NHS
Frimley

Annual report and accounts

2023-2024

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Foreword

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Since its establishment on July 1st, 2022, the NHS Frimley Integrated Care Board has prioritised enhancing healthcare and community wellbeing for the whole population. Despite facing significant challenges such as increased demands on health and care services and financial constraints, our focus remains resolute.

We pride ourselves on our relationships and collaboration with providers to tackle health inequalities and improve access to services. Through digital tools and data analysis, we aim to better understand factors affecting population health and address both immediate concerns and underlying causes. Building on a legacy of innovation in health and social care, we embrace new technologies and adaptable approaches to meet evolving community needs.

The successes achieved in the past year, as listed in the pages of this annual report, are thanks to our dedicated staff delivering exceptional care, supported by innovative practices and robust partnerships.

As you explore the pages of this annual report, you will gain a comprehensive understanding of how equality, diversity and inclusion underpins all our work and is at the heart of who we are and what we do. Numerous examples are listed in this report ranging from the Digital Buddies programme to reduce digital exclusion, the Language programme to break down barriers to primary care access and the multi-generational household pilot which has increased uptake of pre-school boosters, as well as increased health checks for whole families in Slough.

As we navigate the changes, opportunities and challenges ahead, let us embrace the spirit of resilience that binds us together as we continue to ensure essential health and care services remain accessible to all who need them.

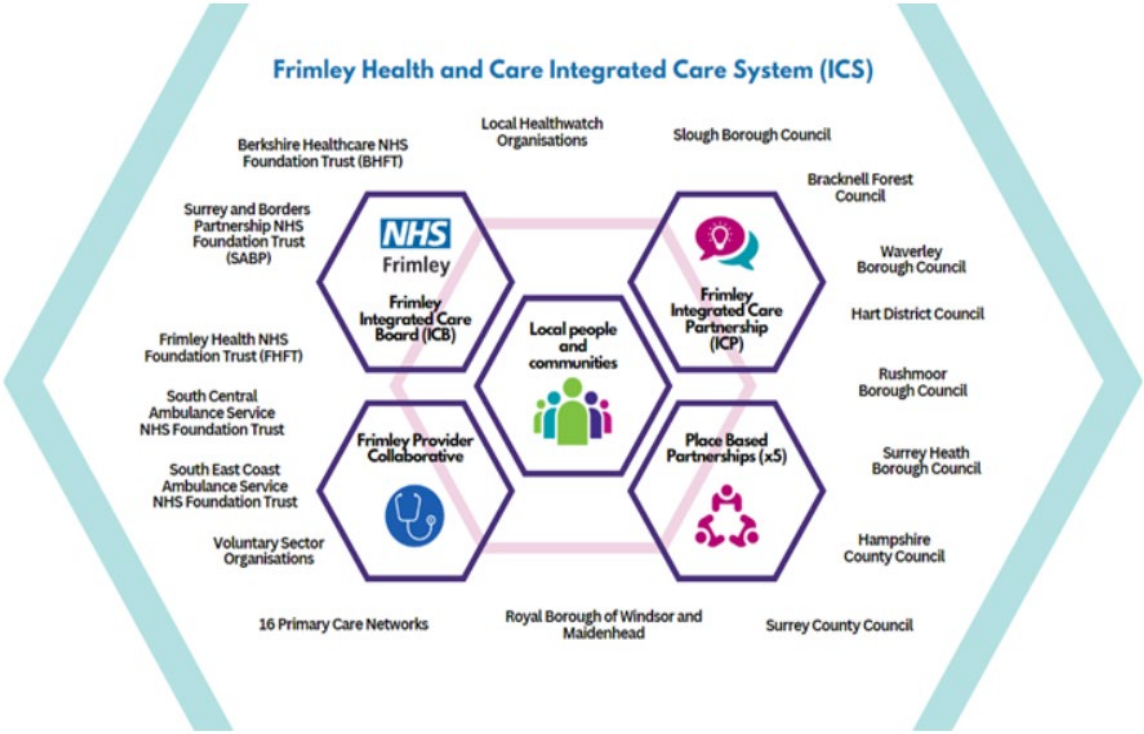
Lastly, thank you for your interest and support as we journey towards truly integrated health and social care. Thank you for joining us in this transformative endeavour.

Performance Overview

The Performance Overview section of the Annual Report provides a short summary about NHS Frimley Integrated Care Board (ICB), including our purpose, main objectives and strategies, achievements and principle risks to achieving our objectives.

Our purpose

NHS Frimley works together with other health and social care partners as part of the Frimley Health and Care Integrated Care System (ICS), to develop joined up services that deliver complete health amenities for local people, communities, and staff to improve the wellbeing of individuals, and to use our collective resources more effectively. The aim of the partnership is to help 'create healthier communities with everyone'.



Frimley Health & Care Integrated Care System structure and partnerships.
(Ref: https://www.frimleyhealthandcare.org.uk/about-us/who-we-are/)

The Frimley Health and Care ICS serves a population of over 800,000, registered with 68 GP practices across five places; Bracknell Forest; Royal Borough of Windsor and Maidenhead; Slough; North East Hampshire and Farnham; and Surrey Heath. Our places reflect the local authority landscape for our communities.

Working in partnership with colleagues from NHS England, NHS Trusts, Primary Care, Health and Wellbeing Boards, Public Health, Local Authorities, and the voluntary sector, we are committed to understanding and responding to the needs of local people in our communities, co-designing services and working together with people, places and communities as part of our ambitions.

Our activities

NHS Frimley commissions:

- Primary medical services (GPs)
- Out of hours primary medical services
- Urgent and emergency care, including NHS 111, Accident and Emergency (A&E) and ambulance services
- Elective (planned) hospital care, such as hip replacement surgery, hernia repairs and day surgery
- Community health services
- Mental health services (including talking therapies)
- Services for people with learning disabilities and autism
- Maternity and newborn services (excluding neonatal intensive care)
- Children and young people's health services, such as community child health, therapists, acute care, child and adolescent emotional health and wellbeing
- NHS continuing healthcare for people with ongoing healthcare needs

Map of the Frimley Health and Care Integrated Care System area.

Our organisational structure and ambitions

NHS Frimley was formed on 1 July, 2022, under the Health and Care Act 2022, replacing NHS Frimley Clinical Commissioning Group (CCG). Responsible for planning and delivering health and care services, NHS Frimley works collaboratively with partner organisations including the voluntary, community and social enterprise sector, people and communities across the Frimley Health and Care Integrated Care System (ICS).

Main objectives and strategies

Our main objectives and strategies are grounded in the four main strategic objectives of the ICS:

1. Improve outcomes for our population health and healthcare
2. Tackle inequalities in outcomes, experience and access
3. Enhance productivity and value for money
4. Help the NHS support broader social and economic development

Our region is diverse, and the healthcare needs of our communities are complex. We recognise that no single organisation can meet these needs alone. That is why we are committed to working together, across organisational boundaries, to improve the health and wellbeing of everyone in our region. We believe that by working in partnership, we can deliver better outcomes for our patients, enhance the quality of care we provide and ensure that healthcare services are accessible to everyone who needs them.

Our Joint Forward Plan has three overarching objectives:

1. Improve the health and wellbeing of our communities.
2. Provide high-quality care to all our patients.
3. Ensure that our healthcare services are sustainable for the long term.

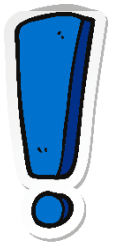
To achieve these objectives, we have set out a range of ambitious goals, including:

- Increasing our focus on reducing health inequalities and increasing healthy life expectancy, as our contribution to the achievement of the ICS strategic objectives.
- Developing our clinical services in a way that ensures they are fit for the decade ahead, delivering improved patient outcomes and experience.
- Supporting our workforce and growing the capacity of those who work in delivering our services to address what is our greatest strategic challenge.
- Making the best use of our shared resources to ensure that we can meet the needs of our population on a long term, financially sustainable, basis.

We recognise that achieving these goals will not be easy. It will require significant expertise, collaboration and a willingness to directly confront problems which have proved difficult to solve over a number of years. However we are committed to making this happen and we believe that by working together, we can deliver a locally reformed healthcare system that is fit for the 21st century.

We are particularly proud of our focus on reducing health inequalities. We know that some groups in our region face significant barriers to accessing healthcare services and we are determined to break down these barriers. We are working in partnership with local communities to understand their needs and priorities and we are tailoring our services to ensure that they are accessible, culturally sensitive and responsive to the needs of everyone in our system.

We believe that our Joint Forward Plan is a blueprint for the future of healthcare in our region. It is a plan that is grounded in the principles of collaboration, partnership working, improving patient outcomes and reducing health inequalities. It is a plan that reflects our commitment to providing high-quality care to all our patients, and to ensuring that our healthcare services are sustainable for the long term.



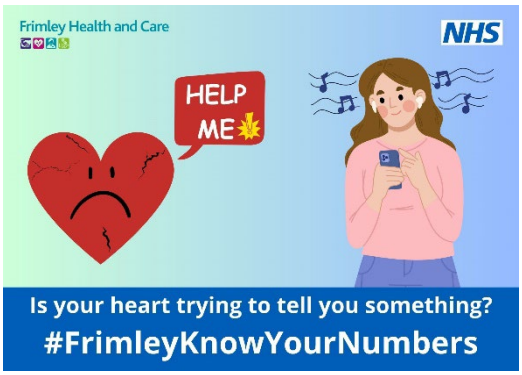
Frimley Health and Care is focused on the things that matter most, working with patients, local people, our staff, and partners to help us to all live healthier lives. We have split our plans into six key ambition areas to help us deliver the biggest impact for local communities.

Starting Well

- Addressing health inequalities through a focused approach to meeting the needs of vulnerable children who experience deprivation and poverty.
- Initiatives to improve the lives of babies and children in the first 1001 days through to primary school.
- Supporting and strengthening partnerships around health visiting and school nursing, working in partnership between the NHS, local authorities and Public Health to make improvements in these vital roles.

Living well

- A renewed focus on cardiovascular disease and its causes which contribute to hundreds of avoidable deaths annually.
- Working with partners across Places and Public Health to help our population maintain healthy weights.
- Supporting our population to quit smoking by through access to advice and alternatives.



People, places and communities

- A clear approach to timely and effective engagement with our population in our five Places and across the system.
- Ensuring all diverse populations are represented with the creation of an ICS inclusivity framework.
- Exploring citizen leadership and creating opportunities to develop decision making in our communities.

Our people

- Creating a joint workforce model for health and care to give our people fulfilling and varied career opportunities.
- Widening access to employment and keeping the people we have by ensuring we provide great places to work.
- Strengthening partnership working and new models of care for our staff, residents and their communities.

Leadership and cultures

- Delivery of our system equality, diversity and inclusion ambitions.
- Leadership networks utilised to accelerate spread and adoption of system change.
- Nurturing a shared learning culture to create the space for stimulate radical thinking, meaningful collaboration and bold action to tackle inequalities.

Outstanding use of resources

- Reduce the need for acute and specialist services through investment in preventative and wellbeing interventions.
- Optimise medication use and adopt digital innovation to deliver greater value for our population.
- Make best use of estates, community assets and anchor institutions by sharing capacity with a system-wide ambition to reduce our carbon footprint.

Our business model and environment

Throughout 2023-24 NHS Frimley continued to manage itself through several business models and, through partnership working, benefitted from economies of scale.

During November and December 2023 NHS Frimley undertook a consultation with staff and partners to help shape our operating model and organisational design programme. The programme focused effectively on delivering efficiencies, streamlining and unlocking capacity and potential of the talent that makes up our teams and the way in which we work with partners. We wanted to make sure that we maximised our partnership working arrangements and that we have organisational structures that are effective, with clear accountabilities, roles, and decision-making processes. We wanted to ensure we make the best use of all our people and resources across the organisation.

Through the consultation we received more than 200 pieces of feedback from our teams and partners, and these have informed the outcome of our consultation and have directly impacted on our operating model.

Implementation of the new operating model and organisational design programmes is underway with completion due June 2024.

Inclusivity

NHS Frimley has renewed a commitment to equality, diversity, and inclusion. We are working with our communities and partners to tackle inequalities and supporting our workforce (for example establishing a Mirror Board to create opportunities for a diverse succession pipeline to the Board and ensures diversity of thought in Board discussions) as an inclusive and compassionate employer.

We have placed creating an inclusive and compassionate culture at the heart of the way we work. We have adopted and embedded the Frimley Leadership Behaviours as a commitment to building our culture:

Collaborative Commissioning and Health Needs assessment

Collaborative arrangements with neighbouring ICBs and local authority partners have continued and strengthened. Some examples are listed below:

- NHS Hampshire and Isle of Wight – NHS continuing healthcare, funded nursing care, maternity and children's health services for Hampshire residents.
- NHS Surrey Heartlands and Surrey County Council – Joint children's commissioning team.
- Surrey County Council, Hampshire County Council, Bracknell Forest Council, Slough Borough Council, Royal Borough of Windsor and Maidenhead Council, Hart District Council, Waverley Borough Council, Rushmoor Borough Council and Surrey Heath Borough Council – a wide range of voluntary and non-statutory services.

We continue to collaborate with other ICBs across the South East region and beyond where it makes sense for scale and pace and our residents.

Place-based focus – our five places

Within our ICB we have five Places which cover our geography and who work together with local communities and partners to meet the needs of local people.

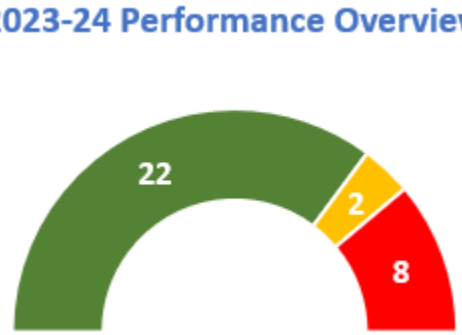
1. Bracknell Forest
2. North East Hampshire and Farnham
3. Royal Borough of Windsor and Maidenhead
4. Slough
5. Surrey Health

Place-based arrangements have been developed with local leadership roles to improve health and well-being locally, integrating services, addressing fuel poverty with local authorities, and ensuring continued and improved access to primary care. Examples of Place-based initiatives are shown throughout this Annual Report.

Operational Performance Appraisal

To provide a fair, balanced, and understandable view of performance this report includes a Performance Analysis section aligned with the 32 National NHS objectives identified within the 2023-24 priorities and operational planning guidance.

The Performance Analysis section provides detail on 27 the 32 total national objectives (Prevention of health inequalities, use of resources and workforce are covered by separate sections within this report). Our performance met expectations for 13 of 19 national objectives in recovering our core services and improving productivity and 9 of 13 national objectives in Long Term Plan and transformation. A gauge view of our overall performance in meeting the national objectives is shown in the chart below:



Overall performance was very good in a challenging year. In recovering our core services, our key challenges were in bed occupancy, ambulance wait times and patient wait times driven by high levels of service demand. Efforts are ongoing and we continue to make very good progress. As an example, waits over 65 weeks for elective care have been reduced by 49% during the year but we have not yet eliminated all waits over 65 weeks to fully meet the national objective. The cumulative impact of multiple Industrial Action (IA) events during this period contributed to increasing the challenge in meeting each national objective in the above areas.

In LTP and transformation performance was very good across the prevention of health inequalities, mental health and people with a learning disability and autistic people objectives. Our key challenges were in inappropriate mental health out of area placements and in reducing reliance on inpatient care for adults. Both areas are receiving significant efforts focused on improving the quality of data and progressing towards meeting national objectives.

The key issue and risk that could affect our continued progress in delivering our objectives is in the potential for increasing demand to exceed the service capacity we can deliver within the current financial envelope.

We continue to mitigate this risk by increasing the use of our world-class digital tools and data analysis to design, transform and deliver services as efficiently as possible.

Key Risks

Operational performance – the risks to operational performance over the coming year are dominated by three key drivers which stem from the overall financial context currently experienced within the NHS:

- Any further increase in overall system pressure due to demand outstripping available system capacity.
- Any delay in delivery of sustainable transformational and efficiency improvement initiatives designed to reduce system pressure due to short-term operational pressures resulting from further industrial action or capacity being impacted by the ICB restructure due to the 20% reduction in running cost allowance (RCA) for 2024-25 imposed by NHSE.
- Operational and financial impacts due to the delegation of specialised commissioning services to ICBs.

Operational Performance mitigations:

- All portfolios are actively engaged in ongoing efforts to reduce system pressure.
- Maintain the investment in our high performing virtual wards and remote monitoring programmes to reduce system pressure.
- Continue to deliver effective communications like the Make The Right Choice campaign to support residents choosing the right service for their needs.
- Exploring opportunities to avoid admissions and work more closely with community partners in delivering preventative and wellbeing interventions.
- Building Provider Collaboratives to support our wider sustainable transformation initiatives.
- Increase the use of data and analytics to support sustainable transformation and efficiency improvement initiatives.
- Engaging with NHS SE Regional colleagues to plan and prepare for specialised commissioning delegation.

Financial Performance – NHS Frimley, in collaboration with its ICS system partner, Frimley Health NHS Foundation Trust, faces significant financial challenges, and in 2023-24 NHS Frimley has recorded a deficit of £14.7m. The financial challenges are intrinsically linked to the key operational performance and workforce risks faced by the system. The medium-term financial projections conducted in September 2023 identified a substantial underlying deficit. To operate within the allocated financial resources for our population, cost reduction measures are imperative.

In addition to the operational challenges faced, the system faces specific financial challenges arising from:

- Local inflation pressures which continue to exceed national expectations, compounding the financial pressure driven by rises experienced during 2022-23.
- The operational impairment of the Frimley Park Hospital site due to its ongoing RAAC infrastructure issues has necessitated that the system invests additional resources both within Frimley Health NHS Foundation Trust and the wider system to alleviate demand pressures.

Financial Performance mitigations

- The system has implemented a comprehensive financial strategy. This financial sustainability program focuses on four key areas, emphasising sustainable transformation over traditional NHS turnaround approaches. Each month financial performance oversight occurs at portfolio Boards and the ICB Finance and Performance Committee. Enhanced financial controls have been introduced for ICB corporate expenditures, and a “No-Purchase Order, No Pay policy” will be enforced in Q1 of 2024-25. Additionally, the newly established System Resourcing Group diligently oversees all system-wide resourcing decisions, recently reaching a milestone by reviewing its 100th item.

Primary Care – capacity is severely constrained in some areas due to the variable condition and suitability of primary care estate. General practice has faced numerous longstanding challenges in providing good access to services in terms of both demand and capacity, including increasing levels of demand from a growing and ageing population.

Primary Care mitigations:

- Development of a comprehensive primary care estate strategy across the five Places.
- Ongoing development and delivery of new-build primary care premises schemes, including integrated care hubs in some areas.
- Improving utilisation of existing estate.
- Focusing Minor Improvement Grant capital to support increasing capacity in primary care premises.
- Digital First Primary Care programme in place to support implementation of the Modern General Practice Access model, building resilience and sustainable ways of working, while building the foundations for innovation and transformation to support the national, system and general practice ambitions.

Workforce:

Supply – there is a lack of health and care workforce supply, exacerbated by the changes in patient acuity and health care access since Covid-19. There has been a failure to attract, recruit, train, develop and retain workforce in health and care settings to meet increasing health and social care demands.

Workforce supply is insufficient for sustained recovery across health and care affecting urgent care, elective care (growing waiting lists) and out of hospital care with negative impact on population health.

Temporary staffing - in-year benefits were not achieve with the Temporary Staffing programme due to the scaling of the programme across six systems across the South East.

Staff health and wellbeing - There is an issue for workforce wellbeing since the national funding of mental health and wellbeing hubs ceased. The teams that supported the hubs now provide internal support the Trusts and SABP provides services for other organization on a fee basis. This has now created a patchwork of support, leaving PCNs and social care without support. This is further compounded by low and inconsistent levels of EAP/ OH support in primary care.

Statutory and mandatory training - the inability to locate phase two training providers for

Oliver McGowen (Learning Disability and Autism training) is compounded by the current lack of dedicated project management resource resulting in a risk in the delivery of phase two of the training programme.

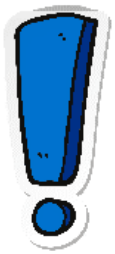
Workforce mitigations:

- Widening access and participation project
- Recruitment and retention activities at organisation and system level
- Overseas recruitment for AHPs, RNs and Maternity
- ARRS transformational workforce roles
- Nursing associate roles in health and care
- Recruitment / system retention lead in place
- BOB and Frimley ICS temporary staffing programme
- Education collaborative to increase system placement, training and education capabilities and capacities
- Escalation to ICB Board and to Regional Quality Committee
- Place-based funding discussions ongoing to identify current arrangements and budget to cover Primary Care staffing need – challenging financial context.
- Develop outline business case / paper for system People Board to generate options appraisal based on funding discussions for health and wellbeing.

Case study: Allied Health Professionals

There has been a wide range of initiatives supporting the Allied Health Professionals (AHP) workforce of all grades across health and social care. A system-wide Training Needs Analysis took place with 148 staff members responding which formed the basis of a comprehensive and robust training plan.

Following successful bids with NHS England, £130,000 was obtained to support the upskilling of community staff across the ICS. A total of 1,043 staff members were trained including 344 AHPs, 80 AHP support workers, 50 nurses, 550 care home staff and 19 others. Staff members who attended training stated that 78% felt more confident in their role and more effective in delivering their service.



The training commissioned ranged from advanced communication, Respect Level 3, falls prevention in care homes, therapeutic manual handling training to name a few.

Leadership development was identified as a key area to focus on and as part of developing a one workforce model a bespoke leadership programme was commissioned with the aim of supporting new leaders across acute, community, primary care and local authority to learn and grow together by attending face to face training along with completing bespoke service specific competencies over a year. The feedback from this programme has been very positive.

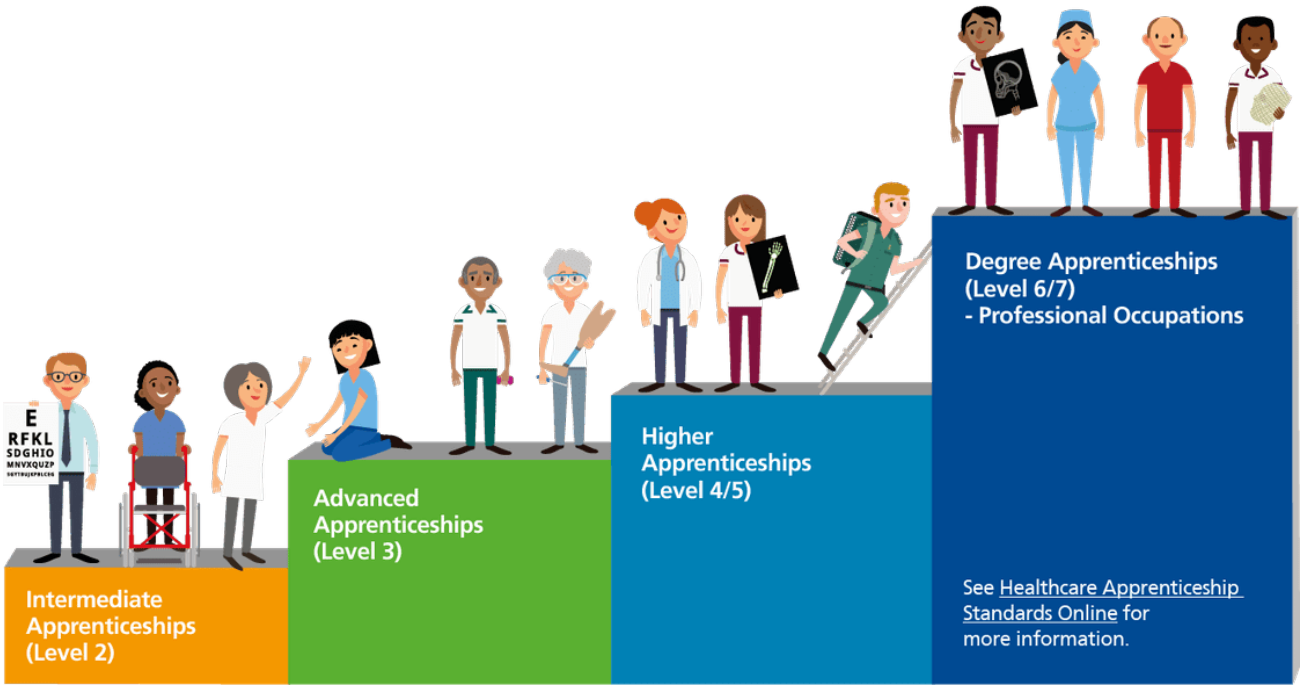
To support our AHPs to achieve their potential to deliver high quality care and to retain them within the system, a number of resources and initiatives were introduced. To support colleagues who have trained abroad there is a now an introduction to Frimley System training guide along with a preceptorship programme and resources that contain a range of tools

where these staff members along with those who have returned to practice or newly qualified can access.

As the needs of our staff continue to evolve there is a fortnightly training bulletin published which provides the latest opportunities and training to AHPs of all grades across the system. In conjunction to this was the first AHP training brochure: which supports appraisals and supervision as it signposts colleagues to training which are hosted throughout the year. To date this has been seen by over 600 colleagues and shared widely.

There is also a system-wide apprenticeship strategy to support managers and potential apprentices about how to start an apprenticeship programme.

To celebrate the wide range of career pathways available to AHPs within the Frimley ICS, we have created the Aspirational careers padlet. This resource page showcases a wide range of qualified and non-qualified AHPs in both traditional and non-traditional roles along with career advice about how they successfully moved into their current roles.



Performance Analysis

Introduction and Performance Summary

The progress made by NHS Frimley ICB has been recognised by NHS England consistently since formation, with the organisation being the only ICB in the country to have always been rated in the highest “oversight segment” by the regulator.

Although it has been another extremely challenging year in terms of the level of demand and workforce upheaval, we recognise the ongoing and significant efforts of our staff, together with local people and our many partners, to respond to the needs of the local population.

Our successes are also a direct result of the collaborative relationships that have been built over the past several years across a wide range of stakeholders. These relationships are delivering exceptional levels of trust, resilience and capability throughout the system. This is allowing us to improve our place-based model combining locality teams with expert portfolio teams (such as children and young people, mental health, local maternity system, urgent and emergency care, planned care etc) to deliver enhanced levels of collaborative matrix working.

All matrix working within NHS Frimley is supported by world-class digital and analytics capability which we leverage to make the best use of our resources and better meet the needs of our population in a sustainable way.

We are also leveraging the expertise gained to expand collaborations, add value, and further increase our analytics capability across transformational, operational, planning and performance analytics.

Monitoring Performance

We monitor performance on a variety of measures daily, weekly, and/or monthly via an embedded team of analysts working alongside senior leads within each system portfolio. The portfolios include Urgent and Emergency Care (UEC), Planned Care, Cancer, Primary Care, Community Care, Mental Health, Learning Disability and Autism and Children and Young People (CYP). A performance overview is reported monthly to portfolio boards, our ICB Finance and Performance Committee and ICB Board. The current values of the measures are presented alongside targets or comparator values where they exist, with the recent historical trend. Importantly, the actions being taken within each portfolio to deliver performance improvements where required are also included in this reporting. This helps to facilitate a working partnership between operational and senior executive staff within NHS Frimley.

Performance priorities for 2023-24 were informed by a combination of national NHS objectives and local ICB objectives.

National NHS performance objectives for 2023-24 were informed by the objectives released within the 2023-24 priorities and operational planning guidance as shown on the following page.

National NHS objectives 2023/24

	Area	Objective
Recovering our core services and improving productivity	Urgent and emergency care*	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
		Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
		Reduce adult general and acute (G&A) bed occupancy to 92% or below
	Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
		Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
	Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
		Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
		Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
		Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
	Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
		Deliver the system- specific activity target (agreed through the operational planning process)
	Cancer	Continue to reduce the number of patients waiting over 62 days
		Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
		Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
	Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
		Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
	Maternity*	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality, and serious intrapartum brain injury
		Increase fill rates against funded establishment for maternity staff
	Use of resources	Deliver a balanced net system financial position for 2023/24
LTP and transformation	Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
	Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
		Increase the number of adults and older adults accessing IAPT treatment
		Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
		Work towards eliminating inappropriate adult acute out of area placements
		Recover the dementia diagnosis rate to 66.7%
		Improve access to perinatal mental health services
	People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
		Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
	Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
		Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
		Continue to address health inequalities and deliver on the Core20PLUS5 approach

National NHS objectives 2023-24. Ref: NHS England » 2023-24 priorities and operational planning guidance)

Local ICB performance objectives for 2023-24 were informed by the Frimley ICS – NHS Joint Forward Plan (JFP), specifically Appendix A: Year One Delivery Plan – 2023-24 which outlines our comprehensive priorities across 13 core areas.

A summary of performance against national NHS objectives and our ICB actions and performance highlights within core areas are included in sub-sections below. The data used to access our performance was the latest data available at the time of writing. Please note the age of the latest data available varies between the available data sources.

Urgent and Emergency Care

National NHS objectives

Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024-25.	Improve category 2 ambulance response times to an average of 30 minutes across 2023-24, with further improvement towards pre-pandemic levels in 2024-25.	Reduce adult general and acute (G&A) bed occupancy to 92% or below.
 ICB is currently on trajectory to reach the 76% target by end of March 2024.	 Current 2023-24 average is 30.6 min (last six months).	 Current G&A bed occupancy stands at 94.9%.

ICB actions and performance highlights

Urgent and Emergency Care (UEC) has been under sustained pressure throughout the year due to increasing demand and complexity of need across all access points.

To reduce pressure on Accident and Emergency Departments (A&E), NHS Frimley, in collaboration with Frimley Health Foundation Trust, have been trialling two new Urgent Care Centres (UCC) during the winter of 2023-24.

Our new Urgent Care Centres are expected to play a key role in ensuring the patients of Frimley ICB are receiving the right care at the right place at the right time.

The UCCs, located at Aldershot Centre for Health and Priors Close in Slough, are specifically designed to provide same day care for minor illnesses, by being booked in by calling 111 or via primary care. Offering a convenient and accessible alternative, these centres aim to

alleviate the strain on A&E services, ensuring patients with non-emergency illnesses receive timely attention while allowing A&E staff to focus on critical emergencies.

Whilst our A&E departments have remained very busy, the UCCs have significantly contributed to ensuring NHS Frimley met the 76% four-hour performance target by March 2024.

Children and young people - in September 2023 a new paediatric liaison service was launched at Frimley Park Hospital to improve care, reduce emergency admissions, and reduce length of stay for those admitted.

Community Health Services

National NHS objectives

Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard.	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals.
 Standard has been consistently met since before January 2023.	 Work is in progress on streamlining direct access but local pathways for direct referrals are not set up yet.

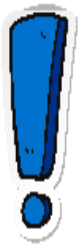
ICB actions and performance highlights

NHS Frimley has consistently met or exceeded the 70% 2-hour urgent community response (UCR) standard during the year.

We achieved a significant improvement in Virtual Ward occupancy during the year, improving from a low of 47% in April 2023 to 94% as of end January 2024.

Frimley ICS' 10 operational virtual wards are exceeding planned capacity and expectations. In September 2023, Frimley ICS' occupancy rate stood at 85%, surpassing the national expectation of at least 80%. Frimley is one of only 14 ICSs meeting or exceeding this target.

Our virtual wards continue to be amongst the highest performing in the country, at the time of writing this report we are currently fourth nationally in capacity and occupancy, per 100k of population.



Case study: Home First (Discharge and Flow)

In January 2023 the Royal Borough of Windsor and Maidenhead team piloted a new way of working with Wexham Park Hospital called Home First.

The focus of Home First has been on Pathway 1 patients – residents who could be discharged from hospital to home with a package of care. The emphasis of the service is to support individuals we are caring for to go from hospital, back to their usual place of residence, and to maximise the individual's opportunity to live the best life they can.

As of October 2023 the pilot was expanded to cover all acute and community hospital discharges wherever our patients were. We created an integrated team from various providers to support the identified gaps in provision that has included:

- additional "on demand" commissioned Domiciliary care from a single agency who then received additional training and support to be "enabling" rather than "do for"
- Remote Monitoring
- Therapy
- Support and discharge coordination staff
- Nursing
- Handyman access
- Pharmacy
- Healthwatch Input

All of which worked alongside existing Social Work, Short Term Support and Rehabilitation (STS&R) and Berkshire Health NHS Foundation Trust's community and in-reach services. The service has benefitted from collaborating with other pilots such as High Risk Remote Monitoring.

Key successes:

- the time to get people out of hospital, once medically fit for discharge, reduced from 42 days to 13 days for all pathways, with the average time now for Pathway 1 is three days;
- reduction in the need for domiciliary care (at point of LTP) for 65% of people; and
- re-admission rate was 7% with initial remote monitoring, 23% with no access to remote monitoring, now joined High Risk User Cohort as a pilot (1st October).

Primary care

National NHS objectives

Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024.
 14-day std is 92%, an improvement of six percentage points from a low of 86% in April 2023. 1-day std is 83%, an improvement of six percentage points from March 2023	 Primary Care have delivered over 140,000 more appointments (YTD) compared to the same period last year. This is 22% higher than pre-pandemic 2019/20.
Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024.	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels.
 ARRS workforce has increased by 32% from March 2023.	 UDAs have continued to recover towards pre-pandemic levels. Q4 2023 was 93% of the pre-pandemic Q4 2019 level. A nine percentage point improvement over Q4 2022 which was 84% of the pre-pandemic level.

ICB actions and performance highlights

Demand for primary care increased across all channels, with a higher proportion of patients considering their condition to be urgent. Workforce capacity pressures also apply in primary care, with fewer general practice staff in Frimley than similar areas, and a higher proportion

that are over 55 and likely to be retiring soon. Despite these considerable challenges, primary care has delivered improved performance across many areas:

An increase of 4 percentage points in primary care appointments in 2023 compared to 2022. This is a 22 percentage point increase in appointments compared to pre-pandemic 2019.

- The one-day standard achievement for same-day/next-day appointments performance has improved by six percentage points from 77%, end of March 2023, to 83% by end of December 2023.
- The 14-day standard achievement for appointments within 14 days of booking performance has improved from a low of 86% in April to 92% by end of December 2023.

Elective care

National NHS objectives

Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties).	Deliver the system specific activity target (agreed through the operational planning process).
 65+ week waits have been reduced by 49% since end of March 2023, but have not yet been eliminated	 ICB has delivered activity levels to meet the operational planning activity target of 107%.

ICB actions and performance highlights

Efforts across all of planned care, the expansion of capacity in Heatherwood Hospital and the transformation of planned care services have combined to deliver significant benefits during the year. New, digitally enabled wait-list tools have been developed and implemented during the year targeted at maximising effectiveness to reduce planned care wait lists.

ICB efforts on recovering elective care waiting lists focused on reducing those waiting the longest. This has achieved significantly improved performance during 2023.

As of mid February 2024:

- those waiting over 78 weeks improved by 67% from end of March 2023
- those waiting over 65 weeks improved by 49% from end of March 2023
- those waiting over 52 weeks improved by 20% from end of March 2023

Cancer

National NHS objectives

Continue to reduce the number of patients waiting over 62 days.	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days.	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.
 Levels of patients waiting reached a low point in May 2023, but have been increasing since.	 The ICB is at 77.5% for the faster diagnosis standard as of end of December 2023.	 Percentage diagnosed stands at 56% and the ICB is on a trajectory to exceed 75% by 2028.

ICB actions and performance highlights

The ICB has delivered a significant increase in cancer treatment activity with 15% more patients seen for treatment within 62 days in 2023 than in 2022.

Underpinning the achievements in early stage diagnosis performance is a steady improvement in the recording of data which has enabled the ICB to more accurately monitor and deliver service improvements, continuing on the trajectory to exceed the 75% early diagnosis ambition by 2028.

Diagnostics

National NHS objectives

Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%.	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition.
 The ICB is currently on trajectory to reach the 95% target by end of March 2025.	 The ICB has successfully increased and maintained diagnostic activity levels across the 7 key modalities to support backlog and waiting time ambitions. As of end February 2024, the waitlist has reduced by 64% compared to April 2023.

ICB actions and performance highlights

Diagnostic activity has generally shown steadily increasing trends during the year across the range of modalities which has translated into a reduction in waiting times and patients on diagnostic waiting lists.

A particular highlight is the significant reduction in patients on the ultrasound diagnostic wait list that has been achieved during the year, reducing from 19,639 in January 2023 to 6,133 in January 2024.

Maternity

National NHS objectives

Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury.	Increase fill rates against funded establishment for maternity staff.
Latest available data indicates continuing reductions across the national safety ambitions.	Fill rates have increased with vacancies being reduced from 20% in July 2023 to 11% in Feburary 2024.

ICB actions and performance highlights

Listening to women and birthing people:

- Frimley's perinatal pelvic health service is one of the first in the country to be fully established so that women and birthing people are offered newly developed on-line resources, access to group exercise/education classes or face-to-face physio support depending on their need. Frimley was highlighted in the national specification as an example of good practice.
- Our Maternity and Neonatal Voices Partnership continue to actively gather feedback from across our diverse communities with a new engagement lead focusing on Slough communities. Co-production projects this year included consolidation of breast feeding peer supporters, birth boxes (pictured right) providing a more homely environment on the labour ward and a birth centre choices review based on an Maternity and Neonatal Voices Partnership (MNVP) report.
- Frimley is a pilot area for the new Independent Senior Advocate role. Our ISA is now able to provide support for families who have experienced adverse outcomes, helping them to navigate complex processes and be listened to and heard.
- The Local Maternity and Neonatal System and the MNVP continue to work more closely with neonatal colleagues and voices. The neonatal Patient Advisory Group has produced virtual neonatal tours which are now available on the maternity website.

Workforce:

- A wide range of initiatives have contributed to vacancy reduction. Maximising student numbers and recognising future midwives in celebration days have helped with recruitment. Stay conversations and review of exit interviews by our recruitment and retention midwife has improved retention with turnover and sickness both down.
- A dedicated role has enabled our internationally recruited midwives to navigate registration processes and supported their move with initiatives such as sharing culture and food events.

Providing Safe, Equitable and Personalised Care:

- We achieved full compliance with Saving Babies Lives and with the Maternity Incentive Scheme meeting all criteria. The Maternity Service received a 'Good' CQC rating and the CQC survey had a high response from non-white British women and overall better than average feedback. We continue to fully implement the Perinatal Quality Surveillance Model sharing SIs and are currently planning a system wide review of maternal deaths to ensure learning for system wide partners and professionals is captured.
- A key challenge has been in implementing the in-house smoke free pregnancy service. The main barrier being that the Band 3 TDA could not issue nicotine replacement therapy within the current digital and governance frameworks.
- The Culturally Competent Genetic services continues to embed in Slough with our Close Relative Marriage midwife established, genomic associate under recruitment and plans for Close Relative Marriage Neonatal Nurse.
- Focus groups on use of interpreters, gestational diabetes and folic acid uptake have enabled some key next steps to be shaped in implementing our equity plan.

Learning Disabilities & Autism

National NHS objectives

Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024.	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit.
 ICB is on trajectory to exceed 75% by end of March 2024.	 For adults, the ICB is currently at a rate of 41 per million.  For under 18s, the ICB has consistently met the objective with a rate of 12 or lower.

ICB actions and performance highlights

The ICB achieved strong performance in the delivery of Annual Health Checks exceeding the target trajectory across all five Places within our geography as of February 2024.

Children and young people - through improved engagement with our partners the ICB has achieved a sustained increase in children and young people added to the Dynamic Support Register (DSR). Through a new service commissioned with Barnardo's in June 2023, the ICB has increased children and young people on the DSR who have been allocated a key worker from 69% in July 2023 to 89% in January 2024.

Mental Health

National NHS objectives

Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019).	Increase the number of adults and older adults accessing IAPT treatment.	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services.
 Access to mental health support for CYP has improved in line with national ambition during the year. As of end January 2024 access was 1% above the planned trajectory towards the national ambition.	 IAPT access increased by 5.3% in 2023 compared to 2022.	 The ICB has achieved a 22% year on year increase over the last calendar year.
Work towards eliminating inappropriate adult acute out of area placements.	Recover the dementia diagnosis rate to 66.7%.	Improve access to perinatal mental health services.
 After a significant drop in Feb/March 2023, overall out of area placements have increased during the remainder of the year.	 Dementia Diagnosis Rate has been recovered and stands at 67.6% as of December 2023	 Steady improvement of 12% was achieved from January to October 2023, however much of the improvement has been offset by a drop in the latest data available for November 2023.

ICB actions and performance highlights

In January 2024 a new Learning Disability (LD) Child and Adolescent Mental Health Service (CAMHS) was commissioned in East Berkshire to align with offers in North East Hampshire and Surrey. This will improve access, address inequalities and improve outcomes for children and young people with a learning disability or mental health condition in East Berkshire.

On 1st February 2024 the CAMHS provision in North East Hampshire transferred to our Surrey and Borders Partnership NHS Foundation Trust to support performance improvements in reducing mental health waiting times and improve support for those with eating disorders.

Case study: perinatal mental health
The Berkshire-wide Perinatal Mental Health Service provides service for patients who are suffering with severe mental health issues during pregnancy and in the first-year post-partum. The service provides a range of interventions to meet the needs of women and their families.

The Slough place team have been working with the Perinatal Mental Health Service, as it is recognised there is a low uptake in Slough with population dynamics and cultural barriers. The place team bought together key partners and professionals at a task and finish group to agree actions in improving Perinatal Mental Health uptake and agree collaborative next steps at a local level. This has been inclusive of re-establishing co-location of clinics at Wexham Park Hospital, offering face-to face appointments for patients at a local maternity hub, exploring group/peer support sessions with Slough Borough Council children's centres and offering outreach for local community groups.

Summary of financial performance

On 28 April 2022, the Health and Care Act received royal assent and this confirmed the establishment of Integrated Care Boards in England. As a result of this NHS Frimley CCG was disestablished on 30 June 2022 and NHS Frimley Integrated Care Board (ICB) was established on 1 July 2022, taking on the commissioning functions of the CCG. As a result of this transfer of functions, the assets and liabilities of the CCG transferred to Frimley ICB.

2023-24 is the first full financial year of the ICB and the prior year comparative financial data relates to the nine month period to 31 March 2023, representing the first reporting period of the Integrated Care Board.

