NHS Frimley Integrated Care Board

Agenda – Meeting in Public

Tuesday 18 October 2022 – between 15.00 and 16.00

Via Zoom

Chair: Priya Singh

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

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

Timing	No.	Item	Action	Delivery	Lead
15.00	1	Welcome, apologies for absence and Chair's introduction	-	Verbal	Chair
	2	Conflicts of Interest Register and declarations of any interests relating to this agenda	Note	Paper	Chair
	3	Minutes of the last meeting in Public held on 20 September and matters arising	Approve	Paper	Chair
15.05	4	ICB Chief Executive's Update	Note	Verbal	Fiona Edwards
		Strategic Updates			
15.10	5	Digital and Analytics update	Note	Presentation	Sam Burrows
15.30	6	Frimley Health and Care System Development: the next steps on our Integrated Care Partnership journey	Note	Presentation	Emma Boswell and Sam Burrows
		Other Business Items			
15.40	7	Updated Emergency Preparedness, Resilience and Response (EPRR) Documentation	Approve	Paper	Fiona Edwards
15.45	8	Frimley ICB Performance Oversight Report	Note	Presentation on the day	Richard Chapman / Sarah Bellars / Caroline Corrigan

Timing	No.	Item	Action	Delivery	Lead
		Close of business			
15.55	**9**	**Questions received in advance from members of the Public**	**Note**	**Verbal**	**Chair**
16.00	**10**	**Any Other Business and Close**	**-**	**Verbal**	**Chair**

