore options as the teams settle into the new organisation to support the agenda with some dedicated capacity to continue to develop the CIC forum, align with pathway programmes and referral tools such as DXS.	

Challenges

- Continued reduced levels of investment nationally for general practice and primary care providers, when available short-termism reduces the impact
- Impact of ICB organisational change on partnerships between the ICB teams with practice and PCNs
- Practices with low confidence and capacity in changing models of working with patients and staff

Successes

Focus on reducing demand by engaging our patients differently:

- 100% of practice websites are compliant with NHSE expectations
- NHS app utilisation increased by 22% and increased in use for repeat prescriptions and appointment management
- Approved app utilisation established with over 15% 0-17 yr olds registered for Frimley Healthier Together

Practice-led capacity and demand (C&D) plans for modern general practice:

- 91% of practices have co-designed C&D plans and 47% have participated in NHSE programmes to support delivery
- Sharing of experience and best-practice established through events, the introduction of peer ambassadors and PCN clinical director networks
- Patient needs better understood through the adoption of segmentation in 60/66 practices in clinical systems

Building capacity:

- 100% ARRs workforce allocations to PCNs utilised resulting in over 450 WTE additional roles across Frimley PCNs
- PCN excelling through their workforce development with 8 PCNs approved as learning environments and 4 PCNs in NHSE pilot for recruitment
- Over 80 general practice premises have been assessed for improvement and re-development needs, with new policies developed to include PCN essential needs in the ICB estates and IT planning

Cutting bureaucracy:

- Primary and secondary care colleagues working more effectively together through reducing bureaucracy with $\frac{3}{4}$ national expectations already met and best practice adoption in the ICS to engage across service interfaces evidencing better outputs.

**NHS Frimley ICB Emergency Preparedness, Resilience and Response
Annual Assurance Process for 2024/25**

Title of Paper	Emergency Preparedness, Resilience and Response Annual Assurance Process for 2024/25		
Agenda Item	7.1	Date of meeting	19 November 2024
Exec Lead	Sam Burrows, Accountable Emergency Officer for Frimley ICB		

Purpose	To Approve	<input type="checkbox"/>
	To Ratify	<input type="checkbox"/>
	To Discuss	<input type="checkbox"/>
	To Note	<input checked="" type="checkbox"/>

Link to Strategic Objective	Strategic Objective 1: Living Well Strategic Objective 3: People, Places & Communities
------------------------------------	---

Executive Summary

All NHS organisations are required to undertake a self-assessment against the 2024/25 national core standards relevant to their organisation. This assessment is then required to be taken to a Public Board meeting for formal acknowledgement.

This paper outlines the current midyear position of Frimley ICB and our local system providers.

Recommendation	The Board are asked to note :
	<ol style="list-style-type: none"> 1) The current midyear position reported against the NHS EPRR Core Standards for the ICB and local system providers: <ul style="list-style-type: none"> • Frimley Integrated Care Board - <i>Substantially Compliant</i> • Frimley Health Foundation Trust - <i>Fully Compliant</i> • Berkshire Healthcare Foundation Trust - <i>Substantially Compliant</i> • HCRG Care Group - <i>Substantially Compliant</i> 2) The partially compliant core standards reported by the ICB and local system partners and the projected plans/timeline to achieve compliance. 3) The EPRR assurance process within the local system which is achieved by quarterly meetings and routine self-assessment and discussion of the EPRR core standards.

Please provide details on the impact of following aspects

Risk and Assurance	Submission to public board ensures the ICB's compliance with 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
Emergency Planning Oversight Board	November 2024	Noted outside of meeting

Emergency Preparedness, Resilience & Response
Annual Assurance Process for 2024/25

The annual Emergency Preparedness, Resilience & Response (EPRR) assurance process for 2024-2025 was launched by NHS England on 15th July 2024. 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 EPRR Assurance Deep Dive focus for 2024/25 is Cyber Security. This has 11 standards. 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.

In addition to our own EPRR assurance against the core standards, NHS Frimley ICB oversee and support our local health partners with their assurance. This is achieved via quarterly meetings where current progress against the core standards and focuses for the quarter ahead are discussed. Our local partners are:

- Frimley Health Foundation Trust
- Berkshire Healthcare Foundation Trust
- HCRG Care Group

Other providers for our resident's healthcare are overseen and supported by our partners as below:

- South East Coast Ambulance Service NHS Foundation Trust (Via Surrey Heartlands ICB)
- South Central Ambulance Service NHS Foundation Trust (Via Hampshire Isle of Wight ICB)
- Surrey and Borders Partnership NHS Foundation Trust (Via Surrey Heartlands ICB)

At the quarterly assurance meetings current issues and workstreams are discussed. For the quarter three meetings held between the providers and the ICB in September/October a suite of documents were submitted for review in advance of the meeting. These were then discussed alongside the core standards self-assessment. Documents reviewed this year include:

- | | |
|---------------------------|-----------------------------|
| • Incident Response Plans | • BIA/BCP Document Examples |
| • Training Logs | • On-Call Log Examples |
| • Exercising Logs | • EPRR Workplans |

Additionally, the following provider specific documents were also reviewed:

Berkshire Healthcare Foundation Trust	<ul style="list-style-type: none"> • On-Call Training Materials • EPRR Group Action Log
HCRG Care Group	<ul style="list-style-type: none"> • Crowdstrike Debrief Document • National EPRR Group Meeting Mins & Workplan
Frimley Health Foundation Trust	<ul style="list-style-type: none"> • Fire Incident – Response, Debrief, Evac Training • Hazmat Review Document • Information Governance Training

The ICB also work with the three Local Health Resilience Partnerships 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, Hampshire and Isle of Wight and Surrey Heartlands LHRPs during November.

The outcome of this process for NHS Frimley ICB will be submitted to the South East Regional Emergency Preparedness, Resilience and Response Team.

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

NHS Frimley ICB – Substantially Compliant (44/47 Core Standards)

The 3 core standards currently rated as partially compliant listed below have a plan in place to become compliant within the next 12 months.

- CS48 Business Continuity – Testing & Exercising
- CS50 Business Continuity – BCMS Monitoring & Evaluation
- CS52 Business Continuity – BCMS Continuous Improvement Process

It was planned at the start of the year that the focus for the second half of 2024/25 would be on Business Continuity. The reason for this being that at the start of the year the organisation was undergoing a consultation with changes in all teams and departments.

Cyber Deep Dive: 8 of 11 standards met – standards relating to business continuity (Business impact assessments, business continuity management systems and training will be completed in the second half of 24/25 in tandem with the other business continuity focused core standards.

NHS Berkshire Healthcare FT – Substantially Compliant (52/58 Core Standards)

The 6 core standards currently rated as partially compliant listed below have a plan in place to become compliant within the next 12 months.

- CS16 Duty to Maintain Plans – Evacuation & Shelter
- CS17 Duty to Maintain Plans - Lockdown
- CS58 Hazmat/CBRN - Planning Arrangements
- CS63 Hazmat/CBRN - Training Resource
- CS64 Hazmat/CBRN - Staff Training
- CS66 Hazmat/CBRN – Exercising

Site specific evacuation and shelter plans are being refreshed to reflect learning from recent exercises (including at Jubilee ward in Upton hospital). Lockdown plans are being freshened and led by Health & Safety specialists. A new Minor Injuries Unit CBRN plan is currently being refreshed, the outcome of which will support new training & exercising packages for the Trust.

Cyber Deep Dive: 10 of 11 standards met – plan for to review organisation’s EPRR awareness training to be expanded with a larger cyber training focus.

NHS Frimley Healthcare FT – Fully Compliant (62/62 Core Standards)

A large amount of work has been undertaken within the trust, specifically around training and exercising. The Fire training and evacuation exercise roll out has been a strong success with strong supportive feedback from staff.

Business Continuity testing is supported by a rolling programme and live responses.

Cyber Deep Dive: 9 of 11 standards met – The EPRR team have been part of the process to develop the Trust Cyber Incident Response plan, which is awaiting finalisation. A Digital Services business continuity plan is also being created

HCRG – Substantially Compliant (56/58 Core Standards)

The 2 core standards currently rated as partially compliant listed below have a plan in place to become compliant within the next 12 months.

- CS23 Training & Exercising – EPRR Exercising & Testing Programme
- CS47 Business Continuity – Business Continuity Plans

The live CBRN Exercise scheduled for 2024 was delayed due to response pressures, this has been rescheduled to take place in 2025. All business continuity plans are currently being refreshed and include updates from incidents and events, including learning from the CrowdStrike incident.

Cyber Deep Dive: 10 of 11 standards met – EPRR policy to be refreshed to include further reference to cyber security.

The Board are asked to **note:**

- 1) The current midyear position reported against the NHS EPRR Core Standards for the ICB and local system providers:
 - Frimley Integrated Care Board - *Substantially Compliant*
 - Frimley Health Foundation Trust - *Fully Compliant*
 - Berkshire Healthcare Foundation Trust - *Substantially Compliant*
 - HCRG Care Group - *Substantially Compliant*
- 2) The partially compliant core standards reported by the ICB and local system partners and the projected plans/timeline to achieve compliance.
- 3) The EPRR assurance process within the local system which is achieved by quarterly meetings and routine self-assessment and discussion of the EPRR core standards.

Adam Williams
Senior EPRR Manager
November 2024

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Quality Board Report		
Agenda Item	8.1	Date of meeting	19 November 2024
Exec Lead	Sarah Bellars, Chief Nursing Officer		

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	Strategic Objective 1: Starting Well
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary	
The Board is asked to <i>note</i> the Quality Board Report.	
Recommendation	To <i>note</i> the paper

Please provide details on the impact of following aspects	
Risk and Assurance	
Equality and Quality Impact Assessment	
Patient and Stakeholder Engagement	
Financial Impact and Legal implications	
Please indicate which CQC Theme and Quality Statements this QIA supports. Interim guidance for assessing integrated care systems March 2023 (cqc.org.uk)	Governance, management & sustainability

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
System Quality Group meeting	24 th October	Noted.

ICB Board Quality Update November 24

Overview

- Quality Updates
 - NHSE/ICB Accident & Emergency Corridor Care Visit
 - FHFT Never Event
 - ICB Mental Health Portfolio Update
 - Winter Planning
 - Community Pharmacy
 - Primary Care Collective Action
 - Access – Transformation on the Day Access
 - Vulnerable Migrants
- CQC System Compliance

Quality

- The Frimley Integrated Care Board builds on and reflects the National Quality Board (NQB) guidance on quality, risk response and escalation in Integrated Care Systems.
- The National Quality Board defines quality care as care that is safe, effective, provides a personalised experience, is well-led and sustainably resourced. It also clear that quality care must be equitable, focused on reducing inequalities and addressing wider determinants.