Integrated Care Boards are expected to manage expenditure within the resources allocated by NHS England and to deliver a minimum of a break-even position in the financial year. This requires not only careful management of the finances but also strong internal control mechanisms to ensure the resources of the ICB are handled in a way which is up to public standards and can be sustained year on year.

Review of the financial year 2023-24

In common with the rest of the NHS in England, the ICB is facing a challenging financial environment. The ICB closed its ledger as at 31 March 2024 with a deficit of £14.7m (2022-23: surplus £0.024m). In the year to 31 March 2024, the ICB spent £1,571.6m (nine months to 31 March 2022: £1,104m), which equates to approximately £1,868 (2022-23: £1,337) for every person registered with our practices.

The ICB has made significant investments in 2023-24 in services to support the system and to service the unprecedented demand for NHS services seen nationally. The ICB has invested in a virtual wards service, additional information technology resource to implement remote monitoring and investment in minor injuries and minor illness services across the geography to ease the demand for urgent and emergency care with the acute provider.

The Frimley Integrated Care System (ICS), which for NHS financial purposes comprises Frimley ICB and Frimley Health Foundation Trust, has an overall deficit of (£21.832m) for the 2023-24 financial year (22-23: surplus £0.124m).

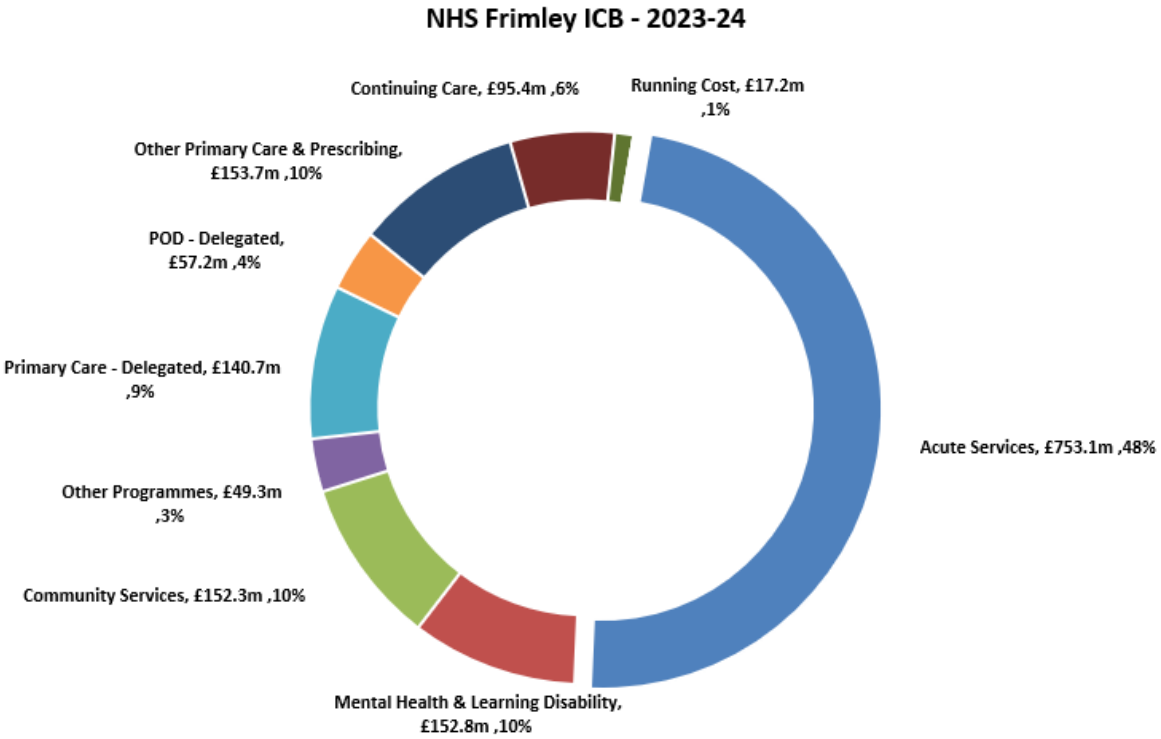
The deficit position has arisen as a result of a range of factors, which include inflationary pressures, unprecedented demand for healthcare capacity with significant and sustained levels of emergency demand and increased acuity, and unavoidable cost pressures due to the ongoing Reinforced Autoclaved Aerated Concrete (RAAC) issues at Frimley Park Hospital.

Like many other public buildings developed at that time, Frimley Park Hospital was built with a certain type of building material, known as RAAC planks, which formed the roof and walls, making up about two thirds of the building structure. RAAC planks are prone to deterioration due to things like water damage, temperature change and excess weight from services on the roof. The operational impact of the presence of RAAC and the consequent impact on operational efficiency both within the hospital and across the wider health system is huge. The buildings are constantly inspected for signs of RAAC deterioration and the unpredictable nature of such deterioration and consequent need for short-notice remedial works means that the bed configuration within the Trust is in a constant state of flux. The issue also affects

areas such as theatres, which causes further disruption and operational efficiency impact.

The system incurs direct costs in mitigating this disruption, both in and out of the hospital, as the system manages services and capacity to alleviate the demand for acute beds in order to allow the Trust the capacity headroom to ensure risks are appropriately mitigated. Indirect costs materialise in a reduction in the system's throughput, which means that productivity is not as high as it would have been were the issue not present. Under the current financial flows regime, this impact manifests itself as a reduction in the additional income the system would otherwise have been able to secure for delivering a higher level of elective activity.

The chart below shows the breakdown of expenditure in the year across the main categories:



Approximately half of the ICB's expenditure, £752.0m (nine months to 31 March 2023 - £489.8m), is for acute services. The ICB's main provider is Frimley Health NHS Foundation Trust (FHFT), with whom it spent £593.935m (nine months to 31 March 2023 - £381m). Other main providers of acute services for the Frimley population include Royal Berkshire NHS Foundation Trust £32.9m (nine months to 31 March 2023 - £23.9m), Royal Surrey County Hospital Foundation Trust £16.0m (nine months to 31 March 2023 - £11.0m), and Ashford St Peters NHS Foundation Trust £11.9m (nine months to 31 March 2023 - £8.1m). The ICB also spent £25.8m (nine months to 31 March 2023 - £17.1m) with London Trusts for specialist services. Acute expenditure also includes the cost of emergency ambulance services for the year of £37.9m (nine months to 31 March 2023 - £24.1m), and Non-Emergency Patient Transport Services (NEPTS) £4.9m (nine months to 31 March 2023 - £3.7m). NEPTS was categorised under Other Programmes in 2022-23.

The majority of mental health services are provided by Berkshire Healthcare NHS Foundation Trust £72.5m (nine months to 31 March 2023 - £49.5m) and Surrey and Borders Partnership

NHS Foundation Trust £44.4m (nine months to 31 March 2023 - £28.3m).

Community services are provided mainly by Berkshire Healthcare NHS Foundation Trust £47.7m (nine months to 31 March 2023 - £33.8m) and Frimley Health NHS Foundation Trust £22.5m (nine months to 31 March 2023 - £14m).

Under full delegated responsibility for Primary Care (GP) commissioning, ICB expenditure was £140.7m (nine months to 31 March 2023 - £96.4m). Most GP costs are funded through contracts held directly by NHS England and administered by Frimley ICB. The ICB also meets the cost of drugs prescribed by local GPs of £116.0m (9 months to 31 March 2023 - £86.1m) and pay for the GP 'out of hours' service at a cost of £6.2m (9 months to 31 March 2023 - £4.1m).

From 1 July 2022, the ICB took on full delegated commissioning responsibilities for pharmaceutical, general ophthalmic and dental (POD) services. The ICB received an allocation of £63.96m (nine months to 31 March 2023 - £45.9m) from NHS England, and spent £6.0m on optometry, £13.6m (nine months to 31 March 2023 - £9.8m), for pharmacy and £37.6m dental in the (9 months to 31 March 2023 - £25.5m).

The ICB collaborates with its local authority partners, holding Section 75 agreements under the Better Care Fund guidance with Bracknell Forest Council, Slough Borough Council, Surrey County Council, Royal Borough of Windsor and Maidenhead and Hampshire County Council. This supports greater integration across health and social care services. In the year to 31 March 2024, the ICB spent £57.2m (nine months to 31 March 2023 - £40.8m) under the Better Care Funds in line with the minimum contribution requirement.

Mental Health Investment Standard

All ICBs are required to increase spend in mental health by more than the ICB programme allocation base growth (prior to the application of the convergence adjustment).

For the purposes of MHIS, mental health spend is recurrent spend on Mental Health Services excluding Learning Disability, Autism and Dementia. It also excludes spend on Mental Health SDF funds.

The table below presents the total mental health spend compared to the ICB's total programme allocation for each year.

Financial Years	2023-24 £'000	2022-23 £'000
Mental Health Spend	123,418	112,922
ICB Programme Allocation	1,536,139	1,416,332
Mental Health Spend as a proportion of ICB Programme Spend	8.0%	8.0%

During the year 2023-24, the ICB maintained this enhanced investment across core services and for some specific investments, including community Mental Health Transformation, Urgent and Emergency Care, Health Inequalities, Prevention and Early Invention and

Children and Young People's Mental Health. For 2022-23, the Mental Health Investment Standard (MHIS) performance in 2022-23 consisted of both Clinical Commissioning Group (CCG) spend in Quarter 1 2022-23 (Q1) and ICB spend in Quarters 2-4 2022-23 (Q2-Q4). The MHIS continues to be subject to independent review.

For 2023-24, the Mental Health Investment Standard (MHIS) target of growing the mental health services by 9.06%, including cost uplift factor (CUF), resulted in a target spend of £123.2m (2022-23: £109.6m). The ICB achieved a total spend of £123.4m (2022-23: £112.9m) and therefore achieved the target.

Running Costs

The ICB receives a separate allocation for the costs of running the organisation based on the size of its population. It must not overspend against this amount. In the year to 31 March 24, the ICB received £18.1m and spent £17.2m (nine months ended 31 March 23 - £12.2m). In addition, on the 1 July 2023, staff from NHSE POD and complaints team were TUPE'd across to the ICB and the ICB received £2.7m in running cost funding and spent £2.4m.

During the second half of 2023-24 the ICB ran a voluntary redundancy scheme with the aim of reducing running costs going forward. This scheme has resulted in a non-recurrent cost of £1m in year. This cost is reflected in the running costs reported in 2023-24.

The ICB is currently undergoing an organisational change programme which could potentially result in further, compulsory redundancy costs of approximately £2.2m during the 2024-25 financial year. The ICB has created a provision for this in the 2023-24 accounts.

The Financial Position for 2023-24 was supported by efficiency plans totalling £75.8m, which at a headline level were fully delivered during the financial year. Operational demands and ongoing strike action continued to impair transformational activities and we identified a number of one-off actions to mitigate against the underperformance. This meant that the delivery of recurrent saving schemes underperformed by £25.4m against a target of £56.5m whilst non-recurrent savings of £44.8m were identified against an initial plan of £19.3m. The ICB is implementing a new PMO management solution for 2024-25 to improve oversight of transformation plans to support the earlier identification of remedial actions.

Better Payment Practice Code

The Better Practice Payment Code requires ICBs to aim to pay all valid invoices by the due date or with 30 days of receipt of a valid invoice, whichever is later. NHS organisations are deemed to have complied with this measure if at least 95% of invoices are paid within 30 days or within contract terms. The ICB exceeded this target in 2022-23. Details of compliance with the code are given in note 5.1 to the accounts.

Agency Staff

The ICS had an agency ceiling in 2023-24 of £32.9m which was allocated to our system NHS provider, Frimley Health NHS Foundation Trust. The ICS spent £30.1m on agency staff, which is £2.8m less than the agency cost ceiling.

Joint Capital resource use plan 2023-24

The ICB was required to submit a joint capital resource use plan for 2023-24 to NHS England on the 30 March 2023. This plan details the use of the capital resource limit for both Frimley Hospitals Foundation Trust (FHFT) and Frimley ICB. The capital resource limit for FHFT for 2023-24 was £60m, that for the ICB was £1.2m, plus an additional £1.7m for the impact of International Financial Reporting Standard (IFRS) 16. The ICB fully utilised the capital resource in 2023-24 and FHFT overspent on the operational capital by £0.07m and on the National Capital programmes by £7.67m.

The IFRS16 allowance was to fund the ICB for the impact of two GP premises leases that were transferred to the ICB as the lessee in 2023-24.

The table below shows a summary of the 2023-24 utilisation of the £62.9m of joint capital available to the Frimley system:

Organisation		Plan Months 1 - 12 £'000	Outturn Months 1-12 £'000	Variance £'000	Main categories of expenditure
FHFT	Operational Capital	39,258	39,327	(69)	Site estates strategy, RAAC, med equip replacement plan and Digital Services strategy
Frimley ICB	Operational Capital	1,236	1,236	0	Minor improvement grants for GP premises, GPIT and digital expenditure
Total Operational Capital		**40,494**	**40,563**	**(69)**	
Frimley ICB	Impact of IFRS 16	1,731	1,731	0	The impact of two GP premises leases
FHFT	National Programmes (diagnostics, Front line digitisation, Mental Health, TIF)	20,675	27,510	(6,835)	Additional RAAC, TIF, CDC, DDCP, NHP and other smaller national programme funding awarded in year
FHFT	Other (technical accounting)	0	835	(835)	Donated assets recognised in year
Total System CDEL		**62,900**	**70,639**	**(7,739)**	

The table below shows a summary of the utilisation of the £95.3m of joint capital for the Frimley system in 2022-23 for comparison:

Organisation		Plan Months 1-12	Outturn months 1-12	Variance	Main categories of expenditure
FHFT	Operational Capital	60,767	61,990	(1,223)	Estates, digital and medical equipment
Frimley ICB	Operational Capital	1,238	1,238	0	Minor improvement grants for GP premises, GPIT and digital expenditure
Total Operational Capital		**62,005**	**63,228**	**(1,223)**	
FHFT	National Programmes (diagnostics, Front line digitisation, Mental Health, TIF)	33,275	8,550	24,725	National digital projects, funding for the TIF projects was not drawn down in year or utilised
Total System CDEL		**95,280**	**71,778**	**23,502**	

Financial plan 2024-25

As of the 14 March 2024, planning guidance is still to be released by NHS England. Indicative allocations have been shared with the ICB to begin financial modelling. The specific delivery requirements for the NHS however are not yet finalised.

The system refreshed its medium-term financial plan at the end of September 2023, and it confirmed a material underlying deficit. The ICS must achieve a commensurate level of recurrent savings to maintain its future financial sustainability. The level of recurrent financial savings required is significant, and far exceeds levels previously achieved within the system. This will require a number of challenging decisions to be made.

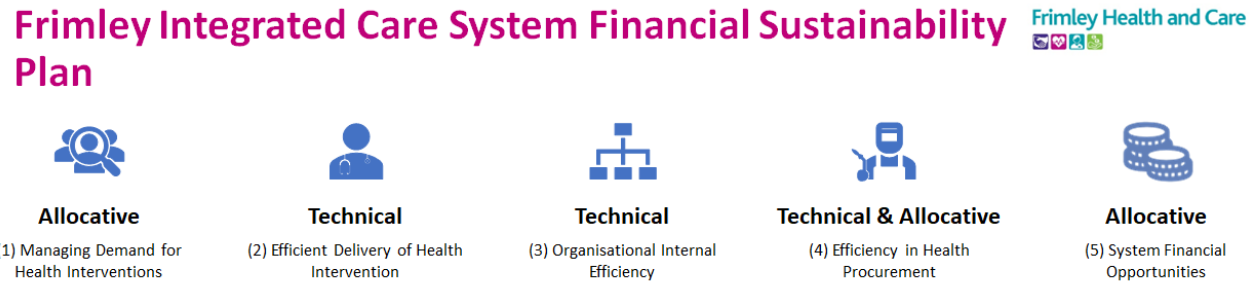
In recognition of this, the Frimley Health and Care Integrated Care System is continuing its focus on the development and implementation of a multi-year system wide financial sustainability plan which sets out the framework by which the underlying system-wide deficit will be reduced, whilst supporting the delivery of the strategic objectives of the Frimley Integrated Care Partnership.

The financial sustainability plan is designed to ensure the long-term financial stability of organisations across the system. This is a system wide approach, and all ICS Partners, including Berkshire Healthcare Foundation Trust and Surrey and Borders Partnership NHS Foundation Trust, have agreed to this plan through formal governance mechanisms. We recognise we need to transform pathways to recovery our position utilising the insights we have into how our population access our services, the strategy will focus on cost containment and reduction, managing/mitigating growth to ensure any increases in funding can be applied to reduce the system-wide deficit.

Partners will adopt a system-first approach to transforming services for the benefit of our population, regardless of organisational boundaries. We will focus on providing defined services and capacity to meet patient needs. Partners across the system have agreed that

they will not engage in activities that aim primarily to transfer costs, with trust, transparency and data sharing key to enable us to deliver efficiently and effectively.

The programme will focus on five key areas of work with system wide working groups overseeing the development, implementation and delivery of the opportunities identified.



Formal governance will be managed by the ICB Finance and Performance Committee.

Financial Statements

Further details about the ICB's expenditure for the year ended 31 March 2024 are available in the published Financial Statements at the end of this document.

These statements have been prepared in accordance with the Directions issued by NHS England under the National Health Service Act 2006 and are audited by KPMG LLP. Our external audit fees for the year 31 March 2024 were £167.5k plus VAT (9 months to 31 March 2023: £158k plus VAT).

Improving quality

Local people have the right to high quality patient care as stated by the NHS Constitution and NHS Frimley continues to be responsible for ensuring continual quality improvement of all locally commissioned NHS services.

Quality care is the level of care we would expect our families and loved ones to experience, should they need it. Quality is what matters most to people who use our services and what motivates and unites everyone working in health and care. It is intrinsically linked to finance and performance as one of the three key pillars.

NHS Frimley has adopted the National Quality Board definition and vision of quality for those working in health and care systems. It uses Lord Darzi's definition of high-quality care as being safe, effective and providing a positive experience, with a greater emphasis on population health and health inequalities.

Safe - delivered in a way that minimises things going wrong and maximises things going right. Continuously reduces risk, empowers, supports, and enables people to make safe choices and protects people from harm, neglect, abuse, and breaches of their human rights. Ensures improvements are made when problems occur.

Effective - informed by consistent and up-to-date high-quality training, guidelines and evidence. Designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health. Delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit.

Positive experience - responsive and personalised - shaped by what matters to people, their preferences and strengths. Empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable. Caring delivered with compassion, dignity and mutual respect.

Well-led - driven by collective and compassionate leadership, which champions a shared vision, values and learning. Delivered by accountable organisations and systems with proportionate governance. Driven by continual promotion of a just and inclusive culture, allowing organisations to learn rather than blame.

Sustainable use of resources - focused on delivering optimum outcomes within financial envelopes, reducing impact on public health and the environment.

Quality care is equitable - everybody should have access to high-quality care and outcomes, whatever their background or circumstances and those working in health and care must be committed to understanding and reducing variation and inequalities.

System Quality Assurance and Oversight

The NHS Frimley's quality function is provided by a dedicated team of professionals drawn from a variety of clinical and non-clinical disciplines working across the Frimley System.

The quality team monitor and support commissioned services to provide users with a positive experience of care, protect people from harm, deliver value for money and reduce unwarranted variation.

The teams work in partnership with healthcare providers, local authorities, the voluntary and third sector organisations and other key stakeholders, supporting quality improvement through commissioning initiatives and clinical expertise and by providing robust oversight, holding organisations to account for the quality of their services.

NHS Frimley has processes in place for the management and escalation of quality risks at a local, system and regional level. During 2023-24 the quality leads developed a system quality report in collaboration with system partners which supports quality risks, issues and concerns. The triangulation of this quality intelligence ensures a focus on quality outcomes, impacts and effectiveness of mitigations in place.

Quality assurance and oversight is also gained through undertaking supportive quality visits to our providers and reviewing performance against quality related oversight metrics, triangulating with other intelligence, including patient/carer feedback, national and local surveys, and reports.

System Quality Group

NHS Frimley has a well-established System Quality Group which brings together the different parts of the health and care system to share information about safety, quality and system risks across the geography. It has the responsibility for ensuring NHS Frimley is fulfilling its statutory duties and provides a system leadership role with regards to quality. The System Quality Group has an escalation and oversight function of provider assurance and system work programmes.

The National Quality Board approach to quality risk response and escalation is followed for providers and informs the level of quality assurance and improvement (routine, enhanced, intensive). The developed system quality report supports this quality assurance as well as risk response and mitigations. This is presented at the System Quality Group for further discussions and escalations as required.

The System Quality Group, in line with the National Quality Board, reviews all relevant national and local reports and receives regular updates from providers. It also provides a mechanism for sharing and celebrating learning and best practice across the system.

The System Quality Group agrees system risks and issues that require escalation to the NHS England South East regional team, via the South East Regional System Quality Governance Committee, at which NHS Frimley is represented.

Frimley ICS Immunisations Programme

The Frimley COVID-19 vaccination programme continued to enact government- endorsed Joint Committee on Vaccination and Immunisation (JCVI) guidance throughout 2023-24, operating flexibly to respond to changing requirements, and providing localised vaccination sites, with full PCN coverage, community pharmacy support and a hospital hub.

The autumn/winter programme focused on flu and Covid-19 vaccinations where possible being given at the same time (co-administration), with 35.6% of vaccinations co-administered.

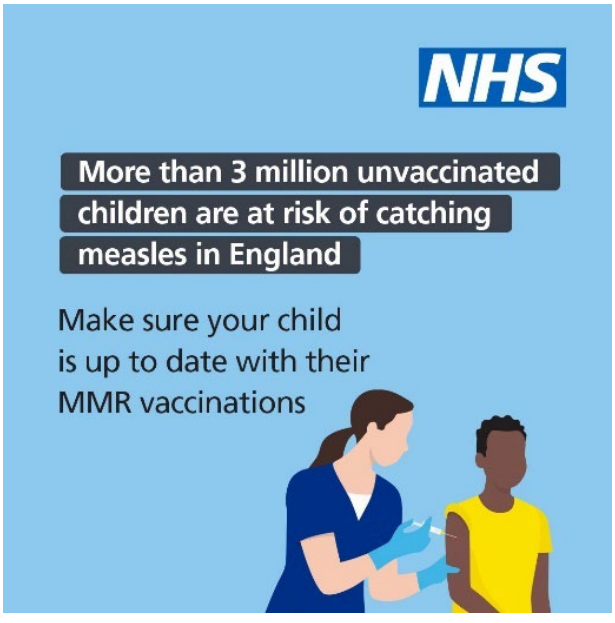
Overall, there has been lower uptake this season than the autumn/winter 2022 programme which was reflected nationally. With an uptake of 58% across all cohorts this compared to the national percentage uptake of 53.8%. Frimley performed the best in the region in vaccinating care home and residential home residents at 93.5%

Frimley has continued to focus on vaccine equalities this year and has utilised NHSE funding to support 14 local initiatives/projects during this season to enhance the uptake of vaccinations to the vulnerable and hard-to-reach groups. These initiatives have involved all parts of our system: primary care networks (PCNs), community pharmacies, local authorities, volunteer services, charities and community groups.

Projects include multilingual local helplines, community champions, community events and clinics focused on specific groups and populations (i.e. Nepali, Eastern European, multi-generational Asian households, Learning disability).

'Making Every Contact Count' was also part of some of these initiatives provided by the PCNs and has supported uptake of other vaccinations and offered screening and health checks/advice. Project evaluation has been an integral part of each project. We are evaluating feedback from these projects in preparation for the next campaign.

For 2023-24, the Frimley Vaccination Board has also focused on including childhood immunisation into the programme. Specifically focussing on MMR and pre-school boosters and the national call and recall campaign.



We hold a quarterly Vaccination Programme Board and a monthly operational group, which includes representation from NHS Frimley, primary care, acute, community pharmacy, NHSE immunisation leads, UKHSA and Local Authority Public Health.

After the publication of the National Vaccination Strategy in December 2023, we have set up a Frimley ICS Vaccination Strategy Implementation Group, which will meet monthly to develop our local response. The strategy brings together all vaccination programmes with full implementation by 25/26.

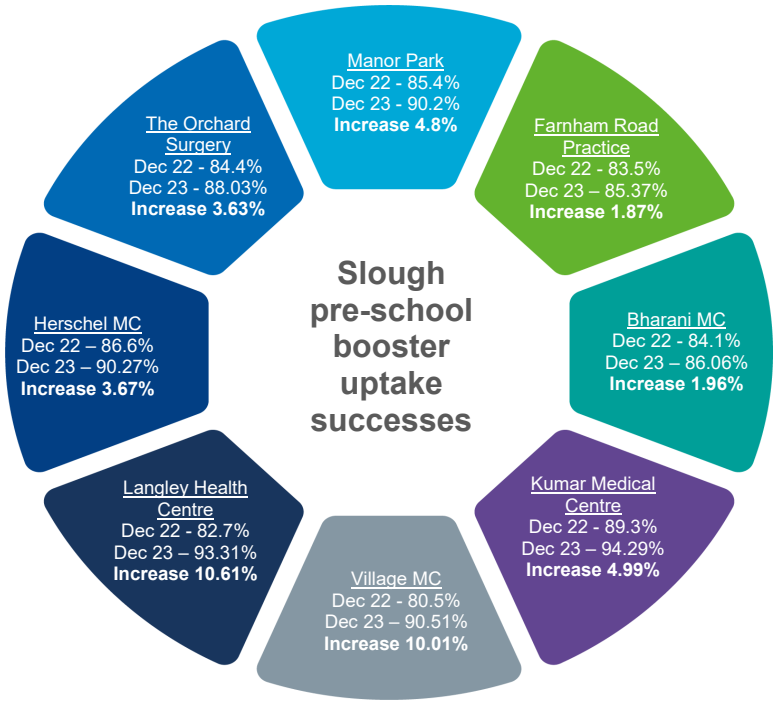
- Life-course vaccinations
- Seasonal vaccinations
- Outbreaks

The key areas from the strategy are that vaccination services are delivered in a joined-up way that provide high quality and convenient to access services, as well as tailored to the needs of local people. The services are supplemented by targeted outreach to increase uptake in underserved populations.

Case study: improving uptake of childhood immunisations in Slough

Achievement of Quality Outcomes Framework (QOF) childhood immunisations thresholds in Slough is challenging. Key factors to the challenge are vaccine hesitancy, cultural and religious beliefs of a diverse population, and the level of deprivation.

Slough utilised health inequalities and Primary Medical Services (PMS) reinvestment funding to design projects to improve the uptake of childhood immunisations. Practices have worked with the Child Health Information Service (CHIS) and have operated a home visiting project for multigenerational households to drive immunisation improvement. This has been successful with more five practices achieving the lower QOF threshold for Measles Mumps and Rubella (MMR) and 10 more practices achieving the lower threshold for preschool (Diphtheria, tetanus, and pertussis DTaP) boosters.



This increase in coverage of immunisations in Slough will support the levels of vaccination needed to achieve herd immunity against these common childhood illnesses and reduce the risk of a public outbreak, thereby reducing any potential need for access to healthcare services.

Infection Prevention and Control

The Infection Prevention and Control (IPC) team covers the ICS and has been focusing on a range of work including:

- Participating in primary care Protected Learning Times, to encourage IPC knowledge in *Clostridioides difficile.*
- Supporting primary care with new buildings and refurbishments to further improve IPC compliance.
- Continuing to grow the IPC champions programme for primary and social care IPC champions.
- Participation in national campaigns whilst promoting engagement with primary and social care.
- Training in IPC/Personal Protective Equipment (PPE) use for staff in care homes, supported living organisations, LD homes and primary care.
- Continuing to audit primary care with social care engaging in the audit process to support their CQC inspections.
- Providing outbreak management support for both social and primary care organisations.
- Further supporting primary care with community outbreaks i.e. pertussis in educational settings and the subsequent repercussions.
- Responding to an increase of national outbreak incidence of infections – measles, pertussis etc.
- Weekly IPC meetings with NHS Frimley and provider directors of IPC and a system wider bimonthly meeting.

The IPC team continue to work across the ICS and share any learning and progress across the system.

Serious Incidents

Following national publication of the Patient Safety Incident Reporting Framework (PSIRF), NHS Frimley quality leads have been working with system partners in its implementation. This is a very different way of working that takes us from investigating individual incidents to reviewing themes and focussing on improvement.

PSIRF replaces the SI (Serious Incidents) Framework and allows for a wider range of response methodologies for patient safety incidents, with the aim of reducing duplicative formal investigations for cases where no new learning is evident. This will allow more resource to be focused on meaningful improvement work. Patient and family engagement and support remains a necessity under PSIRF, whatever the chosen methodology for a patient safety incident response.

NHS Frimley will continue to work with providers on PSIRF oversight, sharing learning and co-ordination of system-level responses and improvement work in 2024-25.

The Never Events Framework remains in place at time of writing, with a national consultation underway to help determine its future. Never Events are considered to be red flags as they highlight potential weaknesses in how an organisation manages fundamental safety processes.

	NHS Frimley
Never Events 1st July 2023 - 31st March 2024	4

In comparison to 2022-23, NHS Frimley had one less Never Event.

NHS Frimley quality leads have also worked with providers on the transition from the old National Reporting and Learning System (NRLS) to the Learning from Patient Safety Events (LfPSE) system. All providers, once transitioned to the new system, will be required to report patient safety incidents to LfPSE, whatever the response methodology under PSIRF. LfPSE will allow greater insights into incident themes and trends at national and local level.

Just Culture

NHS Frimley has a 'just culture' where discussions, concerns and improvement ideas are facilitated in a safe space, where innovation and courage is celebrated and where we consider learning, improving and testing the outcomes and effectiveness of improvement activity to be 'business as usual'. We consider keeping our people safe to be everyone's priority.

Complaints

NHS Frimley values complaints, which are vital to continuously improve the quality and experience of local health services and are a measure of how services interact and are coordinated across patient pathways. NHS Frimley is committed to improving and listening to people who use our services. We strive to continually improve commissioned services and ultimately standards of care.

The following figures reflect concerns and enquires and the formal complaints which have been managed by NHS Frimley for the period 1st April 2023 to 31st March 2024. These are similar figures to those reported in 2022-2023.

April 2023 - March 2024	NHS Frimley
Complaints	46
Concerns	363

Complaints to the Parliamentary and Health Service Ombudsman
During 2023-24, one NHS Frimley ICB complaint was accepted for assessment by the Parliamentary and Health Service Ombudsman (PHSO). This was not progressed on to an investigation, as local resolution was ongoing with the ICB's Continuing Healthcare (CHC) service.

GP, Community Pharmacy, Optometry and Dentistry (POD) Complaints

Since 1st July 2023, NHS Frimley has hosted a complaints and concerns function on behalf of the ICBs in NHS England South East region in relation to GP, Dental, Pharmacy and Optometry (POD).

The following figures reflect concerns and enquires and the formal complaints which have

been received that relate to the NHS Frimley region for the period 1st July 2023 to 31st March 2024.

July 2023 - March 2024	Frimley ICB	
	Concerns	Complaints
GP	17	144
Dentist	3	26
Pharmacy	0	4
Optometry	0	0

Clinical Feedback

During 2023-24, NHS Frimley continued to provide a platform for GP practices and other health professionals to report patient and process specific concerns across our local healthcare system. Through the clinical feedback process, resolutions are sought and investigations opened into quality matters. The clinical feedback system is a valuable tool to respond to and monitor quality issues. It gives an opportunity for Frimley ICB to identify themes among concerns raised and to bring about positive changes to patient experience.

Following the launch of the National Patient Safety Strategy, the clinical feedback process is being reviewed to become aligned with the ethos and direction provided by NHS England. Engagement with stakeholders and other organisations (such as the Health Innovation Network Oxford) has provided support and a direction of travel. The refreshed focus will consider themes/trends and gain assurance from collaborative working with providers, to support present workstreams and quality improvement works.

Learning from the Lives and Deaths of People with Learning Disabilities and Autistic People (LeDeR)

The LeDeR Programme was established following a national Confidential Inquiry into Premature Deaths of People with Learning Disabilities, which reported that people with learning disabilities are more likely to die from causes of death that could have been avoided with good quality healthcare. In recent years, the scope of the programme has been widened to include autistic people.

At system-level, the LeDeR Programme is managed by NHS Frimley, with a LeDeR Steering Group meeting on a quarterly basis to review investigations, to act on lessons learnt and to facilitate improvements which can be shared across organisations. Learning from reviews are fed into NHS Frimley's Learning into Action (LiA) Group which has representation from both commissioning and provider leads. Priorities identified for the LiA Group have included improving the quality of annual health checks, improving cancer screening uptake and early detection of deterioration. A separate LeDeR Annual Report is published by NHS Frimley and is available on our website.

NHS Frimley has ensured the vaccination of people with Learning Disabilities has remained a priority across the system (with reasonable adjustments and support put in place) and highlighted the need for vigilance for people showing atypical symptoms after vaccination. Uptake and achievement in the vaccination programme is discussed in a separate section of this report.

Mortality Review Group

NHS Frimley convenes an ICS Mortality Review Group, meeting quarterly. This group is chaired by the Chief Nursing Officer and includes executive and operational leads from all main providers, including Royal Berkshire NHS Foundation Trust. The group meets to share learning from provider mortality reviews, and initiatives/responses to key risk areas identified.

In preparation for the statutory requirement in April 2024 to have Community Medical Examiners, the group has overseen the development and implementation of a pilot scheme. The Medical Examiner's (ME) service has been established nationally following the Shipman Enquiry to enable the systematic and independent scrutiny of all non-coronial deaths. As part of the national initiative, the ME office is now required to extend their service to encompass all non-coronial deaths in all settings.

Since May 2022, there has been a gradual roll out of the pilot scheme to ensure GP practices mirror the process of the statutory function, to ensure NHS Frimley will be compliant from the 1st April 2024. Where further reviews are required the quality team have developed the pilot to support the new Patient Safety Incident Response Framework (PSIRF) methodology.

Essentials of Care

Improving outcomes for patients with leg ulcers
Frimley have been a lower limb test site for the national programme working with Oxford health innovation.

- Pilot commenced at Yateley PCN in April 2023 reviewing practice against the national lower limb guidelines and Berkshire Health NHS Foundation Trust assessed their lower limb service against best practice with improved pathways. In year there has been an improvement in the healing rates of patients at Yateley. There were no other primary care test sites in the country, so our project has been invaluable for learning.
- There was a review of system training and competencies completed and we have been rolling out the immediate and necessary care training across practice and community staff – evidence shows improved and quicker healing rates if the immediate and necessary care pathway is followed.
- Next steps – spread the learning with other PCNs to change practice.

Wound Care Strategy
There are other aspects of wound care management that we are looking to improve by working together as a system and implementing the national wound care guidelines. We are working on a strategy to bring this together. The National Wound Care Strategy estimated that 8.3 billion was spent on wound care in 2017/18 and therefore there are opportunities to improve patient outcomes as well as looking at effective use of resources.

Hydration Project
'Hydrate to Feel Great' is a collaboration between Frimley, Sussex and Surrey Heartlands integrated care systems following a successful bid with NHSE.

The hydration quality improvement pilot focuses on improving the hydration of people living in their own homes using a personalised hydration plan (PHP). This is to test whether a plan and focused approach can reduce the number of urinary tract infections.

The project focuses on people aged 65 years or over identified as having the highest

frequency/number of Gram-VE Urinary Tract Infections.

The pre-pilot phase (PDSA 1) took place over December 23 – February 24 in one PCN in Sussex where the PHP was been tested and evaluated. This part of the project has been evaluated in March to support the next phase of the project.

The next phase started in March 2024 with the redesigned PHP and utilised over three PCN sites in the three systems.

Catheter Project
This project is aimed to improve the outcomes for patients who have a catheter in place. Key project enablers identified across the system and project streams set up. To show improvement there needs to be accurate data so one aspect of the project is to look at the data available and how this could show a reduction in long term catheterisation and reduction in consumable costs.

There has been some system work undertaken to map the trial without catheter clinics and pathways and for improvement in community and acute hospital working, so that patients are able to be seen in a timely manner. The group is also looking at developing joint information for across the system for patients. There is also going to be a re-launch and review of the catheter passport, this will support patients having a clear plan following insertion. In November, a system-wide catheter awareness week was held.

Other work is for organisations to look at decision to insert a catheter in the first instance and go home packs for patients when discharge from hospital.

Palliative and End of Life Care (PEOLC)
The vision for Palliative and End of Life Care (PEOLC) in the strategy is “a community that can freely and openly discuss their thoughts and wishes, around the end of their lives, so they can make dignified and achievable choices which are respected. We will commission quality all ages services, that are well-coordinated, compassionate, person-centred care, for people approaching end of life; ensuring family members, parents and carers are supported throughout and after the person has died”.

For the delivery of this vision, the all-age strategy for PEOLC was refreshed and completed in 2023 following consultation with partners. In 2023 the Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026, self-assessment was again undertaken across the system. This self-assessment supports the identification of priorities for the year and identifies areas where there needs to be further improvement.

There have been further areas of quality improvement throughout the year, which includes continuation of the development of the PEOLC dashboard data particularly around advance care planning. Training and education have been a key focus which can support the confidence and competency of staff in health and care in PEOLC, particularly focusing on advance care planning and Recommended Summary Plan for Emergency Care and Treatment (ReSPECT). We are currently running four sessions for primary care, which started in February 2024.

ReSPECT implementation continues, with records audited in September. There were identified aspects in the completion of the forms audited where improvements need to be made and this will be highlighted in the ReSPECT training. ReSPECT week in September

2023 was an important date to remind staff but to also raise awareness with the public.

To improve experience for patients and their carers there has been competition of information videos for the public on all aspects of PEOLC. These videos are available on the Frimley Health and Care website. We have also worked in partnership with Ataloss charity to improve the information and support for residents who are bereaved. The information is also available on the Frimley Health and Care website.

Quality at Place

Within Frimley ICB, dedicated Place quality leads ensure high quality of care is brought closer to home. Whilst the ICB recognises there will be variation of approaches, there will be a continued focus on:

- empowering and educating people to make informed decisions about their health and to manage and take responsibility for their care.
- developing services that place the person at the centre of the care process; and
- developing integrated services that deliver the right care, first time.

Place-based quality lead roles were created to embed quality in everything that is done at Place. The roles have continued to evolve and are becoming firmly integrated within Place-based teams at operational and strategic levels. The Place-based quality leads continue to support the ICB to integrate health and social care, whilst working in partnership with regulatory and other partners to deliver system priorities, using intelligence to inform and prioritise quality improvement and escalation as appropriate. They continue to work to develop the quality assurance, quality improvement and quality monitoring, promoting best practice for services delivered at place. The Place-based leads support in the development of quality impact assessments during service changes at place. This aims to support decision-making that reduces risk and improves patient safety as well as opportunities for shared learning across the ICS and improvement of equality and reduction in unwarranted variation.

The Place-based Quality Team have been focused on understanding the new CQC Assessment framework that went live in the South East in December 2023. The CQC has moved to using Quality Statements to better understand compliance to the Health and Social Care Act and is a major change for the health sector. The team continues to support practices in readiness for CQC assessments and the delivery of high-quality care by linking in with practice forums and virtual and face to face practice visits.

Care Homes

Care Home quality leads have been working jointly with local care home providers and system partners to enhance the health and wellbeing experiences for our local care home resident population.

Older adults and Learning Disability care home support forums have successfully continued as a vessel for communication and engagement with local care homes. The forums provide information on the latest guidance changes, as well as updates on local support, system priorities and training offers.

Greener NHS **Virtual training and education packages are provided to care homes on a wide range of topics meaning less travel and greater access for staff in the whole Frimley ICS area.**

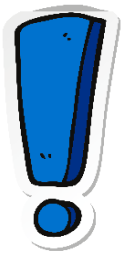
Care Home quality leads have enabled close partnership working with local authority colleagues and the development of strong local relationships and dual approach to improving and maintaining quality. Quality Improvement work includes the introduction of the ReSPECT document, Falls Prevention training and the development of a Post Fall Protocol.

Case study: enhanced health on care homes

During the winter of 2022-23 Bracknell Forest piloted a care model to deliver additional physiotherapy services to residents in two of the Bracknell Forest care homes. Following the pilot's evaluation, the benefits of additional physiotherapy was identified. This led to the continuation of a physiotherapy specific pilot through to March 2024, across all our care homes.

The pilot is funded via the Adult Social Care Discharge Fund, and available to residents in all care homes in Bracknell Forest.

The Care Home Physiotherapy Pilot has seen 371 individuals since January 2023, of which there has been a 70% success rate of individuals either maintaining function or improving function at the end of the physiotherapy input. The largest cohort of individuals included people who had fallen and those at risk of falls (60%). 14% of people were seen on discharge from hospital and just under 10% were seen due to contractures to have treatment for contracture avoidance.



The service also included new resident assessments (16%) to highlight risks and put in place plans to improve individuals function, reduce the risk of falls and support with safe transfers. Over the course of the physiotherapy pilot, therapy staff worked closely with care home teams to develop the awareness of improving strength and function and were able to integrate within Multidisciplinary team meetings to support each care home.

The physiotherapy pilot will be reviewed and we will use the feedback to shape our future ambition of having a dedicated Bracknell Forest care home team that is passionate about working with care home staff and residents to improve health and well-being outcomes, supporting individuals to achieve their goals in the context of their whole life experience, family and close friends.

Medicines Optimisation

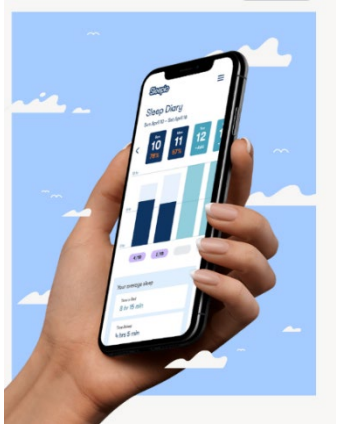
In the complex landscape of advancing medications, where the management of medicines is crucial for patient wellbeing at its core, the role of the Medicines Optimisation Team is to ensure medications are used in the safest, most effective and efficient manner possible, leading to improved patient outcomes and healthcare delivery.