Directorate	Job Title	First Name	Last Name	Interest	Description of Interest	Type of Interest			Actions agreed with line manager to mitigate risk
495 Frimley CCG Chief Clinical Office	Chief Nursing Officer	Sarah	Bellars	FHFT	Son and Daughter in Law work for FHFT	Declarations of Interest – Other	Indirect	Indirect	Seek the advice of other senior members of the executive and Non-executive team if there is a potential conflict
495 Executive Board Directorate (ICB)	Non-Executive Member	Ilona	Blue	General Dental Council	Lay Council Member	Declarations of Interest – Other	Non-Financial Professional	Direct	I do not anticipate any direct conflicts of interest as I do not expect the ICB or its audit committee to engage in direct discussions/decisions related to individual dental professionals; or dental education establishments. My role in GDC does not involve any direct decisions about individual professionals as these are handled through independent hearing panels.
495 Executive Board Directorate (ICB)	Non-Executive Member	Ilona	Blue	Accent Housing Group Limited	Non-executive director	Declarations of Interest – Other	Non-Financial Professional	Direct	I don't anticipate any direct conflicts, but should any discussions arise relating to housing in Frimley I would flag my interest and if necessary recuse myself from any discussions/decisions.
495 Executive Board Directorate (ICB)	Non-Executive Member	Ilona	Blue	NB Solutions	I am a director (I own 25% and my husband Robert Nichols owns 75%) of NB Solutions. My husband is the sole employee.	Declarations of Interest – Other	Financial	Indirect	I do not anticipate any conflicts of interest. NB Solutions' clients could sell into the NHS but my husband would not be directly involved in such commercial arrangements and I do not expect the ICB to be directly engaged with third party suppliers to provider organisations in the patch. My lack of direct involvement in any such commercial arrangements mitigates the risk of conflict.
495 Executive Board Directorate (ICB)	Non-Executive Member	Ilona	Blue	Defence Equipment and Support, an arms' length body of the MoD	Non-executive member of the Audit and Risk Assurance Committee	Declarations of Interest – Other	Non-Financial Professional	Direct	No conflicts anticipated.
495 Executive Board Directorate (ICB)	Chief Transformation & Digital Officer	Samuel	Burrows			Nil Declaration			
495 Executive Board Directorate (ICB)	Chief Transformation & Digital Officer	Samuel	Burrows			Nil Declaration			
495 Executive Board Directorate (ICB)	Chief Transformation & Digital Officer	Samuel	Burrows			Nil Declaration			
495 Executive Board Directorate (ICB)	Chief Finance Officer	Richard	Chapman			Nil Declaration			
495 Executive Board Directorate (ICB)	Chief People Officer	Caroline	Corrigan			Nil Declaration			
495 Executive Board Directorate (ICB)	Chief People Officer	Caroline	Corrigan			Nil Declaration			
Non-Contracted Staff	NHS Provider Partner Member from Frimley Health FT	Neil	Dardis	Frimley Health NHS Foundation Trust	I am the CEO and full time employee of Frimley Health NHS Foundation Trust	Declarations of Interest – Other	Non-Financial Professional	Direct	Full declaration
NEHF Place Committee	Local Authority Partner Member from Rushmoor Borough Council	Karen	Edwards	Land and Property owned or leased by Rushmoor Borough Council	As an Executive Director of Rushmoor Borough Council there will be occasions when land and property form which the Council would receive and income or profit may be under discussion	Declarations of Interest – Other	Indirect	Indirect	Will not participate in any decision which would result in a financial gain or loss where the NHS would become a tenant of the local authority.
495 Frimley CCG Bracknell Forest Place	Chief Executive	Fiona	Edwards	Care Quality Commission	Executive Reviewer	Declarations of Interest – Other	Non-Financial Professional	Indirect	Only review services in distant geographical areas
495 Frimley CCG Bracknell Forest Place	Chief Executive	Fiona	Edwards			Nil Declaration			
495 Frimley CCG Bracknell Forest Place	Chief Executive	Fiona	Edwards			Nil Declaration			
495 Executive Board Directorate (ICB)	Non-Executive Member	Paul	Farmer	Mind	I am Chief Executive of Mind nationally. Some local Minds (which are independent charities within a federated network) may be active in the ICS.	Declarations of Interest – Other	Non-Financial Professional	Indirect	I will recuse myself from any discussions which relate to contracts for local Minds.
495 Frimley CCG CEO / Board Office	EDI Director/System Lead	Safina	Nadeem			Nil Declaration			
Non-Contracted Staff	Primary Care Partner Member	Prash	Patel	Magnolia House	I am a profit sharing GP Partner	Declarations of Interest – Other	Financial	Direct	
Non-Contracted Staff	Primary Care Partner Member	Prash	Patel	Frimley Health Foundation Trust	I am an employee of the FHFT	Declarations of Interest – Other	Non-Financial Professional	Direct	
Non-Contracted Staff	Primary Care Partner Member	Prash	Patel	Berkshire Primary Care Ltd	I am the CEO and Medical Director	Declarations of Interest – Other	Financial	Direct	
Non-Contracted Staff	Primary Care Partner Member	Prash	Patel	Ascot Primary Care Network	I am the Clinical Director of the Primary Care Network under the PCN Direct Enhanced Service Specification	Declarations of Interest – Other	Financial	Direct	
495 Frimley CCG Chair & Non Execs	Chair	Priya	Singh	Guy's and St Thomas's NHS Foundation Trust	Appointed November 2015 - NED / Deputy Chair	Outside Employment			
495 Frimley CCG Chair & Non Execs	Chair	Priya	Singh	National Council for Voluntary Organisations	Appointed November 2020 - Chair of Board of Trustees	Outside Employment			
495 Frimley CCG Chair & Non Execs	Chair	Priya	Singh	Society for Assistance of Medical Families	Appointed January 2018 - Executive Director	Outside Employment			
495 Frimley CCG Chief Clinical Office	Primary Care Partner Member	Huw	Thomas	Claremont and Holyport practice	Partner in the practice	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy

495 Frimley CCG Chief Clinical Office	Primary Care Partner Member	Huw	Thomas	Maidenhead Primary Care Network	Practice is a member of Maidenhead PCN	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Primary Care Partner Member	Huw	Thomas	Frimley Health NHS Foundation Trust	Spouse employed by Trust as Clinical Nurse Specialist	Declarations of Interest – Other	Indirect	Indirect	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Primary Care Partner Member	Huw	Thomas	East Berkshire Primary Care	Work on sessional basis for East Berkshire Primary Care	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Primary Care Partner Member	Huw	Thomas	Registered with a practice within the CCG boundary	Patient registered with practice	Declarations of Interest – Other	Non-Financial Personal	Direct	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Primary Care Partner Member	Huw	Thomas	Holy Trinity Primary School, Cookham	Governor at school	Declarations of Interest – Other	Indirect	Indirect	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Primary Care Partner Member	Huw	Thomas	Royal Borough of WIndsor and Maidenhead	Practice provide opiaite substitute prescribing services for the Royal Borough of WIndsor and Maidenhead	Declarations of Interest – Other	Financial	Direct	Manage in accordance with policy
Non-Contracted Staff	Local Authority Partner Member	Rachael	Wardell	Surrey County Council	Executive Director of Children, Families and Lifelong Learning since 07-12-2020	Declarations of Interest – Other	Non-Financial Professional	Direct	Will be managed in accordance with the Conflicts of Interest policy.
Non-Contracted Staff	Local Authority Partner Member	Rachael	Wardell	Become - The Charity for Children in Care and Care Leavers	Trustee and Board Member since September 2019	Declarations of Interest – Other	Non-Financial Professional	Direct	Will be managed in accordance with the Conflicts of Interest policy.
Non-Contracted Staff	Local Authority Partner Member	Rachael	Wardell	Association of Directors of Children's Services	Member of Professional Association since October 2009 and Chair of Workforce Development Policy Committee since April 2016	Declarations of Interest – Other	Non-Financial Professional	Direct	Will be managed in accordance with the Conflicts of Interest policy.
Non-Contracted Staff	NHS Provider Partner Member from Surrey and Borders Partnership NHS Foundation Trust	Graham	Wareham	Friends of Chambo Seminary	Trustee	Declarations of Interest – Other	Non-Financial Personal	Direct	No conflict anticipated

NHS
Frimley
Integrated Care Board

Draft Minutes of NHS Frimley Integrated Care Board
held in Public on Tuesday 20 September 2022 from 14.30-16.00 via Zoom

Chair – Priya Singh

Present:	
Dr Priya Singh	Chair
Fiona Edwards	Chief Executive
Sarah Bellars	Chief Nursing Officer
Sam Burrows	Chief Transformation & Digital Officer
Richard Chapman	Chief Finance Officer
Dr Lalitha Iyer	Chief Medical Officer
Caroline Corrigan	Chief People Officer
Ilona Blue	Non-Executive Member
Paul Farmer	Non-Executive Member
Dr Prash Patel	Primary Care Partner Member
Dr Huw Thomas	Primary Care Partner Member
Karen Edwards	Local Authority Partner Member
Rachael Wardell	Local Authority Partner Member
Neil Dardis	NHS Provider Partner Member
Alex Gild	NHS Provider Partner Member
Graham Wareham	NHS Provider Partner Member
In Attendance:	
Safina Nadeem	Equality, Diversity and Inclusion System Lead
David Radbourne	Regional Director of Strategy and Transformation at NHS South East
Olly Hemans	Communications and Engagement Manager
Mary-Jane Steijger	Head of Governance
Tom Allinson	Corporate Governance Officer (minutes)
Apologies for Absence:	None.

1.	**Welcome and Apologies for Absence**
	The Chair opened the meeting and welcomed members of the NHS Frimley Integrated Care Board. The meeting was noted to be quorate. Apologies were received as recorded above. It was formally noted that Duncan Sharkey, Local Authority Partner Member from Royal Borough of Windsor and Maidenhead, had resigned from his post effective Friday 16 September. The Chair thanked Duncan Sharkey for his contributions in establishing the Board. Members agreed for the meeting to be recorded, subject to the recording being deleted following approval of the minutes at the next meeting.