Quality Update Winter Assurance

Autumn/winter 24 Vaccination Campaign

Covid Vaccination Programme

Programme started 3rd October 2024

You can receive vaccine from 13 PCN-led sites, over 40 community pharmacies & Hospital hub (for hospital staff)

99.5K Vaccination Events - uptake across all cohorts **42.9 %**

- **Care Homes** – 54.9% of eligible residents vaccinated
- **Age 65 +** 39.7%
- **At Risk (Adults)** 24.9%
- **At Risk (Children)** 7.3%
- **HSCW** 31.6%

73k / 73% Covid vaccinations co-administered with Flu

RSV Programme

The programme started in September 2024 with data showing from the beginning of November 41% coverage of 75-79 year olds having been vaccinated.

Flu Vaccination Programme

Programme started 3rd October 2024 (1st September for Children and Pregnant)

Delivered by GP practice, PCN-led sites, community pharmacies and Hospital Hub (for hospital staff)

173.6K Vaccination Events – uptake across all cohorts **38%**

- **Care Homes Residents** 64%
- **Age 65+** 62%
- **At Risk** 31.7%
- **Pregnant** 10.4%
- **SCW** 18%
- **HCW** 47.6% (self declared)

Latest Data Monday 4th November



NHSE/ICB Accident & Emergency Corridor Care Visit



Visits to Frimley Park (FPH) and Wexham Park (WPH) took place on 28/8/24 by NHSE & ICB. We were very grateful to colleagues from the trust board and clinicians from the EDs who made us welcome and shared their insights. We discussed the current position in the departments, and development work that is in progress to maintain and improve quality and safety.

During the visits there was corridor care in place on both sites. Clinicians demonstrated the extensive work which is undertaken to ensure that this is done as safely as possible when required, and that patients' privacy and dignity is maintained as much as possible during these episodes of care.

No additional points of concern were raised, and some points of good practice were noted.

Recommendations:

- *Continue to provide support to staff to maximise well-being while acknowledging the physical and emotional impact of current conditions.*
- *Continue with work to improve communication through implementation and evaluation of the use of headsets in FPH ED.*
- *Continue to highlight through governance processes the impact of capacity issues on both patients and staff as issues arise.*

Frimley Health Foundation Trust Never Event



The trust has reported 2 Never Events in October

- **Wrong Procedure in Radiology** – patient attended for ultrasound of Achilles Tendon and was given a knee injection in error

Immediate learning and actions taken:

- Never Event alert shared with all clinical teams, confirming details that should be checked with the patient in the presence of the primary operator (Consultant undertaking the procedure)
- Immediate review of current LocSSIP in radiology (presented to NE panel)
- Education session provided to all Consultants in Radiology on Incident Reporting with a refresher on Inphase (Incident Reporting system). This was delivered by the deputy Chief of Service for Radiology

- **Wrong Site Pain Block in Emergency Department** – Patient attended with a fracture of the right Neck of Femur and required a Fascia iliaca block for pain relief which was administered in error on the left side

Immediate learning and actions taken:

- Occurred at the end of a night shift during a period of Opal 4 in the department
- Never event alert shared with all staff in the Emergency Department and included in daily safety huddles. This included identifying appropriate location/space to undertake a block with the equipment to review the x-ray at the time of undertaking the procedure and correct safety checks
- Reinforced role of Nurse in Charge prior to a procedure being undertaken
- Patient Safety Briefing held for clinical staff on recent Never Events for wider learning (9th October)

Frimley ICB Mental Health Portfolio Update



Through the recent restructuring of NHS Frimley, we have taken the opportunity to review the Mental Health Portfolio and have made some changes to reflect the priorities across our system. Our ambition is to strengthen our relationships across the ICB and maximise the opportunities that come from our new operating model.

Team

- We have strengthened clinical leadership in the portfolio, particularly in the areas of Complex Needs/LDA
- We have recruited a Senior Transformation Lead for Mental Health /UEC in recognition of this important priority
- We are fully staffed with a team who are all passionate about mental health and learning disabilities, some of us are people who have used service, some are carers. Together we champion this work and are here to support the system in all we do.

Governance

- We are refreshing the TOR for our board building stronger links between the ICB board and the MH portfolio with the appointment of Graham Wareham, CEO with SABP as Chair.

Priorities

- We are working with our partners across the system to develop a new set of priorities for the ICB - striving to improve the health outcomes of people across our communities who have mental health needs – from early intervention and prevention to support for people in mental health crisis.

Frimley ICB Mental Health Winter Planning



We have a number of areas that we are aiming to support over the coming winter to help improve patient flow through the system, whilst improving patient experience and quality of care from a health and social care perspective. Patient presentations are becoming increasingly more complex, and hence more bed days are being taken up in both the Acute and Mental Health Trusts. We will be attending a system wide meeting on 11 November to share and discuss the suggested plans for winter;

- The creation of new weekly adult complex patient discharge planning meetings
- Establishing closer links with local housing providers
- Additional roles in ED – considering a Move On Housing Co-ordinator
- Continue to support the 'Right Care Right Person' ambitions
- Supporting the mobilisation of Mental Health Recovery Vehicles (MHRV)
- Provision and roll out of the Crisis Text service
- Development and alignment of processes and pathways

Community Pharmacy



Frimley is 24 out of 42 ICBs nationwide for pharmacy first referrals/ 100k

- Looking at clinical pathway consultations only:
- more than 18,000 consultations have been completed,
- meaning over 18,000 patients received treatment at community pharmacies instead of visiting their GP for a prescription.
- This has freed up nearly 2,500 hours of GP appointment time in the 6 months to June 24.

NHS Frimley ICB	Total Referrals to June 24
Clinical Pathways consultation	18,746
Minor Illness referral	22,468
Urgent medicine supply	16,722

Pharmacy First [National data Jan to June 24]

- Referral from UCC/ ED is low due to IT issues.
- Currently using NHS mail.
- Working with the UEC and planned care team to identify ways to
- increase referral numbers with current system.

NHS FRIMLEY INTEGRATED CARE BOARD	Jan	Feb	March	April	May	June	total
NHS 111	1645	2094	2503	2161	2186	1857	12446
GP Practice	598	1688	1811	1632	1928	1441	9098
Self referral	16	1226	1322	1114	1202	832	5712
Signposted	6	303	392	339	324	179	1543
Other	0	9	13	17	35	35	109
Walk in Centre	0	3	14	7	11	11	46
Urgent Treatment Centre	0	4	1	0	3	3	11
Emergency Department	0	0	1	1	1	0	3
Ambulance Service	0	0	0	0	0	1	1
Total	2265	5327	6057	5271	5690	4357	28969

Community pharmacy primary care network (PCN) engagement lead roles have been recruited to.

The role was established to support the implementation of the pharmacy Primary Care Access Recovery Plan (PCARP) requirements, including

- Implementing the Pharmacy First Service
- Expanding the Pharmacy Contraceptive Service and Blood Pressure Checks

Primary Care – Collective Action

Collective action is a campaign by the British Medical Association (BMA) which they believe will “turn up the pressure on the Government to do the right thing for general practice and patients. We need a new contract that is fit for purpose.” Following a vote by GP partners in the summer, the BMA is now urging GP partners/contractors to start taking at least one of the 10 sustainable actions identified on their website.

Since August we have logged 17 incidences of collective action being taken by 9 GP practices. Separately FHFT have logged 46 incidences of action being taken by 11 GP practices (6 are NHS Frimley GP practices). **We believe that there is likely to be more collective action being taken than has been formally reported.**

Areas of collective action that could have a broader system impact should more GP practices adopt them are:

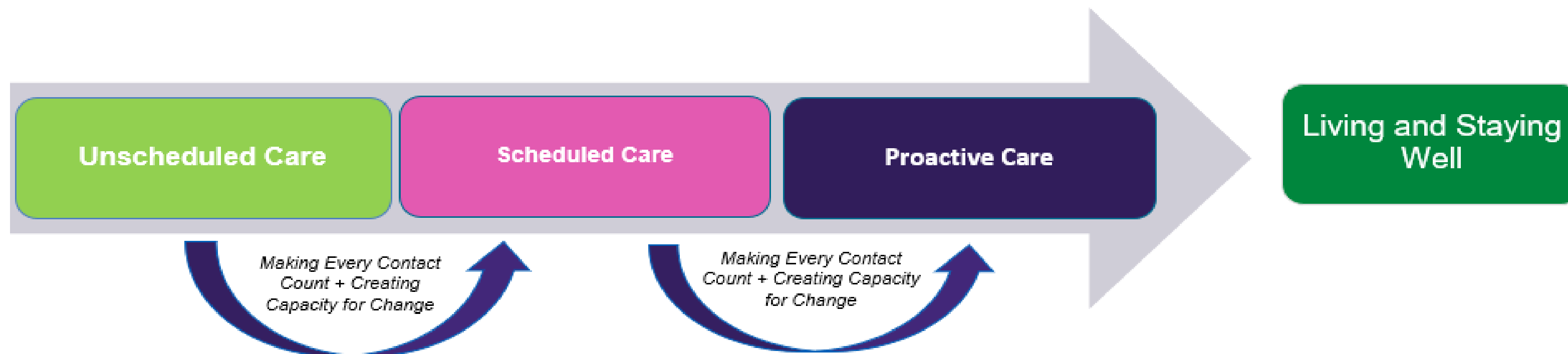
1. Serving notice on voluntary services currently undertaken that plug local commissioning gaps
 - In order to mitigate the effects of the notice that was provided on post-operative wound care, NHS Frimley have agreed to commission a new Locally Commissioned Service (effective December 2024) to fill this commissioning gap
2. Limiting daily patient consultations per clinician to the UEMO recommended safe maximum of 25

We are also seeing a small number of GP practices refuse new or, in the case of 1 GP practice, return all patients on shared care agreements to the originating provider. This is not directly collective action but is a decision by the GP practices not to deliver a Locally Commissioned Service. The Medicines Optimisation team are working with affected providers to ensure the safe refusal/return of these patients where monitoring in General Practice has been declined.