One of the primary roles of a Medicines Optimisation Team is to promote rational and evidence-based prescribing practices. The team is embedded in clinical and operational parts

of the medicines pathway and is equipped to provide expert advice to healthcare professionals regarding the prescribing, dosing and monitoring of medications. This proactive approach not only enhances patient safety but also contributes to the optimal management of chronic conditions and the prevention of adverse drug events.

The core objectives and achievements for 2023-2024 are:

Objective 1 - Improve the population health outcomes of Frimley residents by the safe and effective use of medicines



The Sleepio app support healthy sleeping habits.

Medicines Optimisation Team Primary Care this year has worked to improve the outcomes achieved for local people from medicines use. Key projects have included:

- Supporting people to improve their sleep by offering non-pharmacological options including cognitive behavioural therapy for insomnia (CBT-I). This included implementation of the NICE approved digital tool Sleepio® . So far, nearly 2000 residents have been given access to this tool and been supported to improve their sleep when harmful medications could have been an alternative.
- Addressing health inequalities in relation to access to lipid management therapies and therapies for asthma management utilising Connected Care to identify people in Core 20 Plus groups not currently receiving gold standard treatment options.
- Increasing use of the Community Pharmacy Hypertension Service. This new pharmacy service helps people access blood pressure checks that can newly identify people with high blood pressure in order to ensure that they get the support that they should. It also offers people an alternative way to monitor their blood pressure after diagnosis. This improves access and reduces pressure on general practices. NHS Frimley has moved from being average users of this service to being in the top quartile of ICBs.
- Supporting best practice in the care of people with diabetes by supporting the development and roll out of updates on local guidelines for best treatment of type 2 diabetes and also supporting the system manage the current supply problems with GLP1-RAs medications to ensure our supplies help as many people as possible.

Greener NHS

Reducing the environmental impact of medicines use by offering low carbon inhalers to people with asthma and COPD, as well as raising awareness of recycling schemes available for blister packs, insulin pens and inhalers. Frimley has moved from being below average for the carbon footprint of salbutamol prescribing to being in the top 5 ICBs in England.

The Medicines Optimisation Team has achieved best value in prescribing for public money by scanning for products which can achieve reduced costs whilst maintaining or improving outcomes for residents. This has resulting in a saving of approximately £3m.

Antimicrobial Stewardship – the Frimley Medicines Optimisation Team remain committed to the UK 5-year action plan for antimicrobial resistance (AMR) 2019 to 2024. The plan promotes optimal use of antimicrobials in humans to ensure safe and effective patient care by strengthening antimicrobial stewardship programmes. To support the delivery of the action plan:

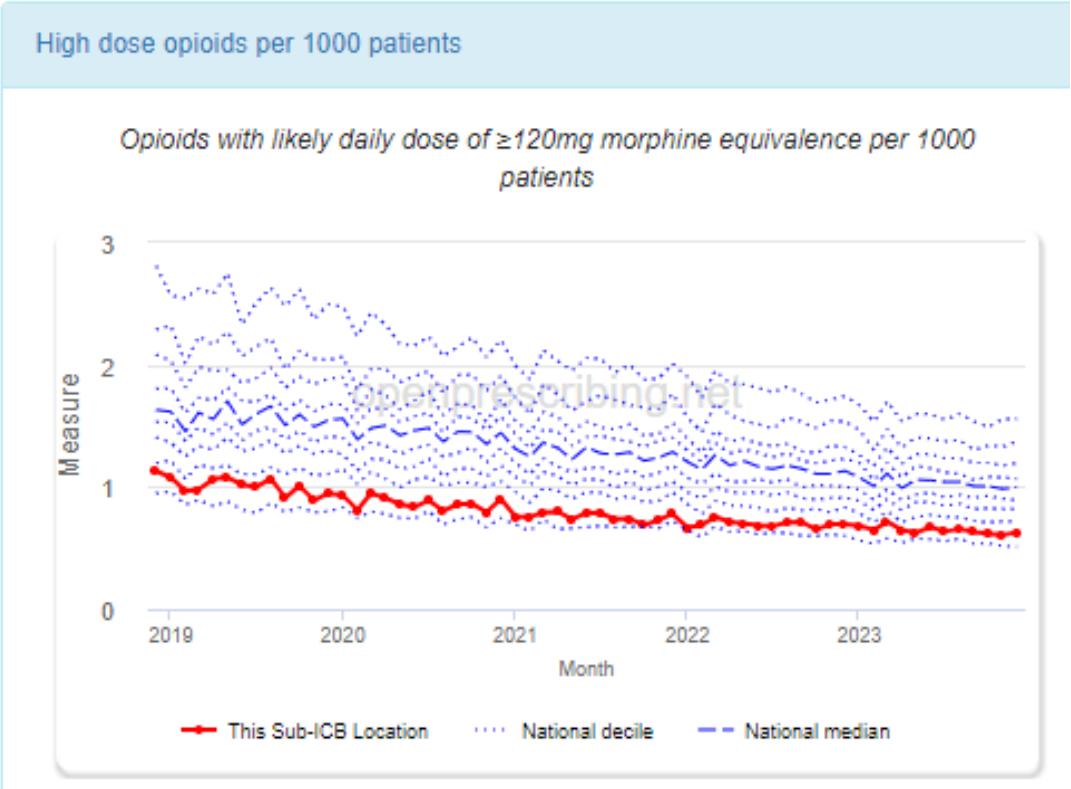
- Dr Lalitha Iyer, Chief Medical Officer, chairs the Frimley ICS Antimicrobial Stewardship Group. The system group has representation across ICS partner organisations and different disciplines, it provides strategic overview and monitoring of primary and secondary care AMR programmes.
- Joint working with regional and Frimley Health Foundation Trust (FHFT) pharmacist AMR Leads on a project to support the shortest effective course length of amoxicillin 500mg capsule prescribing in primary care.
- A member of South Central Antimicrobial Stewardship Network (SCAN) with collaborative working across South Central to produce the SCAN antibiotic prescribing guidelines for use in primary care.
- Participation by the Medicines Optimisation Team, FHFT Pharmacy Team and general practice in World AMR Awareness Week (WAAW), Nov 2023.

Objective 2- Improve patient and medicines safety across the Frimley system

Over the last 12 months, the ICS Medicines Safety Programme has demonstrated several medicines safety improvements. Working collaboratively with our ICS partners, improvements have been made in the prescribing of high-risk medicines such as methotrexate and opioid medication.

NHS national guidance recommends that methotrexate 10mg tables should not be prescribed or dispensed to reduce the risk of overdose. Working with our primary care colleagues and hospital specialists, ICS guidance has been developed and we have seen a reduction in the prescribing of methotrexate 10mg tablets.

The safer prescribing of opioid medication and management of chronic non-cancer pain is a national public health priority. There is little evidence that opioids are helpful in long term pain and the risk of harm increases significantly above 120mg morphine (or equivalent) per day without much increase in benefit. Working with Health Innovation Oxford, we are supporting our G.P practices and patients via education and training and resources to improve the prescribing of opioids and the management of chronic non-cancer pain.



Description of a downtrend of Opioid prescribing.

To promote learning from medication related errors and solutions to reduce their recurrence, one of our priorities in 2023-24 was to increase the reporting of incidents to the NHS Learn From Patient Safety Events (LFPSE) system. This system is used by NHS Patient Safety Team and the ICB to monitor and act upon recurring safety themes and trends. In 2022-23, we saw the reporting of just 10 incidents to LFPSE. In 2023-24 this has increased to at least 120 reports. The reports are regularly monitored to pick up themes and trends for the Medicines Safety Programme to address.

In response to the new safety regulations regarding the safer prescribing of the medication valproate in women and men, an ICS wide valproate safety implementation group has been established to provide oversight and implement the safety regulations.

Objective 3- Lead on Medicines Optimisation Strategy and provide timely expert guidance, support and advice to partners and stakeholders

The Frimley ICB Medicines Board continues to function as the overarching authority for all medication related decisions across the Frimley Health and Care Integrated Care System.

The Medicines Board provides strategic direction on medicines policy, as well as support for specific Medicines Optimisation workstreams across the ICS. To achieve timely progress the Medicines Board has a number of subgroups and committees:

- The Frimley Health Foundation Trust (FHFT) Drug and Therapeutics Committee, whose membership comprises mainly secondary care health professionals, as well as representation from the ICB Medicines Optimisation Team. This committee is responsible for leading on medication decisions and practice pertaining to drugs that

would be used only in secondary care.

- Frimley ICS Medicines Optimisation Group, whose membership comprises of healthcare professionals from the ICB, primary care, FHFT, Berkshire Health Foundation Trust (BHFT), Surrey and Boards Partnership NHS Foundation Trust (SABP) and other service providers across our ICS footprint. Its work focusses on those drugs that would be used in primary care.

Where medications would be used across the interface between primary and secondary care the above two bodies liaise closely so that a single agreed decision supported by both is presented to the Medicines Board for ratification. Several shared care documents have been agreed to enable and support the appropriate sharing of care between GPs and secondary care specialists to reduce unnecessary hospital appointments.

Through its ICS specific subcommittees the Medicines Board has over the past year undertaken a number of key items of work:

- Initiated an action plan across the ICS in response to the National Patient Safety alert issued by the MHRA on use of Sodium Valproate.
- Convened a forum for regular review of Medications Safety incidents reported within services we commission to ensure sharing of best practice and that system wide lessons are learnt.
- Ongoing update and review of antimicrobial guidelines with a focus on antibiotic stewardship aiming to reduce overall usage of antimicrobials as well as limit emergence of resistance by guiding clinician choice when antibiotics are needed.
- Identified obstacles in digital connectivity and information flows around patients' medications between different services and sought to leverage tools and process adjustments to mitigate these.
- As national supportive infrastructure previously provide by NHSE has been withdrawn, successfully transitioned our Covid Medicines Delivery Unit service from pandemic arrangements to a business as usual (BAU) model of care.

In addition to the work within our ICS the Medicines Board links to other regional and national groups and work programmes and is responsible for review socialising and adoption of work disseminated via regional and national routes. Groups and bodies that the Medicines Board and Medicines Optimisation team have links to and interfaces with include:

- Berkshire, Oxfordshire, Bucks & Frimley Priorities Committee (BOBF) - this has superseded Thames Valley priorities committee but continues to review and update clinical policies that have been fed into its work programme by these geographies.
- Health Innovation Oxford and Thames Valley
- South East Regional Medicines Optimisation Group
- South East Medicines Value Group
- NICE
- NHS England

Some of these groups are expected to be further aligned in the coming 12 months because of work progressing across the south east region to harmonise process for clinical priority setting. The Medicines Optimisation team are linked to and engaged alongside other ICB teams with this work.

Medicines Optimisation in Care Homes (MOCH) - this year our focus has been on improving population health outcomes for Frimley care home residents, our priority being the safe and effective use of medicines. There has been a high need for support from the MOCH team from care home providers with quality-of-care concerns identified by commissioning teams and/or the Care Quality Commission, CQC, the regulatory body for care homes.

Working collaboratively with partners to support care homes, the MOCH team has supported care home providers with medicines management issues and areas where improvement might be needed. In addition, several medicines safety audits have been conducted including warfarin and thickeners audits. MOCH pharmacy technicians provided the necessary support to improve the safe use of thickeners in care homes. Collaboration with the ICS Medicines Safety Group, FHFT Speech and Language Therapists and Dietitians resulted in improved provision of information for care home residents discharged with thickening agents.

The MOCH team have had an important role in implementing the Enhanced Health in Care Homes framework providing training and education support to GPs, PCN pharmacy workforce and care home staff. MOCH resources have been developed for care homes in Frimley, including the 'Marvellous Medicines and Nutritional Nuggets' interactive training and education sessions provided to care home staff.
The MOCH team have contributed to the Care Home Support team's training with the 'Recognising the deteriorating resident' and 'Falls Champion' webinars.

Training and education relating to conducting effective structured medication reviews (SMRs) has also been a focus. The MOCH team has provided this support mostly through face-to-face case-based discussion training sessions but also through one-to-one mentoring of clinical pharmacists in general practice. The MOCH team also provides support to help develop local pharmacy workforce capability including training on tackling SMRs and sessions discussing specific case studies e.g., polypharmacy and frailty.

Leading on the implementation and roll out the national Health Innovation Network Polypharmacy Programme this year, the MOCH team has helped to form and develop a Frimley Polypharmacy community of practice. With a member of the team completing the necessary requirements, Frimley ICS now has Polypharmacy 'trainer' to deliver local bespoke training sessions as well as support national training and polypharmacy projects. The aim of this programme is to raise awareness of problematic polypharmacy and its impact on patient outcomes. Training and education support to provide healthcare professionals will help them identify patients at potential risk from problematic polypharmacy and to support them to have better conversations about medicines.

This year the MOCH team had international guests from Meditrax, Australia (pictured right). Australian pharmacy colleagues are soon to launch their 'Aged care programme' so their visit to the MOCH team was to primarily learn about the various workstreams and how the MOCH team have implemented the NHS England Medicines Optimisation in Care Homes programme in Frimley Health and Care ICS.

Objective 4- Collaborate across the Frimley system to maximise the skills and development of the ICS pharmacy workforce and other stakeholders in the ICS

The new Pharmacy Workforce Transformation Programme Lead has settled into post and its

first priority was establishing a Pharmacy Workforce Group which meets monthly, bringing together a diverse array of stakeholders from national and regional teams as well as local primary and secondary care teams. This forum serves as a platform for discussing workforce matters, addressing challenges, generating innovative ideas and fostering positive connections among participants.

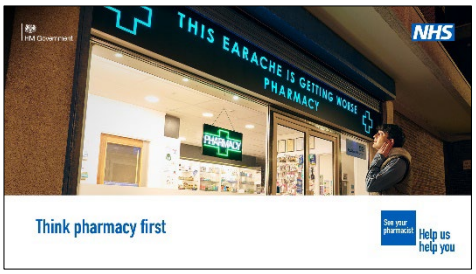
In alignment with the new initial education and training standards for pharmacists reform, by 2026, the aim is for all newly registered pharmacists to be able to independently prescribe medicines. Locally, we've been conducting scoping activities to assess our area's needs and are progressing towards enhancing the number of Designated Prescribing Practitioners to act as supervisors for Foundation Trainee Pharmacists.

Efforts have also been dedicated to increasing our Pharmacy Technician workforce. We've actively participated in the national Pharmacy Technician Workforce Expansion Project, focusing on increasing the number of pre-registration trainee pharmacy technicians in Frimley. We have done work around reviewing the data of the supply vs demand of Pharmacy Technicians and evaluating the number of Pharmacy Technicians needed to meet the needs of the population we serve.

There has been a recognition of the lack of placements for undergraduate pharmacy students, particularly in primary care. Therefore, we have been working towards expanding undergraduate placements within Frimley. Concurrently, we maintain robust connections with educational institutions, including schools, colleges, and universities, to cultivate interest in pharmacy careers. We have several stakeholders who actively contribute to promoting careers in pharmacy by participating in various schools and college events.

Currently, we're exploring avenues for work experience opportunities within Frimley to raise awareness of the opportunities that pharmacy can present. We are fostering support groups tailored to different pharmacy career stages, such as a Primary Care Advanced Pharmacist Forum and peer support groups for Foundation Trainee Pharmacists.

We provide guidance and support to individuals on career development courses throughout the different stages of their career. Going forward the plan is to create career progression pathways for both pharmacists and pharmacy technicians to build on the work already done.



Community Pharmacy- a focus for community pharmacy over the last 12 months has been on service delivery, in alignment with the national plans to address the demand and capacity gap agenda. On 9th May 2023, NHS England and the Department of Health and Social Care (DHSC) published the Delivery Plan for recovering access to primary care. The plan included a commitment to commission community pharmacies to deliver a Pharmacy First service by enabling the supply of NHS medicines for seven common conditions and increase the provision of the community pharmacy NHS Pharmacy Contraception Service and the Blood Pressure Checks Service. The service launched on 31st January 2024 and 99% of Frimley pharmacies signed up to provide the service.

We recognise the importance of local collaboration to support and embed the Pharmacy First Service and the wider expansion of services. Frimley ICB established a Pharmacy First implementation and delivery group with key stakeholders across the system early on, to ensure effective engagement and implementation of the service. For ongoing support, NHS

Frimley commissioned, in collaboration with the Local Pharmaceutical committees, an Ear, Nose and Throat (ENT) clinical training session for Frimley contractors to enable service delivery.

Frimley is participating in the Independent Prescribing Pathfinder National programme and has three pathfinder sites (community pharmacies) commissioned to identify and 'test drive' independent prescribing services in community pharmacy. This is in recognition of the changes to the Initial education and training standards where foundation trainee pharmacists will be prescribers at point of registration and it is important that we make the most of these clinical skills to benefit residents. This is a notable change for community pharmacy, allowing pharmacy to offer more clinical services and address health inequalities by utilising the unique role community pharmacies play in their local neighbourhoods supporting residents with their healthcare needs.

Our three pathfinder sites have been fully engaged with the programme and are in the final stages of completing the set-up requirements ahead of the 'go live' date.
The landscape of community pharmacy is ever evolving, the drive is for community pharmacy to be destination of choice for community care, helping patients with minor ailments and the management of long-term conditions, aiming to alleviate the workload of GPs and enhance patient access to primary care.

In the coming weeks, we will be looking at the expansion of the contraceptive service to increase the number of Frimley pharmacies signed up to deliver ongoing supplies and initiation of the contraceptive pill. Currently 44% of Frimley pharmacies are signed up to provide the service.

99% of Frimley pharmacies are signed up to deliver the Blood Pressure Checks service and work is underway to further increase the number of completed ABPM's (ambulatory blood pressure monitoring) to further help identify those individuals with undiagnosed blood pressure who are at greater risk of heart attack and stroke.

Safeguarding

2023-24 has seen ever-closer collaboration of safeguarding partnerships across the Frimley system. The safeguarding strategy reflects the overall ICB ambitions to 'reduce inequalities for the communities we serve' and serves the whole health provider and ICS system. Reduction of inequality provides a solid ground for early detection of abuse and safeguarding individuals and communities from abuse, where individual voices and those of the communities are heard clearly and concerns acted upon.

Babies, Children and Young People (CYP) and Adults Safeguarding discharge of duties

Key reviews and recommendations are communicated to the ICB executive management via the ICS Safeguarding Strategy Group, the Quality Boards, Place Boards, the ICS Named and Designated Professionals Meetings and at relevant training events.

1. National Reviews and Independence inquiry recommendations include:

i. Child Protection in England

National child safeguarding practice review into the murders of Arthur Labinjo Hughes and Star Hobson (CSPRP, 2022). Learning from these reviews have been shared across the ICS during teaching events and national seminars. The conviction of Letby during 2023 and arising recommendations for health services and neonatal units is being reported upon nationally and also assurance monitored via the ICB quality and maternity boards.

These reviews led to a Government-led response and publication of an overarching strategy to improve early identification and help for families where children are at risk of abuse and strengthen multiagency responses to Child Protection. Published in 2023 'Safer Homes, Built on Love' forms a multi-faceted approach to improvement in national safeguarding systems.

ii. Working Together for Safeguarding Children 2023

The revised statutory response was published December 2023 and is seen as the starting base upon which 'Safer Homes Built on Love' can start with its implementation. This calls for greater responsibilities of the three safeguarding partners, the ICB, LAs and police to work together and jointly chair each safeguarding board. Independent scrutiny is to be strengthened and more formal engagement among the education partnerships. The new titles of Lead Safeguarding Partner (LSP – CEO level) and Designated Safeguarding Partner (DSP – Executive board level) will be identified across the three partners.

iii. Multi-agency safeguarding and domestic abuse

Child Safeguarding Practice Review Panel paper setting out key findings from reviews where domestic abuse featured (CSPRP, 2022). NHS Frimley has responded to increasing information relating to harms caused by domestic abuse and the statutory extensions of definitions by employing a named professional for domestic abuse and exploitation based within the safeguarding team. The development of a sexual offences strategy, including staff policies, detailing how to respond to domestic abuse have been implemented and disseminated across NHS health trusts. New published information relating to domestic abuse and findings from domestic homicide reviews form part of safeguarding single and multiagency training.

iv. Bruising in non-mobile infants

Child Safeguarding Practice Review Panel paper about the management of bruising to children (CSPRP, 2022). A gap analysis demonstrated that the Berkshire-wide bruising protocol favourably aligned to this report's findings and recommendations. The protocol is audited annually and is found to be protective.

v. Safeguarding children with disabilities in residential settings

This is an important national safeguarding practice review into safeguarding children with disabilities and complex needs in residential settings. The phase 1 report was published in October 2022 and phase 2 report was published in April 2023. This sets out recommendations to improve the safety, support and outcomes for children with disabilities and complex health needs living in residential settings (CSPRP, 2022 CSPRP, 2023). This report has been reported within ICS safeguarding meetings and the Children in Care Groups across Frimley ICB as well as within each Safeguarding Board. The Children in Care Designated Nurse is working with the CYP ICB directorate to ensure recommendations arising are implemented.

vi. Serious Violence Duty 2022

The ICB have been part of each areas Serious Violence Strategy development across the ICS; the Adult Designated Safeguarding Professional is the serious violence lead for the ICB and communicates key strategic developments to the Safeguarding Strategy Group.

2. Assurance against Safeguarding Accountability and Assurance Framework (SAAF) 2022 implementation.

During 2023-24 NHS Frimley reported assurance with compliance with the SAAF to NSSG quarterly. In addition, NHS Frimley and providers complete quarterly and annual safeguarding reports which include assurance on Child Death overview compliance, Looked after Children reporting which also includes information on unaccompanied asylum seeking children and care leavers, child protection referral rates, Female Genital Mutilation and progress of Child Protection Information Systems and all reported victims of domestic abuse. Each safeguarding report is underpinned by the voice of the child and/or adult, particularly so during a child or adult safeguarding practice review.

3&4: As set out in Working Together to Safeguard Children 2023, the three safeguarding partners must together set out how they will work together with other agencies to safeguard and promote the welfare of children in their local area. They must also publish an annual report setting out what they have done as a result of the arrangements, including child and adult safeguarding practice reviews and how effective these arrangements have been in practice:

NHS Frimley works with seven safeguarding partnerships, each have published local safeguarding arrangements. The safeguarding partners must publish a report at least once in every 12-month period. These reports have set out what they have done as a result of the arrangements, including on child safeguarding practice reviews and how effective these arrangements have been in practice.

The following table includes links for each safeguarding board which demonstrates these assurance points:

Safeguarding Partnership	Partnership Arrangements website detailing partnership arrangements and published annual reports
Slough: Children and Adult	Slough Safeguarding Children Partnership - scsp (sloughsafeguardingpartnership.org.uk)
Bracknell Forest: Children and Adult	Bracknell Forest Safeguarding Board
Hampshire (North East Hampshire): Children	Homepage - Hampshire SCP
Hampshire (North East Hampshire): Adult	Hampshire Safeguarding Adults Board | Working together to safeguard adults at risk (hampshiresab.org.uk)
Royal Borough of Windsor and Maidenhead	The Royal Borough Windsor & Maidenhead Safeguarding Partnership website (rbwmsafeguardingpartnership.org.uk)
Surrey (Surrey Heath): Children	Homepage - Surrey Safeguarding Children Partnership (surreyscp.org.uk)
Surrey (Surrey Heath): Adult	Surrey Safeguarding Adults Board (surreysab.org.uk)

5. As set out in Working Together to Safeguard Children 2018, ICBs are responsible for the provision of effective clinical, professional and strategic leadership in child safeguarding, including the quality assurance of safeguarding through their contractual arrangements with all provider organisations and agencies, including from independent providers.

Over the last few years, the ICB safeguarding work within a portfolio model. This relates to the priorities and workstreams of safeguarding across the ICS partnerships.

Safeguarding portfolios demonstrate the core work of ICB and health organisations and has formed the safeguarding strategy. Portfolio workstream progress is reported as part of the quarterly and annual reporting cycle for the ICB and includes the following via reporting arrangements:

- Quarterly and annual reports to local Place Committees, the ICB Strategic Safeguarding Group, the ICB System Quality Group, to NHS England South East, to Safeguarding Partnerships including Safeguarding Children and Adults Boards.
- Maintenance of the SAAF statutory reporting process to Regional Chief Nurses, including any new statutory duty briefings and gap analysis.
- Assurance appropriate SAAF programmes are contained with the Joint Forward Plan for example children in care ambitions for health and wellbeing, implementation of serious violence duties including ambitions to reduce domestic abuse.
- Hearing the voices of children and young people, especially children in care, care leavers and young carers.
- Successful applications of the MCA Act and DOLs demonstrated via provider auditing processes.

- Support for safeguarding workforce developments locally and within the South East.

Safeguarding Portfolios

Portfolio	Work completed 2023
Governance	• Agree consistent safeguarding data collections across the ICS • Agree annual safeguarding audits • Specialist ICB safeguarding supervision for team.
Children and Young People in Care (CYPIC) and Care Leavers	• CAMHS & Mental health offer for CYPIC and Care Leavers • Unaccompanied Asylum seekers; health provision • Equity of health offer • Medical Office Job description reviews
Domestic Abuse (DA)	• Training offer • Health organisations staff DA Policy • Best practise guidelines for health incorporating new guidance from the Domestic Abuse Act and Serious Violence Duty • Review FGM Pathway and current activity. • Work with Community Safety Partnerships to influence strategic plans for reducing violence against women and girls.
Migrant populations including Asylum Seekers & Refugees	• Health safeguarding teams to be part of multiagency response to asylum-seeking accommodations. • Escalate any acute or thematic safeguarding issues appropriately. • Develop best practice principles in line with equity or access for health services for our whole population. • Respond in a timely and appropriate fashion to new migrant policy and developments.
System Wide Safeguarding Training	• Incorporate training offer across the ICS. • Develop training passports. • ICS wide training Library
Prevent	• Appropriate health representation at all Strategic boards and channel panels and report activity in quarterly and annual reports. • Assist in multiagency risk decision making. • Work collaboratively with health system partners to represent organisations and disseminate information, implement new actions.
Maternity and Early Years	• Safeguarding workforce, share innovations for recruitment and support for practitioners in post • Promotion strategies from CDOP themes and learning including safe sleeping initiatives and water safety. • Maternity safeguarding priorities.

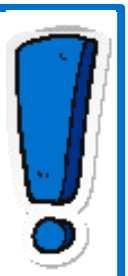
Portfolio	Work completed 2023
Liberty Protection Safeguards and Mental Capacity Act (MCA)	• Health systems readiness of LPS implementation • Improvements to MCA practice improvements
Exploitation	• Working with community safety partnerships to implement the Serious Violence Duty to reduce serious crime and prevent escalations including knife crime • Exploitation pathways/toolkits/assessments • Respond and support data collection initiatives arising from the Serious Violence Duty. • Raising awareness in the community • Training for health organisations

Quarterly ICB safeguarding reports demonstrate the progress of these portfolios alongside other significant safeguarding workstreams. These include latest statutory changes, updates on adult and child serious case reviews and domestic homicide reviews and child death overview reports. It is important to note that this strategy remains flexible and the ability to add any serious local and/or national safeguarding incidents which lead to an immediate change of practice or safeguarding development. Should this be the case, the strategy will be amended accordingly.

Working with People and Communities

NHS Frimley and Frimley Health and Care ICS has a strong reputation for working with people and communities, built on trust and long-standing partnership work with a wide range of stakeholders. The ICB recognises that insight underpins and supports transformation. Delivery models are changing, and public involvement is essential. We are committed to being an organisation that delivers the best possible health and wellbeing outcomes for people who live within our local communities. This means adapting to new ways of working, ensuring a local focus but with the additional benefits of support, sharing good practice and learning across our system.

We are aiming for meaningful, consistent and timely involvement with local people and communities. Ensuring equality, diversity and inclusion is at the heart of thinking, planning and delivery. We believe in this because working in partnership with patients, carers, families and local people within their own communities brings a different perspective to our understanding and can challenge our view of how we think services are received and should be delivered.



"The public rightly have high expectations of the NHS. But equally they understand the challenges we face and want ways to be involved in finding solutions. They have knowledge, skills, experiences and ideas to develop solutions that best meet their needs and support their health and wellbeing. Without insight from people who use, or may use, services, it is impossible to make truly informed decisions about service design, delivery and improvement." Amanda Pritchard, Chief Executive, NHS England

The work we undertake in this area is wide and varied and forms a key part of how we tell stories to our local population and how we demonstrate impact. We have included links to further information, examples and case studies outside this report to help bring the content in this section to life.

A broad overview of our work with people and communities and how people can get involved in our work can be accessed on our Frimley Health and Care website and via our Insight and Involvement Portal.

Frimley People and Communities Strategy

Our People and Communities Strategy is a core system-wide strategy that has been developed by NHS Frimley with a wide range of system partners, stakeholders, staff and communities. The strategy provides details of our legal duties, core areas for delivery and our commitment to the following principles developed by NHS England, in partnership with a wide range of stakeholders and patient and public representatives.

- Put the voices of people and communities at the centre of decision-making.
- Start engagement early and feedback how engagement has influenced activities and decisions.
- Understand our community's needs, experience and aspirations for health and care.
- Build relationships with excluded groups, especially those affected by inequalities.
- Work with Healthwatch and the VCSE sector as key partners.
- Provide clear and accessible public information about vision, plans and progress.
- Use community development approaches that empower people and communities.

- Use co-production, insight and engagement to achieve accountable health and care services.
- Co-produce services and tackle system priorities in partnership with people and communities.
- Learn from what works and build on the assets of all ICS partners.

Our approach to working with People and Communities

We have a number of ways in which people can engage with us, because we understand that everyone is different and what suits one of our residents will not necessarily work for another.

As part of a wide-reaching engagement programme, we use our Insight and Involvement Portal and continue to develop our online Community Panel. The portal:

- offers local people the opportunity to explore a wide range of projects and work where we are seeking their input and involvement;
- improves access with a variety of tools including surveys, quick polls, Q&As, maps, document sharing and ideas boards; and
- allows sign up to our Community Panel to take part in regular surveys and hear about other opportunities to support us in creating healthier communities.

Online Community Panel refresh

In late 2023 we began the process of refreshing our online community panel. Originally established in 2019, the panel have supported us to better understand our local community by taking part in regular surveys. As the panel has been active for over three years, we made the decision to refresh the panel and give opportunities for existing members to step back and for new members to join. This has resulted in new membership of more than 400 people who have taken part in three surveys in early 2024 on topics including flu vaccinations, hypertension and winter communications campaigns.

The findings of each of these surveys is available to view in detail on our website.

If you are a local resident, it is also possible to register to join the panel here.

A commitment to inclusive and effective communications

Clear, concise and timely communications is a key component, along with a mix of channels and formats. Ensuring patients, carers and the public are aware of, understand and are included in the work of NHS Frimley and the ICS, is important to us realising our ambitions. We are committed to ensuring we are inclusive and accessible in our communication, sharing information, stories and messages in a way that everyone can understand - recognising when we need to offer alternative formats and approaches to help us connect with the diverse communities we serve. We are committed to ensuring that information is:

- easily accessible;
- timely and relevant;
- in a language that is easy to understand;
- translated as appropriate;
- available in other formats (Braille, audio, etc);
- provided through a variety of channels and formats; and
- tested and evaluated for effectiveness.

Campaigns

Throughout the year we run a number of communication campaigns to support and educate the communities which we serve. The NHS can be a complicated landscape to navigate, so our campaigns aim to support people to know what is available to them and how to access them. Our campaigns cover a range of topics, from informing patients about the impact of industrial action or system pressures to launching new initiatives and vaccination programs. Below are just a few examples of the campaigns that have been run in 2023-24.

Make The Right Choice

The Make The Right Choice campaign educates and supports residents in choosing the right service for their health care need.

Make The Right Choice describes the alternatives to attending Accident and Emergency departments and is a crucial campaign during times of system pressure – such as the winter months, during industrial action or impacted through bank holidays.

The campaign is delivered in the community through a variety of channels such as:

- Local news articles and radio interviews
- Print stories in resident magazines and newsletters
- Digital stories for websites and online newsletters
- Posters, pull-up banners and postcards in public areas
- Social media campaigns and digital advertising.

For the reporting period of November 2023 to February 2024, this campaign had a combined organic and paid reach of 357,281 across our social media platforms (X, Facebook and Instagram).

Stay Well This Winter 2023-24

Our winter campaign started in November 2023 and consisted of six main overarching themes:

- Know where to go for help
- Look after yourself and others
- Get winter ready
- Caring for children
- Look after your mental health
- Live well, eat well and keep moving

The campaign launched across social media and print (through various resident newsletters), as well as being distributed with partners for wider sharing and in person through CVS forum events.

Throughout the course of the campaign, we posted on social media platforms (X, Facebook and Instagram) 160 times and achieved a reach of 17,000.

Primary Care Access – phase two

In early 2023 NHS Frimley launched a successful Primary Care Access campaign with the aim to:

- Challenge patient perceptions and expectations that primary care is not open and reassure patients that primary care is open, available and here to care for you.

- Increase awareness of various roles within primary care.
- To inform patients of how these alternative professionals can support with care.
- To help patients understand how they can access primary care services in different ways (online, telephone, face to face), at different times (enhanced access/out of hours) and the differences from routine and on the day need.
- Influence patient behaviours by redirecting to appropriate members of the primary care team

We have continued to build on the campaign, creating new assets featuring more primary care roles and enhancing the messaging further with detailed case studies of local staff members. Throughout the life of this campaign we have now reached well over 1 million people via a wide variety of digital, audio and printed materials.

Urgent Care Centres – Slough and Aldershot

For winter 2023-24, NHS Frimley launched two new urgent care centres for patients same day urgent care for minor illnesses such as chest infections, skin infections or urinary tract infections.

The urgent care centres are located in Slough and Aldershot. Patients, including children, who are registered with a practice in Slough, North East Hampshire and Surrey Heath can access and book ahead through their GP practice or calling 111. Walk-in appointments are also available.

The communications strategy for the launch of these new urgent care centres focused on:

- Targeted communications to registered patients in Slough, North East Hampshire and Surrey Heath – this was achieved through supporting GP practice communications and utilising channels, networks and opportunities within the communities.
- Providing accessible, appropriate and relevant information – this was achieved through providing a number of formats for the communications to fit the audience and channel. This also included translating the communications in to four languages – Hindi, Panjabi, Urdu and Polish.
- Providing appropriate material to support patient redirection – posters, pull-up banners, postcards

Patient information about the urgent care centres was translated in different languages to support accessibility. Above is a postcard in Urdu promoting the new Slough Urgent Care Centre.

and digital screens were provided to our two acute hospitals, Wexham Park and Frimley Park Hospitals, to support Accident and Emergency staff in redirecting appropriate patients to the urgent care centres. These materials were also provided in Hindi, Panjabi, Urdu and Polish.

Developing partnerships and relationships

By working in close partnership with a range of stakeholders we have been able to create more opportunities for shared ownership across different work programmes to better reduce health inequalities. We continue work together to reach out to all parts of our community, support joined-up communications, messaging and campaigns; reduce duplication and increase efficiency. We share resources, data and insight, build shared training opportunities and increase the ability to maximise the impact of good work - supporting sustainable solutions to health and care at a local level whilst offering the ability to work at scale where appropriate.
Examples of partnership development in 2023-24 include:

- **VCSE Alliance -** 2023 was a pivotal year for the development of the Frimley VCSE Alliance. Funding was secured to recruit a Development Manager who is now working to co-design an alliance structure, vision and establish clear ways of working. This will ensure the VCSE sector is realised, as part of the new ICS and ICB structures, as a strategic and delivery partner to support the reduction of health inequalities and transform health and care services for local people.
- **System Communications and Engagement Leadership network -** in 2023 a system-wide leadership network was established to bring together communications and engagement leads from across a wide range of system partners including ICB, Trust, Provider, Healthwatch and Local Authorities. This group is now able to support and strengthen shared messaging, reduce duplication, share prioritisation of work and reduce costs on shared campaigns. This has already proven to be useful when supporting system pressures over winter and when launching initial engagement linked to the proposed new hospital in Frimley.
- **Close partnership working on New Hospital Programme -** NHS Frimley and Frimley Health Foundation Trust have been working closely together on the New Hospital Programme for Frimley Park Hospital. In early 2024, patients, local people and Frimley Health staff were asked what's most important to them when choosing the site for the state-of-the-art replacement for Frimley Park Hospital. Frimley Park Hospital needs to be replaced because it was built in the 1970s using Reinforced Autoclaved Aerated Concrete (RAAC), which makes up around 65% of the current building. The new hospital, which cannot be rebuilt on the same site, will be funded by the Government's New Hospital Programme and will open by 2030, transforming local healthcare.

Initial engagement for the New Hospital Programme was launched over a period of six weeks, there were four public events, one drop-in session and eight pop-up stands throughout local communities. This was alongside an online survey that received over 3000 responses and numerous staff events and meetings. More information and further updates about the work can be found on our Insight and Involvement Portal in the future.

Delivering insight and involvement and demonstrating impact

Throughout the year NHS Frimley has demonstrated delivery of effective support and expertise for large scale, complex and sensitive communications and engagement work alongside day-to-day activity. It is our ambition that we continue to create further opportunities to better understand the insight, feedback and data available to us from a multitude of different sources. Whether it be from our own analytics team, partner engagement, feedback from comments and complaints or learning from community development work, we have a unique ability to bring this together to 'tell the stories' which underpin our shared data and insights. In 2023-24, this has included:

- **Bracknell Forest Innovation Fund -** in 2023 Bracknell Forest Council, in partnership with NHS Frimley, offered local projects up to £20,000 to support residents within Bracknell Forest who were classed as clinically vulnerable during the pandemic and those closest to them and who continued to face challenges. We were looking for projects that could enhance the health and wellbeing of the most vulnerable in our communities and those closest to them. In total, 11 local projects were funded, details of which can be found here.
- **NHS Frimley newsletter -** in August 2023 we launched the first edition of a new newsletter aimed at system and senior leaders across Frimley. The monthly newsletter provides a snapshot of the variety and innovation of the projects and programmes that are underway across the system. To date, seven editions have been published, each sent to more than 200 professionals across Frimley.
- **Insight gathering using surveys** - insight gathering through surveys, whether conducted online or face-to-face, serves as a versatile tool, offering an efficient means to capture a wide variety of perspectives, allowing for the development of understanding or gathering targeted insights from specific demographics. When used alongside other engagement methods, such as interviews or focus groups, surveys become even more powerful. During 2023-24 teams across NHS Frimley were supported in the development and sharing of 96 surveys that reached nearly 6,000 people. Surveys were on a diverse range of subjects including blood pressure awareness, new building projects, same day urgent care, industrial action and emotional wellbeing. The tools that we use allow project teams to develop their own surveys and access the results in real time. This seamless integration enables teams to leverage feedback from patients and the public, ensuring that their work is not only supported by but also influenced by meaningful input.

NHS Frimley remains committed to fostering meaningful involvement of people and communities in shaping health and care delivery. Moving forward, we recognise the vital role that ongoing collaboration and partnership working play in realising our vision and we will continuously work to strengthen these partnerships, acknowledging that collective action is essential for achieving lasting change.

As we embark on the next year, we look forward to building upon the progress made, amplifying the voices of those we serve, and continuing to champion inclusivity and collaboration as core principles of our work with people and communities.

Reducing Inequalities

Equality, diversity and inclusion underpins all our work and everything we do is driven by fairness and social justice for all. Addressing inequalities remains a core purpose of our strategy.

Our Equality Diversity and Inclusion (EDI) strategy has helped us focus on understanding where our highest inequalities lie, so we can implement the relevant actions to help address these and invest in efforts to improve the lives of our people and the communities we serve. In addition, we ensure our work adheres to the principles enshrined in the NHS Constitution and goes beyond the legal requirements of legislation such as the Human Rights Act 1998, the Equality Act 2010 and the Health and Social Care Act 2012 (section 14T). These include:

- Give 'due regard' to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- 'Have regard' to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

NHS Frimley plays key roles in addressing equality and health inequalities for our local population: as employers and as local and national system leaders, in creating high quality care for all.

NHS Frimley has two separate key duties, one on equality and one on health inequalities. Both require informed consideration by decision makers, but it is important to appreciate that they are two distinct duties.

The specific duties of the Equality Act 2010 require public bodies, such as NHS Frimley, to have due regard to the aims of the Public Sector Equality Duty (PSED) in exercising their functions, such as when making decisions and when setting policies. In addition, they require public bodies to set specific measurable equality objectives every four years.

As a statutory public body, we must ensure we meet these legal obligations and, by publishing annual equality information, demonstrate how the organisation has used the PSED as part of the process of decision making in relation to service delivery, provision of information and communication and engagement.

The overall aim of the PSED is to make sure that NHS Frimley takes equality into account as part of their decision-making process. A full breakdown of our work to reduce inequalities and compliance with PSED, Equality and Human Rights Committee's Monitoring Project, NHS England's Sexual Safety and Equality Improvement Plan can all be found in our EDI Annual Report, available here.

This section shows the following:

- Our commitment to EDI through setting **Strategic Equality Objectives**.

- How we **organise ourselves to deliver** the equality objectives.
- **Impact of COVID-19** and our approach in addressing inequalities and vaccine hesitancy.

Our equality and diversity objectives

Our equality objectives are closely aligned to NHS Frimley's vision, values and corporate objectives, as well as its statutory and regulatory obligations, and align to the ambitious five ICS equality objectives which have been developed. More information can be found on our website https://www.frimley.icb.nhs.uk/about-us/equality-diversity-and-inclusion

Our ambition

As an NHS organisation we aim to:

- ensure staff fully understand equality, diversity and inclusion issues;
- feel empowered to challenge prejudice and make reasonable adjustments in their own work areas;
- include equality and diversity training for all staff;
- ask managers to promote the cultural and behavioural changes to ensure equality, diversity and inclusion is demonstrated in all aspects of our work;
- provide an environment for our staff which is free from unlawful discrimination; and
- work with staff and use anonymous questionnaires to ascertain staff opinions.

Our objectives

- to create an environment where staff feel valued, respected and included;
- to improve staff awareness, understanding and implementation of EDI including their legal obligations;
- to provide equality of opportunity in our employment practices;
- to provide learning and development opportunities for staff; and
- to continually improve what we do based on equality.