	Seven members of the public were in attendance. One question from the public had been received in advance of the meeting. It was noted that the meeting papers had been published in advance on the website – presentations would be uploaded after the meeting itself. On behalf of NHS Frimley, the Chair formally recorded condolence to King Charles III and the royal household for the loss of Queen Elizabeth II. The late monarch's presence had been felt strongly in the Frimley health and care system due to her fondness for the area as well as having her home in Windsor. Poignantly, the Queen's last engagement in public had been the opening of the Thames Hospice in Maidenhead accompanied by Princess Ann. The Chair paid tribute to all workers and partners who had worked tirelessly to ensure that all had gone to plan during the State Funeral – it had been a huge logistical effort and was testament to the significant planning and preparation which had taken place.
2.	**Declaration of Conflicts of Interest**
	Members were reminded that the Civica Declare Conflicts of Interest Register remained a work in progress with several members of the Board currently in the process of updating their declarations which had not yet been reflected in this version. A further updated version would come to the next Board meeting in October. *No specific declarations of Conflicts of Interest were noted for the contents of the agenda.*
3.	**Minutes of the last meeting in Public held on 19 July and matters arising**
	The minutes of the last meeting in Public were taken as accurate and approved without further comment. There were no matters arising.
4.	**ICB Chief Executive's Report**
	The Chief Executive gave the verbal update, echoing the Chair's sentiments around the death of Queen Elizabeth II, and giving particular thanks to the Emergency Preparedness Resilience Response (EPRR) teams and partners in the RBWM Place who worked together over the weekend to support safety within the community during the State Funeral and burial in Windsor. The Chief Executive continued by citing unprecedented pressures across the health and care system likely to be exacerbated going into winter. Despite this, post-pandemic recovery continued, and the system continued to ensure a safe and effective urgent and emergency response and was preparing well across all services both in terms of vaccinations and waiting list recovery. Members were also informed of the first face-to-face conference with Allied Health Professionals (AHPs), which included physiotherapists, dieticians, and other staff working to support what was the third largest clinical workforce in the NHS. The conference had been a success, supporting staff deployment, effective working, and workforce resilience and vacancies. The Chief Executive paid tribute to the staff who, in spite of the ongoing challenges, were innovatively working across integrated teams whilst keeping the system's population well – this was held up as an example of the calibre and commitment present across the system's health and care staff. *The Board noted the update.*
5.	**Living Well Briefing**

	Lalitha Iyer presented the Living Well Briefing for the Board to note. The presentation gave context to the Living Well Ambition as part of the Frimley ICS Five Year Strategy and covered the following themes: • The six ambitions: Starting Well, Focus on Wellbeing, Community Deals, Our People, Leadership and Culture for Improvement, and Outstanding Use of Resources • The principles influencing the Living Well Ambition, including the logic model, Public Health Management, community insight and co-design, partnership focus and accountability, and system networking as opposed to silo working • Detail into the ICS goal to increase healthy life expectancy at birth by 2 years, and to reduce the gap in healthy life expectancy between the least and most deprived communities by 3 years, as well as how this would be done through coordinated actions at both system and place levels • System wide priorities, including Cardiovascular Disease prevention, healthy weight, and smoking. System approaches were further outlined, including campaigns, staff awareness, and clinical interventions • Measuring the impact of the Living Well Ambition through avoided admissions, increased quality, and working with Public Health England • The next steps and priorities for 2022/23 *The Board noted the Living Well Briefing.*
6.	**Mirror Board Proposal**
	Safina Nadeem presented the above, which set out a proposal to develop a Mirror Board to the NHS Frimley Board. This innovative programme would provide an opportunity for staff across the System to gain experience of Board level discussions supported by the ongoing Development Programme. The ambition was to develop a diverse succession pipeline for Boards and provide the Board with access to diversity of thought to its agenda. This would directly contribute to the Frimley ICS Equality, Diversity, and Inclusion (EDI) ambitions, particularly 1) senior leadership development 2) diverse teams 3) building inclusive cultures to develop and 4) and anti-racist System. £55,000 had been sought from Health Education England Workforce Development Funds to progress this proposal and to fund an external evaluation. Members reflected upon their own experiences of the strength of similar models operating in other organisations, considering it a positive opportunity to hold a mirror up to the Board. Members also expressed a keenness in creating long-term reciprocal mentoring with their counterparts on the Mirror Board. It was confirmed that both Safina Nadeem and the recently proposed EDI Board Champion role would ensure that the Mirror Board had a strong voice at the ICB Board, which was considered key to its success and impact. *The Board <u>approved</u> the Mirror Board proposal.*
7.	**Urgent and Emergency Care Strategy Briefing**
	Sam Burrows presented the Urgent and Emergency Care (UEC) Strategy Briefing for the Board to note. The presentation gave context and background to the proposed core and enabling objectives in