Ref: <https://www.bma.org.uk/our-campaigns/gp-campaigns/contracts/gp-contract-202425-changes#survivaltoolkit>

Primary Care Transformation – on the Day Access

Optimising Primary Care - Access + Outcomes



What we deliver Engagement + Type of Care	What it is + Challenges	Vision Paradigm shifts	Working differently to achieve this
Unscheduled Urgent + Routine	Unplanned activity <ul style="list-style-type: none"> Typically patient initiated Clinically initiated for e.g. test results Known unknowns: when, what, who 	<i>Unscheduled to scheduled care</i>	Segment/need + Acuity of presenting complaint <ul style="list-style-type: none"> Embed more effective triage/care navigation Appropriately direct demand elsewhere Use wider skill mix Make Every Contact Count
Scheduled Long term condition management	Practice initiated <ul style="list-style-type: none"> Known workload across the year Patients with long term conditions checked annually Builds relationship with patient 	<i>Creates capacity for change</i>	Automatable solutions for remote checks <ul style="list-style-type: none"> Use at scale Focus F2F capacity where necessary/needed
Scheduled Proactive + Preventative	Practice initiated <ul style="list-style-type: none"> Little capacity for strategic focus Missed opportunities to reduce unscheduled care pressures 	<i>Reactive to proactive care</i>	Continuous case finding <ul style="list-style-type: none"> Patients to optimise Missed/new diagnoses Share target cohort lists with appropriate workforce to action Direct for access to wider system interventions/services

Primary Care Transformation – on the Day Access

<p>Shared Purpose</p>	<p>To partner with general practice to deliver models of care to enable seeing the patients they need to and to have the capacity to care for them effectively</p>					
<p>Our Approach</p>	<p><i>Key system strategic themes/priorities that can be applied to overarching primary care transformation</i></p> <ul style="list-style-type: none"> • <i>Left shift - from reactive to proactive (unscheduled > scheduled care > proactive care)</i> • <i>Urgent on the Day – shifting to needs-aligned capacity through unscheduled care models being mindful on impact on scheduled care</i> • <i>Prevention – delivery <u>imm</u>s and <u>vacc</u>s effectively, engage with our population on their health and plan our workforce capacity effectively</i> 					
<p>Drivers</p>	<p>Build efficiency for capacity in general practice</p>	<p>Improved patient outcomes and experience building confidence</p>	<p>Alleviate avoidable demand on the general practice and system partners</p>			
<p>Key Principles</p>	<ul style="list-style-type: none"> • Enable practices to throughout the Access transformation programme; this is not new work. ~ Unscheduled, Scheduled, and Proactive Care • Transition from focusing on components to full process redesign for efficiency; with SMEs rather than component leads. • Foster a transformation environment that encourages innovation, spreading & scaling, and inclusive progress • Provide hands-on support to practice and PCN establishing clear roles and responsibilities across teams that set out who leads, delivers, and is informed/engaged with. • Use consistent language and promote wider Winter preparedness offers from across the ICS 					
<p>What we're delivering</p>	<p style="text-align: center;">Unscheduled Care</p> <ul style="list-style-type: none"> • Delivering mature care navigation and triage supported by segmentation learning • Reconfiguration of the general practice front door to partner with 111, community pharmacy, and wider UEC interfaces • Developing and embedding need-aligned capacity models 	<p style="text-align: center;">Scheduled Care</p> <ul style="list-style-type: none"> • Completing scheduled care as quickly and efficiently as possible to release some capacity ahead of/during winter – e.g. QOF/ LTC management, utilising digital tools, condition prioritisation. • Enable continuity of care for patients with complexity ensuring care plans are complete and shared with partners 				
<p>Winter Focus</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"> <p>1. Ensure basic MGPAM elements are established, with sharing best practice, engaging peer ambassadors and understanding variation</p> </td> <td style="width: 33%;"> <p>1. Engage our population through practices using local networks, technology and engaging conversation</p> </td> <td style="width: 33%;"> <p>1. Enabled through efficiency and effectiveness from the adoption of segmentation to better understand patient needs and provider the right care for those needs</p> </td> </tr> </table>			<p>1. Ensure basic MGPAM elements are established, with sharing best practice, engaging peer ambassadors and understanding variation</p>	<p>1. Engage our population through practices using local networks, technology and engaging conversation</p>	<p>1. Enabled through efficiency and effectiveness from the adoption of segmentation to better understand patient needs and provider the right care for those needs</p>
<p>1. Ensure basic MGPAM elements are established, with sharing best practice, engaging peer ambassadors and understanding variation</p>	<p>1. Engage our population through practices using local networks, technology and engaging conversation</p>	<p>1. Enabled through efficiency and effectiveness from the adoption of segmentation to better understand patient needs and provider the right care for those needs</p>				

Vulnerable Migrants

System providers continue to offer support to vulnerable migrants in a range of accommodation settings.

This has been challenging as some elements of recent unrest did take place in the ICB footprint.

Additional support was provided to staff and patients and the wider public. There was some impact on the provision of services as the situation was fluid and the safety of staff, the patients and members of the public was and remains our first priority.

The Home Office re-opened a hotel in the RBWM area and the NHS providers quickly provided a good level of support to the new occupants, maintaining the service levels for the other accommodation at the same time.

Multi agency calls with health, local authority, the Home Office, accommodation providers and Migration Support services continue, alongside health regional calls ensuring an early response to changes and sharing of learning and what works well.

Quality & CQC Outcomes

CQC Updates

Ringmead Medical Centre – the Doctors, Nurses and wider team continue to make improvements to the services, listening to their local population and the CQC. Feedback from the CQC has highlighted the progress the practice has made to date, with support for the additional areas where progress is ongoing.

The CQC have carried out several other Primary Care assessments in the Frimley area, and these have all been rated as Good. The ICB Quality team review all assessments, ensuring that any identified learning is shared system wide. They also offer support with further training or preparatory visits to support all providers in preparation for any CQC visits

CQC Provider Compliance

Provider	CQC Rating			
	Outstanding	Good	Requires Improvement	Inadequate
FHFT		Good		
BHFT	Outstanding			
SABP		Good		
HCRG		Good		
SCAS				Inadequate
SECamb			Requires Improvement	

Provider	CQC Rating			
	Outstanding	Good	Requires Improvement	Inadequate
Primary Care	1	61	4	0

Provider	CQC Rating			
	Outstanding	Good	Requires Improvement	Inadequate
Nursing Homes	4	43	9	1
Residential Homes	6	23	8	0
LD	2	37	3	0

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Integrated Performance Report (Public)		
Agenda Item	8.2	Date of meeting	19 November 2024
Exec Lead	Rich Chapman, Chief Finance Officer		

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	3. People, Places and Communities 6. Outstanding Use of Resource
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary	
<p>The report sets out a further iteration of Performance and Finance system oversight reporting, bringing these areas together. Quality and Workforce are now reported separately. The paper was reviewed by the Finance and Performance Committee at its meeting on 7 November.</p> <p>The executive summary can be found in the main body of the report in PowerPoint.</p> <p>The Board is asked to <u>note</u> the performance challenges faced by all areas across our system.</p>	
Recommendation	To <u>note</u> the paper

Please provide details on the impact of following aspects	
Risk and Assurance	
Equality and Quality Impact Assessment	
Patient and Stakeholder Engagement	
Financial Impact and Legal implications	
Please indicate which CQC Theme and Quality Statements this QIA supports. Interim guidance for assessing integrated care systems March 2023 (cqc.org.uk)	Governance, management & sustainability

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Finance and Performance Committee	7 November 2024	Noted

Integrated Finance and Performance Report

Month 6

Frimley System Position as at month 6



Allocative
(1) Managing Demand for Health Interventions



Technical
(2) Efficient Delivery of Health Intervention



Technical
(3) Organisational Internal Efficiency



Technical & Allocative
(4) Efficiency in Health Procurement



Allocative
(5) System Financial Opportunities

Overall position by Organisation

	Plan	Actual	Variance	Mvmt vs M5	Plan	Actual	Variance	Mvmt vs M5
	YTD				FOT			
	£m							
FHFT Position Surplus/(Deficit)	4.0	2.6	(1.4)	0.1	0.0	0.0	0.0	0.0
ICB Position Surplus/(Deficit)	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0
ICB Statutory Position Surplus/(Deficit)	4.0	2.6	(1.4)	0.6	0.0	0.0	0.0	0.0

The **Frimley System year to date position is £1.4m behind the planned surplus of £4.0m**, The ICB are on plan and FHFT are £1.4m adverse

The System forecast now a **break even** position due to national funding being received (£25m)

However, the plan relies upon a **step change in efficiency delivery from month 8** and a and material **over performance of ERF**.



Integrated Finance and Performance Report - Finance Oversight

Key financial metrics for April 2024 to September 2024



	Target	Result	Variance	Forecast Outturn Variance	Achievement
	(YTD £m)	(YTD £m)	(YTD £m)	(Full Year £m)	
ICB Statutory Income	994.9	994.3	(0.6)	(1.3)	Red
ICB Statutory Expenditure	(990.9)	(991.8)	(0.8)	1.3	Red
ICB Statutory Surplus/(Deficit)	4.0	2.6	(1.4)	0.0	Red
Agency Cap - FHFT	12.7	12.0	0.7	0.2 - 91.9% of cap (FOT Var to Cap)	Green
Capital position – ICB	0.6	0.0	0.6	0.0	Yellow
Capital position - FHFT	40.5	35.8	4.8	3.2	Red
Achieve Better Practice Payment Code ICB	NHS Volume & Value 95%	Value - Met 99.92% Volume - Met 95.3%		N/A	Green
	Non-NHS Volume & Value 95%	Value - Met 98.9% Volume - Met 96.2%			
Achieve Better Practice Payment Code FHFT	NHS Volume & Value 95%	Value - Not met 50.7% Volume - Not met 78.4%		N/A	Red
	Non-NHS Volume & Value 95%	Value - Not met 90.4% Volume - Not met 95.0%			

The System YTD position is £1.4m behind the planned surplus of £4.0m,

- FHFT are reporting a £2.6m surplus which is £1.4m behind the planned surplus at M6 of £4m (£2.8m improvement)
- ICB is on plan compared to last month £0.5m behind plan.

The System forecast is to **break even** as the System has now **received the £25m national support funding**,

However, the plan relies upon a **step change in efficiency delivery from M08** and material **over performance of ERF**.

The **ICB position** includes **underspends in CHC and small benefits across acute, CYP and adult mental health** which are offset by **pressures in prescribing and Pharmacy and Optometry**.

FHFT main improvements relate to one off benefits in utility bills and funding being received for industrial action and planned receipt of land disposal income.

ICB Statutory Position = NHS Frimley Integrated Care Board & FHFT (100%)

ICB Statutory Surplus/(Deficit) includes ICB, FHFT (at 100%) and IS adjusted for intra co transactions

Invoices paid within Better Practice Payment Code >95%, volume & value

RAG rating relates to YTD results

*minor variances due to roundings to £m

Integrated Finance and Performance Report - Finance Oversight

ICB Capital



ICB Capital

Frimley ICB has submitted the 2024-25 Commissioner Capital Plan which has been approved in principle by NHS England.