How we organise ourselves to deliver the equality objectives

NHS Frimley has an established EDI working group to keep under review the ICB's progress in meeting its equality responsibilities; to provide assurance that these are being managed effectively and in accordance with statutory, regulatory and relevant guidance; and to make recommendations to the senior leadership team for remediation if required. The group meets on a monthly basis and has broad membership from across NHS Frimley including programme leads by place, staff network(s) and staff side. The meetings are chaired by the EDI System Lead and Programme Coordinator, and reports to the Senior Leadership team.

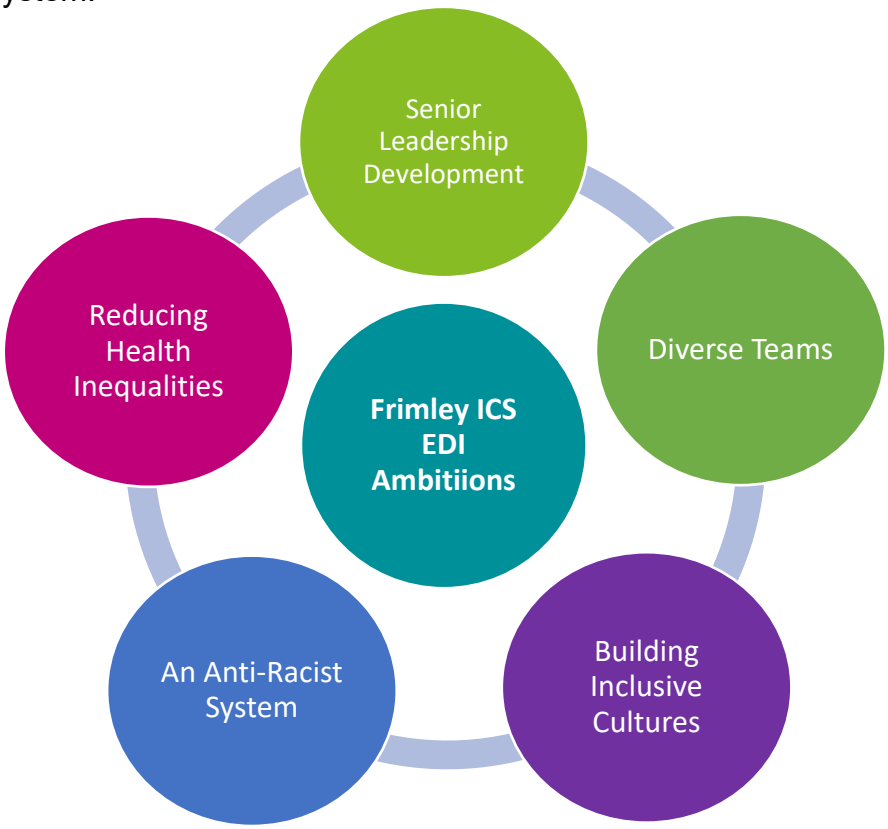
Good progress has been made on the equality objectives including:

- the integration of EDI into all aspects of the ICB as a whole organisation agenda;
- development of an Equality Advocates Programme;
- ongoing commitment to strengthen working relationships across the ICS to help achieve best practice for staff and service users;
- development of four staff equality networks:
    - Black, Asian and Minority Ethnic (BAME)
    - Disability and Wellbeing Network (DAWN)
    - Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual

and other gender or sexual identities (LGBTQIA+)
    - Working Carers
- Development of an EDI Professionals Network to facilitate cross-System collaborative working between EDI Leads
- Development of cross-system Staff Network Chair meetings to provide mutual support, facilitate collaboration and reduce duplication for staff with limited resources.
- The establishment and support offer for staff equality networks within the ICB and across the ICS.

Frimley ICS EDI Ambitions

The following ICS ambitions were developed following engagement with key stakeholders in the Frimley System.



For more information on our EDI work please see our EDI Annual Report, available here.

Health Inequalities

Addressing health inequalities is the cornerstone of the **Frimley ICS long term strategy**. Our system strategy Creating Healthier Communities has been our primary vehicle for progressing local initiatives which target variation in outcomes for communities or whole-system populations who experience a disparity of health outcome.

Analysis shows we have stark intra-area health inequalities, with poor, and worsening, health and wellbeing outcomes in our more deprived communities and other groups. Cardiovascular, respiratory, COPD, hypertension, diabetes, obesity, mental health and alcohol abuse are all population health issues presenting challenges across the system, with differing levels of prevalence and determinants, between our five Places.

The deprivation gap for life expectancy is being driven by preventable and manageable diseases. We want to help address the root causes of lifestyle behaviours by reducing modifiable risk factors - obesity, alcohol and tobacco consumption - and work together, to provide personalised support to tackle them.

Co-creation with our communities is an aspiration, that shifts to a culture of prevention and self-care. We need to move away from a system that simply treats illness to preventing it and help create the right conditions to support residents and patients to live longer in good health. Health inequalities is not seen as a standalone programme, but a golden thread running throughout all of our work programmes.

The challenges presented by the pandemic have also meant existing health inequalities have been compounded and, when we look at those who have been most at risk of poor outcomes, it is often those with long term conditions or health behaviours that are amenable to change. The Living Well Ambition therefore supports our general aims around helping develop strong, resilient and healthy communities.

CORE20PLUS5

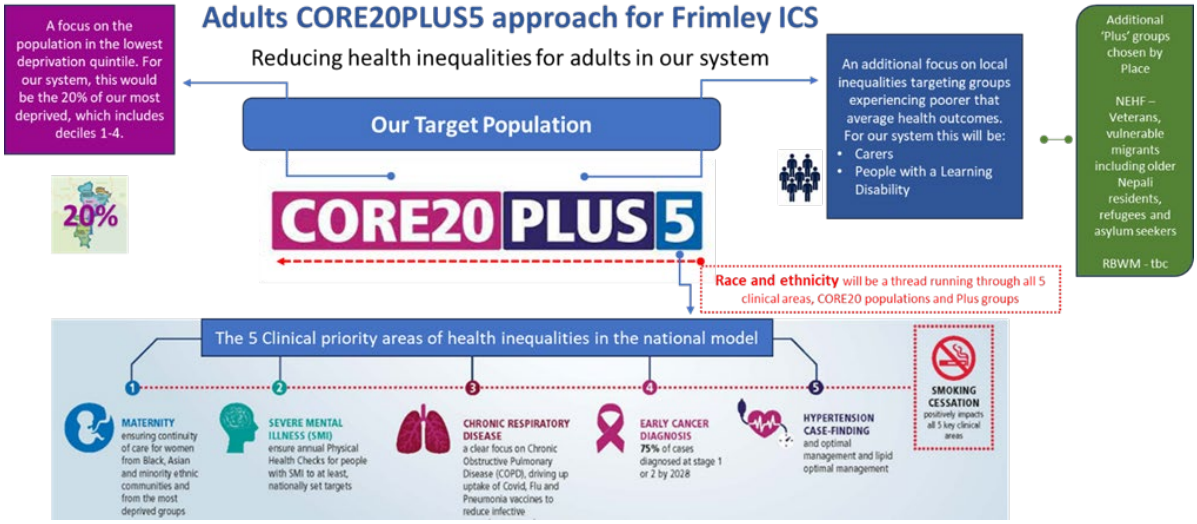
Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement. The approach focuses on 3 core components.

ICSs are expected to understand what their 'Core20PLUS' population is and identify their specific healthcare needs, in order to make informed decisions about how to ensure equitable access, excellent experience and optimal outcomes for these populations. There is strong strategic alignment between this approach and the Frimley ICS Strategic Objective of reducing health inequalities.

Our strategy will remain the core way in which we deliver the transformational effort required to achieve this change. An opportunity exists however to create additional rigour with the alignment to national and regional initiatives which will multiply what we are able to achieve through this approach. Our priority will be to ensure we target those who have the greatest need and the poorest health and wellbeing outcomes. The Joint Forward Plan and the NHSE 2023-24 priorities and planning guidance reconfirms the need for action on ambitions set out in the NHS Long Term Plan, continuing to ensure action taken addresses health inequalities and deliver on the CORE20PLUS5 approach.

There is significant engagement and momentum around the CORE20PLUS5 strategic approach as a mechanism for reducing health inequalities. We are aiming to drive focused action and using evaluation to evidence impact we are having, recognising that some of the full effects on health inequalities may take years to realise, but short-term outcomes can be measured to demonstrate impact.

Adults CORE20PLUS5



CORE20PLUS5 (Adults) Frimley ICS summary graphic incorporating the newly recommended plus groups for adults for NHS Frimley. Infographic adapted from NHSE.

CORE20 is based on Index of Multiple Deprivation and in our ICS, we have opted to focus on deciles 1-4, which accounts for 20% of our ICS population rather than deciles 1-2. This is because our system is less deprived than other parts of the country. There are certain communities who experience particularly pronounced health inequalities and for each 'Plus' group we are ensuring the gap in unmet need is identified and there is action we can take, that is measurable, to improve their outcomes. The '5' – the five key clinical areas prioritised in the NHS LTP (Maternity, SMI, Chronic Respiratory Disease, Early Cancer Diagnosis, Hypertension Case Finding) - requiring accelerated improvement, with the addition of smoking cessation as a thread running through these five areas. Stopping smoking has a positive impact in all five clinical areas of focus.

Based on the data, insights and evidence we have gathered from the system partners, the proposed 'PLUS' groups at the system-level include adult carers and adults with learning disabilities, and children with learning disabilities, young carers, children in care and care leavers for children and young people. In addition, race and ethnicity will be a thread running through all five clinical areas, CORE20 populations and Plus groups. Addressing race and ethnicity disparities is fundamental to promoting equity and crucial for reducing healthcare inequalities. We aim to work iteratively with Plus groups, where the focus may change over time but in a structured way.

The overarching goals of our interventions are as follows based on the 5 national clinical priority areas in the CORE20PLUS5 programme:

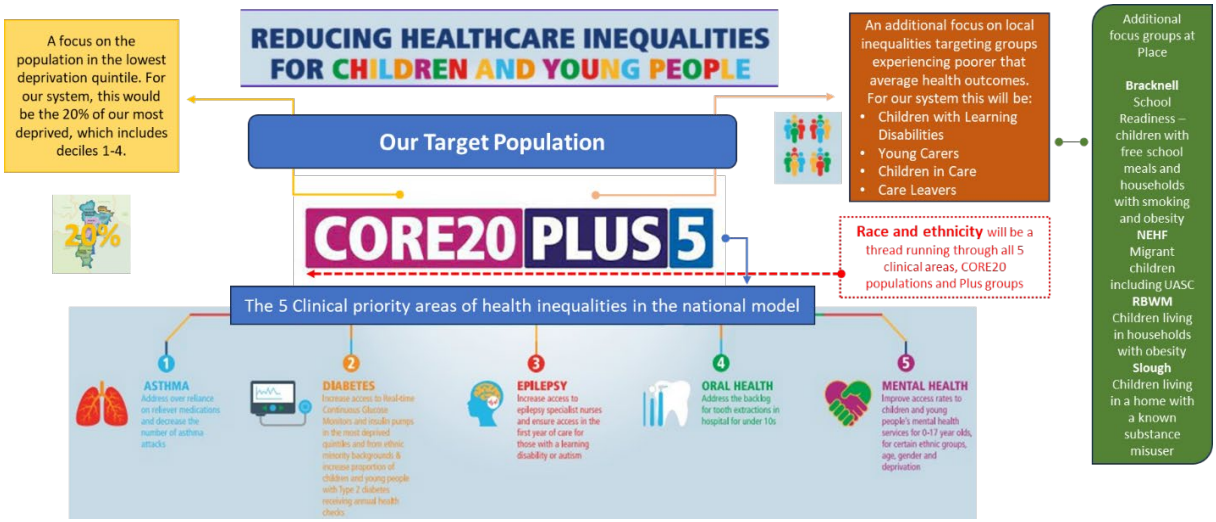
1. Prioritising continuity of care for women from Black, Asian, and minority ethnic communities as well as those from the most deprived backgrounds, with a focus on implementing safe staffing levels
2. Ensuring that individuals with SMI receive annual physical health checks meeting or exceeding national targets.
3. Increasing uptake of COVID, flu, and pneumonia vaccines in patients with COPD
4. Early cancer diagnosis: Targeting a 75% diagnosis rate at stage 1 or 2 by 2028 to enhance prognosis and treatment outcomes
5. Implementing interventions to optimize blood pressure and to reduce the risk of myocardial infarction and stroke.

We work closely with NHSE at both regional and national levels and with the Office for Health Improvement and Disparities (OHIP), forging strong partnerships and leveraging these connections to gather insights from best practices. We actively participate in various Boards, including the South East Prevention and Health Inequalities Board, fostering a culture of collaboration and knowledge exchange.

Embracing a super-matrix approach, we transcend traditional boundaries to maximise our impact across the system and beyond. We have been selected to take part in the Core20PLUS Connectors Programme which is being rolled out in Rushmoor, to recruit, mobilise and support influential community connectors to take practical action to improve health and reduce inequalities. The focus for this programme is Children and Young Peoples Oral Health and Mental Wellbeing.

The National Healthcare Inequalities Improvement programme has recently completed the recruitment for the Core20PLUS Ambassador programme 2023-24, with three representatives accepted into the Core20PLUS Ambassador programme from the ICB, along with a Health Inequality Finance Fellow. They will promote the importance of reducing inequalities across the healthcare system and drive this important agenda forward.

Childrens and young people's CORE20PLUS5 Approach



CORE20PLUS5 Children and Young People ICS summary graphic incorporating the newly recommended plus groups for NHS Frimley. Infographic adapted from NHSE.

We aim to deliver Exceptional Healthcare: Equitable Access, Outstanding Experience, and Optimal Outcomes for All. By focusing on health disparities and targeting specific population groups, the ICS aims to improve health outcomes for communities facing significant challenges. The strategy aligns with the national agenda while tailoring initiatives to local needs, as evidenced by the selection of specific deprivation deciles, Plus Groups and prioritised clinical areas, which will ensure we are taking a comprehensive approach that addresses the diverse needs of the population. The emphasis on iterative, structured approaches reflects a commitment to ongoing improvement and responsiveness to evolving circumstances. Ultimately, the goal is to bridge gaps in unmet needs and drive measurable improvements in health outcomes for all segments of the population, thereby contributing to the broader objectives of the ICS and CORE20PLUS5 approach.

The aim of identifying the plus groups is to focus specifically on any differences that may exist in the above outcomes for these groups compared to others in the population and to take tailored action both at system and place level to ensure equality.

We will collaborate closely with our Places, Clinical Leads, as well as Public Health and the five clinical workstreams, to co-create a comprehensive delivery plan for the next 12 months. This plan will be implemented through the Community of Improvement that we will establish to ensure effective coordination and execution.

To maintain a strong focus on measuring and addressing inequalities, we will establish routine monitoring mechanisms. For instance, we will emulate our current practices in the Cardiovascular Disease Prevention Board, which involve continuous assessment, identification of areas requiring improvement, and evaluation of the impact of our interventions. Focusing on priority population groups experiencing health inequalities relating to CVD prevention: People from Asian, mixed, and black ethnic communities, adults with learning disabilities, adult Carers and targeting communities with low achievement. We have also developed easy reads to further support these communities.

The work is ongoing to ensure the quality and completeness of our data sets, which in turn will inform strategies to enhance outcomes, improve patient experience, and reduce health inequalities. Additionally, we are actively exploring the development of a health inequalities data dashboard to facilitate more actionable insights. We will also explore collaborations with the Anchors Institutions programmes to further enhance outcomes for residents, particularly those residing in the most deprived areas.

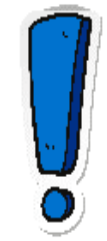
Progress on reducing health inequalities will be regularly shared with the ICS Transformation Board and the Integrated Care Board, which holds overall accountability.

A few examples of work in the ICS related to the CORE20PLUS5 approach below:

Preventative screening and early diagnosis

While we live in a time of awe-inspiring advancements in early diagnosis and treatment of cancer, health inequities still exist and many people who require treatment for cancer face barriers whether connected to income, education, geographical location, or other factors that negatively affect access and care. Improving screening uptake and participating in early diagnosis programmes can help us achieve the ambitions outlined in the CORE20PLUS5 approach as described above.

The Targeted Lung Health Check Programme can identify lung cancer at an earlier stage and often before symptoms become apparent. During 2023 the programme was in Slough, an area selected based on population size, smoking prevalence, and late-stage lung cancers and from 26 January 2024 the programme went live in Aldershot where it hopes to see 6,500 eligible patients.



This programme brings together healthcare teams and providers in order to invite and ensure accessibility to eligible patients – those aged between 55-74 years, who are smokers or former smokers, to this potentially live saving preventative screening.

In Aldershot, the Smoking Cessation service is co-located to offer smoking cessation advice to residents that smoke.

Last year Slough resident, Mr C Walters, was contacted via his GP Practice to take part in the targeted lung health checks.

Of his experience, Mr Walters said: “As a wheelchair user I always worry when being asked to go somewhere that isn’t a hospital as access can be an issue but when I arrived at the lung health check scanner, the staff were very helpful and there was a lift to get me into the machine. In fact, I'd say the staff were excellent!”

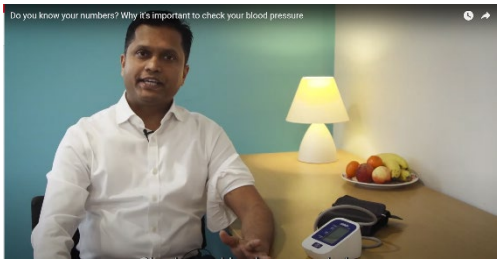
Slough resident Pete Barrett tells his story of how his cancer was detected and treated early.
You can watch this here.

In addition, the ICS were praised last year for leading the country in improving GP led bowel cancer screening referrals with a higher proportion of people being asked by GPs to use preliminary home testing kits doing so locally than anywhere else in the country.

The Cervical Cancer Prevention awareness week shone a light on the fantastic work happening throughout our geography by practice staff and specialist nurses to encourage the uptake of cervical screening. A practice in Farnborough carried out an audit of non responders which found the biggest age group not attending were women aged 30-32 years. They took the decision to make available more out of hours (extended access) appointments to see if it would increase access and uptake. They also started a butterfly wall as a visual representation of the number of smears taken in the surgery and encouraged people to write their reflections on the experience. This has been a powerful visual tool to get people talking, leading to partners, family members and friends encouraging others to come in. The practice has observed an increase in compliance as a result of the intervention. However, it is still too early to obtain more detailed data at this stage.

Cardiovascular Disease Prevention – Hypertension

We've committed to preventing cardiovascular disease (CVD), aiming to reduce up to 300 strokes and 230 heart attacks annually, taking a whole-system approach.



Dr Nithya Nanda talks about why it is important to check your blood pressure and gives a demonstration in this informative video – watch it here.

Collaborative efforts are underway with partners, taking a holistic approach to meet the planning guidance target. Both clinical and non-clinical input has been integral to our work towards improving blood pressure management in our system. Establishing a system-wide CVD Prevention Board has allowed us to focus on prevention and enhance detection, monitoring, and treatment of hypertension.

Local leadership has played a crucial role in addressing hypertension and its causes. Responsibility for action extends beyond health partners, reflecting our commitment to a collective approach. The ICS Living Well ambition has inspired a wider range of partners to join this collective action and to consider how they can collaborate to tackle high blood pressure within their area of scope.

CVD is strongly associated with health inequalities, particularly in Frimley ICS, where circulatory diseases contribute significantly to the gap in life expectancy between the most and least deprived areas. Therefore, ensuring resilience and support for practices in hypertension management and control remains crucial. The ICS CVD Prevention Board

regularly focuses on data comparison between adults in the 'plus' groups and the general population to identify any gaps in provision and enable equality of outcomes.

The management of hypertension faced significant challenges during the pandemic. While our shared goal was to increase the percentage of patients with hypertension treated according to NICE guidance to 77% by March 2024, we achieved 73% as a system. Some practices exceeded the 77% target, demonstrating progress despite variations in the pace of recovery. While progress is evident as Places resume delivering checks, maintaining our focus and enhancing efforts are paramount to ensure timely diagnosis and treatment for patients, leading to optimal health outcomes. Our strategy closely aligns with the National CVD Prevention Recovery Plan.

By utilising a wide range of local innovations, we have seen an encouraging return to growth in achievement of key indicators.

Automation and digital technology, using batch text messaging to patients adopting AccurX Florey (which facilitates remote screening/monitoring of patients through pre-made questionnaire sent via text with unique links to collect data), combined with staff education on opportunistic blood pressure checks, has enabled many practices to meet the 80% target for blood pressure control. We have shared good practice these across our networks to encourage our most challenged practices to adopt similar.

Last year, one of our practices in Slough, achieved one of the highest rates of blood pressure recording in the ICS. Not only did they end the year above system average, but they also hit 80% before winter pressures began. This was achieved by significant use digital technology, to collect blood pressure results remotely. This good practice video is being shared across our networks and we are encouraging other practices to adopt a similar approach.

In September, an online public engagement event was held with experts to raise awareness about blood pressure (BP) **'Looking after yourself, a focus on blood pressure'** We discussed what high BP is, its implications, and most importantly, how people can take control and manage their BP effectively. The session was well received by residents and staff, and we plan to do more in the coming months. You can watch a recording of it here. In addition, there are some valuable resources on our ICS blood pressure page which can be explored here: Blood pressure - Do you know your Numbers? We have also developed easy reads, which have translated into Hindi and will be shortly translating these into the five top spoken languages in the ICS.

ICS teams have also organised BP monitoring sessions across communities too. We have developed community hypertension pilots, providing blood pressure monitors in targeted locations for vulnerable people. A 'BP bus' visited specific areas for testing and advice, starting treatment if needed. The pandemic has strengthened community networks and community leaders are eager to collaborate, supporting and educating their peers on self-care effectively, enhancing overall community health.

Community conversations concerning heart health have been delivered in one of the most deprived areas and organised BP monitoring sessions across various communities. We have delivered a number of health improvement campaigns, including the global annual 'Know Your Numbers' which ran from 4th – 10th September. To increase the coverage and maximise the impact, we extended the campaign to last throughout the whole of September. The campaign was launched using a press release, circulated to the local and regional media, as well as campaign resources (the press release, web copy and social media assets and

suggested posts) were shared with system partners, including NHS, local authority, voluntary and community organisations and Healthwatch. During Know Your Numbers Week, different teams across the ICS ran special BP monitoring sessions in communities. In Surrey Heath, this included the Old Dean Estate residents, leisure centre visitors, Surrey Heath Borough Council staff and members of the Nepali community. Many people were found to have high blood pressure and were given the appropriate advice, including some who were advised to contact their GP practice the same day because their BP was so high. In Bracknell Forest, the Public Health team arranged for staff wellness checks, which included blood pressure checks, as part of their support for both Know Your Numbers week and Wellness Month.

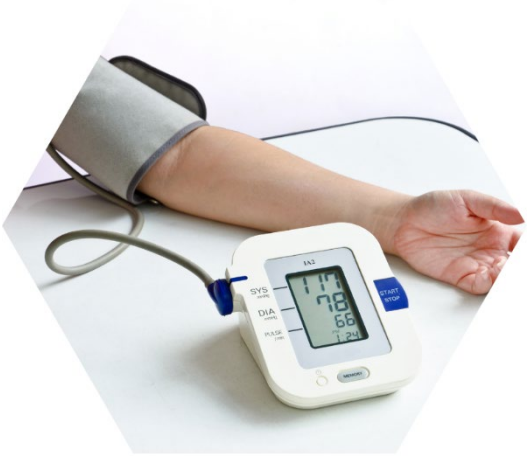
We are providing blood pressure monitors in targeted locations for vulnerable people. As part of our library project, blood pressure monitors are now available on loan at a few of our libraries in North East Hampshire and Surrey Heath.

We developed a public blood pressure survey, to gain further insights from our communities. In total we received 301 responses, 104 responses through the Community Panel and 197 through the open public survey. The survey findings are presently undergoing analysis and will be disseminated among staff and partners involved in our cardiovascular workstream, aligning with our overarching system Living Well ambition. Our goal is to transform these results into actionable insights that drive tangible progress and improve outcomes for our residents.

BP checks and wider NHS Health Checks have been taking place at a range of community venues, including job centres. We are providing guidance and resources to reach patients, from health checks in community settings and BP monitors at home, to partnerships with the third sector.

We continue to strengthen our relationships with community pharmacies to support the detection, as they are uniquely placed to reach people, who are often not well supported by existing services and experience health inequalities. Referrals to the community pharmacy is improving. In Slough, which is our most deprived place, the reach of health checks has increased by working closely with the community champion's programme. There are around 40 volunteers from diverse backgrounds, speaking 14 languages who support the programme.

Taking a community approach to blood pressure – Surrey Police Case Study: A pilot conducted as part of the broader Living Well priority programme aimed to support all individuals in having the opportunity to live healthier lives, regardless of where they live or their circumstances. Detection and management of hypertension is a core part of this programme, and this case study describes just one of our community based projects, which involved a pilot with Surrey Police, a workforce who often have reduced access to healthcare as a result of shift working.



The pilot took place in Surrey Heath with the aim of enhancing staff wellbeing by raising awareness about the risks associated with high blood pressure. It encouraged staff to take their own blood pressure readings and get to know their numbers.

NHS Digital Weight Management Programme

Evidence suggests that inequalities exist in access to weight management services. The Digital Weight Management Programme (DWMP) aims to reduce health inequalities by providing additional personalised support for people with characteristics that suggest they may be less likely to complete behavioural and lifestyle change programmes designed to reduce and manage their weight. This includes people of younger (working) age, people from Black, Asian and ethnic minority backgrounds, men and people living in more deprived communities.

The DWMP is now well embedded, working in collaboration with local authorities. Our ICS at one point was the highest performing system in the South East in terms of take up and we have consistently delivered high referrals in the region. In 2023-24 we surpassed our target by achieving 108%, positioning us as the fifth best-performing ICB in the country.

We have also supported the quality improvement project that was led by the regional team and have shared our learning with other systems across the country. The weight management services one pager and the ICS webpage developed for the system is being shared as an exemplar of good practice across the country.

We have further updated the weight management services overview to include information on provision for people with learning disabilities and this information is now on our website for the public.

We developed a referral form that is compatible with DXS, a widely used GP system in Frimley, which operates alongside EMIS (the patient record system). This ensures that all referral forms are readily accessible to clinicians using DXS. The development of a referral form compatible with DXS was undertaken to ensure referrals into DWMP could take place easily at the request of practices in the system. The technical resolution we have helped to define here in Frimley to make this possible, can be applied to the benefit of large parts of the rest of the country as well. This programme is more acceptable and accessible to some groups than others and forms part of a range of services for weight management to ensure equity. This also fits in with the work of several of our Places who have embarked on a whole-system approach to obesity work – which is progressing well.

Smoking

The Frimley ICS supports the Government's aim of achieving a smoke free generation. We have commenced the delivery of an In-House In-Patient and Maternity programme at Frimley Health Foundation Trust to deliver Tobacco Dependence Treatment Services (including opt-out provision of behavioural support and pharmacotherapy) in line with the NHS Long Term Plan commitments, using funding from the System Development Funding transformation allocation. This will build on the existing programme at Frimley Park Hospital and include Wexham Park Hospital with a view to extending the programme to other sites and services.

For Maternity, a high-level maternity model has been agreed with the initial pilot deployed in Slough. As a large portion of Saving Babies Lives version 3, Element 1, compliance relies on the full implementation of an in-house or in-reach service, we are using the implementation tool to track key performance indicators, targets and inform areas of improvement and amendments to Trust policies. The inpatient service provides full coverage across the Trust,

with all three whole time equivalent Tobacco Dependency Advisor (TDA) roles filled. We aim to have the inpatient and maternity service fully established this year.

The inpatient service model will provide continuity of care, from the specialist advice right through to the on-going provision of pharmacotherapy in the community after the patient has left hospital. Frimley Trust are now submitting data at the highest quality, which is extremely positive. The numbers of patients having their smoking status recorded has increased significantly and the Trust are already seeing patients attending hospital months after their initial TDA assessment, who have quit completely.

Frimley Health Smokefree Steering Groups have been established, with the purpose of these groups to reduce the smoking prevalence across the ICS and implement the NHS Long Term Plan objectives relating to tobacco. The groups are responsible for driving the smokefree agenda across the ICS, provide and maintain oversight of the implementation of the Inpatient Tobacco Dependency programme and the maternity pathway, to ensure the provision of a resilient, sustainable programme that supports more people accessing secondary care to quit smoking. We are working collaboratively with local authority/Public Health partners to improve linkages and coherence of the tobacco control and stop smoking offer across the ICS. We are aligning the work to the CORE20PLUS5 approach, as the five clinical areas of focus are all impacted by smoking.

Stopping the start: new plan to create a smokefree generation

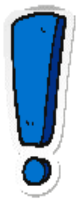
Following the Government's announcement, we are working with Public Health teams to explore the wider smoking pathway, to ensure services are sustainable, taking a whole-system approach to tackling the problem. Although the medicalisation of smoking cessation in the NHS supports many thousands of smokers, community solutions remain critical in maximising all opportunities, to encourage people to quit, and reaching communities where smoking rates are still too high.

Smoking cessation alliances and groups have been established across the five Places to promote a collaborative approach. We have initiated smoke-free campaigns as part of our ongoing health improvement efforts, aligning with various national campaigns, including Stoptober and No Smoking Day. Additionally, community events are being organised across some of our areas. To further support smoking cessation efforts, information and advice are now accessible in food banks within North East Hampshire and Farnham.

The ‘Language Project’

Designed to reduce inequalities in health care, the Language Project a free resource for general practice and other healthcare services, designed by our Place-Based Quality Lead, in collaboration with a small team of colleagues from NHS Frimley Integrated Care Board, Frimley Academy and GP providers across the Frimley geography.

The Language Project is reducing barriers to healthcare, by helping GP practices and other health and care providers, communicate with patients through text messages in the patient's own language. Not only is this improving communication but also making health services more accessible and improving outcomes.



The project has already seen an increase in patient engagement and is receiving positive feedback. The NHS England South East Regional Team has recognised the benefits and has shared with the national GP commissioning team.

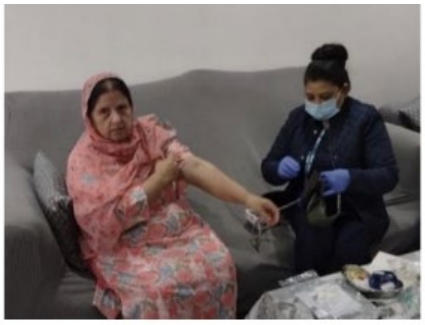
One of the drivers behind the language project was the realisation that all communications from GP surgeries were being sent in English. Having seen the impact that the lack of translated information during the Covid pandemic caused, Paul identified a gap and saw the opportunity to make a difference.

By working alongside colleagues from across NHS Frimley and primary care digital teams, he was able to understand what options were available from our existing IT systems and work with colleagues to work out the easiest and most cost-efficient way to create the translated messages.

To save re-inventing the wheel and spending more NHS resources on duplicating the translated text, the lead worked with the communications team to set up a web page where the translations could be hosted and made available to all GP practices across the system.

It is hoped that having a simple process for translating messages will improve patient outcomes.

The Slough multi-generational household approach



Amongst the many valuable learnings to come out of the Covid-19 pandemic was that 13.9% of Slough's population live in multi-generational households (MGHs) – approximately 3,761 households in total. There is a total of 12,000 MGH households across the Frimley ICB area. 69% of Frimley ICB's underserved population lives in Slough with more than 150 different languages spoken and at least a 10-year life expectancy difference from its neighbouring town. Approximately 15.1% (5,540) children live in low-income families and there is a 20-year gap with regards to the healthy years lived.

Phase 1 of the multi-generational household pilot was implemented to support the low-level herd immunity in Slough due to the low uptake of pre-school boosters. We learnt that parents in this area were not necessarily opposed to being vaccinated, but other factors such as work schedules or caring responsibilities were preventing them taking up the offer of routine immunisations. Therefore, we organised home visits and

used the opportunity to complete the remaining checks for the entire family in one setting.

Information on MGHs is not routinely captured in primary care or any other known datasets and so, in order to improve access to and healthcare outcomes for some of the most deprived families in Slough, NHS Frimley commissioned the Slough Place team to develop a novel approach with our Connected Care team to create a linked data set, using shared care records from multiple GP practices where different family members were registered to offer a single visit through the new ARRs staff within the primary care networks.

Phase 2 of the programme identified MGHs with a lower than 30% completion rate against the Quality and Outcomes Framework and nurses/physician associates/healthcare assistants/pharmacists offered home visits to complete checks for up to three generations in one setting. An initial 441 households were identified, equating to approximately 4,000 residents, where childhood vaccinations, blood tests, long-term condition and medication reviews were all offered.

Patient Mr TS said: “It is a very good service, especially as my elderly relatives as well as my children were all seen at the same time. This was much easier for me as their main carer and from a work perspective, I did not have to take multiple days off work for separate appointments.”

Staff reported that they enjoyed the outreach element of the project, appreciating the chance to review patients’ home environment and better understand the potential barriers to access.

By offering the family an alternative way of accessing primary care, the behaviour and interactions of these families has changed. Achievement of care processes and treatment targets within the target households more than doubled from 21% to 52% since the start of the initiative. There was also an 8% improvement specifically in learning disabilities and SMI checks year to date and some slowing down of the use of urgent care services. This potentially indicates a financial impact, which will be fully evaluated at the end of the winter period.

Future phases of the project include a preventative model in partnership with our local schools to help tackle childhood health inequalities by engaging with households experiencing substance use or mental health issues.

Improving access and outcomes for people with learning disabilities

Utilising a wealth of population health data, NHS Frimley has been able to understand health inequalities for people with a learning disability, and this in turn has helped us focus our efforts on:

- improving uptake and quality of health checks;
- support for weight, diet and exercise;
- prescribing;
- epilepsy; and
- collaborative working.

Working directly with the Surrey Heath Primary Care Network and partners, NHS Frimley has seen early achievements including:

1. a bespoke database for practices to enable them to more easily access vital patient information;

2. develop a process to more accurately review antipsychotic medications; and
3. share regular cancer screening data to ensure equality of access.

As part of the continued COVID-19 vaccination programme, we have ensured people with a learning disability, living in their own homes, are able to access the vaccination service closer to home with suitable adjustments and home visits are ongoing.

Working in collaboration with Surrey County Council, NHS Frimley has helped support the needle desensitisation service and ensured it has been offered to those who need it – with many able to have vaccinations in less stressful locations such as GP surgeries and in some cases in the person's homes.

Building stronger relationships with our community

In the last year we have built up excellent relations with our Nepali Community to ensure uptake of the COVID-19 vaccination. Working with Surrey Minority Ethnic Forum and local Nepali networks, information and updates have been shared via Nepali community champions and Ghurkha Radio. Additional work with our large Gypsy Roma Traveller community in Ash Vale has ensured access to vaccinations via the outreach service, Lakeside Vaccination Centre and mobile units. Excellent relations have been built up via the PCNs Care Co-ordinator and Practice Manager, with the community now accessing health services at the practice more than previously.

Improving accessibility through the Digital Buddies programme

The Digital Buddies programme was launched in the 2022-2023 financial year to address health inequalities arising from digital poverty in Slough, through enhancing digital accessibility and residents' IT skills.

Key focus centred around improving digital literacy and confidence, increasing NHS app utilisation and reducing isolation and loneliness. Secondary benefits included alleviating practice clinical and non-clinical capacity through improved digital access route uptake and a reduction in avoidable encounters. The project helped to gain insight into the challenges faced by those who lack access to digital technology and showed that targeted help can improve their ability to use digital devices and boost confidence. The project team's focus on building relationships with residents, understanding their needs and what gets them engaged, was crucial to the programme's success thus far.

Since the pilot:

- The number of participants so far has been 349, of which 40 (11%) signed up for the NHS App
- 40 (11%) progressed through all of the classes.
- 24 (7%) of the entire cohort engaged with the digital buddy offer, supporting residents with different aspects of their life such as accessing NHS services and buying a new SIM card.
- Reduced isolation and loneliness were also reported by the cohort engaging with the Buddy offer through GAD7-scored post-training user survey.
- Increased number of patients reporting an improvement in their understanding of how to access services through digital channels improving their health outcomes, including GP websites and the NHS app.

- While only 40 residents gained the confidence to go on and sign up for the NHS app, the other 309 residents expressed that they would take what they had learned into their day to day lives.
- Average of 62% increase through the Cohort of improved confidence and understanding on using digital skills to access support and local services, with a 35% average increase of confidence on accessing job search features.
- Contribution to slowing down the mean rate of ED attendances and unplanned admissions across Slough - previous yearly increase of 12% in ED attendances and unplanned admissions, yet this was only a 1% increase in the cohort that used the Digital Buddies scheme from Jan 2023 – May 2023.

Environmental matters

NHS England's Group Accounting Manual for 2023-24 has adopted a phased approach to incorporating the Task Force on Climate-related Financial Disclosures (TCFD) recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports.

TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance pillar 2023-24. By incorporating the governance pillar first, NHS Frimley can establish clear structures and processes for overseeing climate-related issues at the local level. This includes defining roles and responsibilities, setting objectives and targets, integrating climate considerations into decision-making processes and engaging stakeholders effectively.

A phased approach allows NHS Frimley to gradually build capacity and enhance disclosure practices over time, ensuring a smooth transition towards full compliance with TCFD requirements. It also provides an opportunity for learning and knowledge sharing within the NHS community, as organisations collaborate and exchange best practices for addressing climate-related risks and opportunities.

The governance pillar within the TCFD framework focuses on the governance structures and processes that the ICB has in place to oversee climate-related risks and opportunities. It encompasses the following key aspects on the following page.

Board oversight: This involves describing the role of the board of directors and governors in overseeing climate-related issues. It includes the board's responsibility for endorsing NHS Frimley's climate strategy, overseeing its implementation and ensuring that climate-related risks and opportunities are integrated into decision making processes.

Management's role: This entails describing management's role in assessing and managing climate-related risks and opportunities. It includes detailing how management identifies, evaluates and address climate-related risks across NHS Frimley's operations and value chain.

Integration into strategy: This involves explaining how climate-related risks and opportunities are integrated into NHS Frimley's overall strategy. It includes describing how climate considerations inform strategic planning, business model development and investment decisions.

Risk Management processes: This entails disclosing NHS Frimley's processes for identifying, assessing, and managing climate-related risks. It includes detailing how climate risks are identified, evaluated, and monitored as well as the measures taken to mitigate or adapt to these

Metrics and incentives: This involves describing how NHS Frimley incentivises and monitors progress on climate-related objectives. It includes disclosing any performance metrics, targets, or incentives related to climate change as well as how progress against these objectives

In summary, the governance pillars of the TCFD framework focus on ensuring NHS Frimley has appropriate governance structures, processes and incentives in place to effectively manage climate-related risks and opportunities. It emphasises the importance of board oversight, management accountability, integration into strategy, robust risk management processes, and clear performance metrics in driving climate-related action and disclosure.

As an NHS organisation and spender of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve.

Greener NHS

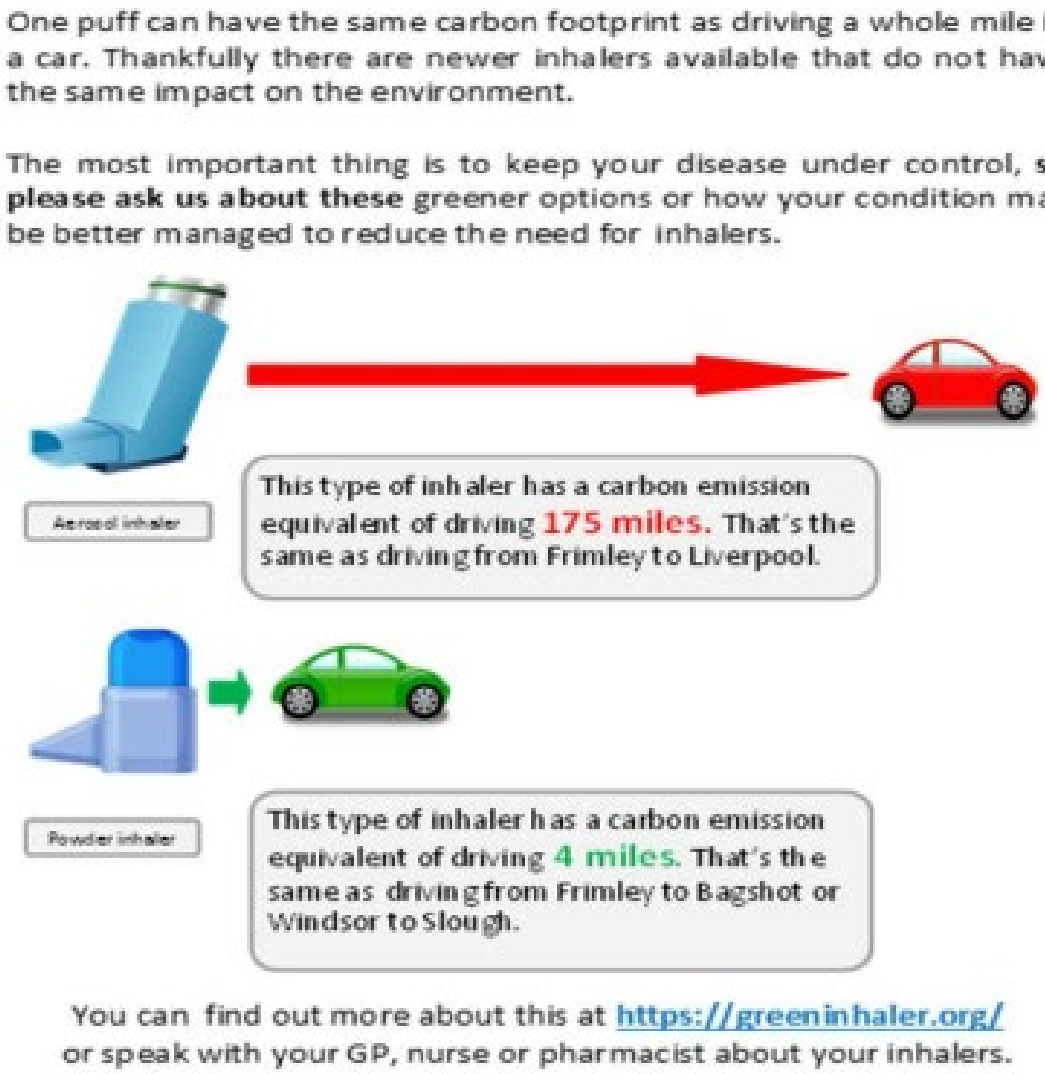
Sustainability means spending public money well, protecting the environment by making smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental, and economic assets we can improve health both in the immediate and long term even in the context of rising natural resources costs.