The MIG working group met to review the submitted expressions of interest from GP Practices. One PID was submitted to NHS England, however, there are new requirements for MIG Schemes this financial year, that have only just been released. Therefore, the submitted PID requires additional work, before it can be re-submitted to NHS England.

This poses a risk to the delivery of all 24/25 MIG schemes, as all schemes now require significant work and investment, before they can be submitted for final approval. It is expected that this will result in an underspend on the Commissioner Capital this financial year. We had an initial meeting with NHS England to review potential options to utilise the underspend, and these options are currently under internal review.

The GPIT BAU Replacement & Refresh PID is currently being drafted by the Digital Team, with the hope to get this submitted by the end of October. Similarly, the Future Infrastructure PID was originally submitted in 23/24 but as the project would not be completed ahead of the 31st of March 2024, the funding was repurposed. Therefore, we will be re-submitting the Common Infrastructure PID in October, to allow the programme to restart in 24/25.

Approved Schemes:

NHSEI PID Reference	Scheme Name	Rationale	Scheme Category	Full PID Value	PIDs awaiting submission	PIDs awaiting approval	PIDs Approved	Balance remaining
				£'000				
QNQ-025-001	GPIT replacement for Out of Warranty / Breakfix devices	Replacement programme for out of warranty GPIT equipment	GPIT	500	500	0	0	0
QNQ-025-002	Frimley CCG Primary Care MIG Schemes	Increasing clinical and admin capacity, improving access and infection control. Includes an increase on schemes, to cover any GPIT expenditure.	MIG	487	123	120	0	244
QNQ-025-003	Future Infrastructure	To bring the NEHF and SH practices onto GPNET the system used by the EB practices	GPIT	200	200	0	0	0
QNQ-025-004	Reserve for Frimley CCG Primary Care MIG Schemes	Increasing clinical and admin capacity, improving access and infection control	MIG	47	0	0	0	47
				1,234	823	120	0	291

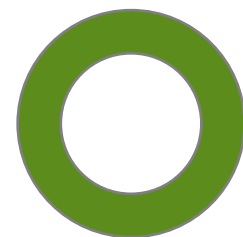
Integrated Finance and Performance Report

Appendix 1 – Performance Oversight

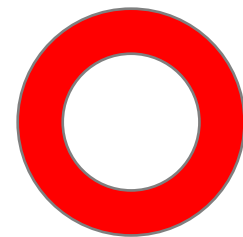
Exec Summary Performance Status Icon Key

Outer Ring = Position to Target

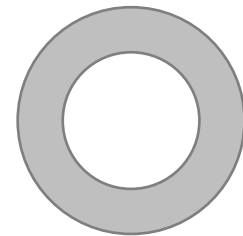
Outer Ring colour communicates the current value is:



At or above target



Below target



No target defined, comparison shown where available

Inner Icon = Trend (MoM or YoY)

Inner icon communicates the latest trend:



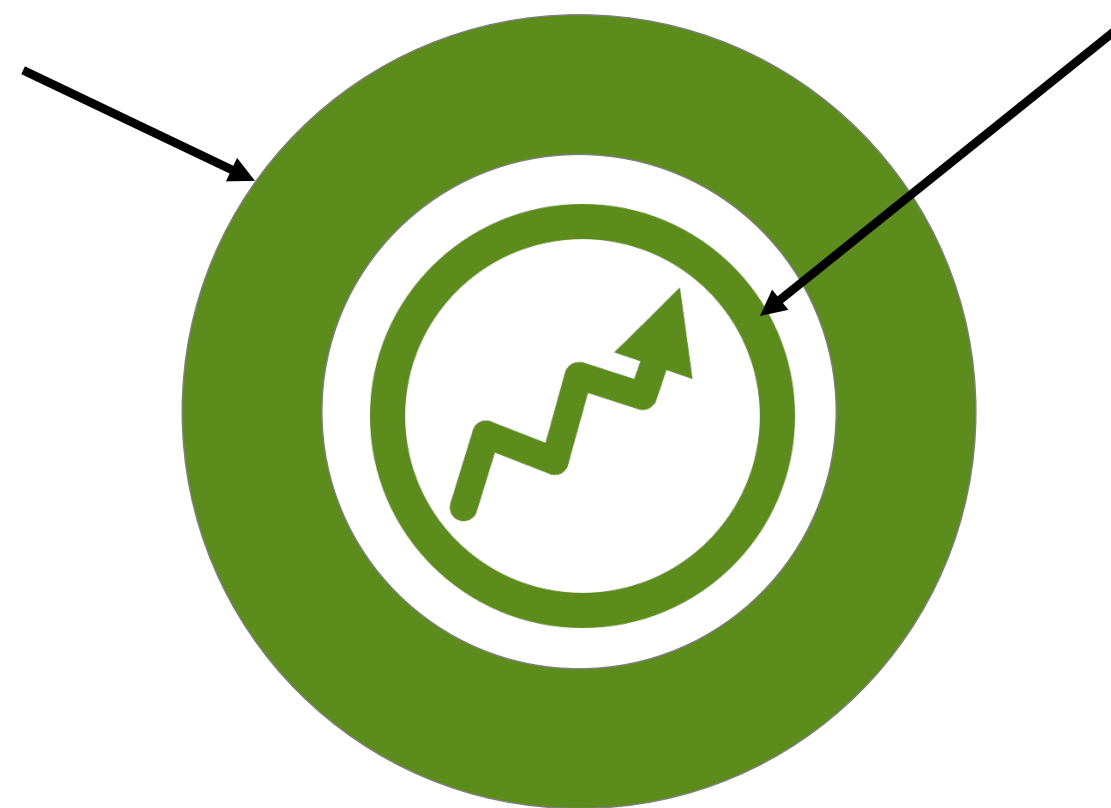
Improving trend



Declining trend



Stable, no clear trend



P = identifies data that is published publicly

DQ = identifies a data quality issue

Integrated Finance and Performance Report – Executive Summary

Primary Care Development



	Measure	Status	Actual	Comparison / Target	Trend	Main Risk and Action
P	Same day/next day Appointments – 1-day standard achievement		85% Aug 24	80% YoY 2023-24		<ul style="list-style-type: none"> Continued implementation of the primary care transformation programme, including PCARP, Pharmacy First, MGPAM and PNG segmentation. Deliver and effective prevention programme of immunisations and vaccinations <p>Risks:</p> <ul style="list-style-type: none"> Unpredictable impact from Collective Action from August with working direction from BMA Unwarranted variation, with a small number of practices not adopting MGPAM or PNG segmentation, being identified through the PC Access transformation programme
P	Appointment within 14 days of booking – 14-day standard achievem...		90% Aug 24	90% YoY 2023-24		<ul style="list-style-type: none"> Continued implementation of the primary care transformation programme, including PCARP, Pharmacy First, MGPAM and PNG segmentation. <p>National Target: 85% - 90%</p> <p>Risks:</p> <ul style="list-style-type: none"> Unpredictable impact from Collective Action from August with working direction from BMA Unwarranted variation, with a small number of practices not adopting MGPAM or PNG segmentation, being identified through transformation programme
P	Face to Face Appointments		51% Aug 24	65% England Average		<ul style="list-style-type: none"> Focus on same day access to support urgent care demand have resulted in models with greater reliance on remote care, supported through the adoption of segmentation of patient needs <p>Risks:</p> <ul style="list-style-type: none"> Unpredictable impact from Collective Action from August with working direction from BMA Impact of focus on urgent same day care through intelligent patient needs segmentation supporting directive pathways for low acuity, low need patients Managing patient expectations in the current context



Integrated Finance and Performance Report – Executive Summary

Delivery and Emergency Planning Resilience and Response (EPRR)



Measure	Status	Actual	Comparison / Target	Trend	Main Risk and Action
---------	--------	--------	---------------------	-------	----------------------

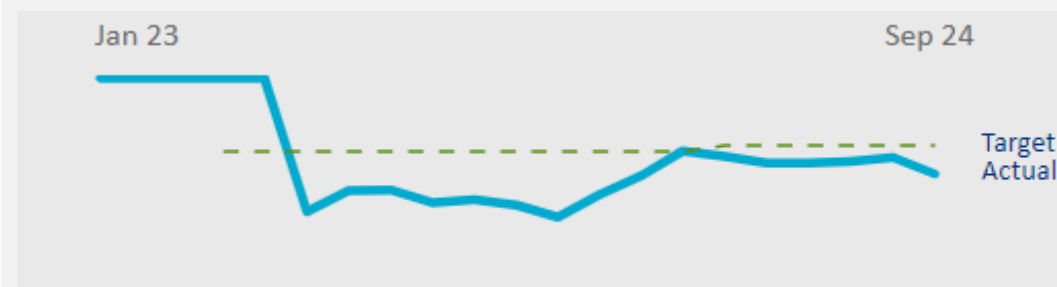
P

Seen in 4 hrs (ED All types)



69%
As of Sep

78%



Note: Target has changed from 76% to 78% by March 2025.
Risk: Demand will outstrip capacity.
Action: Working Group to move Aldershot UCC to co-locate UTC with Frimley Park ED .

P

Cancer: 62-day combined referral to treatment standard



73%
As of Aug

85%



No update.



Integrated Finance and Performance Report – Executive Summary

Learning Disabilities, Mental Health and Children and Young People (CYP)

Measure	Status	Actual	Comparison / Target	Trend	Main Risk and Action
<p>P</p> <p>Inappropriate OAPs active at period end (month) (rounded)</p>		<p>20 Aug 24</p>	<p>Zero</p>		<p>Action: We are currently reviewing mental health priorities for Frimley, and we have no doubt that OAPs will be a main focus of our work moving forward. A refreshed MH board is being developed with new TOR and will be chaired by Graham Wareham, CEO of SABP and ICB MH lead on the board. Our work plan for 25/26 is currently being scoped</p> <p>Risk: There are significant quality benefits to placing people in beds closer to their home not least the ability for family carers to be able to visit. It is however also acknowledged that waiting when you need a bed can also cause harm (wherever you need to wait) so sometimes using an OAP's is the better option to support that person in the absence of a local bed.</p>
<p>P</p> <p>Proportion of CYP community mental health referral-spells waiting more than 52 weeks for a 1st contact (includes neurodiversity)</p>		<p>40% Aug 24</p>	<p>N/A</p>		<p>Neurodiversity (not CAMHS) is the driver of the long waits and the increasing wait times.</p> <p>Action - Neurodiversity transformation work - move from diagnostic led to needs led.</p> <p>Risk - significant quality risk, long waits for diagnosis are barriers to support, particularly ADHD medication which impacts on range of issues, most importantly access to education. Significant Financial risk through Right to Choose option being pursued by families.</p>

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Workforce Report		
Agenda Item	8.3	Date of meeting	19 November 2024
Exec Lead	Caroline Corrigan Chief People Officer		

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	Strategic Objective 4: Our People
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input checked="" type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary	
<p>The attached report pulls together a range of workforce metrics and insight, that will enable the Frimley Integrated Care Board (ICB) to gain an understanding of the workforce challenges and potential opportunities.</p> <p>The attached Workforce Report will continue to develop as the new national Workforce Data Standards Service is launched (expected early December 2024). The aspiration is to provide the Board, in the future, with a comprehensive range of metrics that will also include, where available, both health and social care.</p>	
Recommendation	The ICB Board are requested to review and discuss the Workforce Report.

Please provide details on the impact of following aspects	
Risk and Assurance	
Equality and Quality Impact Assessment	
Patient and Stakeholder Engagement	
Financial Impact and Legal implications	
Please indicate which CQC Theme and Quality Statements this QIA supports.	How staff, teams and services work together

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

Workforce Report

Workforce Oversight
November 2024

Workforce Oversight

Headlines

Against 24/25 Operational plans, FHFT are:

- 1.4 % under plan for all workforce from M01 – M06
- 0.2 % under plan for all substantive staff from M01 – M06
- 9.5% under plan for all bank usage from M01 – M06
- 21.9% under plan for all agency usage from M01 – M06

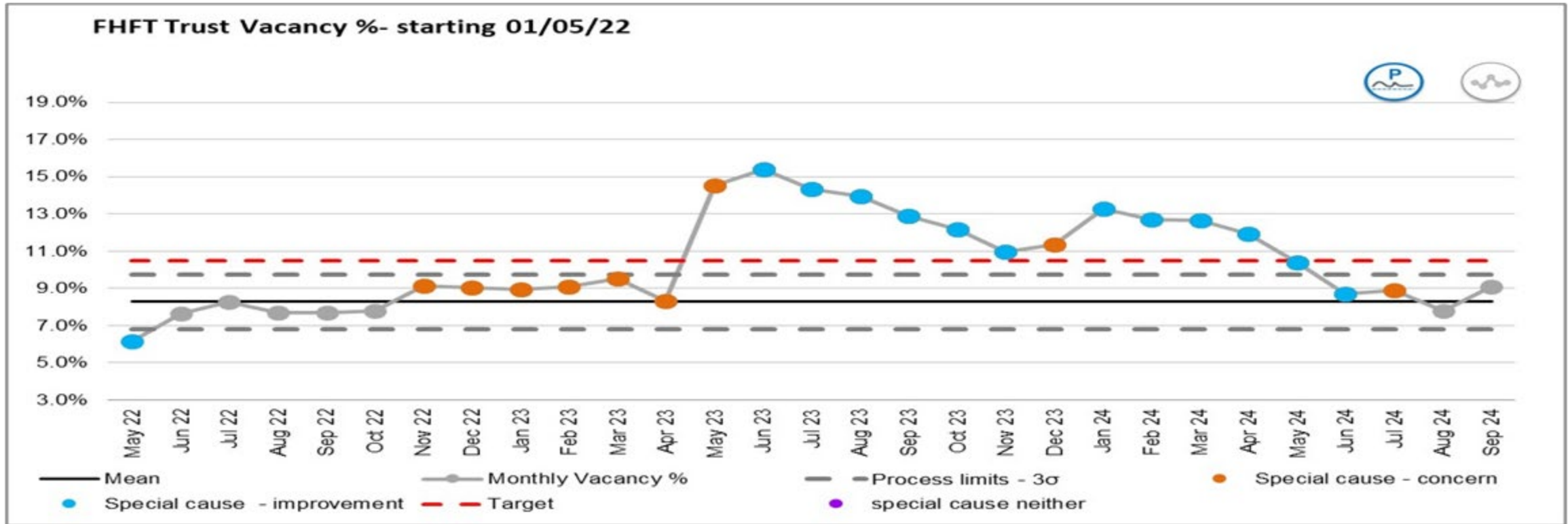
Against 24/25 financial plans, FHFT are (at M06):

- £3.1m under spent for all staff groups
- £0.9m under spent for all bank usage
- £0.7m under spent for all agency usage

- Absence rates remain stable at 3.4% (against a regional average of 4.6%)
- Vacancy rates have increased to 9.5% (against a regional average of 8.1%)
- Staff Turnover rates have increased to 15.5% (against a regional average of 14.2%)

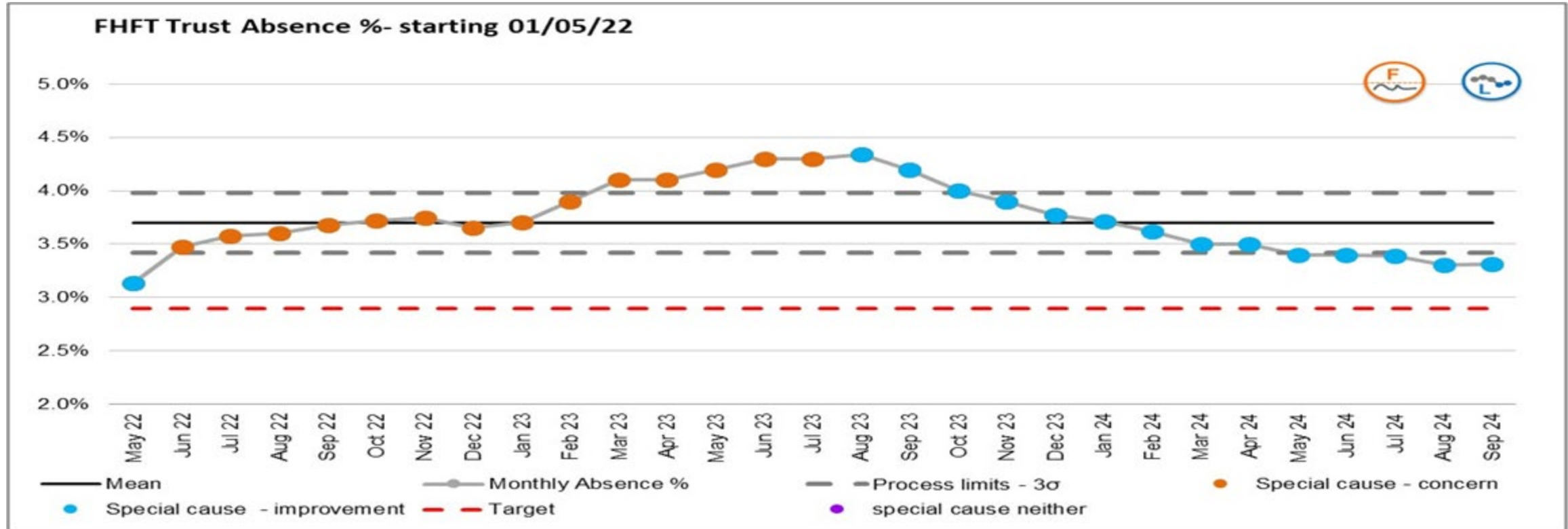
Workforce Oversight

Workforce Metrics – FHFT – Vacancy rates



Workforce Oversight

Workforce Metrics – FHFT – Absence rates



Workforce Oversight

Frimley ICS People Board



- Our People Board continues to meet bi-monthly with good attendance from Local authorities, Skills for Care, Primary care and NHS partners.
- We are currently reviewing our ambitions against the Long Term Workforce Plan and ICS strategy to ensure alignment into 2025 and beyond.
- In addition to our reviews, the People Board has formed the following principles:
 - We will use clear communication
 - We will be formal when necessary but not over-engineered
 - We will use system wide evidence, research and data to inform our decisions
- Plans are being developed to deliver against four main priority areas:
 1. A joint Health and Social Care health and wellbeing offer
 2. Digital transformation (the use of AI, digital workforce solutions, scaling people services)
 3. A joint education and training offer
 4. Robust and accessible workforce data and advanced strategic workforce planning capability across the ICS



Workforce Oversight

WorkWell Pilot

- The WorkWell Programme is progressing well and the services based on the “proof of concept” approach in the Slough area will commence early in November.
- Participants have started to be identified within the Slough PC, ready for ‘go-live’.
- Programme Management resource is in place and supporting several workstreams including, Delivery Plans, Budget submissions and the data submission requirements of DWP.
- An end-to-end process map has been developed and is being internally reviewed, once concluded the ICB transformation lead will meet with a representative from Joy to ensure the app will deliver as expected using the process map as a template. On completion, we will be able to sign off the DWP DPIA.
- The first quarter programme MI requirements have been submitted to DWP.
- The Joy app has been commissioned to support case finding, eligibility and support planning as well as provide anonymised participant insights that can be forwarded to DHSC and to DWP.
- The GetUBetter app contract in place to support individual plans.

Workforce Oversight

Equality, Diversity and Inclusion - High Impact Actions

#	Hight Impact Action	Update
HIA1	Chief executives, chairs and board members will have specific and measurable EDI objectives to which they will be individually and collectively accountable	All ICB Board and Chair have EDI objectives and is monitored through appraisals. This is held and monitored through the Chief Executive Office.
HIA2	All organisations must embed fair and inclusive recruitment processes and talent management strategies that targets under-representation and lack of diversity	Inclusive recruitment toolkit launched and has been used as part of org change process. An EHIA is currently being completed by People Team (CSU) for completeness and transparency.
HIA3	Every organisation should develop and deliver an improvement plan to eliminate pay gaps.	We monitor gender pay gap anyway and we now have the baseline data on ethnicity pay gaps which is being reviewed. We are setting up an EDI Compliance subgroup to the EDI Committee to ensure we can track and monitor our progress. We are working with the WRES Action Plan and incorporating the actions (which will be agreed with SLT) in the OD Plan. This EDI Compliance sub-group sits with Safina Nadeem, with input from the OD team.
HIA4	Every organisation should develop and deliver an improvement plan to address health inequalities within their workforce	Benchmarking against the Health and Wellbeing Framework has been completed. Health and wellbeing has been part of the appraisal process since 2020 but we need to continue to increase compliance with appraisal to support staff experiencing wellbeing conversations.
HIA5	NHS organisations must develop and deliver a comprehensive induction, onboarding and development programme for internationally recruited staff.	Our international recruits have access to our learning and development offer, including leadership development opportunities. Our on-boarding and induction is offered to everyone who joins the ICB. This is currently under review to make these offerings SMART in line with our OD plan for NHS Frimley after the organisational change programme. The Equality and Diversity Manager has been trained in delivering Cultural awareness training. A train the trainer model will be adopted to scale delivery of this up. This sits with Safina Nadeem, with input from the OD team.
HIA6	NHS Organisations will create an environment which eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occurs.	Micro aggressions toolkit launched and being implemented in the ICB, in addition NHS Frimley are spear heading the Anti-Racist Alliance which compliments the Micro aggressions toolkit which was launched last year.