Medicines optimisation team

An area of concern is the emissions from Inhalers. Inhalers are responsible for 3% of the NHS carbon footprint. Most of these emissions come from the propellants used in metered dose inhalers (MDIs) to deliver the medicine, rather than the medicine itself. Optimising the

choice of inhaler, as part of a shared decision-making conversation between the patient and the clinician, can play a significant role in achieving the NHS net zero target. The NHS Long Term Plan set targets to deliver significant and accelerated reductions in the total emissions from the NHS by moving to lower carbon inhalers, such as dry powder inhalers (DPIs).

The medicines management team have been working closely with the prescribers to promote the usage of dry powder inhalers.



Staff – travel and office usage

NHS Frimley has a flexible working policy, supported by enabling technology such as laptops and VPN access. Staff are encouraged to avoid all unnecessary travel to sites and inter-site when possible. Enabling remote work enhances NHS Frimley's ability to maintain operations during unforeseen events or emergencies, such as inclement weather, natural disasters, or public health crises. Employees can continue working from home or other locations, ensuring continuity of essential services, and minimising disruptions. Offering flexible working options also allows NHS Frimley to be more attractive to potential employees and contributes to employee retention.

NHS Frimley has significantly reduced the office space it occupies, freeing up space for clinical use by system partners. There has been a reduction in printing and paper costs and the need for printers on site as information is now stored digitally rather than paper based.

A carbon footprint of working in an office environment is quite evenly distributed between travel and office energy emissions, at 48% and 52% respectively. The office energy contributes just 4% more to the overall carbon footprint of 33.43 kgCO2e/week.

Compared to carbon emissions from the homeworking energy use, the overall carbon footprint is 13.63 kgCO2e/week. This is a difference of 19.8 kgCO2e/week compared to a full working week commuting to and working in an office.

Many job seekers prioritise flexibility and work-life balance when considering employment opportunities and providing such benefits helps NHS Frimley attract and retain top talent. It also allows us to look at staff who have childcare commitments and those who are caring for their family. We are reducing health inequalities and ensuring we apply our social responsibility by ensuring we can look at those who would not necessarily find employment elsewhere.

Next steps

As part of the wider ICS, Frimley Health NHS Foundation Trust are already starting to plan and address how the next Green Plan will be written. With a publication date of 2026, NHS Frimley will be an integral part of this process.

We are looking how we take a decision tool to ensure all our decisions in the future address our need to achieve our sustainability ambitions. The plan will be focused on embedding carbon reduction and resource efficiency in all the ICS's operations and decision-making processes.

The ICS together with the Executive and Governors Boards ensure the ongoing commitment to Climate Change adaption, Net Zero directives and Social Responsibility. Ensuring that both stay at the heart of all strategic planning, business model development, and investment decisions.

Using our buildings more efficiently

Binfield Health and Community Centre, Bracknell Forest

Binfield and Warfield are situated within one of Bracknell Forest Council's major areas for growth and are next to planned strategic development locations in the neighbouring borough of Wokingham. This part of Bracknell Forest has seen significant housing development and as such there has been an impact on registered patient populations.

NHS Frimley and Bracknell Forest Council have worked throughout 2022-2024 to redevelop the former Blue Mountain Golf Club to build a new health and community centre. Binfield Surgery, the practice most affected by the increase in patient population in this area, relocated to the site during August 2023.

The new facility enables health and care services to be delivered locally, provide much needed, more efficient and fit-for-purpose, practice accommodation to house an extended and integrated multi-disciplinary workforce, deliver modern facilities that are designed to support new ways of working and create capacity to meet growth in future demand.

- Place-led successful applications to NHSE/I for capital funding through their Estates, Technology and Transformation Fund (ETTF) and capital programme.
- Place negotiated successful agreement with Binfield practice to occupy the new premises.
- Successful build completion achieved May 2023, with practice move in August 2023.
- Modern, light and airy building with capacity for 18,000 patients, enabling recruitment and retention of a multi-skilled clinical and non-clinical workforce.
- "One Public Estate" - Primary care and Council led community services delivered from one building, to deliver integrated services through a combination of NHS, local authority and voluntary sector providers.
- Addressing legacy estate issues to provide a safe, patient environment that meets statutory compliance and eliminates high-risk, backlog maintenance costs.
- Supports increasing the workforce, appointment capacity and access to the wider PCN led services leading to improved patient experience, improved standards of quality and care, empowering patients to take more control over managing their health and conditions.

Transformation in the Royal Borough of Windsor and Maidenhead

The continued intention within the Royal Borough of Windsor and Maidenhead (RBWM) has been to develop Integrated Care Hubs (ICH) across the borough, at least one in each of our towns - Ascot, Maidenhead & Windsor. To date the development of the Brooke House site, which provides accommodation to two of our practices (Ascot Medical Centre and Green Meadows Surgery), is part of the overall Ascot plan.

In the towns of Windsor and Maidenhead, the Primary Care Networks (PCN) have worked in collaboration with NHS Frimley to identify underutilised areas at King Edward VII Hospital, as well as St Marks Hospital, working with ICS partners to support these being used for patient facing services. Utilising their Additional Roles Reimbursement Scheme (ARRS) workforce they have been able to increase their same day capacity for physical and mental health

needs whilst also supporting patients with needs such as loneliness.

This approach of utilising void space within existing NHS estate has increased the appointment capacity for both Maidenhead and Windsor PCNs 22% and 56% respectively in 2023-24 from 2022-23.

Windsor PCN is one of the only PCNs within the ICS who have through their ARRS employed Mental Health Practitioners (MHP) for both adults as well as children and young people (CYP). Maidenhead PCN have employed two adult MHPs and are exploring incorporating a CYP MHP. These roles are joint funded between the PCNs and Berkshire Healthcare Foundation Trust. The impact of the CYP MHP has seen improved access to early mental health support which has focused on triaging referrals, signposting as well as providing interventions to children and young people who do not meet the threshold for specialist Child and Adolescent Mental Health Services (CAMHS).

Best use of resources

Case study: Walking Aids returns initiative

On 1 July 2022, the NHS became the first health system to embed net zero into legislation, through the Health and Care Act 2022, recognising and understanding that climate change and human health are inextricably linked.

The Act requires commissioners and providers of NHS services specifically to address the net zero emissions targets. Integrated Care Boards (ICBs) will meet this new duty through the delivery of their localised Green Plans, and every Trust and ICB in the country now has a board-level lead.

Greener NHS

The Frimley Health and Care Green Plan, lays out ambitions to decarbonise our local healthcare system in support of the NHS' national ambition to reach Net Zero by 2040.

It has a vision to: "Improve population health and wellbeing while reducing environmental impact to net zero and protect our local communities from the effects of climate change."

This year we wanted to highlight a collaborative project within the supply chain and procurement portfolio: the walking aid returns initiative.

It was recognised that there must be a way of streamlining the process of returning walking aids to our three main provider hospital sites: Frimley Park, Wexham Park and Heatherwood Hospital.

Patient feedback had shown frustration and barriers when trying to return the aids and the cost of constantly having to provide new equipment whilst perfectly good walking aids remained in under stairs cupboards across Frimley couldn't be ignored. On top of these reasons environmental impact could be significantly reduced if the process allowed for proper reuse and recycle of walking aids.

The drop box scheme was launched with large boxes placed close to the entrances of each of the three hospitals.

Over the years, this returns and recycling initiative has gone from strength to strength. In 2023 Heatherwood Hospital alone was able to save £12,585 on walking aids by reusing equipment returned to them.

Already this year (date to mid March), the box at Heatherwood has taken in 509 crutches and 83 walking frames and the scheme has proved so successful that the Physio team has recently enlisted the support of volunteers to collect, clean and service the returned walking aids.

NHS Frimley will continue to build on the success of this program and:

- To align approach and initiatives with the ICS purpose, strategy and priorities and deliver co-benefits and demonstrate this.
- To embed striving for net zero impact and nature regeneration into our culture and integrate into the daily work of us all.
- To work collaboratively at Place, System and Pan-system to achieve our goals.
- To deliver reductions in carbon emissions, environmental impact and climate adaptation in line with or faster than nationally stated NHS target trajectories.
- To gain a reputation as a system on an accelerated journey to net zero.

Click here to read our Frimley Health and Care Green Plan.

Walking aid return station at Heatherwood Hospital.

Health and Wellbeing Strategy

NHS Frimley takes an active role on the Health and Wellbeing Boards for Slough, Bracknell Forest, Royal Borough of Windsor and Maidenhead, Hampshire, and Surrey County Councils.

Statutory Health and Wellbeing Boards (H&WBB) bring together partners from local government, the NHS, other public services, and the voluntary and community sector. The Boards aim to ensure that organisations plan and work together to improve the health and wellbeing of local residents.

This close working can be also be seen in Place Committees which continued throughout the year to align their meetings with local councils. The aim in many areas is to meet together to conduct shared business. These collaborative working arrangements have in turn helped to create stronger connections with the Health and Wellbeing Boards to ensure we collectively build the most appropriate services for local people and benefit from a combined understanding, connection and expertise of all partners involved.

This section covers the work undertaken across all our places and includes 'case studies' and 'real stories' to help bring our work to life and for the public to see the impact the ICB has by working with our partners across health, social care, communities and the voluntary sector.

Bracknell Forest Health and Wellbeing Strategy

The Bracknell Forest Health and Wellbeing Board continue to build on the foundations of a community collaborative approach to create better outcomes for our residents. This uses co-production to shape our vision, agreed priorities, and was based not only on quantitative data but on the lived experience of residents. Through better partnerships, this approach helps us to address our evolving demographics and the new challenges this brings across our communities.

The Bracknell Forest Health and Wellbeing Strategy continues to align well with the Frimley system key strategic priority areas.

Bracknell Forest is a healthy place to live with our residents enjoying longer life expectancy than the national average, and post COVID-19 we want to continue our joint efforts to use our combined assets to ensure that our borough remains one of the healthiest to live, work, study and play. The past two years have taught us that health is everyone's business and we want to maximise health gains from all we do by taking a health in all policies approach across all areas of health and social care. Our strategy provides us with a framework to take

action with a commitment to ensure what we do works and has a beneficial impact on our population.

Our key priorities are improving emotional and mental health, supporting people to remain physically healthy, creating opportunities for social connections and continuing to keep our residents safe. We know that some communities have suffered more than others during the pandemic and the strategy also advocates a population health management approach in all that we do, thereby allowing service providers to offer both universal and targeted services to meet the needs of our diverse communities whilst ensuring that services are easy and timely to access.

Our priorities

1. Giving all children the best start in life and support emotional and physical health from birth to adulthood.
2. Promote mental health and improve the lives and health of people with mental ill-health.
3. Create opportunities for individual and community connections, enabling a sense of belonging and the awareness that someone cares.
4. Keep residents safe from COVID-19 and other infectious diseases.
5. Improve years lived with good health and happiness.
6. Collaborate, plan and secure funds for local, national new health and wellbeing priorities.

Underpinning our Health and Wellbeing Strategy are a number of delivery plans. Our Health and Care Plan priorities were refreshed during 2023-24 and an associated delivery plan developed. Reducing inequalities in access and health and wellbeing outcomes is a core ambition across all priority areas.

Across Bracknell Forest the various agencies and voluntary sector groups will continue to collaborate on key projects to improve the health and wellbeing of residents. Members of the Bracknell Forest Health and Wellbeing Board and their networks will seek out funding opportunities that are relevant to our borough and the health and wellbeing issues that are highlighted in the plan.

Bracknell Forest Thriving Communities

Throughout 2023-2024 Bracknell Forest Council and NHS Frimley have continued to work on developing our approach (Thriving Communities) to implementing the ICB “Community Deal” ambition through partnership working at Place. Considering how we build a different relationship with communities, residents and staff to design and deliver solutions together and working together to realise wider public health opportunities presented by Covid-19 as part of “Community Deal” conversations.

Our joint ambition is to support the community to be as healthy, independent and resilient as possible whilst delivering cost effective and sustainable services. This means that our focus for expanding the range and scale of joint working will be in understanding the priority needs of our community. This shared understanding will guide how the next steps are delivered and embody the principles of joint working that we have agreed to.

Working jointly between Bracknell Forest Council, NHS Frimley and Involve/the VCS, the Thriving Communities Programme aims to enhance the impact and reach of positive

outcomes. Some of these benefits will be directly experienced by the community; other benefits will be indirect through reinvestment in the community.

A working group has been leading the approach utilising funding from the Better Care Fund engaging a wide range of partners including across the voluntary community and faith sector. Recruitment to the two programme posts was slightly delayed with interviews being held in quarter 4 of 2023-24, as well as further work on the evidence base and asset mapping for the pilot community area being completed this year.
As part of this programme, NHS Frimley is supporting Bracknell Forest Council on the delivery of their 2023 Innovation Fund. The Innovation Fund awarded grants to projects that enhance the health and wellbeing of the most vulnerable in the Bracknell Forest community. The project supports community involvement and provide development and networking opportunities. The Innovation Funds were awarded to successful applications in summer 2023.

Celebrating Success for Bracknell Forest Community Projects
Projects who were successful in receiving Innovation Funding from Bracknell Forest Council, came together recently to share further information around their projects with health and care leaders and Bracknell Forest community members. The afternoon event allowed project leads to learn a little more about the history of the Innovation Fund, the power of networking and building community partnerships and link with those who can share the message around their work or refer into their projects.

Stars of the show were the accompanied Berkshire Birds of Prey who were successful in receiving funding to share their animal experiences with older people, those living in care homes, those living with dementia and their families/carers.

Nicola Airey, Director of Commissioning and Assurance, Place Convenor Bracknell Forest, said: "It was fantastic to be in the room with my colleagues at Bracknell Forest Council to congratulate the project leads. Their passionate and commitment was clear to see and it's people like this throughout our communities that often have the best ideas and are providing vital support."

A fantastic booklet detailing all the projects has been produced so you can read more and get in contact directly

Mental health and wellbeing

In 2022-23 we made advances using a population health approach, we completed work on offering younger people with anxiety and depression alternatives to high use of medication. Building on this during 2023-24 we have developed the population health approach further using it to shape work on a larger scale to integrate voluntary care services, Bracknell Forest Council and NHS mental health services. The aim is to create better ways for residents to access the right services for them, and minimising multiple contacts, referrals, and assessments before people starting to receive help.

This work culminated in a successful business case to secure funding which was a partnership between Bracknell Forest Council and NHS Frimley ICB. We sought to create a structure for services to work closer together and match people to the right service. The business case included mapping work of services including population health work to determine level of need within Bracknell Forest. The results showed a need for more resources and integration in community mental health. The funding supported our aim to

reduce 999 calls, 111 calls, and A&E usage by increasing the prevention work available in the community for this cohort of people with moderate to significant mental health needs.

The next stage is bringing all these elements together and using the increased resources to create a Community Mental Health Access Panel to enable anyone who contacts one community service, to have access to all services in the Happiness Hub. The Happiness Hub and Access Panel are the focal point for achieving our community aims as described above.

Building on the foundation laid last year, Berkshire Healthcare Foundation Trust and the Primary Care Networks recruited more specialist mental health care staff. These are specialist mental health workers working directly in GP surgeries. This has created a new layer of mental health care available for residents.
Currently Bracknell Forest has the largest team of mental health ARRS workers in NHS Frimley. We have also recruited a Learning Disability & Autism Support Manager hosted by Bracknell Forest Council. This post will be responsible for providing professional expertise focusing on delivering the outcomes for the autism and learning disabilities programmes of work regarding flu & COVID vaccination uptake and making sure as many people as possible have access to support working closely with primary care.

North East Hampshire and Farnham Health and Wellbeing

The aims of NHS Frimley and the work of the North East Hampshire and Farnham Place team are aligned with the both the Surrey Health and Wellbeing Strategy and the Hampshire Health and Wellbeing Strategy to enable empowered and thriving communities, and to ensure a cross-cutting approach on co-production, promoting independence and sustainability.

Adult Mental Health and Wellbeing (Waverley District Borough)

In January 2024, a locality event was held to focus on adult mental health.

Speakers from the event included representatives from:

- NHS Frimley
- Surrey University
- Surrey and Boarders NHS Foundation Trust
- Richmond Fellowship
- Waverley Borough Council
- Active Surrey
- Creative Response Arts
- Talk Plus

The event saw more than 60 partners attend from across local North East Hampshire and Farnham Health and Care organisations.

Professor Susan Lanham New is one of UK's top experts in nutrition and an advisor to the government. She gave an excellent and engaging presentation at the event on

‘Good Nutrition for Mental Wellbeing’ which supported our partner’s Healthy Weight priority and tackling inequalities for people with mental illness.

People with lived experience of mental illness spoke passionately at the event and expressed the importance of inclusive employment opportunities for recovery.

Two workshops on ‘A Call to Action’ identified assets and ways to promote adult mental wellbeing through good nutrition, exercise, social connectedness and employment.

Rushmoor Fuel Poverty Summit

In September the NHS Frimley North East Hampshire and Farnham place team invited partners from across heath, education, social care and the voluntary sector to the Fuel Poverty Summit.

The summit was an opportunity for partners across Rushmoor to hear all about local initiatives available and how professionals working with residents and communities can help them to access these services this winter. As well as an opportunity to network with other agencies.

Speakers included:

- Citizens Advice Rushmoor
- Rushmoor Borough Council
- Hampshire County Council
- Hitting the Cold Spots service
- Household Support Fund
- The Vine Centre, Aldershot
- The team is now looking to host similar events for the Hart and Waverley areas.

Feedback from those that attended was very positive, including:
“Great to meet local organisations and get a snapshot of the work and potential opportunities to work together.”

“Thank you for organising this very informative event. It was great to have updates from all the services which I’ve used a lot last year and great to know they are continuing to support this year too.”

“Extremely useful. I will be sharing with the wider Integrated Care Team.”

Healthy weights/physical activity
What has been achieved?
Cross-System Physical Activity Working Group: Established a well-attended multi-agency physical activity working group for the whole of North East Hampshire and Farnham with a dispersed leadership approach and chaired by a senior colleague at Rushmoor Borough Council. The group has developed an action plan with four pillars:

1. Active Schools
2. Active Workplace
3. Live Longer Better
4. Tackling Health Inequalities.

Physical activity working group shared updates whilst walking in Aldershot.

Active Schools Project: developing physical activity plans with 19 local schools in areas with high childhood obesity. One school has already transitioned to an active school uniform, enabling more active play during the day.

Exercise Prescription Pads: piloting a new approach using a physical paper prescription for GPs and Allied Health Professionals to prescribe physical activity. The paper prescription includes local free and low-cost offers.
Partnership at Place with Physical Activity Focus: Brought partners together for a Partnership at Place forum focused on physical activity where partners shared the wealth of activities available in NEHF and the group took part in a chair-based session with local provider Rushmoor Healthy Living.

What's next?
Activewear Hub in Farnborough: Partnered with Phyllis Tuckwell Hospice Charity Shops to launch an activewear hub in Farnborough where residents can access appropriate clothing and footwear for physical activity for £1; reducing the cost barrier to physical activity in areas of deprivation.

Royal Borough of Windsor and Maidenhead Wellbeing Strategy

The Royal Borough of Windsor and Maidenhead's Health and Wellbeing Board acts as a strategic partnership between the council and the NHS, with the aim of improving the health and wellbeing of residents across RBWM. Their Health and Wellbeing Strategy 2021-2025 outlines their vision and core principles and key priorities needed to achieve this.

Prioritising patient engagement and participation
Following our successful Royal Borough of Windsor and Maidenhead's (RBWM) 'Empowering our Communities' engagement and empowerment programme (2022-2023) which delivered World Café's to every ward, we held an additional drop-in Ascot World Café on the 16th November 2023 at Ascot Durning Library. This enabled residents to hear about their local health services including all four Ascot GP practices, whilst listening to their thoughts, ideas and feedback.

Through facilitated conversations, this identified how we can work in partnership to provide innovation and solutions. Not only did this event provide invaluable networking opportunities

for all, it also offered face-to-face advice and support for residents from multiple stakeholders (including previous RBWM Innovation Fund projects) whilst simultaneously promoting the Ascot practices PPG's.

An evaluation report was submitted to the Ascot practices proposing a dual approach at a resident and GP practice level utilising co-production and mutual ownership. A long-term commitment with an innovative approach will ensure sustained engagement and ongoing identification of resident needs whilst supporting GP practices alongside their Patient Participation Group's (PPG).

As well as this the RBWM engagement lead and the primary care team piloted support to work collaboratively with GP practices across RBWM in re-engaging/re-invigorating their PPGs and how we could support them working collaboratively using the World Café concept. Such support, engagement and rich dialogue within the partnership, has enabled identification of concerns and priorities focusing on how those issues can be turned into ideas and solutions. The pilot has grown from two to six GP practices and support continues.

Establishing effective PPGs takes time and therefore utilising the 'You Said, We Did' approach will enable open and transparent relationships between GP practices and their PPGs, demonstrate outcomes whilst simultaneously evaluating the process and working together. Additionally, sharing practice within individual and wider practices will provide shared learning and the journey's that practices have experienced.

Borders inequality

For the past two years, the RBWM team has focused on reducing the inequality which exists for patients registered with an RBWM GP and living within Surrey County Council as well as the reverse. Utilising the Better Care Fund (BCF) a role was initially funded in 2022-23 and the post holder was able to identify the key reasons for the inequalities:

- Health & Social Care borders not co-terminus,
- Lack of resource within existing providers, so unable to extend scope,
- BHFT services not accepting Surrey Single Point of Access referral forms as no precedent in place, referrals bouncing around and delayed input for residents,
- Lack of awareness of healthcare partnerships,
- Poor communication of healthcare pathways,
- Resistance to change,
- Poor awareness by residents, and health and care staff of services available,

- Digital exclusion.

Key pathways that were identified to be affected were:

- End of Life Care
- Mental Health Care
- Delirium Care
- Intermediate Care
- Maternity Care
- Discharge process from Ashford St Peters Hospital (ASPH)

This work continues into the current year to further support reducing inequalities within our communities.

Slough Health and Wellbeing Strategy

The Slough Wellbeing Board is a partnership with organisations from the public, private and voluntary sector in Slough. The Board brings together key organisations to improve the health and wellbeing of Slough resident.

The Slough Wellbeing Board has a Wellbeing Strategy for 2020-25 prioritises:

1. Starting Well
2. Integration
3. Strong, Healthy and Attractive Neighbourhoods
4. Workplace Health.

Turning Point- Drugs and Alcohol Misuse services

Slough Place has been promoting the work of Turning Point out of its Church St. Hub to GP's and other professional in the borough. The CHUB opened in 2023 and is now a five-day service with outreach workers, links into Hestia (services for Women who suffer abuse/domestic violence), access to housing support, Home Start and other charities.

The impact has been that residents now have a one-stop location to access support around substance misuse and to access support services.

We plan to continue educating our GP's and other health and social care professionals on how to access these services, work with other partners on reducing alcohol usage in Slough and to work with identified families to reduce health in equalities and the long-term effects of misuse.

One Slough community fund

The #OneSlough Community Fund (a partnership initiative with Slough Borough Council and NHS Frimley) successfully awarded funding to 27 groups working across Slough who applied for grants of up to £10,000.

The funding panel comprised of representatives from Slough CVS, Slough Borough Council, NHS Frimley ICB and the Slough Co-Production Network supported applications for the funding period for applications from 1st October 2023 to 30th June 2024.

Key priority themes and objectives of the community initiatives and projects were to improve health and wellbeing, reduce isolation and loneliness and reduce poverty in the local area of Slough.

Since October 2023 some key statistics from the group's activity has shown over 1,868 residents have been supported with activity from the fund, including over 360 new residents across 577 sessions. There were 169 clients signposted to other services for further support during this period. 256 volunteers have contributed 2,606 volunteer hours to the #OneSlough Community Fund. Including 43 new volunteers for the last quarter.

Cost of living

Frimley Health and Care ICS, Slough place team and Slough Borough Council worked jointly to deliver a pilot project focusing on supporting patients with cost-of-living challenges.

Households identified through fuel poverty data with EPC rating D-G in deprivation deciles 1-4 alongside patients who completed deprivation questionnaire in primary care and shared they had trouble paying bills in 12-month period were offered wider community support access initially through a support telephone line, and then contact with one of the Council's Community Development Officers.

The Community Development Officers supported 20 individuals/households with age ranges from 22 – 72 years. Residents were supported and signposted based on needs with offers such as: cost-of-living resource pack, health and community-based assets, befriending service and Slough Borough Council specialist teams support.

Slough Community outreach – winter campaign

Slough CVS working alongside local partners and multidisciplinary teams provided an immunisation campaign to provide communities in Slough with information on how to stay well during the winter months.

To reach to communities and encourage vaccine and immunisation uptake, teams took a creative approach to initiate discussion on wider health awareness issues and services available before sharing information on the importance of immunisation and vaccines.

The campaign involved reaching out to communities at easy to reach locations, working with community champions and leaders. Wider health advice and services such as blood pressure check, diabetes, oral health, dementia, weight management, and mental health support were additionally offered at community meetings and events. This enabled conversations with individuals and the community to improve their wellbeing.

More than 500 residents were engaged across six wards in Slough, via 14 outreach health and wellbeing sessions, providing 500 information leaflets. A further 2,000 residents were provided information via electronic newsletters.

Surrey Health and Wellbeing Strategy

The aims of NHS Frimley and the work of the Surrey Heath Place team are aligned with the Surrey Health and Wellbeing Strategy to enable empowered and thriving communities, and to ensure a cross-cutting approach on co-production, promoting independence and sustainability.

The joint Health and Wellbeing Strategy for Surrey uses the Joint Strategic Needs Assessment as the basis for Surrey's priorities.

Working together to encourage healthy choices and physical activity
Surrey Heath Borough Council and NHS Frimley continue to lead a whole-system approach to Healthy Weight programme to identify local issues and solutions to meet the needs of our diverse communities.

As part of the refreshed programme, a #HappyHealthyJanuary event in Camberley town centre was held to showcase a number of important themes. This included guidance for weight management and smoking cessation, blood pressure monitoring and mental health support. People were able to have their blood pressure measured and of the 20 people who got a reading, 18 needed follow-up due to having a raised blood pressure. The Blood Pressure Monitor Loan Scheme run with the libraries in Ash, Camberley, Frimley Green and Lightwater was also promoted.

Other partner organisations joined the event including Places Leisure Camberley with information about gym membership and demonstrations of fitness classes, our local guided walking group and Shifa - the Asian woman's network, offering a range of services from peer support groups, educational short courses, creative and physical activities, one-to-one support, drop-in support and signposting advice.

Local Area Coordination
A Local Area Coordinator (LAC) has been supporting residents in the Old Dean and St Michaels communities in Surrey Heath place with a different approach and is aligned to the Surrey Health and Wellbeing Strategic goal for empowered and thriving communities.

The LAC walks alongside people, encouraging them to recognise their own capabilities, gifts, community networks and the practical resources they already have around them before considering more formal supports and services. They are not there to intervene, fix problems or do things for people - this only creates further dependence on formal services. Instead, the role creates opportunities to learn new skills, and build independence and resilience. Access is also different than normal statutory services as there is no assessment criteria, thresholds, or time limits – anyone can make an introduction.

Health Creation and Population Health Approach
The PCN in Surrey Heath and local partners, took part in a Health Creation programme with Surrey County Council aimed to reduce health inequalities. It involved a partnership approach with professionals working with local people and focusing on what matters to them and their communities. The aim of the programme was for residents to gain a sense of purpose, hope, mastery and control over their own lives and immediate environment; as a result their health and wellbeing is enhanced.

Embedding the 3Cs of Health Creation - Contact, Confidence and Control. This approach led to a number of initiatives including:

- **Carers support in Surrey Heath** - to get a better understanding of the support unpaid carers receive and connecting unpaid carers to communities and local support. 600 people were contacted with offer of a one-hour telephone appointment with a Health and Wellbeing Coach. 125 have been completed to date.

  In addition, MECC (Making Every Contact Count) training sessions for carers have been scheduled and the Surrey Heath Place team are visiting all GP surgeries and supporting care coordinators to ensure registering patients as carers and signposting.

  Jointly with North East Hampshire and Farnham place team, a Local Carers action group with stakeholders in Surrey Heath, Ash and Farnham has also been formed.

- **Hydrate to feel great -** an initiative to improve hydration in people over 65, with the aim of reducing urinary tract infections (UTI) and sepsis incidence and therefore antibiotic usage. The initiative also empowers people to self-care with person-centred hydration planning. The pilot in Surrey Heath was funded by NHS England as part of the national AMR (antimicrobial resistance) programme.

  Each GP practice contacts patients with an increased risk of UTI and ask them if they would like to take part in 'Hydrate to Feel Great'. Participants are shown how to use the personalised hydration plan and baseline data will be collected. After four weeks, people will have a review appointment and follow-up data will be collected. Once the pilot phase is completed, the personalised hydration plan will be shared across the South East region.

Social isolation and befriending

Time to talk is one of the Better Care Fund funded befriending services in Surrey Heath delivered by the voluntary sector.

This January, Time to Talk celebrated five years of tackling loneliness and isolation. A special celebration event to mark the occasion was held at Pine Ridge Golf Club on Thursday, 25th January, attended by volunteer befrienders and people being befriended, along with families and representatives from Surrey Heath Borough Council and NHS Frimley.

Time to Talk connects volunteer befrienders with local people who feel isolated or are experiencing loneliness. Since first starting in 2019, Time to Talk has received 260 referrals, equating to 1,800 hours of support.

Social Matters, Human Rights, Anti-Corruption and Anti-Bribery

NHS Frimley ICB is committed to making progress on all social and environmental matters, human rights and their associated regulations and guidance. The ICB is responsible for planning, commissioning and designing many of the health services needed by the population in its own area. It makes decisions about health services based on the feedback received from patients and carers, which ensures the services we commission and re-design are the ones local residents inform us that they need and are able to access.

NHS Frimley is also committed to reducing the level of fraud, bribery and corruption within the NHS to an absolute minimum and maintaining it at that level. By doing this, valuable resources can then be used where they should be, delivering better patient care.

This section covers the following:

- **Social Matters, Human Rights**
  - Asylum Seekers and Refugee Support
  - Homelessness
- **Anti-corruption and bribery**
  - Counter Fraud Specialists
  - Fraudsters and COVID-19
  - Cyber Security

Social Matters, Human Rights

Respecting diversity, promoting equality and ensuring human rights helps to make sure that everyone using health and social care services receives good quality care. We also have legal duties to consider equality and human rights in our work.

Asylum Seekers and Refugee Support

Slough has two designated asylum seeker hotels together with two other guest house which have been sites for temporary initial accommodation for people arriving in the UK. In this past year these have had up to as many as 595 housed in these short-term accommodation arrangements, although numbers do fluctuate significantly. There are also around 230 asylum seekers housed in dispersed accommodation in Slough across 68 different properties.

Slough Place team has worked with Primary Care Networks to support new arrivals at hotels and guest houses to support with initial registration, health check and access to medical treatment or health needs presenting. The team has also been part of a multi-agency group to come together with the Home Office and accommodation providers to discuss and resolve wider issues arising beyond access to healthcare. This has also included work with the voluntary and community sector who support with a wide range of issues include asylum

seekers claims or appeals, food and clothing for babies and children, language classes and other occupation and activities.

Asylum seekers are a transient population until they reach more permanent, settled accommodation so it can be difficult to engage and support with longer term health needs. On arrival at an asylum seeker hotel, the focus is on initial health check, GP registration and any immediate presenting health needs.

1. **Supporting mental health**

Supporting with mental health issues can also be a challenge as much of this work is not a short-term intervention and may require ongoing support. Many asylum seekers arrive with symptoms of PTSD from circumstances that drove them to leave their country and/or the perilous journey they may have made to reach the UK.

Other mental health issues can arise from an extended stay in unsuitable accommodation, overcrowding (families living in a single room), lack of activity/occupation, language and communication difficulties and social isolation. These can lead to other mental health conditions such as depression or anxiety.

2. **Infection Control and Prevention**

Potential risks of arriving with communicable diseases and living in shared accommodation. Initially risks were primarily from Covid but had also been around Monkey Pox, TB, diphtheria, scabies.

3. **Vaccinations and immunisations**

Adults and children not having had vaccinations and immunisations and fear, distrust and/or misinformation within communities about these result in low take up.

4. **Dentistry**

Having access to dentistry services has also been a challenge. Finding and registering with a local dental practice as a new NHS patients can be difficult and as with all residents over 18 years, patients are expected to contribute towards the cost. A person with low income or no recourse to public funds who is not receiving qualifying benefits can apply for help with the costs of NHS dental care. Depending on their eligibility, a person can receive full help, or partial help, with costs.

5. **Safeguarding**

A number of safeguarding issues have arisen from this community including care for unaccompanied children, children travelling with, or in the care of extended family or unrelated adults, protection from risk of further trafficking or exploitation having reached the UK, protection from abuse or hate crime.

6. **Other needs/issues:**

- Availability of suitable housing for both short term (IA) and onward dispersed accommodation in the community
- Support for expectant mothers from health visiting services
- Transport issues

- School age children and access to education
- Clothing and toys for children
- Adult language classes
- Food/subsistence – many seeking support from local food banks and/or soup kitchens etc

We will continue to support this cohort of patients through continued multi-agency collaboration.

Homelessness and Rough Sleepers

Slough Place has been working with the Hospital Social Work Team and the Temporary Housing team at Slough Brough Council, to ensure that the acute hospital staff know:

- When and how to refer patients to the temporary accommodation, via the duty to refer portal.
- Who to contact for escalation and sharing contact details via an agreed pathway, by educating all the teams involved.

The impact has been a reduction in the number of homeless people waiting in hospital due to homelessness and a reduction in the length of time our residents are waiting for allocation of temporary accommodation.

We learnt to escalate when silence/delays occur, never to give up and use our weekly touch points to discuss cases.

Slough also supports rough sleepers in Slough with access to Primary Health Care. There are two dedicated clinics held each week where people can see a GP and/or nurse. The team, hosted by East Berks Primary Care, work closely with local homeless agencies and partners to help support rough sleepers to make and attend appointments that support them with a range of health needs, including access to mental health and drug and alcohol services.

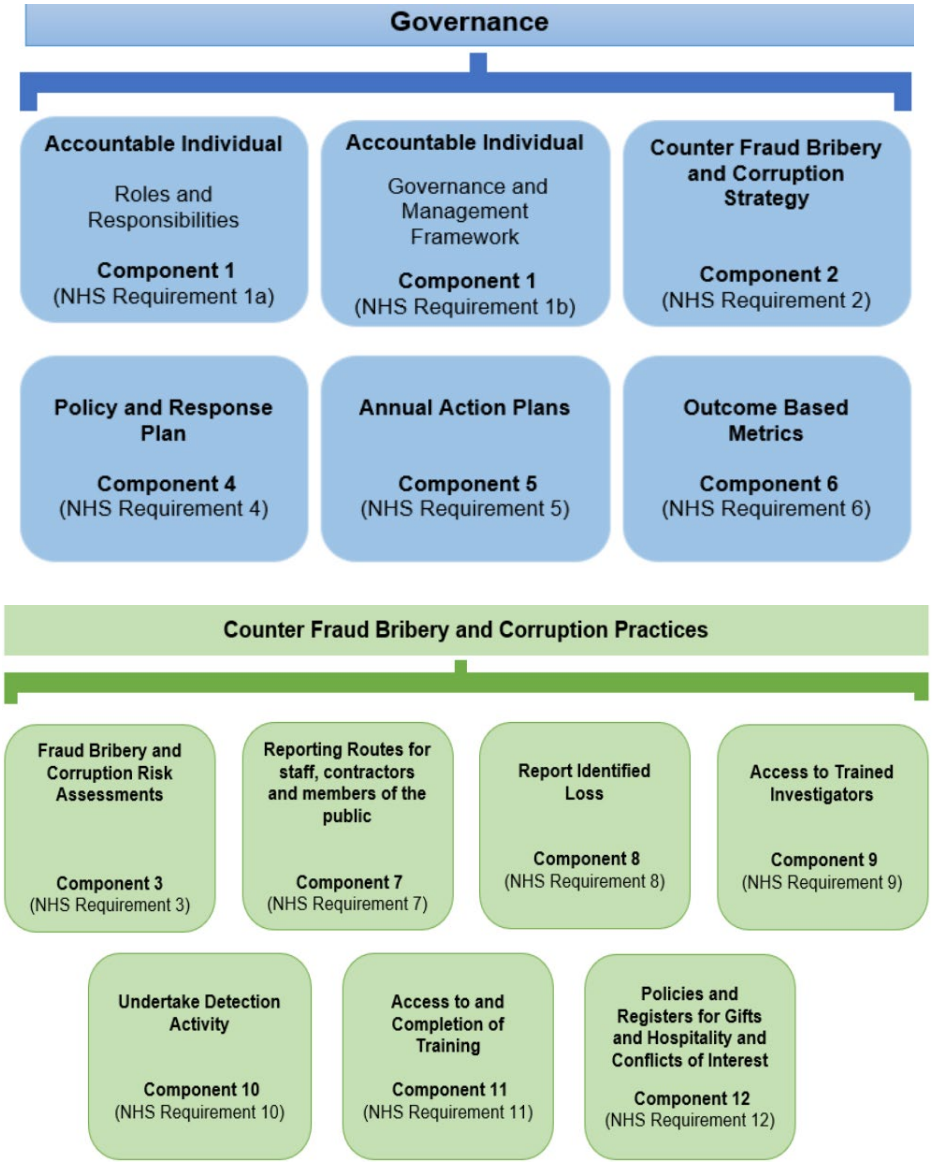
Anti-Fraud, Bribery and Corruption

NHS Frimley has a zero-tolerance policy of any fraud, bribery or corruption and aims to eliminate all such activity as far as possible.

The NHS Counter Fraud Authority (NHSCFA) is a Special Health Authority, established on 1 November 2017 and charged with identifying, investigating and preventing fraud within the NHS and the wider health group. The NHSCFA is independent from other NHS bodies and is directly accountable to the Department of Health and Social Care.

As part of its role, NHSCFA is required to provide annual assurance to the Cabinet Office of how the NHS is identifying and mitigating the risk of fraud, bribery and corruption. In order to do this, all NHS funded services are required to provide assurance against the 12 NHSCFA Requirements of the Government Functional Standard GovS 013: Counter fraud (GFS).

NHS Frimley has appointed an independent Counter Fraud Specialist firm (called TIAA) who supports the ICB to ensure that it remains fully compliant with the following 12 Government Functional Standards, through an agreed Annual Counter Fraud Work Plan.



The Chief Finance Officer is responsible for ensuring that fraud, bribery and corruption is prevented, detected and investigated. The Audit Committee is responsible for monitoring the Counter Fraud Work Plan.

Counter Fraud Specialists

Every NHS organisation is required to appoint the services of a Counter Fraud Specialist (CFS). The CFS is a professionally accredited criminal investigator, who will undertake a range of duties to minimise the impact of fraud on the organisation. The CFS will investigate allegations of fraud and, where evidence of criminal offences exists, can refer the case either to solicitors for consideration of further criminal action. The CFS will also liaise with HR and other professional bodies if a suspected breach of conduct is identified.

The CFS is active in the prevention and deterrence of fraud, bribery and corruption through their attendance at the Audit Committee, involvement in policy-setting, awareness training and sharing of information through the ICB website and attendance at meetings

Across their NHS client base, TIAA the Counter Fraud Specialists, appointed by NHS Frimley, has observed a tangible increase in the proportion of timesheet fraud cases that relate to overlapping employments. It had been noted across investigative agencies that these matters are difficult to investigate due to weaknesses in the governance of the recruitment process and/or remote working policy and procedures. Relevant policies and procedures should clearly highlight expected behaviour where secondary employment is concerned.

Therefore, a proactive fraud check review was conducted to test the ICB's resilience within its policies and procedures, with a view to identifying any potential areas of vulnerability, make remedial recommendations, and highlight best practice.

As a result of this work, TIAA engaged with the NHS Counter Fraud Authority (NHSCFA), as the NHSCFA had identified a spike in cases of this kind. TIAA's work on the fraud check review provided valuable, comparable data around the risks of employees and agency workers who work remotely or hybrid. Following meetings between TIAA staff and NHSCFA, a Fraud Prevention Notice (FPN) was issued to all NHS Employers on NHS employees working elsewhere. The FPN provided prevention advice regarding pre-employment checks and employee management, as well as suggested actions to take to help reduce the ongoing risks.

Cyber Security

The health and social care sector is increasingly aware that protecting patient care and sustaining national services includes having resilient cyber security, as outlined in the Cyber Security Strategy for Health and Social Care: 2023 to 2030.

NHS Frimley is working closely with the South West Commissioning Support Unit to ensure it has in place technology which is able to resist and recover from cyber-attacks, prevents cyber-related crime from harming patients and critical national infrastructure, and encourages an environment that promotes innovation, technological progress and interoperability. This includes:

- projects facilitated by the South, Central and West Commissioning Support Unit (SCW CSU) to support cyber security risk management;
- endpoint Protector software rolled out across NHS Frimley and GP estate. This helps to protect the network from unapproved and unencrypted removable media devices;
- ensuring the starters and leavers processes is used correctly;
- ongoing promotion of the Data Security and Protection (DSP) toolkit across core organisations to support information flow, including new suppliers;
- instigated a programme of quarterly cyber reporting to analyse the performance of the security measures in place and to also inform business strategies and investment plans;

- promoting a cyber security culture across NHS Frimley by providing best practice guidance and cyber focused campaigns;
- full engagement with NHS England initiatives for cyber security to ensure secure and proactively monitored communications;
- full engagement with the National Cyber Security Centre to guide policies and process development to ensure best practice is always maintained; and
- development of a cyber strategy which will both align to ICBs vision and mission and co-ordinate the ICS member organisations to work collaboratively to achieve a long term cyber security direction and objectives, to ensure confidentiality, availability and integrity of all NHS and patient data.