Tackling Microaggressions

The 'Tackling Microaggressions to create an Inclusive Culture' toolkit has been developed to share best practice on identifying, constructively challenging and reducing microaggressions. It is designed to be used as a guide against your own internal processes to ensure you are following best practice and minimising microaggressions, bias, bullying, harassment and violence. It aims to help meet the equality, diversity and inclusion ambitions across the Integrated Care Board and wider Integrated Care System.

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Board Assurance Framework		
Agenda Item	8.4	Date of meeting	19 November 2024
Exec Lead	Caroline Corrigan – Chief People Officer		

Purpose	To Approve	<input checked="" type="checkbox"/>
	To Ratify	<input type="checkbox"/>
	To Discuss	<input type="checkbox"/>
	To Note	<input type="checkbox"/>

Link to Strategic Objective	<i>Relates to all Strategic Objectives</i>
------------------------------------	--

Executive Summary
<p>Introduction:</p> <p>The report provides the Board with an overview of the work that has been undertaken to refresh the Board Assurance Framework (BAF) for 2024/25. During Q1 2024/25 the BAF underwent a significant redevelopment to ensure that it fully aligned to the six new Strategic Objectives (in 2023/24 the BAF had five Strategic Objectives) and new Operating Model for Frimley ICB.</p> <p>The BAF reports on the ICB's Strategic Objectives and details the significant long-term risks to the achievement of these. The document provides assurance that the ICB is on track to deliver its Strategic Objectives and highlights where necessary, any gaps in controls and assurances and the associated actions. The BAF also provides assurances that any risks which may impact on the achievement of those Strategic Objectives are being appropriately managed.</p> <p>Strategic Objectives:</p> <p>At its meeting in in May 2024 the Board agreed the following Strategic Objectives (aligned to the six Frimley ICS ambitions) for 2024/25</p> <p>Strategic Objective 1: Starting Well Strategic Objective 2: Living Well Strategic Objective 3: People, Places and Communities Strategic Objective 4: Our People Strategic Objective 5: Leadership and Culture Strategic Objective 6: Outstanding use of resource</p> <p>Risk Appetite:</p> <p>Using the Good Governance Institute (GGI) Framework the Board agreed the following 2024/25 Risk Appetite and Risk Thresholds which have been mapped to the risk domains in the BAF:</p>

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.

Risk Thresholds

Using the above framework, the following Risk Appetite and Risk Thresholds have been agreed by the Board for the risk domains in the BAF.

Domains	Risk Appetite	Risk Threshold
QUALITY	Cautious	8
PEOPLE	Open	12
PERFORMANCE	Open	12
TRANSORMATION	Seek	16
FINANCIAL	Open	12
REGULATORY	Open	12
REPUTATIONAL	Open	12

The Board has applied the following 2024/25 Risk Appetite and Risk Thresholds to each of the Strategic Objectives – this scoring allows the Finance and Performance Committee and the System Quality Group (committees of the Board) to manage the principle risks in accordance with the specific Risk Appetite and Risk Threshold agreed by the Board.

Domains	Risk Appetite	Risk Threshold
1. Starting Well	Cautious	8
2. Living Well	Cautious	8
3. People, Places and Communities	Seek	16
4. Our People	Open	12
5. Leadership and Culture	Open	12
6. Outstanding Use of Resources	Open	12

Effects of Controls and Trend Analysis:

Each of the following Strategic Objectives have been scored with an inherent (current) and residual risk (score after the risk has been mitigated) for Q2. The effects of the controls show whether the Strategic Objective sits in or out of Risk Appetite Statement. At present, three Strategic Objectives are within appetite and three sit outside of the appetite.

Strategic Objective	Q2 2024-25
Starting Well	9 Out of Risk Appetite
Living Well	12 Out of Risk Appetite
Places, People and Communities	9 Within Risk Appetite
Our People	12 Within Risk Appetite
Leadership and Culture	12 Within Risk Appetite
Outstanding use of resource	16 Out of Risk Appetite

In 2023/24 the BAF had five Strategic Objectives, whereas the newly updated 2024/25 BAF has six Strategic Objectives – as a result of this change in the overall number of Strategic Objectives there is currently no available comparative trend analysis data between Q1 and Q2 2024/25.

The Board is asked to note that trend analysis data (that is, residual risk score versus risk appetite) will become available in Q3 2024/25.

Reporting Cycle:

Between the meetings the risks in the BAF will be regularly reviewed by the Committees of the Board, namely, the Finance and Performance Committee and the System Quality Group. These Board Committees will review the alignment between the BAF and the Corporate Risk Register (comprised of strategic risks 15 ↑) to ensure that risks are being appropriately managed.

Furthermore, the Board is provided with assurance that during this period of redevelopment, the BAF has been overseen by Intergrated Risk Group, which is made up of executive members of the Finance and Performance Committee and the System Quality Group. The role of the Integrated Risk Group is to provide an assessment of complex, significant or recurrent risks that are escalated to it via the Corporate Risk Register and monitor progress against plans and oversee the mitigation of any significant risks; it is also responsible for providing assurance on the completeness and accuracy of the BAF to the Board.

The Integrated Risk Group reviewed and agreed the BAF at its most recent meeting on 14th November 2024, recommending it to the Board for its review and approval.

Recommendation	The Board is asked to review and <u>approve</u> its Board Assurance Framework.
-----------------------	--

Please provide details on the impact of following aspects	
Risk and Assurance	
Equality and Quality Impact Assessment	
Patient and Stakeholder Engagement	
Financial Impact and Legal implications	
Please indicate which CQC Theme and Quality Statements this QIA supports. Interim guidance for assessing integrated care systems March 2023 (cqc.org.uk)	Governance, management & sustainability

Reporting – has this paper been discussed at other meetings

Committee Name	Date discussed	Outcome

NHS Frimley ICB

Board Assurance Framework 2024/25

19-Nov-24

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 assess 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.

Board Strategic Objectives 2024/25

Strategic Objective 1	Strategic Objective 2	Strategic Objective 3	Strategic Objective 4	Strategic Objective 5	Strategic Objective 6
Starting Well	Living Well	People, Places and Communities	Our People	Leadership and Cultures	Outstanding Use of Resources
We want all children to get the best start in life.	We want people from across all our communities to have the opportunity to live healthier lives.	We will ensure the voices of our residents, facilities and carers shape the ways we create healthier communities.	We want to be known as a great place to work, live and make a positive difference.	We will work together to build kind, inclusive and collaborative cultures which harness the rich diversity of people from across the system.	We will offer the best possible care and support where it is most needed, in the most affordable ways.
<p>*Developing a whole system transformation programme to support our offer to neurodiverse children to a needs led model, reducing the long waits for ADHD/Autism assessments</p> <p>*Strengthening the partnerships across our system to improve outcomes for children and young people with SEND through early help and peer support</p> <p>*Improving the options available for children needing residential care, and further develop and strengthen the processes and arrangements for joint funding with partner local authorities.</p>	<p>*Creation of the whole system clinical strategy to support shift of care to out of hospital settings and quantifiable effect on reducing hospital activity, making full advantage of virtual care and other 21st Century healthcare transformation opportunities and enable NHP build assumptions</p> <p>*Definition and achievement of Core20+5 interventions on reducing inequality of outcome for maternity, severe mental illness, respiratory, cancer and hypertension, as well as the Plus groups approved by the ICB Board in 2024</p>	<p>*Definition of a new way of working and taking decisions together at Place with Local Authority partners and ICB teams, contributing to increased discharges and admission avoidance, facilitated by an improved utilisation of the Better Care Fund</p> <p>*Support and refinement of the VCSE at scale model which is being developed and implemented</p> <p>*Leadership and support of the co-design for ICP v2.0</p>	<p>*Finalise the implementation of the ICB restructure, realising a £4.5m improvement in the pay expenditure of the organisation and embed the OD activities required to make the operating model a success</p> <p>*Establish the DWP-DHSC Work Well programme as a funded pilot site and ensure that the financial support available is used to create high impact, personalised support for Frimley residents</p>	<p>*Further develop, promote and implement the ICB's activities in delivering our system wide Equality, Diversity and Inclusion Strategy</p> <p>*Build upon our system leadership approach and workplan, including our continuing commitment and support to the Frimley Academy</p> <p>*Further development of the System Leadership capabilities through the implementation of our new operating model, which includes the new hosting functions of the ICB (i.e. Spec Com)</p>	<p>*Financial sustainability – break-even runrate by end of 25/26</p> <p>*Finalisation and publication of ICS Infrastructure Strategy</p> <p>*Progression of out of hospital capital estates schemes</p> <p>*New Hospital Programme – ICB responsibilities</p> <p>*CSU In-Housing and Pan-ICB digital architecture implemented</p>

Board Risk Appetite Statement 2024/25

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 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 2024/25:

Domains	Risk Appetite	Risk Threshold
QUALITY	Cautious	8
PEOPLE	Open	12
PERFORMANCE	Open	12
TRANSFORMATION	Seek	16
FINANCIAL	Open	12
REGULATORY	Open	12
REPUTATIONAL	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.