Emergency Preparedness Resilience and Response, System Coordination Centre and Systems Resilience

The Emergency Preparedness Resilience and Response (EPRR), System Resilience and the System Coordination Centre (SCC) and Vaccination Team are made up of highly trained individuals led by the Accountable Emergency Officer and Head of EPRR/Systems Resilience and SCC. The team has unique skills and experience to manage any type of incident at any time of the day or night while overseeing the day-to-day management and resilience of the Frimley system, sharing and collating all relevant information pathways across our health sector – regionally and nationally and a wider multi-agency network of Category 1 and 2 responders, partnership organisation as and voluntary agencies.

The team works using a cyclical process throughout the year to provide NHS Frimley Integrated Care Board (ICB) with a robust and effective EPRR & System Resilience and SCC workplan, to fully comply with the annual EPRR assurance process and to ensure our legal duties as stipulated by the Civil Contingencies Act 2004 and EPRR Framework are met to the highest possible standard.

NHS Frimley has reported its compliance against the 2023-2024 NHS England Core Standards for EPRR to the Board in November 2023 when it was 100% compliant.

System Coordination Centre (SCC) and Vaccination Programme Team

The Frimley ICS System Operations Centre (SOC) originally set up in June 2022 in response to Covid Recovery transformed into the System Coordination Centre in November 2023 as mandated by NHSE. The Frimley SCC achieved recognition for early compliance with the national requirement in 2023.

Frimley SCC is the central coordination service to providers of care across the ICS footprint, with the aim to support patient access to the safest and best quality of care possible. The SCC are also responsible for receiving and disseminating all key guidance and documents and collating returns and submissions to region. It remains a core expectation of all ICBs that the SCC retain an information sharing portal interfacing with NHS England South East regional teams and the Frimley systems partners and also works closely with Frimley Health NHS Foundation Trust's (FHFT) Operations Centre (TOC).

As part of its role, our SCC is responsible for the coordination of an integrated system response using the Operating Pressure Escalation Level (OPEL) Framework alongside constituent ICS providers and ICB policies. The OPEL Framework contains specified and incremental core actions for the SCC at each stage of OPEL.

The Frimley SCC and System Resilience team continue to respond to local and national incidents by standing up as an Incident Coordination Centre (ICC) which is available seven days a week, 8am – 8pm. Our continual response to all the workstreams including the COVID-19 pandemic and other incidents that have occurred and are still occurring, has been in line with our statutory Emergency Preparedness Resilience and Response duties.

The SCC has a requirement to maintain an electronic audit trail of all information in and out of the SCC email inbox. The SCC continues to manage the operational aspect of the Frimley COVID-19 Vaccination Programme via the System Vaccination Operational Cell (SVOC), in conjunction with the Frimley Vaccination Project Management Office (PMO).

The vaccination programme is now in its 9th campaign and since the conception of the Frimley vaccination programme in December 2020, Frimley SVOC have coordinated the smooth operational delivery of the programme enabling over 2 million vaccinations to be given to our most vulnerable patients.

The EPRR/System Resilience Team

During 2023-24 the EPRR and SCC team has responded to a number of incidents including (but not exclusive to):

- Preparing and responding to Industrial Action:
  - Consultants
  - Junior Doctors
  - Nurses (preparation only as mandate not met at Frimley*)
  - Radiographers (preparation only as mandate not met at Frimley*)
- Infection Control
  - Preparation for Measle Outbreak
  - Preparation for Covid/Flu
- Severe weather
  - Storm Henk
  - Storm Ciaran
  - Heatwave
- Business Continuity Incidents
  - FHFT
  - SCAS
  - BUCC
- King Charles Coronation
- RAAC

On Call

The EPRR/Systems Resilience Team manages the NHS Frimley Director and Manager On Call Rota ensuring a 24-hour, seven days a week on-call system is in place. The on call team have received National Command Training (Principles in Health Command) and bespoke training on the risks that affect Frimley, how we interface with our health and multi-agency partners and how we manage system surge and escalation. They also receive Cyber Security training, Business Continuity training, and Strategic/Tactical Coordination Group training.

The On Call Directors and Managers are supported by a series of documents, checklists, plans and procedures all saved on a newly developed Microsoft Team On Call Page. Key documents are the newly designed On Call Handbook and On Call Directory.

Plans and Checklists

The EPRR/System Resilience and SCC team has a numbers of plans, policies and protocols within their portfolio and all plans are subject to annual reviews and are uploaded onto the On Call Microsoft Teams page and on ResilienceDirect, the national information sharing platform. They have also been added to the staff intranet.

Completion and testing/exercising of these plans is part of the annual EPRR assurance process. A number of new plans and checklists have been updated this year, in order to meet our obligations in relation to the EPRR Core Standards, and in response to specific incidents including Industrial Action checklist, Reporting of extended waits in ED and ambulance handovers. All checklists are shared with other ICBs as appropriate, to allow for joint working on specific areas and to share best practice.

EPRR Assurance

On an annual basis we are required to self-assess against the NHS England EPRR Core Standards, including Business Continuity Management and this assessment forms part of our formal EPRR Assurance processes. This process is also completed by our commissioned providers, overseen by the EPRR/Systems Resilience team.

Each year there is a defined set of core standards relating to a deep dive on one particular topic. This year it was Training and Exercising. The regional team complemented Frimley ICB on the achievement of full compliance saying that there was acknowledgement and appreciation of the leadership that has required to maintain a focus on EPRR whilst being presented with an ever growing list of priorities and demands including successfully managing the NHS response to unprecedented Industrial Action, severe weather, IT outages and various business continuity incidents at provider locations/premises, all this alongside urgent and emergency care pressures and elective care recovery.

Frimley ICB are fully compliant with all the EPRR Core Standards. FHFT was fully compliant. The HCRG Care Group was substantially compliant with one outstanding core standard.

Business Continuity Management

It is a legal requirement for NHS Frimley ICB to have robust Business Continuity Management (BCM) processes in place. BCM makes up a number of EPRR assurance core standards. We have in place:

- An NHS Frimley Business Continuity Plan with supporting Action Cards (when managing a Business Continuity Incident);
- Nominated Business Continuity Champions (BCCs) across the ICB;
- An NHS Frimley Business Impact Analyses for each work stream; and
- BCM training on ESR and one to one training with BCCs;

Training and Exercising

A training and exercising schedule has been created, bringing together courses offered by the ICB, its Local Resilience Forum (LRF) partners across Thames Valley, Surrey and Hampshire/Isle of Wight, and courses brought in from external trainers.

This schedule allows the On Call directors and managers and the EPRR and System Resilience and SCC team to take ownership of their own learning and development. This schedule has also been updated to include course dates for 2024.

Following the successful attendance at a Regional-facilitated Principles in Health Command (PiHC) trainer's course, the System Resilience team has delivered the PiHC course to the On Call staff. This includes all On-Call Directors and all On-Call Managers, plus subject matter experts from EPRR/Systems Resilience/SCC and the communications On Call team, with 1:1 sessions arranged as new staff join these rotas. In addition, staff from various ICB teams have been sent on LRF facilitated courses including Strategic /Tactical Coordinating Group and Communications courses. The EPRR/System Resilience team are also exploring regional options to provide training to command teams across the South East Region in conjunction with other EPRR teams in the ICB.

NHS Frimley facilitated Exercise Crunchie, a multi-agency tabletop exercise held in October. It worked through a scenario involving a collapse of RAAC, impacting Frimley Park Hospital and a Frimley ICS GP Practice. The exercise aimed to identify key considerations for emergency response, engage multi-agency partners in RAAC response planning and discuss evacuation and shelter considerations, as well as ensure robust business continuity arrangements for such failures.

The EPRR team has participated in a number of regional and local exercises, conferences and training opportunities throughout the year with planned training and exercises continuing throughout 2024.

Interface with Local Health Resilience Partnerships and Local Resilience Forums

Frimley ICB continues to interface with three Local Health Resilience Partnerships (LHRP) and three Local Resilience Forums (LRF). LHRPs are strategic emergency planning meetings bringing together all NHS organisations from across the Thames Valley, Surrey and Hampshire/Isle of Wight systems. The LHRPs produce an annual strategy and work plan for a three-year period.

We participate in training and exercising events with the LRFs which are used to test response plans relating to our local, regional, and national risks and this enable us to work alongside and forge good working relationships with our multi-agency partners thus creating a more joined-up approach by sharing good practice and stopping duplication.

Within each LHRP and LRF, NHS Frimley administratively own a number of risks. These risks are then used as the area the EPRR and System Resilience and SCC Team will focus upon. Though some of these risks are different within each LHRP/LRF, the team as a whole can provide expertise on the work required.

Systems Resilience

NHS Frimley provides resilience oversight across the system providers/partners and updates regional teams and system executives daily. This is achieved through:

- System Resilience calls are held daily (excluding Wednesdays), with further escalation calls stood up as required to address increasing risks or specific areas of pressure.

- Strategic (Gold) and Tactical (Silver) calls are able to be stood up during times of heightened pressure.
- The System Resilience team also produce an internal brief sheet daily which outlines previous day activity – this is primarily used for reporting to the regional team on the daily ROC call.
- The Frimley ICS Surge and Escalation Protocol has been reviewed in line with the NHSE National Escalation Framework and the South East Regional Operational Pressures Escalation Levels (OPEL) Framework. Additional work has also been completed to identify the triggers for System OPEL 4 declaration, system-wide Critical Incidents / Business Continuity Incidents, and Stand Down – this work is now being linked to a South East region-wide approach with a defined set of metrics/triggers.
- Planning and assurance continue for Bank Holiday periods, winter, and key areas of identified or anticipated high system pressures. These plans take a whole-system approach to identifying services available, risks and mitigations over any set time period and have proven useful additions to standing plans and procedures by system tactical and strategic managers.

Key initiatives

Over the past year the EPRR, Systems Resilience and SCC Teams has created some key initiatives recognised and seen as good practice by our health and multi-agency partners across the South East. As example of these are:

- A series of Checklists and Action Cards to support actions decision making;
- MS Teams On Call Page to support Frimley On Call Directors and Managers with access to key documents 24/7;
- Quarterly On Call Updates to share experience, best practice and receive formal updates on developments;
- Creation of specific SCC checklists to aid the out of hours management of key procedures that may need coordination, for example mutual aid for critical care, ambulance diverts and the management of a critical incident. These have proved to be invaluable for our on call teams;
- The continuation of Business Continuity Champions for each place and each main workstream in order to attain to our statutory Business Continuity responsibilities as an ICB;
- Having nominated link officers to the three LRFs/LHRPS across the Frimley system;
- Close working and coordination with neighbouring ICBs, in order to reduce duplication of work and ensure appropriate representation at meetings including the creation of a Memorandum of Understanding with neighbouring ICBs to allow for pre-agreed representation when Frimley is unable to service meetings/responses;
- Localised training packages, to complement the national training pack, so On Call staff have a greater understanding of their specific roles;
- Creation and dissemination of a Common Operating Picture (COP) during response, to ensure that senior leaders and partners have a good understanding of the nature of NHS Frimley's response;
- Introduction of a defined Mutual Aid processes from our multi-agency partners to Frimley Health Foundation Trust (FHFT) in times of crisis;
- Introduction of the Royal Berkshire Fire & Rescue Service Safe & Well Technicians to FHFT to support patient discharges and wellbeing checks post discharge;

- The introduction of the Single Health Resilience Early Warning Dashboard (SHREWD) across the whole Frimley ICS. This is the recommended platform by the South East Regional Urgent and Emergency Care (UEC) team which facilitates system-wide visibility of real-time pressure in the urgent and emergency care pathway which enables users to focus on where support is needed to improve flow.

Fiona Edwards
Accountable Officer
24 June 2024

Accountability Report

Corporate Governance Report

Members Report

This section of the report contains information about our membership, the way we work as an Integrated Care Board (ICB) and some of our legal responsibilities.

Composition of our Integrated Care Board

NHS Frimley Integrated Care Board (ICB) was formed on 1 July 2022 under the Health and Care Act 2022, replacing NHS Frimley Clinical Commissioning Group. It is the principle decision-making body in the commissioning and contracting of high-quality healthcare for our local community. It comprises of clinical, non-executive and executive directors with a variety of backgrounds, with a wide range of skills and experience. These include members overseeing elements of governance and patient and public engagement.

The Board is comprised of the following seventeen voting members: the Chair; the Chief Executive Officer; five Chief Officers; two Non-Executive Members; two Primary Care Partner Members; three Local Authority Partner Members; three NHS Provider Partner Members. In addition to the voting members, there is also non-voting membership comprised of the following role: System Lead for Equality, Diversity and Inclusion. The Director of Partnerships and Engagement and the Regional Director of Strategy and Transformation (NHSE) were also regular attendees throughout 2023-24.

The five Places which make up the ICB are comprised of (i) Bracknell Forest (ii) North East Hampshire and Farnham (NEHF) (iii) Surrey Heath (iv) Slough (v) Royal Borough of Windsor and Maidenhead (RBWM). Each of the five Places has a Place Convenor, the individuals listed below form part of the Senior Leadership Team with responsibility for managing the place-based delivery plans. The Place Convenors are not members of the ICB Board.

- Emma Boswell – Place Convenor North East Hampshire and Farnham
- Nicola Airey – Place Convenor Bracknell Forest
- Steve Dunn – Place Convenor RBWM
- Caroline Farrar – Place Convenor Slough
- Tracey Faraday- Drake – Place Convenor Surrey Heath

Stakeholders and local authority colleagues work alongside each of the leadership teams, meeting regularly together at their local Place Committees. Details of the five Places can be found on NHS Frimley's website.

The Frimley Board makes decisions on matters that are common to the five Places taking into account the needs of local people.

There were 12 meetings of the Frimley Board in 2023-24. Five of these were held as meetings in public and seven were held in private seminar mode. All meetings were quorate.

Dr Priya Singh is the Chair of the ICB and Fiona Edwards is the CEO and Accountable Officer.

The voting membership of the Frimley ICB Board are set out below:

Membership in 2023-24	
Voting Members	
Non-Executive Members	
Dr Priya Singh, Chair	1 April 2023 – 31 March 2024
Ilona Blue, Non-Executive Member and Chair of the Audit Committee	1 April 2023 – 31 March 2024
Paul Farmer, Non-Executive Member and Chair of the Remuneration Committee	1 April 2023 – 31 March 2024
Executive Members	
Fiona Edwards, Chief Executive Officer	1 April 2023 – 31 March 2024
Richard Chapman, Chief Finance Officer	1 April 2023 – 31 March 2024
Sarah Bellars, Chief Nursing Officer	1 April 2023 – 31 March 2024
Dr Lalitha Iyer, Chief Medical Officer	1 April 2023 – 31 March 2024
Caroline Corrigan, Chief People Officer	1 April 2023 – 31 March 2024
Sam Burrows, Chief Transformation & Digital Officer	1 April 2023 – 31 March 2024
NHS Provider Partner Members	
Neil Dardis, Frimley Health Foundation Trust	1 April 2023 – 31 March 2024
Alex Gild, Berkshire Health Foundation Trust	1 April 2023 – 31 March 2024
Graham Wareham, Surrey and Borders Partnership Foundation Trust	1 April 2023 – 31 March 2024
Local Authority Partner Members	
Karen Edwards, Rushmoor Borough Council	1 April 2023 – 31 March 2024
Grainne Siggins, Bracknell Forest Council	1 April 2023 – 31 March 2024
Rachael Wardell, Surrey County Council	1 April 2023 – 31 March 2024
Primary Care Partner Members	
Dr Prash Patel, Magnolia House Surgery	1 April 2023 – 31 March 2024
Dr Huw Thomas, Claremont & Holyport Surgery	1 April 2023 – 31 March 2024
Non-Voting Members	
Safina Nadeem, Equality, Diversity and Inclusion System Lead	1 April 2023 – 31 March 2024
Regular attendees	
Emma Boswell, Director for Partnerships and Engagement	1 April 2023 – 31 March 2024
David Radbourne, Regional Director of Strategy and Transformation (NHSE)	1 April 2023 – 31 March 2024

Profiles of our Board can be found on our website: NHS Frimley - NHS Frimley Board (icb.nhs.uk)

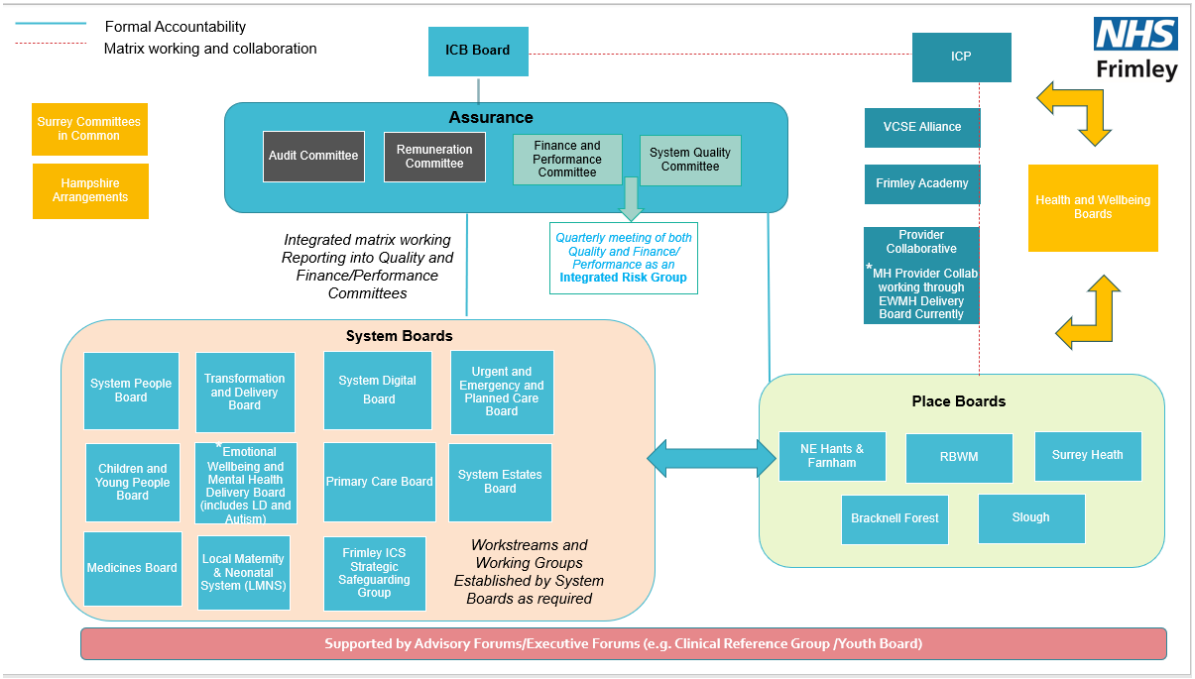
For details of **declared conflicts of interest** published on our website please click here on the Civica Declare link: https://nhsfrimleyccg.mydeclarations.co.uk/home

Table showing ICB Board Attendance for 2023-24:

Name	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Voting Members													
Dr Priya Singh	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Fiona Edwards	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	11/12
Rich Chapman	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Sarah Bellars	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Sam Burrows	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	11/12
Caroline Corrigan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Dr Lalitha Iyer	✓	✓	✓	✓	✓	✓	A	A	✓	✓	A	✓	9/12
Ilona Blue	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Paul Farmer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12
Dr Huw Thomas	✓	✓	A	✓	A	✓	✓	✓	✓	✓	✓	✓	10/12
Dr Prash Patel	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	11/12
Neil Dardis	✓	✓	✓	✓	A	D	✓	✓	✓	✓	A	✓	10/12
Alex Gild	✓	✓	✓	✓	✓	D	✓	A	✓	✓	✓	✓	11/12
Graham Wareham	✓	✓	✓	A	✓	D	✓	✓	✓	✓	✓	A	10/12
Karen Edwards	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	11/12
Rachael Wardell	A	A	✓	A	A	A	A	✓	A	✓	A	✓	4/12
Grainne Siggins	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	A	✓	10/12
Non-Voting Members													
Safina Nadeem	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	11/12

✓ Attended **A** Absent **D** Deputy

Frimley Integrated Care Board Governance Structure



In June 2023, the Board revisited its governance structure and agreed the revised version shown above, consisting of four assurance sub-committees of the Board reported into by 11 portfolio System Boards and five Place Boards, supported by various system collaboratives and groups. The Board agreed its four principal assurance sub-committees as follows:

- The Audit Committee
- The Remuneration Committee
- The Finance and Performance Committee
- The System Quality Committee

As set out in the Constitution, the Audit and Remuneration Committees are both statutory sub-committees of the ICB Board.

Audit Committee

The role of the Frimley ICB Audit Committee is to provide assurance to the Board that the organisation is operating effectively and meeting its respective statutory and strategic objectives.

The committee considers the reports and opinions from a variety of sources, including internal and external audit and Counter-Fraud Services. It acts as the senior assurance committee to the Integrated Care Board. It has a crucial role to play in scrutinising the risks and controls affecting every aspect of the ICB, as well as maintaining its focus on finance and financial management.

In 2023-24, the NHS Frimley Audit Committee met on six occasions. All meetings were quorate in line with its Terms of Reference which stipulates that two voting members, including the Chair are required for quoracy. Membership for 2023-24 was as follows:

- Ilona Blue, Audit Chair and Non-Executive Member
- Paul Farmer, Non-Executive Member

Remuneration Committee

The Frimley ICB Remuneration Committee oversees and monitors the Pay Policy for the organisation – it is responsible for the adoption of any pay frameworks for ICB employees, including senior managers, board members and non-executive members (excluding the Chair).

The Frimley ICB Remuneration Committee met on six occasions in 2023-24. All meetings were quorate with a minimum of two voting members present. Membership for 2023-24 was as follows:

- Paul Farmer, Chair and Non-Executive Member
- Ilona Blue, Non-Executive Member
- Priya Singh, ICB Chair

A more detailed breakdown of the work of the Frimley ICB Remuneration Committee can be found within the Remuneration Report.

Personal data related incidents

In 2023-24, there were no reported Serious Untoward Incidents relating to data security breaches.

Statement of Disclosure to Auditors

Each individual who is a member of the ICB at time the Members' Report is approved confirms:

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

Modern Slavery Act

NHS Frimley ICB fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the financial year ending 31 March 2024 is published on our website

Statement of Accountable Officer's Responsibilities

Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the NHS Frimley Integrated Care Board and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.
In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

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

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed the Chief Executive to be the Accountable Officer of NHS Frimley ICB. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Integrated Care Board and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding the NHS Frimley ICB's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

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

Disclosures:

In line with their statutory duties under section 30(1)(b) of the Local Audit and Accountability Act 2014 our External Auditors wrote to the Secretary of State for Health and Social Care on June 2024 to inform them that Frimley ICB will not comply with its statutory financial duty under Section 223G (1) of the National Health Service Act 2006 to ensure that expenditure incurred does not exceed the amount allotted to it that year by NHS England.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the ICB's external auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Fiona Edwards
Accountable Officer
24 June 2024

Governance Statement

Introduction and context

‘NHS Frimley ICB is a corporate body established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended).

The ICB’s statutory functions are set out under the National Health Service Act 2006 (as amended).

The ICB’s general function is arranging the provision of services for persons for the purposes of the health service in England. The ICB is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its local population.’
Between 1 April 2023 and 31 March 2024, the Integrated Care Board was not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.’

Since 1 July 2022 NHS Frimley has been under segment one of NHS England’s System Oversight Framework.

Scope of responsibility

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

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

Governance arrangements and effectiveness

The ICB is a statutory body with the general function of arranging for the provision of services for the purposes of the health service in England and is an NHS body for the purposes of the 2006 Act (as amended).

The membership and attendance record for the Board and its sub-committees, together with highlights of their work are set out within the Membership Report and the Terms of Reference are contained within the Governance Handbook.

The Board has four committees reporting to it. This includes two statutory committees, the Audit Committee, and the Remuneration Committee and an additional two committees, namely, the Finance and Performance Committee and the System Quality Committee.

In April 2023, the ICB established an executive group to support the ICB Board with risk

management. The Integrated Risk Group is comprised of members of both the Finance and Performance Committee and the System Quality Committee.

During the course of 2023-24 the Board has continued a review its own governance architecture, in particular, it has focussed on fully embedding template Terms of Reference for each of its System and Place Boards to ensure clear and aligned ways of working. The System and Place Boards provide assurance on compliance against delegated statutory duties set out within the Scheme of Reservation and Delegation. The Board reviewed and approved its updated Scheme of Reservation and Delegation in April 2024. The System and Place Boards are responsible for planning, performance, strategy and transformation and risk management and report into the Finance and Performance Committee and System Quality Committee.

I confirm that the ICB has been able to maintain the functions of the Board through these arrangements and has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently, and economically and complies with such generally accepted principles of good governance as are relevant to it.
I can confirm that the ICB ensures a focus on effective governance is maintained through the observance of the governance framework which is set out in the ICB's constitution.

The constitution requires that the ICB will at all times observe the principles of good governance in the way it conducts its business. These principles include the Good Governance Standard for Public Services, the Nolan Principles, the seven key principles of the NHS Constitution and the Equality Act 2010.

Embedded within the constitution are the ICB's Standing Orders. These Standing Orders, combined with the Scheme of Delegation and Prime Financial Policies, form the procedural governance framework. They set out the structure and arrangements for conducting the business of the ICB, the appointment of ICB Members, and the procedures to be followed at meetings of the ICB, the process to delegate powers and the declaration of interests and standards of conduct.

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance. NHS Frimley ICB reports its governance arrangements by drawing on best practice available, including those aspects of the UK Corporate Governance Code it considers to be relevant to the ICB and best practice. This governance statement is therefore intended to demonstrate the ICB's compliance with the principles set out in the Code.

Discharge of Statutory Functions

On 1 July 2022 NHS Frimley ICB was established and took on its statutory powers and duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislature and regulations. As a result, I can confirm that the ICB is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been allocated to a Chief Officer. Responsibility for each duty and power is clearly outlined in the ICBs scheme of reservation and delegation, within the financial limits policy delegations are allocated to a lead Chief Officer. Chief

Officers have confirmed that their structures provide the necessary capability and capacity to undertake all of the statutory duties.

Risk management arrangements and effectiveness

I can confirm that the ICB is committed to minimising risks to the organisation, staff and patients and stakeholders through its system of internal controls, while providing maximum potential for flexibility, innovation, and best practice in delivery of the ICS strategic ambitions to increase overall healthy life expectancy and reduce inequalities for our residents.

The ICB works to all applicable legislation and NHS guidance, and where risk forms a part of the ICB's work, this is assessed and recorded on the Corporate Risk Register

During the course of 2023-24, the Board has made significant progress with addressing all of the 2022-23 recommendations made by the internal and external auditors in relation to risk management. Notably, to the findings from the corporate governance and risk management internal audit review that was undertaken in Q3 of 2022-23, as part of an agreed internal audit plan and to the significant weakness highlighted by the external auditors in their 2022-23 Auditor's Final Report, in connection with the Board monitoring its Board Assurance Framework at its meetings. The Board has focused on developing and assuring progress of (1) the Board Assurance Framework (2) risk escalation and reporting (3) clarity on organisation, place and system risks and (4) reviewing and updating its Scheme of Reservation and Delegation.

At its meeting in May 2023 the Board approved its Board Assurance Framework and accompanying Risk Appetite Statement, Risk Domains and Thresholds and Risk Matrix Scores. The Board also approved the final mapping of the governance architecture and template Terms of Reference which all System and Place Boards were required to adopt to ensure aligned ways of working across. The Finance and Performance Committee provided oversight and scrutiny on progress with this action and all System and Place Boards now have final approved Terms of Reference which accurately reflect their core purpose.

The Audit Committee has been provided with regular progress reports at its bi-monthly meetings on progress to embed risk management processes. In Q3 2023-24, the Audit Committee agreed and finalised the Risk Management Framework for the ICB – this document provides detailed guidance to System and Place Boards on risk scoring and escalation criteria and sets out the processes for effective risk management within the ICB, using the Risk Management Reporting System (4Risk).

On a quarterly basis, members of the Finance and Performance Committee and the System Quality Committee meet together as the Integrated Risk Group, an executive advisory group of the ICB board. 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 (comprised of strategic risks rated 15 and above) and monitor progress against plans and oversee the mitigation of any significant risks; it is also responsible for providing assurance to the ICB Board on the completeness and accuracy of the Board Assurance Framework. The Board reviews its Board Assurance Framework at each of its bi-monthly meetings in public.

I have ensured that strategic issues and risks aligned to the delivery of the Operational Plans for 2023-2024 around: (i) workforce (ii) population health, (iii) delivery of ongoing reform,

transformation, and improvement of public services (iv) investment in new technology and (v) financial sustainability have featured on the agendas of Board meetings. The Board has maintained its focus on its long-term strategic objectives of reducing health inequalities and maximising healthy life years for the population of Frimley.

Capacity to Handle Risk

The risks faced by the ICB against its strategic objectives are identified through various means, including risks assessments, audits, incident reports, complaints, through self-assessment and by NHS England.

All staff are involved in risk management – the senior leadership team lead on risk within their respective portfolios and system boards and senior managers as risk-owners have responsibility for ensuring that risks are operationally managed, and other staff record and update controls, assurances and action plans on team risk registers.

Staff have access to a dedicated risk management section on the intranet, which includes step by step guidance on how to add and edit risks on the 4Risk database. Staff have access to the Risk Management Framework which provides detailed guidance on how to score, inherent, residual and target risks.

Training on the use of the 4Risk database is provided by the Governance Team and the CSU Team.

Risk Assessment

The Board agreed the following five strategic objectives for 2023-24 and accompanying principle risks which are embedded within the Board Assurance Framework.

Strategic Objective 1: We want to help our employees thrive and be healthy both at work and in their personal lives, while also listening to our workforce to help us achieve our goals as an organisation. We will take actions that create a culture of inclusivity that values our diverse workforce and encourages everyone to contribute to our vision and values.

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

Strategic Objective 2: We will work together with our communities and other partner organisations to improve health and care outcomes and experiences for local people, resulting in reduced health inequalities.

Risk: If the ICB is unable to prioritise prevention and population health programmes then the ICB will not be able to put in place the foundations to improve health and care outcomes and in the long-term health inequalities will increase resulting in greater pressure on partner organisations, increasing costs, and resulting in poorer outcomes and experiences for the local people.

Strategic Objective 3: We will make sure our organisation stays focused on the delivery of our work programme. Our leaders will oversee our progress and work to improve our

approach over time. We will also work closely with our partners and places to make sure we are collectively contributing to wider improvements in public services, reform and transformation.

Risk: If the ICB fails to engage key stakeholders in delivering the transformation agenda or commitment to integration is superficial due to operational and financial pressures then some partners will become disengaged from system integration resulting in delays in the reform, transformation, and improvements to public services

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

Strategic Objective 4: We will invest in new technology that can help us provide better care and prevent illness. We will increase the use of data and insights to help us innovate and improve how we provide care and support to our patients and residents.

Risk: If the ICB fails to resource, work collaboratively towards the priorities in the Digital strategy or ensure effective adoption of digital solutions then the ICB will not be able to maximise the benefits afforded by the advancement of digital and data and this will hinder the advancements in health care and prevention.

Strategic Objective 5: We will work to make sure our organisation is financially sustainable in the long term. We will manage our finances carefully and make sure we are providing the best possible value to taxpayers.

Risk: If we fail to operate within available resources, we will cause financial instability and take less VFM decisions leading to poorer outcomes for communities, increasing costs and reputational damage threatening future organisational sustainability.

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 controls against delivery. The BAF is a primary source of evidence in describing how the ICB is discharging its responsibilities for internal control. The BAF sets out the controls in place to manage these risks and the assurances available to support judgements on whether the controls are having the desired impact and describes the actions to further reduce each risk. Embedding risk management supports achievement of the ICB's corporate objectives through managing risk to delivery.

I can confirm that the ICB continues to keep NHS England aware of all strategic risks as part of the regular dialogue and reporting arrangements.

Other sources of assurance

Internal Control Framework

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

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

The external auditors provide me with their opinion through their Auditors Annual Report. Internal Audit have provided an interim opinion of Reasonable Assurance in the Head of Internal Audit Opinion.

The systems of internal control related to risk management are monitored by the Governance Team to ensure regular reviews are carried out and reporting any breaches should they occur.

Conflicts of interest management

The Health and Care Act 2022 places responsibility on ICBs to manage their conflicts of interest. Frimley ICB has a Conflicts of Interest Policy which is included with the ICB's governance handbook and published on the website.

In January 2024, NHS England rolled out new "Managing Conflicts of Interest online training for ICBs – Module 1" all staff are required to complete this e-learning as part of their statutory and mandatory training.

In line with its Terms of Reference the Audit Committee satisfies itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

The Independent Local Counter Fraud Specialist also undertakes an annual proactive review of conflicts of interest declarations for decision makers using open-source data and the findings are reported to the Audit Committee. The Local Counter Fraud Specialist has not identified any other concerns or risks in relation to the management of conflicts of interest to the Audit Committee.

The internal auditors reviewed the management of conflicts of interest as part the work that they undertook in 2023-24 for the Corporate Governance and Risk Management internal audit – the scope of the audit was to ensure that "minutes of meetings clearly record decisions made and matter considered for those decisions including managing any conflicts of interest".

The Final Corporate Governance and Risk Management internal audit obtained an overall low risk rating and there were no risks or issues identified in relation to the management of conflicts of interest.

The ICB uses an online Civica Declare system for the management of its conflicts of interest. The system provides the public with access to the declarations of interest for Board members and decision makers in line with NHS England guidance. Staff are regularly reminded about the need to complete and maintain their conflicts of interest and to complete their statutory and mandatory training.

I can confirm there have been no conflict-of-interest breaches reported between 1 April 2023 and 31 March 2024.

Data Quality

High quality data underpins every step of the commissioning cycle. It is only through the analysis of high-quality data that the ICB can move towards safe, effective and equitable care for all.

The Board, in addition to its committees and sub-committees receives information provided by the ICB business intelligence team / CSU team that is sourced from national mandatory returns and NHS Digital information. This data is subject to data quality checks from providers prior to submission, from NHS Digital as part of the national collation process and from the ICB as part of its data management processes. Information is also sourced directly from local providers, and this is validated by the ICB business intelligence team / CSU team on receipt, as well as against national information/guidance when that becomes available.

The ICB ensures data quality throughout the commissioning process and, although we rely on other NHS organisations and the CSU, we gain direct assurance from these organisations on a monthly basis and gain independent assurance from Internal Audit reports.

If data quality issues are identified our ICB analytics teams' flag these within our reporting and work collaboratively with providers to investigate and resolve the root cause. The teams regularly contribute to and attend meetings of the South-East Data Quality Forum.

Information Governance

The NHS Information Governance Framework sets out how an organisation should develop its processes and procedures by which it will handle information about patients and employees, in particular personal identifiable information.

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

Every NHS organisation annually reports its compliance via the Data Security and Protection Toolkit. The Data Security and Protection Toolkit (DSPT) submission for 2022-23 for the ICB was published in June 2023 and the ICB achieved a "Standards Met" rating.

We ensure all staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information

governance roles and responsibilities.

Business Critical Models

In line with best practice recommendations in the 2013 MacPherson Review into the quality assurance of analytical models, the ICB has an appropriate framework and environment in place to provide quality assurance of business-critical models, in line with the recommendations contained in the report.

The business-critical models of the ICB – including service planning and provision, budget setting and allocations primarily rely on activity and finance data produced by the Commissioning Support Unit (CSU) which is assured through their own processes.

Third party assurances

The ICB business critical models primarily rely on activity and finance data produced by the CSU which is assured through the CSU own processes.

In Q4 2023-24 the Financial Services and Contract Services were in-housed and twenty-five members of CSU staff transferred to NHS Frimley. From 1 February 2024 onwards the ICB did not place reliance on the CSU for Financial and Contract Services.

As Chief Executive Officer, I receive assurance through service auditor reports that relevant controls are in place for business-critical models and have been operating throughout the year.

The ICB receives assurance reports from the following organisations:

- from the CSU for some or all services provided (as agreed between the ICB and CSU annually);
- from NHS Shared Business Services for the provision of Financial and Accounting Services and Primary Care Payments services;
- from IBM on the operation of the Electronic Staff Record (ESR) Payroll infrastructure and service;
- from NHS Digital on the operation of GP payments services;
- from NHS Business Service Authority on the operation of prescription services and dental services; and
- from Capita Business Services on the operation of Primary Care Support England (PCSE) for processing GP, Ophthalmic and Pharmacy payments and Pension administration.

These are Service Auditor Reports which typically set out the following:

- respective responsibilities in the Service end to end process;
- a high-level description of the governance and assurance arrangements in place at the Service Organisation including arrangements for effective risk management and assurance;
- a high-level description of the Service control environment;
- an assertion by the Service Organisation management regarding the design of internal controls over the process; and,
- a low-level description of the Service's control objectives and supporting key controls.

Service Auditor Reports are an internationally recognised method for Service Organisations to provide details of controls and their operation in a specified period to their clients and are prepared to internationally recognised standards (typically ISAE 3000 and 3402).

In drawing a conclusion on third party assurances, no control issues were raised via the Service Auditor Reports that impacted on the ICB control environment for the period 2023-24.

Control Issues

During the period 1 April 2023 to 31 March 2024, Internal Audit carried out a number of audit reviews which covered our governance, risk management and/or control arrangements. The Head of Internal Audit Opinion is informed by these reports and is set out within this annual report. I am pleased to have received an overall Reasonable/Moderate assurance rating, which we will build on in 2024-25.

In 2023-24, the ICB identified the following three control issues with mitigations at Month 10:

Issue 1: Quality and Performance – Referral to Treatment / 52 waits
The ICB continues to work to recover waiting times following the pandemic. This forms part of the 2024-2025 Operational Planning requirements and mitigations will be developed as part of this plan.

Issue 2: Quality and Performance – Access to Service / Capacity.
The Frimley System as with the wider NHS, continues to face access challenges across all parts of the system. This is part of the 2024-2025 Operational Planning requirements and mitigations will be developed as part of this plan.

Issue 3: Financial Performance
In line with their statutory duties under section 30(1)(b) of the Local Audit and Accountability Act 2014 our External Auditors wrote to the Secretary of State for Health and Social Care in June 2024 to inform them that Frimley ICB will not comply with its statutory financial duty under Section 223G (1) of the National Health Service Act 2006 to ensure that expenditure incurred does not exceed the amount allotted to it that year by NHS England. The sum allocated to the Board by NHS England for the year ending 31 March 2024 is £1,557 million. At Year End the total expenditure of the ICB was £1,572 million. This represents a deficit of £14.7 million for the financial year to 31 March 2024.

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

The ICB provides an annual self-assessment against 62 metrics on the NHS Oversight Framework to NHS England and NHS Improvement.

Between 1 April 2023 and 31 March 2024 NHS Frimley has been under segment one of NHS England's System Oversight Framework.

Throughout the course of the year, the ICB has worked in partnership across the Frimley Health and Care System to take a leading role in monitoring and oversight, supported by NHS England and NHS Improvement Regional Teams. In addition, there were regular touch points with NHS England covering performance, quality, workforce planning and resources across a range of portfolios within the Integrated Care System covering strategic and

operational issues, as well as formal quarterly oversight meetings.

The Board has responsibility for ensuring that the ICB has appropriate arrangements in place to manage its functions economically, efficiently and effectively. The Board makes sure that the ICB operates within the corporate governance framework (i.e. its standing orders, scheme of delegations and standing financial instructions) and has established an Audit Committee to assist the Board in delivering its responsibilities for the conduct of public business, and the stewardship of funds under its control; a Finance and Performance Committee to provide a performance framework that proactively manages the ICB's financial agenda and a System Quality Committee which measures quality against the five domains of the Care Quality Commission.

The Senior Leadership Team, the Finance and Performance Committee, and the System Quality Committee provide critical oversight on investments from both a clinical and financial perspective.

The Audit Committee provides assurance to the Board that an appropriate system of internal control is in place to ensure that:

- business is conducted in accordance with the law and proper standards;
- public money is safeguarded and properly accounted for;
- affairs are managed to secure economic, efficient and effective use of resources; and
- reasonable steps are taken to prevent and detect fraud and other irregularities.

The ICB has a Procurement Policy that seeks to be an effective way to help ensure quality and value for money requirements are achieved; helping the ICB to commission the right services to improve the lives of those who live in the Frimley area. The Procurement Policy was updated to reflect the new Provider Selection Regime Guidance which came into effect on 1 January 2024.

The ICB uses internal audit functions to confirm controls are operating effectively, to provide independent assurance and advise on areas of improvement. Audit report findings are discussed in detail at the Audit Committee and summarised in the Head of Internal Audit Opinion Statement.

Delegation of functions

Most NHS services commissioned in England are the responsibility of Integrated Care Boards. On 1 July 2022, the ICB assumed the delegated responsibility for commissioning local primary medical services from its predecessor NHS Frimley CCG. As the commissioner for local primary medical services the ICB works in partnership with all of its primary care partners on planning the services provided to local people.

NHS Frimley also assumed delegated responsibility for the commissioning of Community Pharmacy, Optometry and Dental (POD) services in July 2022 following the enactment of new legislation. We continue to work with our partners in other ICBs across the South-East, as well as the NHS England South-East Regional team to learn and refine our approach to these new responsibilities.

In July 2023, NHS Frimley became the formal host organisation for the POD team which provides commissioning support to these services.

This transfer of responsibility and accountability was underpinned by a Memorandum of Understanding (MoU) between NHSE and the ICBs, a separate MoU between the 6 SE Region ICBs and terms of reference for the Committee in Common (CiC) providing oversight. The POD commissioning teams were TUPE transferred from NHSE to NHS Frimley on 1 July 2023.