Risk Summaries

Strategic Objective 1: Starting Well													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)			Current Risk rating (after mitigation)		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter	
					I	L	Rating (IxL)	I	L				Rating (IxL)
SO1	Quality	CYP and their families may not have their agreed needs met, with the result of lasting negative impact for them their families and Health and social care in the future.	Chief Nursing officer	F&P / SQG	3	4	12	3	3	9	CAUTIONOUS 8	OUT	N/A

Strategic Objective 2: Living Well													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating			Current Risk		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter	
					I	L	Rating (IxL)	I	L				Rating (IxL)
SO2	Quality	If we are unable to effectively implement and integrate the whole system strategy that supports the transformation of care to out-of-hospital settings, then the anticipated reduction in hospital activity may not be achieved. This may exacerbate health inequalities, leading to increased pressure on partner organisations, higher healthcare costs with risk to our recurrent financial sustainability and poorer access, outcomes and experiences for local communities.	Chief Medical Officer	F&P / SQG	4	4	16	4	3	12	CAUTIONOUS 8	OUT	N/A

Strategic Objective 3: People, Places and Communities													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating			Current Risk		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter	
					I	L	Rating (IxL)	I	L				Rating (IxL)
SO3	Transformation	A new approach to the ICP, Place governance and ICB team changes, policy uncertainty (BCF and adult social care discharge funding) and financial challenges for all system partners (health and local authorities) could create a challenging partnership environment and prevent the delivery of our shared priorities and goals	Chief Transformation and Digital Officer	F&P / SQG	4	4	16	3	3	12	SEEK 16	IN	N/A

Strategic Objective 4: Our People													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating			Current Risk		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter	
					I	L	Rating (IxL)	I	L				Rating (IxL)
SO4-A	People	A) Workforce: We do not have the capacity and capability to deliver the required changes, realise the savings required and associated OD plan.	Chief People Officer	F&P / SQG	4	4	16	4	3	12	OPEN 12	IN	N/A

Strategic Objective 4: Our People													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating			Current Risk		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter	
					I	L	Rating (IxL)	I	L				Rating (IxL)
SO4-B	People	B) WorkWell: We do not have the capacity and capability to deliver a WorkWell Programme, that delivers the required impact for the residents of Frimley.	Chief People Officer	F&P / SQG	4	4	16	3	4	12	OPEN 12	IN	N/A

Strategic Objective 5: Leadership and Cultures													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating			Current Risk		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter	
					I	L	Rating (IxL)	I	L				Rating (IxL)
SO5	People	If we do not create an inclusive culture then we will not have the leadership capacity and capability to deliver for the communities we serve. If the ICB does not create an open, positive, transparent and inclusive culture then the cases of bullying, sexual misconduct, aggression and poor employee experience will lead to a higher number of employee relations cases, FTSU cases as well as a direct impact on delivery against our strategic workforce objectives.	Chief People Officer	F&P / SQG	4	4	16	3	4	12	OPEN 12	IN	N/A

Strategic Objective 6: Outstanding Use of Resources													
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating			Current Risk		Risk Appetite / Threshold	Status (in/out of appetite)	Move from last quarter	
					I	L	Rating (IxL)	I	L				Rating (IxL)
SO6	FINANCIAL	The system fails to deliver the greatest possible value for the health and wellbeing of the population with the resource with which it is entrusted. This risk materialises owing to failure to deliver in-year financial balance and recurrent financial sustainability and/or secure sufficient capital and revenue resource to achieve strategic and operational aims, including delivery of the new hospital and associated transformation both of which are essential prerequisites to the minimisation of health inequalities and maximisation of healthy life years.	Chief Finance Officer	F&P / SQG	5	5	25	5	4	20	OPEN 12	OUT	N/A

BAF REF: SO1		Strategic Objective: 1. Starting Well		Principle Risk: CYP and their families may not have their agreed needs met, with the result of lasting negative impact for them their families and Health and social care in the future.				Risk Domain: Quality		Current Risk Score: 9			
Assurance Committee: Finance and Performance Committee / System Quality Group						Delegated Risk Owner: Chief Nursing Officer		Date Added to BAF: Q2 2024/24					
Initial Risk Rating (before mitigation)			Current Risk Rating (after			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)
I	L	Rating (IxL)	I	L	Rating (IxL)								
3	4	12	3	3	9	CAUTIOUS 8	OUT	Current Rating	9	TBC			
Positive Assurance and Key Controls in Place								Gaps in Control and/or Assurance					
<p>1. Collaborative system CYP strategy - our golden thread which runs through everything we do. 5 clear priorities create a 'true north' for the portfolio helping us to prioritise and plan</p> <p>2. System children's board is established and operating well with ICB board member, Rachael Wardell chairing this meeting. Feeding in to this are 4 system groups - SEND, CYP MH, Neurodiversity and Paediatrics.</p> <p>3. Utilising place and provider mechanisms for hearing CYP voice - for example Together as One in Slough have supported the work of the portfolio, with support Youth Health Champions, Asthma in Schools, undertaking several pieces of work for us.</p> <p>4. Connecting housing and wider determinants into the work - for example using connected care data alongside LA insights to identify children at risk of respiratory illness this brings together a joint approach which enables the child's asthma to be supported and the improvements to the home such as damp and mould be made.</p> <p>5. Established Clinical Review Group to bring wider clinical expertise to assess needs that arise from health need.</p>								<p>There is a gap between the frameworks in use for determining eligibility for health funding, and expectation from partners of when a child should receive health funding. Increasingly challenging relationships with local authorities when planning care for children particularly where high cost associated for local authority. Continuity of service provision whilst integrated therapies procurement is undertaken. Capacity to deliver the whole system change needed to support young people who are neurodiverse. Capacity to deliver safety valve programmes within Local Authorities. Wait times for neurodiversity support will form part of the inspection framework in the near future leading to greater scrutiny and control from external regulators. Right to Choose framework being exploited by new and unverified providers to undertake assessments for neurodiversity with limited quality and financial control or oversight.</p>					
Mitigating Actions to Address Gaps								Target Date	Action Lead	Update			
Residential project aiming to provide a local short term high intensity intervention that aims for children to return to the family home rather than needing to come in to the care of the LA.								Apr-27	Director for Children, Mental Health, and Learning Disabilities	This project has closed due to the LAs not being able to commit to providing the service, procuring or funding the scheme. Currently working with NHSE to repurpose funding to support Aldershot CAMHS team to develop an alternative to ED for children in crisis. Similar scheme in E Berks based on Camden model is also being considered.			

Secure funding to bring LA partners together to further develop shared understanding of joint funding opportunities	Apr-25	Director for Children, Mental Health, and Learning Disabilities	Work is underway and additional funding has been allocated from the CYP budget to engage some external support to deliver. Expected recommendations to come to CYP board in January
Establishing right to choose framework utilising provider selection regime to try to regain control of the quality of service providers.	Apr-25	Head of Transformation CYP, MH, SEND, ADHD and Autism	Service Spec has been agreed and work is on target
Needs-led model in both MH providers to be in place by 1st November.	01-Nov	Head of Transformation CYP, MH, SEND, ADHD and Autism	Working with BHFT and LAs and primary care - we have gone live with new referral pathway. Timelines currently being met.

BAF REF: SO2	Strategic Objective: 2. Living Well	If we are unable to effectively implement and integrate the whole system strategy that supports the transformation of care to out-of-hospital settings, then the anticipated reduction in hospital activity may not be achieved. This may exacerbate health inequalities, leading to increased pressure on partner organisations, higher healthcare costs with risk to our recurrent financial sustainability and poorer access, outcomes and experiences for local communities.				Risk Domain: Quality	Current Risk Score: 12						
Assurance Committee: Finance and Performance Committee / System Quality			Delegated Risk Owner: Chief Medical Officer			Date Added to BAF: Q2 2024/24							
Initial Risk Rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)
I	L	Rating (IxL)	I	L	Rating (IxL)								
4	4	16	4	3	12	CAUTIOUS 8	OUT	Current Rating	12	TBC			
Positive Assurance and Key Controls in Place							Gaps in Control and/or Assurance						
<p>Our ICS Living Well Ambition and refreshed TOR for the Living Well Board with partners Delivery Board established reporting into the Living Well Board</p> <p>Work programmes managed by the Living Well Board are on track apart from one CORE20 Plus groups identified for outcome mapping</p> <p>ICS CVD Prevention Board established - targeted work to reduce burden of CVD Morbidity and Mortality and ranked third nationally for Hypertension management in March 2024</p> <p>Regular links to regional and national health inequalities groups/Boards</p> <p>9000 patients on remote monitoring and evidence of reduced hospital admissions, attendances and emergency callouts validated by external organisation; virtual ward occupancy highest in region</p> <p>Clinical strategy work in progress along with the new hospital strategy</p>							<p>Work well</p> <p>Work on Inclusion health groups</p> <p>In patient smoking cessation programme</p> <p>Financial constraints might lead to inadequate investment into prevention and tackling health inequalities</p> <p>Additional resource may be required in both management of change and the investment in new preventative care models. This will be clearer to assess following the publication of the Government 10 Year Plan and any new financial flow mechanisms which we are anticipating will form a part of this.</p>						
							Target Date	Action Lead	Update				

<p>Participating in the inclusion Health Regional Networks to progress work. To gain deeper insights into the needs of inclusion health groups, we will leverage the OHID South East data packs, augmented by Connected Care to enhance data accuracy and generate actionable insights.</p>	<p>Dec-25</p>	<p>Head of Prevention and Reducing Health Inequalities</p>	<p>Will need continued support from the connected care team</p>
<p>Enable senior commitment and a joint board commitment between the ICB and the FHFT board to enable full establishment of the inpatient smoking cessation service.</p>	<p>Dec-25</p>	<p>ICB CMO</p>	<p>1) To discuss at ICB-FHFT Joint SLT in January 2) To agree governance / point of sign off plan for decision making during the year ahead</p>

BAF REF: SO3		Strategic Objective: 3. People, Places and Communities		Principle Risk: A new approach to the ICP, Place governance and ICB team changes, policy uncertainty (BCF and adult social care discharge funding) and financial challenges for all system partners (health and local authorities) could create a challenging partnership environment and prevent the delivery of our shared priorities and goals				Risk Domain: Transformation		Current Risk Score: 9				
Assurance Committee: Finance and Performance Committee / System Quality Group						Delegated Risk Owner: Chief Transformation Officer			Date Added to BAF: Q2 2024/24					
Initial Risk Rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)	
I	L	Rating (IxL)	I	L	Rating (IxL)									
4	4	16	3	3	9	SEEK 16	IN	Current Rating	9	TBC				
Positive Assurance and Key Controls in Place								Gaps in Control and/or Assurance						
<ul style="list-style-type: none"> - Establishment of new Places and Communities Board to create senior alignment and readacross - Approach to ICP Refresh and deployment sponsored by Chair and CEO of the ICB with 2 x Chief Officer support - Ongoing structured engagement with Local Authority Chief Executives by ICB CEO and CTDDO to escalate and resolve issues as they arise - Refreshing all age CHC policies (for East Berkshire residents) including escalation process in partnership with LAs 								<ul style="list-style-type: none"> - No National policy direction for BCF and ASCDF. Funding through these sources embedded into recurrent operational delivery and system ambitions 						
Mitigating Actions to Address Gaps								Target Date	Action Lead	Update				
Working with LA partners to mitigate the NHS England approach to "engagement " on future of BCF								30/03/2025	CNO / Director for Places and Communities					
Ongoing LA Officer and Political engagement at a local level								30/03/2025	CEO / CNO / Director for Places and Communities					