In 2023-24, NHS Frimley has been working to develop supportive partner relationships with other ICBs in the South-East focussing on how its additional hosting responsibilities can help drive additional benefit for the broader health economy.

NHS Frimley is continuing to work with the NHS England South-East Regional Team and ICB colleagues across the Region to prepare for the delegation of some specialised commissioning services from April 2025.

No control issues were raised by the auditors or NHS England during the year around how the ICB exercises the primary medical commissioning or POD functions of NHS England as set out in the Delegation Agreement.

A collaborative Internal Audit assurance review of Pharmacy, Optometry, and Dental Services was undertaken in 2023-24 by internal auditors TiAA which gave a Reasonable Assurance rating.

In 2023-24 no ICB functions were delegated to other statutory organisations.

Delegated functions are set out in the articles of the constitution, scheme of reservation and delegation and the standing orders.

Compliance with NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR)

The ICB has reported its compliance against the 2023-2024 NHS England Core Standards for EPRR to the Board in November 2023 when it was 100% compliant.

Counter fraud arrangements

The Fraud and Security Management Service provide an active role in the prevention and deterrence of fraud, bribery and corruption through their attendance at the Audit Committee, involvement in policy-setting and sharing of information through attendance at ICB meetings and alerts, bulletins and articles published through the dedicated Fraud and Security Management website.
The Local Counter Fraud Specialist attended the Audit Committee meetings and reported on progress against the Annual Plan and achievement of the new Government Functional Standards.

The ICB made its annual submission in May 2023 and was fully compliant with the Government Functional Standards, receiving an overall green rating for 2022-23. The Functional Standards for 2023-24 was submitted by 31 May 2024.

Between 1 April 2023 and 31 March 2024 the Counter Fraud Specialist received fourteen referrals, in addition to four historical cases carried forward from previous years. The Counter Fraud Specialist reported on twelve allegations/investigations to the Audit Committee, of

which three remain under investigation at year end. Two of the historical cases remain open pending criminal and civil action. No material unrecovered losses are reported. No whistleblowing referrals have been received in 2023-24.

The ICB has established a positive training and awareness culture to ensure all staff receive regular training in person, virtually and through the dedicated online e-learning package. Awareness articles produced by the Local Counter Fraud Team have been disseminated to all staff and published online for all staff to access.
No significant control issues have been raised by the Counter Fraud Team.

Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 April 2023 – 31 March 2024 for the ICB, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the ICB's system of risk management, governance and internal control.

The Head of Internal Audit concluded that:

Governance and risk management and control in relation to business-critical areas is generally satisfactory. However, there are some areas of weakness in the framework of governance, risk management and control which potentially put the achievement of the strategic objectives at risk. Some improvements are required in those areas to enhance the adequacy and/or effectiveness of the framework of governance, risk management and control.

"In summary, the basis of our Interim Opinion for 2023-2024 of Reasonable/Moderate Assurance is based on the following:

- The ICB requested delivery of four Internal Audit Reviews as part of the Internal Audit Plan and the additional DSPT assessment. This limited the breadth of coverage that could be obtained across the ICB internal controls, with the focus given to reviews required for the core areas of our opinion (Governance, Risk Management and Financial Controls). An additional review required by the ICB's Regulator was DSPT.

- Medium risk rated weakness identified in individual assignments that are not significant in aggregate to the system of internal control;
- High risk rated weaknesses identified in individual assignments that are isolated to specific systems or processes; and
- None of the individual assignment reports have an overall classification of critical risk.

Area of Audit	Level of Assurance Given
1. Corporate Governance and Risk Management	Low Risk
2. Key Financial Controls	Medium Risk
3. Commissioning Arrangements (Primary Care)	Medium Risk
4. Medicines Optimisation	Medium Risk

5. Data Security Protection Toolkit (DSPT)	Report uses a separate classification based on NHSE guidance. The rating for the report was "moderate"

We completed Internal Audit Reviews as above and identified 1 high, 8 medium and 6 low risk findings to improve weaknesses in the design of controls and/or operating effectiveness.

- Corporate Governance and Risk Management - *Final* Report issued to management, overall rating of Low Risk. 2 Medium Risk identified.
- Key Financial Controls – *Final* Report issued to management, overall rating of Medium. 2 Medium and 1 Low Rated Risks identified.
- Commissioning Arrangements (Primary Care) – *Final* Report Issued to management. 3 Medium and 4 Low Rated Risks identified.
- Medicines Optimisation - *Final* Report Issued to management. 1 High, 1 Medium and 1 Low Rated Risks identified. The High Risk finding related to incomplete documentation for cost improvement schemes and no clearly defined processes in place for approving the cost improvement schemes. The ICB has agreed an action plan for 2024-25 to address these findings - the Medicines Optimisation Team will work with a centralised Project Management Team to ensure adherence to agreed processes regarding the documentation and approval of cost improvement schemes.

We would like to take this opportunity to thank Frimley ICB staff for their cooperation and assistance provided during the year.

Review of the Effectiveness of Governance, Risk Management and Internal Control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, senior leaders and clinical leads within the ICB who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the auditors in their Auditor's Annual Report and other reports.

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

I have been advised and given assurance on the effectiveness of internal controls throughout the year through the work carried out by the following:

- The ICB Board
- Audit Committee;
- Finance and Performance Committee;
- System Quality Committee;
- Integrated Risk Group; and
- Internal audit.

Conclusion:

In line with the Head of Internal Audit Opinion I can confirm that there is reasonable/moderate assurance on the effectiveness of ICB Governance, Risk Management and Internal Control

and no significant internal control issues have been identified.

Fiona Edwards
Accountable Officer
24 June 2024

Remuneration Report

Definition of senior manager

The definition of 'senior managers' as per NHS England Annual Reporting guidance is: *"Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the clinical commissioning group."* - this guidance has been applied to the ICB Annual Report as no new guidance has been published.

This means those who influence the decisions of the ICB as a whole rather than the decisions of individual directorates or departments. Such persons will include advisory or non-executive or partner members.

For the purpose of this remuneration report, 'senior managers' constitute both voting and non-voting members of the ICB Board.

Remuneration Committee

It is a statutory requirement that a ICB's Board has a remuneration committee to determine and approve remuneration packages for the Chief Executive and all Very Senior Managers and Board members. It will also approve policies relating to remuneration and the terms and conditions of employment for all ICB staff.

The Committee's main purpose is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary:

- Confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including senior managers/directors (including board members) and Non-Executive Directors excluding the Chair.
- No committee member is present for discussions about their own remuneration or terms of service.

For further details about the Remuneration Committee, please see Member Report.

Remuneration of Very Senior Managers

All senior manager salaries are agreed by the Remuneration Committee in accordance with the agreed pay framework. Salaries in excess of £170k or operational maximum requires additional national approval. For any senior manager who is paid in excess of £150,000 on a full-time annualised basis, the remuneration is agreed and discussed with the ICB Non-Executives at the Remuneration Committee. Some individuals, including the Chief Executive of the ICB, have expanding and more complex portfolios covering multiple systems and geographies, and this has been taken into consideration when agreeing the remuneration values. The Salary and Allowances table that follow contain further disclosures on the remuneration of the ICB's senior managers.

Statement of Policy

The Remuneration Committee has the responsibility to maintain awareness of statutory requirements, national guidance and directions in relation to remuneration and workforce matters and to ensure appropriate weight is given in its deliberations to the need to conserve public resources and deliver value for money.

Senior Managers Service Contracts

There have been no payments made for loss of office to any senior manager who was a member of the ICB Board between April 2023 and March 2024.

Salaries and allowances – 1 April 2023 to 31 March 2024 (Subject to Audit)

Name	Title	Note	Salary and Fees (Bands of £5,000) £000	All Taxable Benefits (To the nearest £100)	Annual Performance Pay and Bonuses (Bands of £5,000) £000	Long Term Performance Pay and Bonuses (Bands of £5000) £000	All Pension-related benefits (Bands of £2,500) £000	Total (Bands of £5,000) £000
Nicola Airey	Executive Place Managing Director for Surrey Heath	v	120-125	0	0	0	0	120-125
Sarah Bellars	Executive Director of Quality and Nursing, Caldicott Guardian, and Freedom to Speak Up Guardian (Primary Care)		145-150	100	0	0	0	145-150
Emma Boswell	Executive Director of Development and Improvement	iii, v	105-110	100	0	0	0	105-110
Fiona Edwards	Chief Officer (Accountable Officer)		210-215	100	0	0	0	210-215
Tracey Faraday-Drake	Executive Place Managing Director for Slough	v	120-125	200	0	0	30.0-32.5	155-160
Caroline Farrar	Executive Place Managing Director for Royal Borough of Windsor and Maidenhead	v	120-125	0	0	0	30.0-32.5	155-160
Lalitha Iyer	Executive Medical Director		170-175	200	0	0	0-2.5	170-175
Priya Singh	Chair	i	60-65	0	0	0	0	60-65
Ilona Blue	Non-Executive Member, Conflicts of Interest Guardian, and Chair of Audit Committee	i	15-20	100	0	0	0	15-20
Caroline Corrigan	Chief People Officer	iv	120-125	100	0	0	30-32.5	155-160
Samuel Burrows	Chief Transformation Officer		145-150	100	0	0	37.5-40.0	185-190
Richard Chapman	Chief Finance Officer		160-165	0	0	0	0	160-165
Paul Farmer	Non-Executive Member and Chair of the Remuneration Committee	i	15-20	0	0	0	0	15-20
Huw Thomas	Primary Care Partner Member and Clinical Lead	ii	70-75	100	0	0	0	70-75
Prash Patel	Primary Care Partner Member		20-25	0	0	0	90-92.5	110-115
Stephen Dunn	Executive Director of System Delivery	v	125-130	200	0	0	0	130-135
Safina Nadeem	Equality, Diversity and Inclusion Lead	iii	70-75	100	0	0	20.0-22.5	90-95

i Non-Executive Members are not entitled to join the pension scheme and therefore disclose no pension-related benefits
ii Huw Thomas has 2 separate posts within NHS Frimley ICB, GP Board Member and Senior Clinical & Care Professional Lead – Royal Borough of Windsor and Maidenhead.
iii Safina Nadeem and Emma Boswell are non-voting board members.
iv Caroline Corrigan is seconded to Buckinghamshire, Oxfordshire and Berkshire West ICB, details of NHS Frimley's share of the pay is shown in the table above. The seconded position salary is shown in the table below.

v In 2023-24, the Place Convenors form part of the Senior Leadership team to manage the place-based delivery plans but are not voting members of the Board.

The table above does not include disclosure regarding the remuneration of the local authority representatives on the ICB Board as they do not receive any remuneration from the ICB. Karen Edwards, Grainne Siggins and Rachael Wardell are voting members of the Board.

Staff Sharing Agreement

Caroline Corrigan is employed by NHS Frimley ICB and is seconded to NHS Buckinghamshire, Oxfordshire, and Berkshire West ICB (BOB) in 2023-24. Caroline Corrigan started an Interim role as Chief People Officer with BOB, completing 2 days a week, from 1 November 2023 for 6 months initially with a caveat of possible extension into a further financial year. BOB agreed to fund their cost of 2 days a week, and a salary uplift associated with the secondment.

Name	Title	Note	Salary and Fees (Bands of £5,000) £000	All Taxable Benefits (To the nearest £100)	Annual Performance Pay and Bonuses (Bands of £5,000) £000	Long Term Performance Pay and Bonuses (Bands of £5000) £000	All Pension-related benefits (Bands of £2,500) £000	Total (Bands of £5,000) £000
Caroline Corrigan	Secondment to Buckinghamshire, Oxfordshire and Berkshire West ICB	i	*25-30*	*0*	*0*	*0*	5-7.5	*35-40*

Salaries and allowances – 1 July 2022 to 31 March 2023 (Subject to Audit)

The table below shows the salaries and allowances paid to senior managers from July 2022 to March 2023 for NHS Frimley ICB.

Name	Title	Note	Salaries (Bands of £5,000) £000	All Taxable Benefits (To the nearest £100) £	Full Performance Pay & Bonuses (Bands of £5,000) £000	Long Term Performance Related Bonuses (Bands of £5000) £000	All Pension-related benefits (Bands of £2,500) £000	Total (Bands of £5,000) £000
Nicola Airey	Director of Commissioning and Assurance and Place Convenor Bracknell Forest		85-90	100	0	0	30-32.5	115-120
Sarah Bellars	Chief Nursing Officer		105-110	200	0	0	85-87.5	190-195
Emma Boswell	Director of Partnerships and Engagement and Place Convenor North East Hampshire and Farnham	iii	75-80	400	0	0	22.5-25	95-100
Fiona Edwards	Chief Executive (Accountable Officer)		150-155	1000	0	0	0	150-155
Tracey Faraday-Drake	Director for Children and Young People and Place Convenor Surrey Heath		85-90	200	0	0	20-22.5	110-115
Caroline Farrar	Director of Primary Care Development and Place Convenor Slough		85-90	0	0	0	27.5-30	115-120
Lalitha Iyer	Chief Medical Officer		130-135	300	0	0	40-42.5	170-175
Priya Singh	Chair	i	45-50	800	0	0	0	45-50
Ilona Blue	Non-Executive Member, Conflicts of Interest Guardian, and Chair of Audit Committee	i	10-15	100	0	0	0	10-15
Caroline Corrigan	Chief People Officer		105-110	500	0	0	35-37.5	140-145
Samuel Burrows	Chief Transformation Officer	iv	105-110	200	0	0	0	105-110
Richard Chapman	Chief Finance Officer	iv	110-115	0	0	0	52.5-55	165-170
Paul Farmer	Non-Executive Member and Chair of the Remuneration Committee	i	10-15	0	0	0	0	10-15
Huw Thomas	Primary Care Partner Member and Clinical Lead		35-40	0	0	0	32.5-35	70-75
Prash Patel	Primary Care Partner Member		15-20	0	0	0	0	15-20
Steven Dunn	Director of System Delivery Place Convenor RBWM	ii	65-70	800	0	0	0	70-75
Safina Nadeem	EDI System Lead and Freedom to Speak Up Guardian	iii	45-50	3000	0	0	132.5-135	180-185

i Non-Executive Members are not entitled to join the pension scheme and therefore disclose no pension-related benefits
ii Steven Dunn joined NHS Frimley ICB in the role of Executive Director of system Delivery in September 2022
iii Safina Nadeem and Emma Boswell are non-voting board members.
Iv Richard Chapman and Samuel Burrows joined the ICB in July 2022.
Other Partner Members of the Board not included in the table above as they do not receive remuneration from the ICB.

Please note that the calculation of taxable mileage included in all taxable benefits column was erroneously calculated as such has altered the prior year comparatives marginally, so these have been restated.

Pension Benefits – 1 April 2023 to 31 March 2024 (Subject to Audit)

Name	Title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2024 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 1 April 2023	(f) Real increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2024	(h) Employer's contribution to stakeholder pension
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Fiona Edwards	Chief Officer (Accountable Officer)	0	0	5-10	0	64	46	145	0
Lalitha Iyer	Executive Medical Director	0-2.5	0	25-30	65-70	61	109	200	0
Sarah Bellars	Executive Director of Quality and Nursing, Caldicott Guardian, and Freedom to Speak Up Guardian (Primary Care)	0	37.5-40.0	45-50	130-135	831	194	1129	0
Caroline Corrigan	Chief People Officer	2.5-5.0	0	30-35	0	378	75	512	0
Samuel Burrows	Chief Transformation Officer	2.5-5.0	0	15-20	0	136	56	227	0
Richard Chapman	Chief Finance Officer	0	37.5-40.0	55-60	145-150	891	195	1197	0
Huw Thomas	Clinical Chair and Place Based Clinical Lead for Royal Borough of Windsor and Maidenhead	0	0	25-30	70-75	529	0	585	0
Emma Boswell	Executive Director of Development and Improvement	0	25.0-27.5	30-35	90-95	553	104	727	0
Tracey Faraday-Drake	Executive Place Managing Director for Slough	0-2.5	0	10-15	0	117	37	183	0
Nicola Airey	Executive Place Managing Director for Surrey Heath	0	27.5-30.0	40-45	105-110	774	110	978	0
Caroline Farrar	Executive Place Managing Director for Royal Borough of Windsor and Maidenhead	0-2.5	0	25-30	0	287	160	493	0
Stephen Dunn	Director of System Delivery & Flow	0	0	0	0	0	0	0	0
Prash Patel	GP Board Member|921|Community Health Services	2.5-5.0	10.0-12.5	10-15	40-45	199	91	315	0
Safina Nadeem	ED & I System Lead	0-2.5	0	10-15	0	118	35	174	0

Where the member had no 2023-2024 service or the real increase in their lump sum was negative, the nil band is disclosed. Stephen Dunn chose not to be covered by the pension arrangements during the year.

Some individuals disclosed above may be affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 were moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted with a Zero.

Pension Benefits – 1 July 2022 to 31 March 2023 (Subject to Audit)

Name	Title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2023 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 1 April 2022	(f) Real increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2023	(h) Employer's contribution to stakeholder pension
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Fiona Edwards	Chief Officer (Accountable Officer)	0	0	40-45	120-125	51	0	52	0
Lalitha Iyer	Executive Medical Director	2.5-5.0	0-2.5	20-25	60-65	394	0	61	0
Sarah Bellars	Executive Director of Quality and Nursing, Caldicott Guardian, and Freedom to Speak Up Guardian (Primary Care)	5.0-7.5	7.5-10	40-45	80-85	722	79	831	0
Caroline Corrigan	Chief People Officer	0-2.5	0	20-25	0	331	29	378	0
Samuel Burrows	Chief Transformation Officer	10-12.5	0	10-15	0	114	9	136	0
Richard Chapman	Chief Finance Officer	2.5-5.0	2.5-5.0	50-55	95-100	814	46	891	0
Huw Thomas	Clinical Chair and Place Based Clinical Lead for Royal Borough of Windsor and Maidenhead	0-2.5	0	50-55	100-105	910	0	0	0
Emma Boswell	Executive Director of Development and Improvement	0-2.5	0-2.5	25-30	65-70	485	32	529	0
Tracey Faraday-Drake	Executive Place Managing Director for Slough	0-2.5	0-2.5	30-35	55-60	379	19	19	0
Nicola Airey	Executive Place Managing Director for Surrey Heath	0-2.5	0	05-10	0	89	14	117	0
Caroline Farrar	Executive Place Managing Director for Royal Borough of Windsor and Maidenhead	0-2.5	0-2.5	35-40	65-70	714	32	774	0
Safina Nadeem		5-7.5	0	5-10	0	0	81	118	0
Stephen Dunn	Director of System Delivery Place Convenory RBWM	0	0	0	0	0	0	0	0
Prash Patel	Primary Care Partner Member	0	0	0	0	0	0	0	0

Where the member had no 2021-22 service or the real increase in their lump sum was negative, the nil band is disclosed.

The ICB was only able to obtain confirmation of the movement in the cash equivalent transfer values for the directors' pension entitlements for the period from 1 April 2022 to 31 March 2023. As a result the ICB has apportioned the movement on a straight line basis to estimate the cash equivalent transfer value at 1 July 2022. This is considered to be a reasonable approximation of the movement in the value of the entitlements during the year.

Cash equivalent transfer value (CETV) figures are calculated using the guidance in discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023-24 figures.

Cash Equivalent Transfer Values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

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

Real Increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Fair Pay Disclosure (Subject to Audit)

Percentage change in remuneration for the highest paid director

Reporting bodies are required to disclose the percentage change in the remuneration of the highest paid director, this was 5% as a result of the nationally recommended pay award for VSM. There was no performance related pay.

Six directors had annualised remuneration greater than £150,000 in the twelve period to the 31st March 2024.

Year	25th Percentile Pay Ratio	Median Pay Ratio	75th Percentile Pay Ratio
2023-24	5.1:1	4.27:1	3.08:1
2022-23	4.99:1	4.17:1	3.02:1

Percentage Change	25th Percentile Pay Ratio	Median Pay Ratio	75th Percentile Pay Ratio
Total remuneration (£)	5.00%	5.07%	5.25%
Salary component of total remuneration (£)	5.00%	5.00%	5.00%

Pay Ratio Information (Subject to Audit)

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid director/member in NHS Frimley ICB between April 2023 and March 2024 was £215,000-£220,000 (mid-point £217,500), (2022-23, £200,000-£205,000 (mid-point £202,500)) and the relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Annualised staff remuneration in the period ranged from £5,673 to £227,864.70 (2022-23, £20,270 to £227,864.70).

1 April 2023 – 31 March 2024	25th percentile	Median	75th percentile
Total remuneration (£)	42,618	50,984	70,585
Salary component of total remuneration (£)	42,618	50,952	70,417
Pay ratio information	5.1:1	4.27:1	3.08:1

No staff were in receipt of non-consolidated performance related pay during the year and the benefits in kind (related to travel expense mileage payments) were minimal due as staff continue to work in an agile way including working from home. Prior year comparatives were that that there were no receipts of non-consolidated performance related pay and minimal benefits in kind. Between April 2023 and March 2024, one employee received remuneration greater than the highest-paid director/member. Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Please note that prior year comparatives had altered slightly due to a correction of errors.

Remuneration of Frimley ICB's staff is shown in the table in the Staff Report section.

Staff Report (Subject to Audit)

Under the Equality Act 2010, it is essential that the ICB collects and reports on its current relevant workforce information. To do this, it is updated on a regular basis to ensure that current policies, practices and support mechanisms remain relevant to the needs and requirements of the workforce.

The ICB employs permanent staff and also uses a limited amount of agency staff, classified as 'other'. It also buys in services from Commissioning Support Units and other ICBs. The following table sets out the staff costs for the permanent and agency staff for between April 2023 and March 2024:

Note: This only reflects the headcount of staff on the ICB's Payroll as at 31 March 2024.

Number of Senior Managers

Band	Permanent	Other
Very Senior Manager	15	38
Senior Manager	109	9
Total	124	47

Very Senior Managers includes Chief Officers and Directors and also Non-Executives and all Clinical Leads. Senior Managers include all other managers Band 8b and above.

The number of Other Very Senior Managers has increased in 2023-24 compared to 2022-23. This is as a result of a review and standardisation of historical arrangements inherited from predecessor organisations for clinical roles and the engagement of new clinical leads for the digital and population health workstreams.

2022-23

Band	Notes	Permanent	Other
Very Senior Manager	i	17	27
Senior Manager	i	86	14
Total	i	103	41

i The prior year comparators were revised due to an error as per IAS 8 guidance. The headcount had been overstated by 6 due to some staff holding more than one roles in the year, for example, clinical leads often hold more than one role and staff acting up from their substantive role.

Staff numbers and costs (Subject to Audit)

Employee Benefits	Permanent employees	Other	Total
	£'000	**£'000**	**£'000**
Salaries and wages	20,185	2,002	22,188

Employee Benefits	Permanent employees	Other	Total
Social security costs	2,360	0	2,360
Employer Contributions to NHS Pension scheme	3,907	0	3,907
Other pension costs	0	0	0
Apprenticeship Levy	90	0	90
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	956	0	956
Gross employee benefits expenditure	27,498	2,002	29,500

2022- 23

Employee Benefits	Permanent employees	Other	Total
	£'000	**£'000**	**£'000**
Salaries and wages	13,691	1,601	15,292
Social security costs	1,557	0	1,557
Employer Contributions to NHS Pension scheme	2,413	0	2,413
Other pension costs	0	0	0
Apprenticeship Levy	53,664	0	53,664
Gross employee benefits expenditure	17,712	1,601	19,313

For the period from 1 April 2023 to 31 March 2024, NHS Frimley ICB's average staff turnover was 1.18% (For the 9 month period from 1 July 2022 to 31 March 2022, 1.12%)

NHS Frimley ICB is required to publish information related to the organisation's gender pay gap. This information is available here.

Staff numbers (headcount) (Subject to Audit)

Description	Permanent	Other
Very Senior Managers	15	38
Senior Managers	109	9
Manager	129	22
Clerical and Administrative	81	14
Nurse	10	0
Medical and Dental	6	3

Pharmacist - trained	1	0
Pharmacy Technician	4	0
Total	**355**	**86**

The above table Includes Very Senior Managers, clinical leads, agency and temporary staff at 31 March 2024. It excludes non-executive directors and staff who have left the organisation before 31 March 2024.
During 2023-24 the ICB in housed some services from the CSU and also took on responsibility for the POD and complaints team from NHS England, this has resulted in an increased head count of 81 members of staff.

2022-23

Description	Notes	Permanent	Other
Very Senior Managers	i	17	27
Senior Managers	i	86	14
Manager	i	89	40
Clerical and Administrative	i	44	27
Nurse	i	13	0
Medical and Dental	I	2	3
Pharmacist - trained	I	0	1
Pharmacy Technician	I	4	0
Total		**255**	**112**

i The prior year comparators were revised due to an error as per IAS 8 guidance. The headcount had been overstated due to some staff holding more than one roles in the year, for example, clinical leads often hold more than one role and staff acting up from their substantive role.

Staff Sickness Absence (Subject to Audit)

We have a well-established and detailed Sickness Absence Policy. A range of wellbeing services are available to support staff at work or returning to work, including access to Occupational Health and an Employee Assistance Programme which includes access to counselling sessions. These are complimented by Wellbeing Champions from across the organisation who support general wellbeing activities. The People Team work with managers to ensure staff absence is managed in the most supportive and appropriate way, in accordance with policy and best practice.

Staff sickness absence is recorded in the Electronic Staff Record (ESR) and is set out in the table below for the period 1 April 2023 to 31 March 2024.

Average FTE	Average Annual Sick Days per FTE	Total FTE Days Sick	Sum of FTE Days Available
419.5	6.4	3,211	125,203

Note the staff number figure in the table above is average full time equivalent whereas the staff number table show the actual head count at 31st March 2024.

2022-23

Average FTE	Average Annual Sick Days per FTE	Total FTE Days Sick	Sum of FTE Days Available
300.1	5.6	1,959	75,879

Cost Allocation and Setting of Charges for Information

We certify that the ICB has complied with HM Treasury's guidance on cost allocation and the setting of charges for information.

Principles for Remedy

The Parliamentary and Health Service Ombudsman's six Principles for Remedy (below for information) are embedded into the Complaints Policy and Procedure in use by the ICB to ensure that the approach taken to complaints handling is reasonable, fair and proportionate and meets the needs of individuals. As commissioners, the ICB is committed to ensuring high-quality, clinically effective services, treatments and interventions that meet the needs of patients and that through the highlighting of complaints and concerns the ICB can make improvements to these services.

The six Principles for Remedy are:

1. Getting it right
2. Being customer-focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right
6. Seeking continuous improvement

The EDI Director is the Freedom to Speak Up Guardian to give independent support and advice to staff who want to raise concerns.

The Director of Quality and Nursing, alongside the F2SU Guardian, currently hold the role of the Freedom to Speak up Guardian for Primary Care. The ICB is currently scoping a sustainable model for F2SU in Primary Care and awaiting guidance from NHS England on how this.

Employee Engagement and Consultation

NHS Frimley believes that by working in partnership with staff we can learn about peoples' experiences and views, to help prioritise the best ways to support and work together, ultimately acting as a good employer, with strong, supported teams who share organisational learning to shape the delivery of high-quality care for all.
NHS Frimley continues to regularly communicate and engage with staff through specific engagement events e.g. all staff were engaged in proposing what topics they thought were most important in making NHS Frimley a great place to work and were then engaged in cross organisational discussions about actions to make this happen. Further communications take place through weekly staff bulletins and monthly organisational all team briefs – a meeting where staff are informed of changes within the organisation and are invited to be engaged and involved. These are in addition to regular communication and engagement opportunities within teams and in 1:1s. The ICB also has an active Staff Partnership Forum and Staff Networks.

This year we welcomed staff from the NHS England Pharmacy, Optometry and Dentistry and Complaints teams as part of a hosted arrangement for the South East Hub and in housed Finance and Contracting staff from NHS South Central and West Commissioning Support Unit. All transferring staff received a welcome pack with information about key processes for the ICB and a bespoke induction session.

Staff Partnership Forum

We have a well-established and active Staff Partnership Forum through which we engage with staff around organisational development plans and actions, health and wellbeing activities, as well as any formal consultations and policy changes.

Membership includes colleagues of various levels, representing each directorate. The Forum continues to be pivotal to improving communication and engagement with staff, listening to feedback and suggestions, taking ownership of issues affecting colleagues and making recommendations to make improvements.

This year the Staff Partnership Forum has considered a number of topics including the OD Plan, Staff Survey results and Estates and Facilities. In particular, the Staff Partnership Forum has had an important voice throughout our Organisational Design and Change programme, including the consultation process and implementation phase.

Partnership Forum

The NHS has a successful tradition of partnership working between Government, trade unions and employers. Our Frimley system has a long history of working in partnership with trade unions and addressing the issues that matter most to staff and their representatives.

NHS Frimley is continuing this tradition by working with all NHS staff council trade unions and their members.

Partnership agreements recognise staff and their representatives as critical to improving the experience of staff, patients and the communities we serve. Our staff contribution to the entire decision-making process has a direct link to improving staff experiences, patient experience and outcomes.

Strong partnership working and staff voice will ensure we continue to improve and innovate services for our staff, patients and service users.

People policies

We have an established set of people policies aligned to Agenda for Change Terms and Conditions, best practice and employment legislation. Our policies play an important role in supporting an inclusive, trusted and fair culture and are designed to provide consistency and transparency for all colleagues.

All policies are developed to ensure a safe and supportive working environment is in place for all colleagues and the ICB meets its duty of care for staff health and safety at work.

When applying any of the people policies, the organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010): age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

All new policies have an Equality & Health Inequalities Impact Assessment (EHIA) to ensure they are not detrimental to colleagues on the basis of any protected characteristics as defined in the Equality Act 2010. We regularly monitor the diversity of our workforce and the EHIA goes one step further to consider colleagues who are not covered by any of the protected characteristics, for example carers.

We will continue to develop new people policies and review existing policies in partnership and consultation with Trade Union and staff representatives.

Staff Training and Development

Budgets for individual staff/ team training and development have been identified and devolved to teams. Separate budgets have been identified for high cost/ professional training and for commissioning in house training on in demand topics. In house courses are only commissioned for those topics where suitable courses cannot be sourced from within the wider System or through other avenues such as the NHS Leadership Academy.

All staff are required to undertake statutory and mandatory training on a variety of topics to keep standards high, ensure compliance with regulations, and to keep colleagues safe at work. New training requirements have been introduced including the Oliver McGowan training and Speak Up training.

The training staff are required to do depends on their role. Some training is required to be completed either annually, every three years or once in a person's employment.

Equality

Frimley Integrated Care Board (ICB) was established in July 2022 as a central statutory leadership body. The ICB is placed within a larger Integrated Care System (ICS), which aims to encourage collaborative working across health and social care sectors within the NHS Frimley geography.

Equality, Diversity, and Inclusion (EDI) underpins the work of the ICB, acting as the 'Golden Thread' in all projects and conversations. EDI is further woven through collaborative working in the ICS to promote equality and tackle health inequalities. This keeps EDI at the core of our ambitions, and therefore everything that what we do.

The ICB is committed to developing, supporting and sustaining a diverse and inclusive workforce that is representative of our communities. We uphold these commitments by developing and enacting our EDI ambitions and remain accountable for these through our Workforce data, Staff Survey results and EDI Working Group, led by our EDI Director.

Our staff are supported through a range of Staff Networks, webinars and informal written communications raising EDI awareness via a fortnightly newsletter. We have trained and launched a group of Equality Advocates who can work with different teams and directorates across the ICB to signpost staff who may require information or support and engage with the EDI team.

We have successfully planned and delivered a system-wide EDI Conference in 2022 and 2023, with positive feedback from attendees. This shares learning across the EDI space and demonstrates how learning from previous years have been embedded into system ways of working.

Our aim is to make a positive difference to all our colleagues and the communities we serve. We all have a role in promoting equality and creating a culture of inclusion.

Freedom to speak up

In accordance with the duty of candour NHS Frimley is committed to conducting its business with openness, honesty and integrity and staff are encouraged to raise concerns about any suspected wrongdoing either via the Counter Fraud Team or with a Freedom to Speak Up Guardian.

The role of the Freedom to Speak Up Guardian is to act as an independent and impartial source of advice at any stage of raising a concern, with access to anyone in the organisation, including the Accountable Officer. Safina Nadeem, Equality Diversity

and Inclusion Director is the Freedom to Speak Up Guardian for staff. NHS Frimley has introduced a new Freedom to Speak Up Policy aligned to the national approach which is published on the website and staff intranet. All cases brought to the F2SU Guardian are recorded and returns are sent to the National Guardians Office on quarterly basis, as required. The themes of all the cases are presented to the SLT team on a six monthly or annual basis and the ICS Board also has oversight of the F2SU cases and themes on an annual basis.

Staff are able to access information on the intranet about how to independently contact a member of the Counter Fraud Team – staff also have access to a range of Counter Fraud resources which promote how to raise concerns about any suspected wrongdoing.is published on the website https://www.frimleyICB.nhs.uk/policies-and-documents/corporate-policies

Staff are able to access information on the intranet about how to independently contact a member of the Counter Fraud Team – staff also have access to a range of Counter Fraud resources which promote how to raise concerns about any suspected wrongdoing.

Disabled Employees

Recruitment is carried out in accordance with the recruitment policy. All candidates' application forms are shortlisted anonymously and all applicants considered according to the same criteria. The organisation adheres to the Two Tick scheme in that the ICB guarantees to interview all applicants with a disability who meet the essential criteria for a job vacancy and to consider them on their abilities. Where an individual identifies a disability the ICB will make reasonable adjustments throughout the recruitment process in accordance with best practice as per the Inclusive Recruitment Toolkit.

Employees who become disabled in the course of their employment will have a regular review with their manager to consider how to best support and continue to develop their abilities. Any reasonable adjustments that would assist them in the performance of their duties are considered.

All staff are welcomed to join the Disability and Wellness Network, as a member or an ally to others. This forum improves the understanding of lived experiences of our staff. It explores ways to empower staff to thrive at work and influences ongoing policies and strategies within the ICB.

Trade Union

Public sector organisations are required to report on trade union facility time, which is the paid time off for union representatives to carry out trade union activities. During the period April 2023 to March 2024 NHS Frimley had one member of staff who acted as a Trade Union official. The ICB has agreed flexible time to carry out trade union duties.

Fit and Proper Person Tests

NHS England has developed a Fit and Proper Person Test (FPPT) Framework to assess the appropriateness of an individual to effectively discharge their duties in the capacity of a board member. The Framework was effective from 30th September 2023 for all NHS Boards, including for the first time ICBs.
The updated framework, which has existed since 2014 for Trusts, introduces a means of retaining information relating to testing the requirements of the FPPT for individual directors, a set of standard competencies for all board directors and a new way of completing references with additional content whenever a director leaves an NHS board.

NHS Frimley has developed an implementation plan to introduce this new duty in line with the FPPT Framework.

Expenditure on Consultancy

As detailed in note 5 of the financial statements, the ICB's total expenditure on consultancy service between April 2023 and March 2024 was £286,689.65 in comparison to £724,583.13 from July 2022 and March 2023

Off Payroll Engagements (Subject to Audit)

It is a Treasury requirement for public sector bodies to report arrangements whereby individuals are paid through their own companies and so are responsible for their own tax and National Insurance arrangements. In addition, payments to GP practices for the services of employees and GPs are deemed to be "off-payroll" engagements. As a newly formed organisation after Quarter 1 in 2022, all NHS Frimley ICB's off payroll engagements are deemed to be under 2 years duration.

Length of all highly paid off-payroll engagements 2023-2024

For all off-payroll engagements as of 31 March 2024, for more than £245 per day:

No. of existing engagements as of 31 March 2024	16
Of which the number that have existed:	
For less than one year at the time of reporting	8
For between one and two years at the time of reporting	8
For between two and three years at the time of reporting	0
For between three and four years at the time of reporting	0
For four or more years at the time of reporting	0

Off-payroll workers engaged at any point during the financial year 2023-2024

No. of temporary off-payroll workers between 1 April 2023 and 31 March 2024	68
Of which:	
No, not subject to off-payroll legislation	0
No. subject to off-payroll legislation and determined as in-scope of IR35	68
No. subject to off-payroll legislation and determined as out of scope of IR35	0
No. of engagements reassessed for consistency / assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following the consistency review	0

Off-payroll board member/senior official engagements 2023-2024

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1st April 2023 and 31st March 2024

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members", and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on-payroll and off-payroll engagements.	15

Length of all highly paid off-payroll engagements 2022-2023

For all off-payroll engagements as of 31 March 2023, for more than £245 per day:

No. of existing engagements as of 31 March 2023	39
Of which the number that have existed:	
For less than one year at the time of reporting	39
For between one and two years at the time of reporting	0
For between two and three years at the time of reporting	0
For between three and four years at the time of reporting	0
For four or more years at the time of reporting	0

Off-payroll workers engaged at any point during the financial year 2022-2023

For all off-payroll engagements between 1 July 2022 and 31 March 2023, for more than £245 per day

No. of temporary off-payroll workers between 1 July 2022 and 31 March 2023	66
Of which:	
No, not subject to off-payroll legislation	0
No. subject to off-payroll legislation and determined as in-scope of IR35	66
No. subject to off-payroll legislation and determined as out of scope of IR35	0
No. of engagements reassessed for consistency / assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following the consistency review	0

Off-payroll board member/senior official engagements 2022-2023

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 July 2022 and 31 March 2023.

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members", and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on-payroll and off-payroll engagements.	17

Exit packages, including special (non-contractual) payments from April 2023 to March 2024

Exit package cost band (inc. any special payment element)	Compulsory redundancies		Other departures agreed		Total		Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£	Number	£	Number	£	Number	£
Less than £10,000	2	11,520.56	-	-	**-**	**-**	-	-
£10,000 - £25,000	1	20,000.00	1	15,251.00	**-**	**-**	-	-
£25,001 - £50,000	-	-	3	104,614.67	**-**	**-**	-	-
£50,001 - £100,000	-	-	2	151,040.38	**-**	**-**	-	-
£100,001 - £150,000	-	-	4	528,811.97	**-**	**-**	-	-
£151,001 - £200,000	-	-	1	151,234.93	**-**	**-**	-	-
> £200,000	-	-	-	-	**-**	-	-	-
Total	**3**	**31,521**	**11**	**950,953**	**0**	**0**	**0**	**0**

Type of Other Departures	Agreements	
	Number	£
Voluntary Redundancies including Early Retirement Contractual Costs	10	924,499.01
Mutually Agreed Resignations (MARS) Contractual Costs	-	-
Early Retirement in the Efficiency of the Service Contractual Costs	-	-
Contractual Payments in Lieu of Notice	1	26,453.94
Exit Payments following Employment Tribunals or Court Orders	-	-
Non-Contractual Payments requiring HMT Approval	-	-
Total	**11**	**950,953**

NHS Frimley ran a Voluntary Redundancy Scheme (VRS) in 23/24 which was fully approved by NHS England. 10 staff left the ICB via the VRS.

Exit packages, including special (non-contractual) payments from July 2022 to March 2023

Exit package cost band (inc. any special payment element)	Compulsory redundancies		Other departures agreed		Total		Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£	Number	£	Number	£	Number	£
Less than £10,000	-	-	-	-	-	-	-	-
£10,000 - £25,000	-	-	-	-	-	-	-	-
£25,001 - £50,000	-	-	-	-	-	-	-	-
£50,001 - £100,000	1	78,000	-	-	1	78,000	-	-
£100,001 - £150,000	-	-	-	-	-	-	-	-
£151,001 - £200,000	1	160,000	-	-	1	160,000	-	-
> £200,000	-	-	-	-	-	-	-	-
Total	**2**	**238,000**	**-**	**-**	**2**	**238,000**	**-**	**-**

Redundancy and other departure cost have been paid in accordance with the provisions of NHS Agenda for Change Terms & Conditions. Exit costs in this note are accounted for in full in the year of departure. Where the ICB has agreed early retirements, the additional costs are met by the ICB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

Parliamentary Accountability and Audit Report

Frimley ICB is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements.

Fiona Edwards
Accountable Officer
24 June 2024

Independent Auditor's Report To The Members Of The Board of NHS Frimley Integrated Care Board

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of NHS Frimley Integrated Care Board ("the ICB") for the year ended 31 March 2024 which comprise the Statement of Comprehensive Net Expenditure, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the financial position of the ICB as at 31 March 2024 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State on 22 April 2024 as being relevant to ICBs in England and included in the Department of Health and Social Care Group Accounting Manual 2023/24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the ICB in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Accountable Officer of the ICB ("the Accountable Officer") has prepared the financial statements on the going concern basis, as they have not been informed by the relevant national body of the intention to either cease the ICB's services or dissolve the ICB without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accountable Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the ICB over the going concern period.

Our conclusions based on this work:

- we consider that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified, and concur with the Accountable Officer's assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the ICB's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the ICB will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the ICB's high-level policies and procedures to prevent and detect fraud, as well as whether they have knowledge of any actual, suspected, or alleged fraud.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated statutory resource limits, we performed procedures to address the risk of management override of controls, in particular the risk that ICB management may be in a position to make inappropriate accounting entries and the risk of bias in accounting estimates and judgements such as accruals.

On this audit we did not identify a fraud risk related to revenue recognition because of the nature of funding provided to the ICB, which is transferred from NHS England and recognised through the Statement of Changes in Taxpayers' Equity. We therefore assessed that there was limited opportunity for the ICB to manipulate the income that was reported.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to the completeness and accuracy of year-end accruals. We consider this would be most likely to occur through understating or omitting non-NHS expenditure and primary care expenditure accruals.

We did not identify any additional fraud risks

We performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included those posted to unusual accounts combinations and other unusual journal characteristics.
- Evaluating the business purpose of significant unusual transactions.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias
- Agreeing a sample of year end accruals to relevant supporting documents, including actual invoices after year end, where applicable.
- Performing cut-off testing of expenditure in the period after 31 March 2024 to determine whether amounts have been recorded in the correct period.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Board and other management (as required by auditing standards), and from inspection of the ICB's regulatory and legal correspondence and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

Firstly, the ICB is subject to laws and regulations that directly affect the financial statements including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

We are also required to make a referral to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 if we have reason to believe that the ICB, or an officer of the ICB, is about to make, or has made, a decision which involved or would involve the body incurring unlawful expenditure, or is about to take, or have begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

As outlined in the section of the report dealing with other legal and regulatory matters, we made a section 30 referral to the Secretary of State on 8 June 2024.