BAF REF: SO4-A	Strategic Objective: 4. Our People	1st Principle Risk: We do not have the capacity and capability to deliver the required changes, realise the savings required and associated OD plan				Risk Domain: People	Current Risk Score 12						
Assurance Committee: Finance and Performance Committee / System Quality Group/ People Board						Delegated Risk Owner: Chief People Officer		Date Added to BAF: Q2 2024/24					
Initial Risk Rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)
I	L	Rating (IxL)	I	L	Rating (IxL)								
4	4	16	4	3	12	OPEN 12	IN	Current Rating	12	TBC			
Positive Assurance and Key Controls in Place								Gaps in Control and/or Assurance					
<ul style="list-style-type: none"> * Change Programme Group - Chief Officers and CEO * SLT reviewing ICB employment plans and risks and establishment controls * OD Plan developed and agreed*see gaps * Oversight via SLT Remuneration Committee oversight of all severance arrangements. * Monthly staff briefings focusing on communicating SLT plans and objectives * Staff survey is currently live * Statutory and mandatory training compliance plan in place which has now been signed off by SLT * Review of all current policies for ICB staff * Freedom to speak up ambassadors and staff networks in place 								<ul style="list-style-type: none"> * Recurrent funding of 'non recurrent funding' (for example SDF) for programmes which are staffed and mobilised. * Whilst there is an action map for our OD delivery plan, we are finalising the priorities and timescales. OD framework has been shared and signed off by SLT. * ICB organisation talent and succession strategy - currently being scoped 					
Mitigating Actions to Address Gaps								Target Date	Action Lead	Update			
Identification of a small number of whole system transformation programs via System People Board								Q4 24/25	CPO	System People Board to confirm target dates and action leads			

Regional People Board delivering nationally-determined strategies and actions	Q3 24/25	CPO	LTWP focus groups have now been convened across the SE: * Medical and Dental WF reform * Clinical expansion * Apprenticeships * Retention * Great place to train Reporting to both the SE RPB and the SE Recovery and Sustainability Board
Relationship and capacity provided by the Skills For Care	TBC	CPO	TBC
Review of ICB BAF alongside the wider ICS System People Board	Q1 25/26	CPO	Not due
Proposal to establish training education and development sub-group of People Board to	Q1 25/26	CPO	Not due

BAF REF: SO4-B	Strategic Objective: 4. Our People	2nd Principle Risk: We do not have the capacity and capability to deliver a WorkWell Programme, that delivers the required impact for the residents of Frimley.	Risk Domain: People	Current risk score: 12											
Assurance Committee: Finance and Performance Committee / System Quality Group			Delegated Risk Owner: Chief People Officer		Date Added to BAF: Q2 2024/24										
Initial Risk Rating (before mitigation)		Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)			
I	L	Rating (IxL)													
4	4	16			3	4	12	OPEN 12	IN	Current Rating	12	TBC			
Positive Assurance and Key Controls in Place						Gaps in Control and/or Assurance									
<p>WorkWell Delivery Group - cross system group and chaired by a Director of Public Health. Delivery group will develop, test and monitor progress against projected referral numbers.</p> <p>Oversight of WorkWell Programme via the Living Well Board and updates also provided to the following Boards/Committees - Health and Wellbeing, People and Place and SLT.</p> <p>Future Delivery Plan - submitted and signed off by DWP.</p> <p>Programme resources in place and engaged with DWP and PA Consulting.</p> <p>Quarterly assurance and audit meetings/processes agreed and in place.</p>						<p>DWP data requirements for identifiable information not available.</p> <p>Referral requirements remain untested (benchmarked information unavailable)</p>									
Mitigating Actions to Address Gaps						Target Date	Action Lead	Update							
Working closely with DWP to establish (not just for Frimley but all 15 pilot areas) a secure and legal method to share the information.						Q1 25/26	Programme Manager, Frimley H&C								
Information governance expertise sought to advise on risk and potential digital solutions.						Q3 25/25	Programme Manager, Frimley H&C								

BAF REF: SO5	Strategic Objective: 5. Leadership and Cultures	Principle Risk: If we do not create an inclusive culture then we will not have the leadership capacity and capability to deliver for the communities we serve. If the ICB does not create an open, positive, transparent and inclusive culture then the cases of bullying, sexual misconduct, aggression and poor employee experience will lead to a higher number of employee relations cases, FTSU cases as well as a direct impact on delivery against our strategic workforce objectives.	Risk Domain: People	Current Risk Score: 12
-------------------------------	--	--	--------------------------------------	-------------------------------

Assurance Committee: Finance and Performance Committee / System Quality Group	Delegated Risk Owner: Chief People Officer	Date Added to BAF: Q2 2024/24
--	---	--------------------------------------

Initial Risk Rating (before mitigation)			Current Risk Rating (after mitigation)			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)
I	L	Rating (IxL)	I	L	Rating (IxL)								
4	4	16	3	4	12	OPEN 12	IN	Current Rating	12	TBC			

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
The System EDI Strategy including Anti-Racism Approach The Frimley Academy strategy and programmes of work The establishment and input of the ICB's Mirror Board The ICP Assembly focus and influence on key leadership strategies FTSU Guardian Network provides key assurance OD framework (embedding inclusivity across ICS)	Alignment between organisation and system leadership and EDI strategies Psychologically safe environment to explore complex cultural issues such as anti-racism

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update
Refresh of the Frimley Academy Strategy	Sep-24	CPO	Presentation to ICB Board on 17 September 2024
Development of an Anti-Racism Alliance	Mar-25	EDI System Lead and Provider Member BHFT	Ongoing.
Review the development of the Mirror Board	Feb-25	CPO & EDI System Lead	Ongoing.

BAF REF: SO6		Strategic Objective: 6. Outstanding Use of Resources				Principle Risk: The system fails to deliver the greatest possible value for the health and wellbeing of the population with the resource with which it is entrusted. This risk materialises owing to failure to deliver in-year financial balance and recurrent financial sustainability and/or secure sufficient capital and revenue resource to achieve strategic and operational aims, including delivery of the new hospital and associated transformation both of which are essential prerequisites to the minimisation of health inequalities and maximisation of healthy life years.				Risk Domain: Financial		Current Risk Score: 20			
Assurance Committee: Finance and Performance Committee / System Quality Group						Delegated Risk Owner: Chief Finance Officer				Date Added to BAF: Q2 2024/24					
Initial Risk Rating (before mitigation)			Current Risk Rating (after			Risk Appetite / Threshold	Status (in/out appetite)	Risk Analysis	Qtr. 2 (24/25)	Qtr. 3 (24/25)	Qtr. 4 (24/25)	Qtr. 1 (25/26)	Qtr. 2 (25/26)		
I	L	Rating (IxL)	I	L	Rating (IxL)										
5	5	25	5	4	20	OPEN 12	OUT	Current Rating	20	TBC					
Positive Assurance and Key Controls in Place								Gaps in Control and/or Assurance							
The system is developing rapid financial turnaround options which could mitigate the probability of the risk materialising. Options will be presented to the October meeting of the system Finance & Performance Committee for discussion and recommendation to Board. There is an unavoidable trade-off between in-year financial balance and the availability of resource to service the need for "left shift" transformation which will require careful navigation and full recognition of the consequences of decisions to be taken.								Although many of the weaknesses identified in the "Getting the basics right" assessment in 2023 have been addressed , the system's financial reporting functin is not as well developed as it would ideally be. There remains significant work to do on the establishment of a systematic, coherent, common PMO infrastructure to drive the delivery of identified "tranche 4" opportunities.							
Mitigating Actions to Address Gaps								Target Date	Action Lead	Update					
As the organisational design process concludes, the ICB will address gaps in its financial reporting establishment to facilitate the delivery of financial business partnering.								31.12.24	CFO						
Dedicated capacity is needed to drive the adoption and operation of the ePMO system across the whole system, enabling operational and clinical colleagues systematically and coherently to identify, develop and deliver transformational opportunities.								31.12.24	CFO						

Risk Score Matrix

	5	10	15	20	25
Likelihood	4	8	12	16	20
	3	6	9	12	15
	2	4	6	8	10
	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 persistent issue	Will undoubtedly happen / recur, possibly frequently
Probability Will it happen or not? % chance of not	<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)	<ul style="list-style-type: none"> Minimal injury requiring no/minimal intervention or treatment. No time off work 	<ul style="list-style-type: none"> Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/ complaints/ audit	<ul style="list-style-type: none"> Peripheral element of treatment or service suboptimal Informal complaint /inquiry 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Short-term low staffing level that temporarily reduces service quality (< 1 day) 	<ul style="list-style-type: none"> Low staffing level that reduces the service quality 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> No or minimal impact or breach of guidance/ statutory duty 	<ul style="list-style-type: none"> Breach of statutory legislation Reduced performance rating if unresolved 	<ul style="list-style-type: none"> Single breach in statutory duty Challenging external recommendations/ improvement notice 	<ul style="list-style-type: none"> Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical reports 	<ul style="list-style-type: none"> Multiple breaches in statutory duty Prosecution Complete systems change required Zero

Adverse publicity / reputation	<ul style="list-style-type: none"> Rumors Potential for public concern / media interest Damage to an individual's reputation. 	<ul style="list-style-type: none"> Local media coverage – short-term reduction in public confidence Elements of public expectation not being met Damage to a team's reputation 	<ul style="list-style-type: none"> Local media coverage – long-term reduction in public confidence Damage to a services reputation 	<ul style="list-style-type: none"> National media coverage with <3 days service well below reasonable public expectation. MP concerned (questions in the House) Damage to an organisation's reputation 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Insignificant cost increase/ schedule slippage 	<ul style="list-style-type: none"> <5 per cent over project budget Schedule slippage 	<ul style="list-style-type: none"> 5–10 per cent over project budget Schedule slippage 	<ul style="list-style-type: none"> Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met 	<ul style="list-style-type: none"> Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	<ul style="list-style-type: none"> Small loss Risk of claim remote 	<ul style="list-style-type: none"> Loss of 0.1–0.25 per cent of budget Claim less than £10,000 	<ul style="list-style-type: none"> Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Loss/interruption of >1 hour Minimal or no impact on the environment 	<ul style="list-style-type: none"> Loss/ interruption of >8 hours Minor impact on environment 	<ul style="list-style-type: none"> Loss/interruption of >1 day Moderate impact on environment 	<ul style="list-style-type: none"> Loss/interruption of >1 week Major impact on environment 	<ul style="list-style-type: none"> Permanent loss of service or facility Catastrophic impact on environment
Data Loss / Breach of Confidentiality	<ul style="list-style-type: none"> Potentially serious breach. Less than 5 people affected or risk assessed as low eg files 	<ul style="list-style-type: none"> Serious potential breach and risk assessed high eg unencrypted clinical records. Up to 20 people affected 	<ul style="list-style-type: none"> Serious breach of confidentiality eg up to 100 people affected 	<ul style="list-style-type: none"> Serious breach with either particular sensitivity eg sexual health details or up to 1000 people affected 	<ul style="list-style-type: none"> Serious breach with potential for ID theft or over 1000 people affected