Secondly, the ICB is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or

litigation. We identified the following areas as those most likely to have such an effect: data protection laws, anti-bribery, employment law recognising the nature of the ICB's activities and its legal form. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the directors and other management and inspection of regulatory and legal correspondence, if any. Therefore, if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Accountable Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2023/24. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared, in all material respects, in accordance with the Department of Health and Social Care Group Accounting Manual 2023/24.

Accountable Officer's responsibilities

As explained more fully in the statement set out on page 115, the Accountable Officer of the ICB is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the ICB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the ICB or dissolve the ICB without the transfer of its services to another public sector entity.

Auditor's responsibilities

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

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Opinion on regularity

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

We are required to report on the following matters under Section 21(4) and (5) of the Local Audit and Accountability Act 2014.

The ICB reported expenditure of £1,568 million against income of £1,557 million in its financial statements for the period ended 31 March 2024. The ICB therefore breached its duty under sections 223GC (1) of the National Health Service Act 2006, as amended, to ensure that expenditure it incurred in a financial year does not exceed the sums received by it in that year. Under sections 223GB and 272(7) and (8) of the National Health Service Act 2006, as amended, NHS England directed that revenue resource use for the ICB in 2023-24 should not exceed £1,557 million. The ICB's revenue resource use for 2023-24 was £1,568 million, thereby breaching the direction given to it by NHS England.

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

Basis for qualified opinion on regularity

We conducted our work on regularity in accordance with Statement of Recommended Practice - Practice Note 10: *Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022)* issued by the FRC. We planned and performed procedures to obtain sufficient appropriate evidence to give an opinion over whether the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. The procedures selected depend on our judgement, including the assessment of the risks of material irregular transactions. We are required to obtain sufficient appropriate evidence on which to base our opinion.

Report on the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the ICB to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 115, the Accountable Officer is responsible for ensuring that the ICB exercises its functions effectively, efficiently and economically. We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the ICB had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if we refer a matter to the Secretary of State and NHS England under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the ICB, or an officer of the ICB, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters except on 8 June 2024 we

referred a matter to the Secretary of State under section 30 (b) of the Local Audit and Accountability Act 2014 in relation to NHS Frimley ICB reported expenditure of £1,568 million against income of £1,557 million in its financial statements This resulted in the ICB overspending its revenue resource limit by £11million.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

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

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of NHS Frimley ICB for the year ended 31 March 2024 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Dean Gibbs
for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square

24 June 2024

Annual Accounts

Statement of Comprehensive Net Expenditure for the year ended 31 March 2024

	Note	2023-24 £'000	2022-23 £'000
Income from sale of goods and services	2	(19,860)	(18,062)
Total operating income		**(19,860)**	**(18,062)**
Staff costs	3	29,053	20,490
Purchase of goods and services	4	1,559,037	1,102,361
Depreciation	4	778	695
Provision expense	4	1,958	(2,008)
Other operating expenditure	4	595	123
Total operating expenditure		**1,591,421**	**1,121,661**
Net Operating Expenditure		**1,571,561**	**1,103,599**
Finance income	6	(18)	-
Finance expense	6	57	27
Net expenditure for the Year		**1,571,600**	**1,103,626**
Total Net Expenditure for the Financial Year		**1,571,600**	**1,103,626**
Comprehensive Expenditure for the year		**1,571,600**	**1,103,626**

The notes on pages 168 to 197 form part of this statement

Statement of Financial Position as at 31 March 2024

	Note	2023-24 £'000	2022-23 £'000
Non-current assets:			
Property, plant and equipment	7	-	13
Right-of-use assets	8	4,302	3,328
Trade and other receivables	13	556	-
Total non-current assets		**4,858**	3,341
Current assets:			
Trade and other receivables	9,13	12,416	6,458
Cash and cash equivalents	10	0	0
Total current assets		**12,416**	**6,458**
Total assets		**17,274**	9,799
Current liabilities			
Trade and other payables	11	(114,591)	(119,907)
Lease liabilities	8	(944)	(861)
Borrowings	12	(399)	(330)
Provisions	14	(3,206)	(2,162)
Total current liabilities		**(119,140)**	(123,260)
Total Assets less Current liabilities		**(101,866)**	(113,461)
Non-current liabilities			
Lease liabilities	8	(4,047)	(2,489)
Provisions	14	(564)	(633)
Total non-current liabilities		**(4,611)**	**(3,122)**
Assets less Liabilities		**(106,477)**	(116,583)
Financed by Taxpayers' Equity			
General fund		(106,477)	(116,583)
Total taxpayers' equity:		**(106,477)**	(116,583)

The notes on pages 168 to 197 form part of this statement

The financial statements on pages 164 to 197 were approved by the Board on 18 June 2024 and signed on its behalf by:

Fiona Edwards
Chief Accountable Officer

Statement of Changes In Taxpayers' Equity for the year ended 31 March 2024

	General fund £'000
Changes in taxpayers' equity for 2023-24	
Balance at 01 April 2023	(116,583)
Changes in NHS Integrated Care Board taxpayers' equity for 2023-24	
Net operating expenditure for the financial year	(1,571,600)
Net Recognised Expenditure	**(1,571,600)**
Net funding	1,581,706
Balance at 31 March 2024	**(106,477)**

	General fund £'000
Changes in taxpayers' equity for 2022-23	
Balance at 01 July 2022	-
Changes in NHS Integrated Care Board taxpayers' equity for 2022-23	
Net operating costs for the financial year	(1,103,626)
Transfers by absorption to (from) other bodies	(112,384)
Net Recognised Expenditure	**(1,216,010)**
Net funding	1,099,427
Balance at 31 March 2023	**(116,583)**

The notes on pages 168 to 197 form part of this statement

Statement of Cash Flows for the year ended 31 March 2024

	Note	**2023-24 £'000**	2022-23 £'000
Cash Flows from Operating Activities			
Total Net Expenditure		(1,571,600)	(1,103,626)
Depreciation and amortisation	4	778	695
Movement due to transfer by Modified Absorption		-	(106,762)
Interest paid	6	57	-
Increase in trade & other receivables	9	(5,733)	(6,458)
Increase/(decrease) in trade & other payables	11	(5,316)	119,907
Provisions utilised	14	(983)	(803)
Increase/(decrease) in provisions	14	1,958	(2,008)
Net Cash Outflow from Operating Activities		**(1,580,839)**	(1,099,055)
Cash Flows from Investing Activities			
Interest received	6	18	(27)
Net Cash Outflow before Financing		**(1,580,821)**	(1,099,082)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		1,581,706	1,099,427
Repayment of lease liabilities	8	(954)	(675)
Net Cash Inflow from Financing Activities		**1,580,752**	1,098,752
Net Decrease in Cash & Cash Equivalents	10	**(69)**	(330)
Cash & Cash Equivalents at the Beginning of the Financial Year		**(330)**	-
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**(399)**	(330)

The notes on pages 168 to 197 form part of this statement

Notes to the financial statements

1 **Accounting Policies**

NHS England has directed that the financial statements of Integrated Care Boards (ICBs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2023-24 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Integrated Care Boards, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 **Going Concern**

These accounts have been prepared on a going concern basis.
Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.
The financial statements for ICBs are prepared on a Going Concern basis as they will continue to provide the services in the future.

1.2 **Accounting Convention**

These accounts have been prepared under the historical cost convention.

1.3 **Movement of Assets within the Department of Health and Social Care Group**

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 **Pooled Budgets**

The Integrated Care Board has entered into pooled budget arrangement with Local Authorities including Hampshire County Council, Bracknell Forest Council, Slough Borough Council, Royal Borough of Windsor & Maidenhead and Surrey County Council in accordance with section 75 of the NHS Act 2006. Under these arrangements, funds are pooled for joint health and social care provision under the Better Care Fund, and with additional arrangements for the purchase of Child and Adolescent Mental Health Services, Community Equipment and integrated health and social care
The pools are hosted by the Local Authorities. The Integrated Care Board accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

1.5 **Operating Segments**

The ICB has one operating segment, commissioning of healthcare services, as reported in the Statement of Comprehensive Net Expenditure and the Statement of Financial Position.

1.6 **Revenue**

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:
• As per paragraph 121 of the Standard, the ICB will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
• The ICB is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the ICB to reflect the aggregate effect of all contracts modified before the date of initial application.
The main source of funding for the ICBs is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.
Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.
Payment terms are standard reflecting cross government principles.
The value of the benefit received when the ICB accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.7 **Employee Benefits**

1.7.1 **Short-term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Notes to the financial statements

1.7.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.8 **Other Expenses**

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.9 **Grants Payable**

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the ICB recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.10 **Property, Plant & Equipment**

1.10.1 **Recognition**

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the ICB;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.10.2 **Measurement**

IT equipment that is held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

Notes to the financial statements

1.10.3 **Subsequent Expenditure**
Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.11 **Leases**
A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration. The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.11.1 **The ICB as Lessee**
A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 3.51% is applied for leases commencing, transitioning or being remeasured in the 2023 calendar year under IFRS 16.For the 2024 calendar year, PES (2023) 10 confirms the incremental borrowing rate as 4.72%.

Lease payments included in the measurement of the lease liability comprise
-Fixed payments;
-Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
-The amount expected to be payable under residual value guarantees;
-The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
-Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.
Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.11.2 **The ICB as Lessor**
Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases
When the group is an intermediate lessor, it accounts for the head lease and the sub-lease as two separate contracts. The sub-lease classification is assessed with reference to the right-of-use asset arising from the head lease.

Amounts due from lessees under finance leases are recognised as receivables at the amount of the ICB's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the net investment in the lease.

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

Notes to the financial statements

1.13 **Provisions**

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

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

• A nominal short-term rate of 4.26% (2022-23: 3.27%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.

• A nominal medium-term rate of 4.03% (2022-23: 3.20%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.

• A nominal long-term rate of 4.72% (2022-23: 3.51%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.

• A nominal very long-term rate of 4.40% (2022: 3.00%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

1.14 **Clinical Negligence Costs**

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

1.15 **Non-clinical Risk Pooling**

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

1.16 **Carbon Reduction Commitment Scheme**

The Carbon Reduction Commitment scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The ICB is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Allowances acquired under the scheme are recognised as intangible assets.

1.17 **Contingent liabilities and contingent assets**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.18 **Financial Assets**

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.18.1 **Financial Assets at Amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.18.2 **Impairment**

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the ICB recognises a loss allowance representing the expected credit losses on the financial asset.

Notes to the financial statements

The ICB adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The ICB therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the ICB does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.19 **Financial Liabilities**

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.20 **Value Added Tax**

Most of the activities of the ICB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.21 **Losses & Special Payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.22 **Critical accounting judgements and key sources of estimation uncertainty**

In the application of the ICB's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.22.1 **Critical accounting judgements in applying accounting policies**

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the ICB's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.
The ICB has adopted, for hosted services, where a lead ICB acts as a payment body on behalf of other ICB's a Net Accounting Agreements. This applies to the service element only and charges for administering the hosted services have been shown gross.
The Net Accounting Agreements cover the following areas :-
Continuing Healthcare managed via NHS Surrey Heartlands ICB and NHS Hampshire, Isle of Wight ICB.
Mental Health placements managed via NHS Surrey Heartlands ICB and NHS Hampshire, Isle of Wight ICB.
Children's placements and CAMHS managed via NHS Surrey Heartlands ICB and NHS Hampshire, Isle of Wight ICB.
Wheelchair Services managed via NHS Surrey Heartlands ICB.
There is a small number of other low value net accounting arrangements.

Notes to the financial statements

1.22.2 **Sources of estimation uncertainty**

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Continuing Care Accrual

The Integrated Care Board holds its approved care packages, Personal Health budgets (PHB), funded nursing care and additional associated charges to care in a Continuing Healthcare database which provides a forecast of annual costs. An accrual is made between the current year invoices received in year and the forecast of the annual costs

Accruals

For goods and/or services that have been delivered but for which no invoice has been received/sent, the ICB has made an accrual based upon known commitments, contractual arrangements that are in place and legal obligations. the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

The estimates and associated assumptions are based on historical experience and other factors, that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods

During the year, the ICB payments for NHS secondary healthcare activity comprise up to 3 components: 1. Block payments for Non-elective activity, 2. Pass-through payments for Drugs and devices and 3. Aligned Payment Incentive Scheme (API) payments for elective activity. An API scheme is the NHS proposed mechanism for paying Trusts under the Elective Recovery Fund (ERF), which is a national scheme for reducing waiting lists following the Covid-19 pandemic. Where an API contract has been agreed, as per NHS England Guidance, this means that the secondary healthcare activity has a variable element.

The variable elements of the API contracts we have agreed are reliant on activity data, which is not reported until the following month, therefore the ICB has estimated the value of activity using historical activity trends and other available intelligence. Furthermore, for the Elective Recovery Fund (ERF) element of the contract, not all providers are using a consistent data source, so the ICB has estimated the value of the ERF using activity trends and other available intelligence. The ICB pay any contract with values below £500k as a Low Value Activity payment.

Redundancy Provision

As a result of the ICB's ongoing organisational change programme which has placed a number of staff at risk of compulsory redundancy, the ICB has created a redundancy provision estimated as £2.2m, due to the level of uncertainty as to the timing or amount of the liability as at 31 March 2024.

1.23 **Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.24 **New and revised IFRS Standards in issue but not yet effective**

● IFRS 14 Regulatory Deferral Accounts – Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.

● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted.

● IFRS 18 was issued in April 2024 and applies to periods beginning on or after 1 January 2027. The standard has not yet been adopted by FRAB for inclusion within the FREM and therefore it is not yet possible to confirm how this will impact on our accounts in the future.

2 Other Operating Revenue

	2023-24 Total	2022-23 Total
	£'000	£'000
Income from sale of goods and services (contracts)		
Education, training and research	**-**	2,745
Non-patient care services to other bodies	**1,052**	2,379
Prescription fees and charges	**7,683**	5,365
Dental fees and charges	**10,341**	7,143
Other Contract income	**784**	430
Total Income from sale of goods and services	**19,860**	**18,062**
Total Operating Income	**19,860**	**18,062**

Education and training funding has reduced form £2.7m in 22-23 to £0.7m in 23-24 and there has been a change in accounting treatment, so this funding is not shown in income in 23-24

The 22-23 comparator is for 9 months and the 23-24 is for 12 months

2.1 Disaggregation of Income - Income from sale of good and services (contracts)

2023-24

	Education, training and research	Non-patient care services to other bodies	Prescription Fees and chargers	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000	£'000
Source of Revenue					
NHS	-	347	-	-	244
Non NHS	-	705	7,683	10,341	540
Total	**-**	**1,052**	**7,683**	**10,341**	**784**
Timing of Revenue					
Point in time	**-**	1,052	7,683	10,341	784
Over time	**-**	**-**	**-**	**-**	**-**
Total	**-**	**1,052**	**7,683**	**10,341**	**784**

2022-23

	Education, training and research	Non-patient care services to other bodies	Prescription Fees and chargers	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000	£'000
Source of Revenue					
NHS	-	1,920	-	-	5
Non NHS	2,745	459	5,365	7,143	425
Total	**2,745**	**2,379**	**5,365**	**7,143**	**430**
Timing of Revenue					
Point in time	2,745	2,379	5,365	7,143	430
Over time	-	-	-	-	-
Total	**2,745**	**2,379**	**5,365**	**7,143**	**430**

3. Employee benefits and staff numbers

3.1.1 Employee benefits

	Total		2023-24
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	19,874	1,960	**21,834**
Social security costs	2,317	-	**2,317**
Employer Contributions to NHS Pension scheme	3,855	-	**3,855**
Apprenticeship Levy	91	-	**91**
Termination benefits	956	-	**956**
Gross employee benefits expenditure	27,093	1,960	**29,053**

3.1.2 Employee benefits

	Total		2022-23
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	14,468	1,657	**16,125**
Social security costs	1,660	-	**1,660**
Employer Contributions to NHS Pension scheme	2,413	-	**2,413**
Apprenticeship Levy	54	-	**54**
Termination benefits	238	-	**238**
Gross employee benefits expenditure	18,833	1,657	**20,490**

The full staff cost note is in the staff report in the annual report.

3.2.1 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.
An outline of these follows:

3.2.2 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

3.2.3 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1 April 2019. For 2023-24, employers’ contributions were paid by the ICB to the NHS Pensions Scheme at the rate of 14.3% of pensionable pay, whilst NHS England paid the additional 6.3% employers' contribution on the ICB’s behalf to the NHS Pension which

Both of these values, representing a rate of 20.6% of pensionable pay are recognised in these accounts and included in the pension note 3.1.1 totalling £3,894k (9 months to 31 March 2023:£2,413k). The associated funding for the additional 6.3% employers' contribution is also included.

The value included in note 3.1 varies from the total employers' contribution largely as a result of net recharges of £14k to other organisations. The scheme’s actuary reviews employer contributions, usually every four years and based on HMT Valuation Directions, following a full scheme valuation. The latest review used data from 31 March 2016 and was published on the Government website.

3.3 Average number of people employed

	2023-24			2022-23		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**345.61**	**40.14**	**385.75**	**291.79**	**20.63**	**312.42**

There were no ill health retirements.

3.4 Exit packages agreed in the financial year

	2023-24 Compulsory redundancies		2023-24 Other agreed departures		2023-24 Total	
	Number	£	Number	£	Number	£
Less than £10,000	2	11,521	-	-	2	11,521
£10,001 to £25,000	1	20,000	1	15,251	2	35,251
£25,001 to £50,000	-	-	3	104,615	3	104,615
£50,001 to £100,000	-	-	2	151,040	2	151,040
£100,001 to £150,000	-	-	4	528,812	4	528,812
£150,001 to £200,000	-	-	1	151,235	1	151,235
Total	**3**	**31,521**	**11**	**950,953**	**14**	**982,474**

	2022-23 Compulsory redundancies		2022-23 Other agreed departures		2022-23 Total	
	Number	£	Number	£	Number	£
£50,001 to £100,000	1	78,000	-	-	1	78,000
£150,001 to £200,000	1	160,000	-	-	1	160,000
Total	**2**	**238,000**	**-**	**-**	**2**	**238,000**

Analysis of Other Agreed Departures

	2023-24 Other agreed departures		2022-23 Other agreed departures	
	Number	£	Number	£
Voluntary redundancies including early retirement contractual costs	10	924,499	-	-
Contractual payments in lieu of notice	1	26,454	-	-
Total	**11**	**950,953**	**-**	**-**

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the Agenda for Change and the provisions set out in Section 16 of the NHS Terms and Conditions of Service Handbook.Redundancy payments have been subject to and met all HMRC and NHSE approval requirements.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

The Remuneration Report includes the disclosure of exit payments payable to individuals named in that Report.

4. Operating expenses

	2023-24 Total £'000	2022-23 Total £'000
Purchase of goods and services		
Services from other ICBs and NHS England	10,516	7,702
Services from foundation trusts	971,122	674,930
Services from other NHS trusts	15,448	11,477
Purchase of healthcare from non-NHS bodies	226,370	167,934
General Dental services and personal dental services	40,337	26,852
Prescribing costs	115,975	83,794
Pharmaceutical services	20,492	14,775
General Ophthalmic services	6,000	4,967
GPMS/APMS and PCTMS	142,085	98,032
Supplies and services – clinical	782	399
Supplies and services – general	885	225
Consultancy services	287	877
Establishment	3,649	2,649
Transport	0	8
Premises	4,241	4,769
Audit fees	201	189
Other non statutory audit expenditure		
· Internal audit services	114	109
· Other services	14	13
Other professional fees	181	1,383
Legal fees	224	222
Education, training and conferences	114	1,052
Total Purchase of goods and services	**1,559,037**	**1,102,361**
Depreciation and impairment charges		
Depreciation	778	695
Total Depreciation and impairment charges	**778**	**695**
Provision expense		
Provisions	1,958	(2,008)
Total Provision expense	**1,958**	**(2,008)**
Other Operating Expenditure		
Chair and Non Executive Members	171	7
Expected credit loss on receivables	158	(1)
Other expenditure	266	118
Total Other Operating Expenditure	**595**	**124**
Total operating expenditure	**1,562,368**	**1,101,171**

Audit fees - statutory audit services are inclusive of Vat 23-24 £201k (22-23 £189k)

The ICB is required to disclose the limit of its external auditors liability. The contract signed states that the liability of KPMG, its members, partners and staff (whether in contract, negligence, or otherwise) shall in no circumstances exceed £1m, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

The 22-23 comparator is for 9 months and the 23-24 is for 12 months.

5 Better Payment Practice Code

Measure of compliance	**2023-24 Number**	**2023-24 £'000**	2022-23 Number	2022-23 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	26,642	298,455	2,769	27,714
Total Non-NHS Trade Invoices paid within target	25,548	286,713	2,673	27,335
Percentage of Non-NHS Trade invoices paid within target	**95.89%**	**96.07%**	**96.53%**	**98.63%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	1,432	1,051,942	95	86,090
Total NHS Trade Invoices Paid within target	1,353	1,048,573	94	86,082
Percentage of NHS Trade Invoices paid within target	**94.48%**	**99.68%**	**98.95%**	**99.99%**

The Better payment practice code requires the ICB to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

6. Finance costs

	2023-24	2022-23
	£'000	£'000
6.1 Finance Interest		
Interest on lease liabilities	57	27
Total finance costs	**57**	**27**

6.2 Finance income

	2023-24	2022-23
	£'000	£'000
Interest Other	(18)	-
Total finance income	**(18)**	**-**

*Interest Other relates to Finance lease receivables interest.

7.Property, plant and equipment

2023-24	**Information technology £'000**
Cost or valuation at 01 April 2023	762
Cost/Valuation at 31 March 2024	**762**
Depreciation 01 April 2023	749
Charged during the year	13
Depreciation at 31 March 2024	**762**
Net Book Value at 31 March 2024	**-**

Information Technology Assets were fully depreciated for this financial year.

2022-23	**Information technology £'000**
Cost or valuation at 01 July 2022	-
Transfer (to)/from other public sector body	762
Cost/Valuation at 31 March 2023	**762**
Depreciation 01 July 2022	-
Charged during the year	30
Transfer (to)/from other public sector body	719
Depreciation at 31 March 2023	**749**
Net Book Value at 31 March 2023	**13**
Purchased	13
Total at 31 March 2023	**13**
Asset financing:	
Owned	13
Total at 31 March 2023	**13**

7.1 Cost or valuation of fully depreciated assets

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

	2023-24	2022-23
	£'000	£'000
*Buildings excluding dwellings	79	-
Information technology	762	641
Total	**841**	**641**

*The right of use Asset for Surrey Heath House expired in 23-24

8 Leases

8.1 Right-of-use assets

	2023-24 £'000	2022-23 £'000
	Buildings excluding dwellings £'000	Buildings excluding dwellings £'000
Cost or valuation at 01 April 2023	4,214	-
Additions	1,739	
Transfer (to) from other public sector body	-	4,214
Cost/Valuation at 31 March 2024	**5,953**	**4,214**
Depreciation 01 April 2023	886	-
Charged during the year	765	665
Transfer (to) from other public sector body	-	222
Depreciation at 31 March 2024	**1,651**	**886**
Net Book Value at 31 March 2024	**4,302**	**3,328**
NBV by counterparty		
Leased from DHSC	2,482	3,315
Leased from Non-Departmental Public Bodies	1,820	13
Net Book Value at 31 March 2024	**4,302**	**3,328**

NHS Frimley ICB's Right Of Use assets (ROA) include two properties owned and managed by NHS Property Services (NHSPS) .The ICB also acquired one new Right of use Asset - Sandhurst Group Practice managed by Assura Aspire UK Ltd.

IFRS 16 - Right of use Assets.

1) The ICB received a capital allocation of £1.7m in 23-24 from NHS England for the financial impact of IFRS16, this was as a result of the ICB taking on two premises leases that had previously been held by a GP practice. The partnership was dissolved and the practice was taken over by another practice in the area as part of this transfer the ICB agreed to take over the head lease for the 2 premises. This would result in the leases become an asset for the ICB and therefore subject to IFRS16, which has an ongoing financial implication.

2) Under IFRS 16 the ICB has a sublease in the headlease with Ringmead medical practice for GP practices as such the ROA was derecognised in the balance sheet for the sub lease term of 5 years.

The terms of the sublease surrender the ICBs right of use to the occupant for the period of the sublease, which is 5 years. Therefore, the ICB has derecognised its right of use for the same period.

3) As part of the financial sustainability plan the ICB has reviewed the usage of office space and took the decision to close the base in Surrey Heath. In 23-24 the ICB gave notice on part of the building resulting in a saving of £10.3k for 5 months. The remaining space will be vacated during the first quarter of 24-25 giving further savings next year and going forward.

8 Leases cont'd

8.2 Lease liabilities

2023-24	**2023-24**	2022-23
	£'000	£'000
Lease liabilities at 01 April 2023	(3,350)	-
IFRS 16 Transition Adjustment	-	(3,998)
Additions purchased	(2,538)	-
Interest expense relating to lease liabilities	(57)	(27)
Repayment of lease liabilities (including interest)	954	675
Lease liabilities at 31 March 2024	**(4,991)**	**(3,350)**

8.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	2023-24	**Of which: leased from DHSC group bodies**	**Leased externally**	2022-23	Of which: leased from DHSC group bodies	Leased externally
	£'000	**£000**		£'000	£000	£000
Within one year	(944)	(827)	(117)	(861)	(848)	(13)
Between one and five years	(2,104)	(1,678)	(426)	(2,489)	(2,489)	-
After five years	(1,943)	-	(1,943)	-	-	-
Balance at 31 March 2024	**(4,991)**	**(2,505)**	**(2,486)**	**(3,350)**	**(3,337)**	**(13)**

	2023-24	2022-23
Balance by counterparty	**£'000**	£'000
Leased from DHSC	(2,505)	(3,337)
Leased from other group bodies	(2,486)	(13)
Balance as at 31 March 2023	**(4,991)**	**(3,350)**

8 Leases cont'd

8.4 Amounts recognised in Statement of Comprehensive Net Expenditure

2023-24	**2023-24**	2022-23
	£'000	£'000
Depreciation expense on right-of-use assets	765	665
Interest expense on lease liabilities	57	27

8.5 Amounts recognised in Statement of Cash Flows

	2023-24	2022-23
	£'000	£'000
Total cash outflow on leases under IFRS 16	954	675

9 Trade and other receivables	**Current 2023-24 £'000**	**Non Current 2023-24 £'000**	Current 2022-23 £'000	Non Current 2023-24 £'000
NHS receivables: Revenue	4,287		2,301	-
NHS accrued income	1,758		412	-
Non-NHS and Other WGA receivables: Revenue	2,172		1,554	-
Non-NHS and Other WGA prepayments	742		646	-
Non-NHS and Other WGA accrued income	2,704		1,074	-
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	277		118	-
Expected credit loss allowance-receivables	(159)		(2)	-
VAT	242		338	-
*Finance lease receivables	141	556	-	-
Other receivables and accruals	252		15	-
Total Trade & other receivables	**12,416**	**556**	**6,458**	**-**
Total current and non current	**12,972**		**6,458**	

*Finance lease receivable relate to a sublease in the headlease for Ringmead Medical Practice.

9.1 Receivables past their due date but not impaired

	2023-24 DHSC Group Bodies £'000	**2023-24 Non DHSC Group Bodies £'000**	2022-23 DHSC Group Bodies £'000	2022-23 Non DHSC Group Bodies £'000
By up to three months	1,229	1,040	27	23
By three to six months	54	175	(3)	8
By more than six months	77	551	30	158
Total	**1,360**	**1,766**	**54**	**189**

9.2 Loss allowance on asset classes	**2023-24 Trade and other receivables - Non DHSC Group Bodies £'000**
Balance at 01 April 2023	(2)
Lifetime expected credit losses on trade and other receivables-Stage 2	(158)
Total	**(160)**

	2022-23 Trade and other receivables - Non DHSC Group Bodies £'000
Balance at 01 July 2022	-
Other changes	(2)
Total	**(2)**

10 Cash and cash equivalents

	2023-24	2022-23
	£'000	£'000
Balance at 01 April 2023	(330)	-
Net change in year	(69)	(330)
Balance at 31 March 2024	**(399)**	**(330)**
Made up of:		
Bank overdraft: Government Banking Service	(399)	(330)
Total bank overdrafts	**(399)**	**(330)**
Balance at 31 March 2024	**(399)**	**(330)**

No cash is held on behalf of patients.

In line with 22-23 ,a BACS payment run was processed on 31 March 2024 as part of preparations for year end. This was posted to the 2023-24 ledger, however, the cash did not clear the bank account until April 2024. This resulted in a 'technical' bank overdraft in the ICB's cash book at the 31 March 2024, though the bank account itself was not overdrawn. This is an annual occurance which can arise due to the timing of payments made by the ICB to meet national and regional payment deadlines.

11 Trade and other payables	**Current 2023-24 £'000**	Current 2022-23 £'000	
NHS payables: Revenue	3,978	3,924	3,978
NHS accruals	12,509	10,912	12,509
NHS deferred income	-	105	
Non-NHS and Other WGA payables: Revenue	16,426	23,757	16,426
Non-NHS and Other WGA accruals	38,399	31,694	38,399
Non-NHS and Other WGA deferred income	503	192	503
Social security costs	323	264	323
Tax	328	269	328
Other payables and accruals	42,125	48,789	42,125
Total Trade & Other Payables	**114,591**	**119,907**	**114,591**
Total current and non-current	**114,591**	**119,907**	

Other payables include £452k outstanding pension contributions at 31 March 2024.(22-23 £153k) this is an annual occurance due to the timing of the payments made in arrears to NHS BSA.

12 Borrowings	Current 2023-24 £'000	Current 2022-23 £'000
Bank overdrafts:		
· Government banking service	399	330
Total Borrowings	**399**	**330**
Total current and non-current	**399**	**330**

In line with 22-23 ,a BACS payment run was processed on 31 March 2024 as part of preparations for year end. This was posted to the 2023-24 ledger, however, the cash did not clear the bank account until April 2024. This resulted in a 'technical' bank overdraft at the 31 March 2024.

13 Finance lease receivables	Present value of minimum lease payments Buildings 2023-24 £'000	Present value of minimum lease payments Buildings 2022-23 £'000
Within one year	(141)	-
Between one and five years	(556)	-
After five years	-	-
Less: future finance charges	-	-
Present value minimum lease payments	**(697)**	**-**
Less: allowance for uncollectible lease receivables	-	-
Total net investment in finance leases recognised in the statement of financial position	**(697)**	**-**
Included in:		
Current finance lease receivables	(141)	-
Non-current finance lease receivables	(556)	-
Total	**(697)**	**-**

Under IFRS 16 the ICB has a sublease in the headlease with Ringmead medical practice for GP practices resulting in a Finance lease receivable in the balance sheet for the sub lease term of 5 years.Finance Lease income for 23-24, £103k, (22-23 £0k)

Lease receivables by counterparty		
Leased to Non-Departmental Public Bodies	(697)	-

14 Provisions

	Current 2023-24 £'000	Non-current 2023-24 £'000	Current 2022-23 £'000	Non-current 2022-23 £'000
Redundancy	2,247	-	-	-
Legal claims	-	11	-	-
Continuing care	959	553	2,162	633
Total	**3,206**	**564**	**2,162**	**633**
Total current and non-current	**3,770**		**2,795**	

	Redundancy £'000	Legal Claims £'000	Continuing Care £'000	Total £'000
Balance at 01 April 2023	**-**	**-**	**2,795**	**2,795**
Arising during the year	2,247	11	815	**3,073**
Utilised during the year	-	-	(983)	**(983)**
Reversed unused	-	-	(1,115)	**(1,115)**
Balance at 31 March 2024	**2,247**	**11**	**1,512**	**3,770**
Expected timing of cash flows:				
Within one year	2,247	-	959	**3,206**
Between one and five years	-	11	553	**564**
Balance at 31 March 2024	**2,247**	**11**	**1,512**	**3,770**

Continuing Care provision relates to amounts set aside at 31 March 2024 for appeals against previous ICB decisions of non-eligibility for Continuing Care funding.

Legal Claims reflect our liability to third party scheme(LTPS) which NHS Resolution provide estimates and employment tribunal claims whose timings are based on current assumptions from the Trust Legal department.

The ICB is currently undergoing an organisational change programme which could potentially result in compulsory redundancy costs of approximately £2.2m during the 24-25 financial year and hence the ICB has created a provision for this in the 23-24 accounts.

15 Commitments

15.1 Other financial commitments

The NHS integrated care board has entered into non-cancellable contracts (which are not leases, private finance initiative contracts or other service concession arrangements) which expire as follows:

	2023-24 £'000	2022-23 £'000
In not more than one year	6,498	39,318
In more than one year but not more than five years	2,934	-
In more than five years	111	-
Total	**9,543**	**39,318**

16 Financial instruments

16.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS integrated care board is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS integrated care board has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS integrated care board in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS integrated care board standing financial instructions and policies agreed by the Board. Treasury activity is subject to review by the NHS integrated care board and internal auditors.

16.1.1 Currency risk

The NHS integrated care board is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS integrated care board has no overseas operations and therefore has low exposure to currency rate fluctuations.

16.1.2 Interest rate risk

The NHS integrated care board borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The NHS integrated care board therefore has low exposure to interest rate fluctuations.Currenty the ICB has no capital borrowings.

16.1.3 Credit risk

Because the majority of the NHS integrated care board revenue comes parliamentary funding, NHS integrated care board has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

16.1.4 Liquidity risk

NHS integrated care board is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS integrated care board draws down cash to cover expenditure, as the need arises. The NHS integrated care board is not, therefore, exposed to significant liquidity risks.

16.1.5 Financial Instruments

As the cash requirements of NHS integrated care board are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS integrated care board's expected purchase and usage requirements and NHS integrated care board is therefore exposed to little credit, liquidity or market risk.

16 Financial instruments cont'd

16.2 Financial assets

	Financial Assets measured at amortised cost 2023-24 £'000	Financial Assets measured at amortised cost 2022-23 £'000
Trade and other receivables with NHSE bodies	4,832	863
Trade and other receivables with other DHSC group bodies	1,483	3,225
Trade and other receivables with external bodies	5,135	1,389
Total at 31 March 2024	**11,450**	**5,476**

16.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2023-24 £'000	Financial Liabilities measured at amortised cost 2022-23 £'000
Loans with external bodies	399	330
Trade and other payables with NHSE bodies	3,708	5,737
Trade and other payables with other DHSC group bodies	14,128	18,874
Trade and other payables with external bodies	100,591	97,816
Total at 31 March 2024	**118,826**	**122,757**

17 Joint arrangements - interests in joint operations

ICBs should disclose information in relation to joint arangements in line with the requirements in IFRS 12 - Disclosure of interests in other entities.

The ICB has a pooled budget arrangement with the following Local Authorities (LA) Royal Borough of Windsor and Maidenhead (RBWM), Slough Borough Council (SBC), Bracknell Forest Borough Council (BFBC), Hampshire County Council (HCC) and Surrey County Council (SCC) for the Better Care Fund (BCF). The Pool is hosted by the Councils. Under the arrangement funds are pooled under Section 75 of the NHS Act 2006 for joint commissioning arrangements.

17.1 Interests in joint operations

			Amounts recognised in Entities books ONLY 2023-24				Amounts recognised in Entities books ONLY 2022-23			
Name of arrangement	**Parties to the arrangement**	**Description of principal activities**	**Assets**	**Liabilities**	**Income**	**Expenditure**	**Assets**	**Liabilities**	**Income**	**Expenditure**
			£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
BCF Pooled budget arrangement with the Royal Borough of Windsor and Maidenhead	NHS Frimley CCG and the Royal Borough of Windsor and Maidenhead	Commissioning of Health and Social care	-	1,480	-	11,542	-	304	-	10,803
BCF Pooled budget arrangement with Bracknell Forest Borough Council	NHS Frimley CCG and Bracknell Forest Borough Council	Commissioning of Health and Social care	-	1,510	-	8,814	211	-	-	8,135
BCF Pooled budget arrangement with Slough Borough Council	NHS Frimley CCG and Slough Borough Council	Commissioning of Health and Social care	-	560	-	11,712	-	764	-	10,790
BCF Pooled budget arrangement with Surrey County Council	Surrey County Council and NHS Frimley CCG	Commissioning of Health and Social care	-	343	-	12,070	-	490	-	11,130
BCF Pooled budget arrangement with Hampshire County Council	Hampshire County Council and NHS Frimley CCG	Commissioning of Health and Social care	-	1,029	-	13,055	-	-	-	12,356

There are two further pooled budgets for Equipment Services across Hampshire and Berkshire, held in partnership with Hampshire County Council and West Berkshire Council, respectively. These budgets are fully funded from the Better Care Fund pooled budgets disclosed above.

18 Related party transactions

Details of related party transactions with individuals are as follows:

	2023-24 Payments to Related Party £'000	2023-24 Receipts from Related Party £'000	2023-24 Amounts owed to Related Party £'000	2023-24 Amounts due from Related Party £'000	2022-23 Payments to Related Party £'000	2022-23 Receipts from Related Party £'000	2022-23 Amounts owed to Related Party £'000	2022-23 Amounts due from Related Party £'000
Frimley Health NHS Foundation Trust - (Neil Dardis - NHS Provider Partner Member from Frimley Health FT)	657,013	3	-	-	457,450	1,848	-	1,848
NHS Confederation - (Fiona Edwards - Chief Executive)	27	-	-	-	-	-	-	-
Rushmoor Borough Council - (Karen Edwards - Local Authority Partner Member from Rushmoor Borough Council)	486	-	-	-	286	-	-	-
Age Uk Berkshire - (Paul Farmer - Non-Executive Member)	12	-	-	-	96	-	-	-
Berkshire Healthcare NHS Foundation Trust - (Alex Gild - NHS Provider Partner Member from Berkshire Healthcare FT)	120,146	-	-	-	83,988	-	21	-
Farnham Road Practice - (Lalitha Iyer - Chief Medical Officer)	3,580	-	54	-	2,125	-	7	-
Berkshire Primary Care Ltd - (Dr Prash Patel - Primary Care Partner Member)	989	-	22	-	1,501	-	29	-
Ascot Primary Care Network - (Dr Prash Patel - Primary Care Partner Member)	1,477	-	-	-	455	-	-	-
Bracknell Forest Council - (Grainne Siggins - Bracknell Forest Council)	6,781	-	2,239	-	6,117	408	-	130
Guys & St Thomas Hospital NHS Foundation Trust - (Dr Priya Singh - Frimley ICB Chair)	268	-	-	-	190	-	-	-
Claremont And Holyport Practice - (Dr Huw Thomas - Clinical Lead Royal Borough of Windor & Maidenhead)	2,483	-	9	-	1,759	-	1	-
East Berkshire Out of Hours - (Dr Huw Thomas- Clinical Lead Royal Borough of Windor & Maidenhead)	12,720	-	1,566	-	7,940		1,635	
Royal Borough Of Windsor & Maidenhead - (Dr Huw Thomas - Clinical Lead Royal Borough of Windor & Maidenhead)	5,594	-	1,927	-	4,724	160	340	-
Surrey County Council - (Rachael Wardell - Local Authority Partner Member from Surrey County Council)	7,705	188	195	188	4,962	-	-	-
Surrey & Borders Partnership NHS Foundation Trust - (Graham Wareham - NHS Provider Partner Member)	48,083	-	105	-	31,008	-	1	-
Magnolia House Surgery (Dr Prash Patel - Primary Care Partner Member)	1,227	-	6	-	787	-	-	-
Solutions for Health - (Dr Lalitha Iyer-Chief Medical Officer)	101	15	-	-	-	13	-	-

GP practices within the area have joined other professionals in the ICB in order to plan, design and pay for services. Under these arrangements some services are designed to be delivered in a primary care setting. This involves paying GP practices for the delivery of these services. A GP is also paid by the ICB for taking a lead role on clinical services.

The Department of Health and Social Care is regarded as a related party. During the year the ICB has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. These entities are: NHS Frimley Health Foundation Trust, Berkishire Healthcare NHS Foundation Trust and Surrey and Borders NHS Foundation Trust. In addition, the ICB has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Royal Borough of Windsor and Maidenhead, Hampshire County Council, Bracknell Forest Council, Slough Borough Council and Surrey County Council in respect of joint commissioning arrangements.

19 Events after the end of the reporting period

No events after the reporting period have been noted since 31 March 2024

20 Financial performance targets

NHS Integrated Care Board have a number of financial duties under the NHS Act 2006 (as amended).
NHS Integrated Care Board performance against those duties was as follows:

	2023-24 Target £'000	**2023-24 Performance £'000**	**2023-24 Surplus/(Deficit) £'000**	**2023-24 Target Met**	2022-23 Target £'000	2022-23 Performance £'000	2022-23 Surplus/(Deficit) £'000	2022-23 Target Met
Expenditure not to exceed income	1,576,735	1,591,460	(14,725)	N	1,121,712	1,121,688	24	N
Capital resource use does not exceed the amount specified in Directions	1,739	1,738	1	Y	-	-	-	Y
Revenue resource use does not exceed the amount specified in Directions	1,556,875	1,571,600	(14,725)	N	1,103,650	1,103,626	24	Y
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	Y	-	-	-	Y
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	Y	-	-	-	Y
Revenue administration resource use does not exceed the amount specified in Directions	20,736	19,675	1,061	Y	12,239	12,190	49	Y

The Revenue Resource Allocation Directions for the period 1 April 2023 to 31 March 2024 are based on 'in year' funding rather than a cumulative position. Therefore, the table above shows the ICB's financial performance against its 'in year allocation' for 1 April 2023 to 31 March 2024.

21 Losses and special payments

Losses

The total number of NHS integrated care board losses and special payments cases, and their total value, was as follows:

	Total Number of Cases 2023-24 Number	**Total Value of Cases 2023-24 £'000**	Total Number of Cases 2022-23 Number	Total Value of Cases 2022-23 £'000
Book Keeping Losses	5	13	4	3
Total	**5**	**13**	**4**	**3**