	supporting UEC over Winter 2022 as well as illustrating how this translated into future focus for 2023 and beyond. • Core objectives: 1. Understand the needs of our population to deliver equitable clinical outcomes system-wide and reduce health inequalities 2. Support preventative care and develop proactive management services to reduce avoidable contact with urgent and emergency care 3. Adapt the urgent and emergency care offering to improve access and service delivery efficiency 4. Ensure timely exit and support the provision for continuity of care through transformation of the discharge process • Enabling objectives: 5. Adopt alternate workforce solutions that develop and support the UEC workforce to provide the right care for patients 6. Implement a system wide UEC operating model to share risk, reduce complexity and support a more resilient, sustainable system 7. Continue to transform how care is delivered by embracing opportunities to innovate and lead on best practice care 8. Improve patient awareness and understanding of how to access the right care The different staged phases were then examined as follows: • Phase 2 – Organising Ourselves and our Environment (September 2022) • Phase 2 – Service Transformation Focus (Winter 2022) • Phase 3 – Outlined focus for beyond Winter 2022, including focus on Workforce Members queried workforce beginning in Phase 3, asking whether there were any actions that could be brought forwards to address what were known to be current issues. Caroline Corrigan gave some examples of current system working to address workforce resilience issues, including lower agency rates as a result of consistent approaches to engagement of staff, and a memorandum of understanding developed to enable the sharing of staff immediately. The complexity of UEC in a changing landscape was discussed. Sam Burrows gave, as an example, the current focus on keeping people warm over the coming winter, which could be one of the biggest drivers in terms of predicting admissions. It was agreed that these wider determinants of health are an integral part of the work that the Board was undertaking with its partners and the public, to ensure that the Frimley system could meet the needs of as many people as possible. *The Board noted the Urgent and Emergency Care Strategy Briefing.*
8.	**Frimley Health and Care System Update – developing our Integrated Care Partnership**
	Sam Burrows presented the Frimley Health and Care System Update for the Board to note. The presentation covered the Intergrated Care System (ICS) Strategy Refresh and next steps. • Department of Health and Social Care published new guidance on ICS development in July 2022, and there was a requirement to publish an interim Strategy by December 2022. The aim here was to refresh and make fit for purpose the pre-existing Strategy which went live in 2019. This would include the Department of Health and Social Care's suggested focus areas, all of which would be integrated within the refreshed Strategy

	• Work was underway to identify current priorities and ambitions, including greater co-design with Voluntary, Community and Social Enterprise partners • The role and remit of the Integrated Care Partnership (ICP) was discussed. The assembly format created the forum in which all partners consider and align to system-wide ambitions around the wider determinants of health, including the impact of factors such as housing, education, and employment, as sector partners working together to serve the local population • Updated role and remit of the Health and Wellbeing Boards • Draft strategy roadmap into 2023 and beyond Members were supportive of the pragmatic approach being taken, and in the level of engagement seen, and recognised that the impact of the last few years called for a recalibration of the strategy. It was also felt that there would need to be alignment of ICP and ICBs roles to maximise impact. *The Board noted the Frimley Health and Care System Update.*
9.	**System Performance Update**
9.1	**Finance** Richard Chapman presented the Finance section of the System Performance Update for the Board to note. The report set out the first consolidated Frimley Integrated Care System (ICS) financial position at month 4 as follows: • When the ICS position was adjusted for the respective final positions of Berkshire Healthcare NHS Foundation Trust (BHFT) (£0.9m deficit) and Surrey and Borders Partnership NHS Foundation Trust (SABP) (£11.3m deficit), it was planning to deliver a combined full year deficit of £12.2m • Reflecting the operational pressures the system was facing, the financial position at month 4 was £5.4m off plan. This, coupled with energy inflation pressures, meant that the stretch efficiency target for the system could move out by £18m to £63m based on current expenditure run rates • The deficit at month 4 of £15.9m, £5.4m behind plan, was the net position of £1.5m income in excess of plan offset by £6.9m expenditure in excess of plan • The SABP position had benefitted from a non-recurrent income source of £3.5m, however their underlying deficit at month 4 was £4.1m • The Board was advised that not all national funding streams were currently finalised, and therefore the ICS was reporting a forecast breakeven for the year in line with regulatory advice It was further confirmed that throughout September further validations of the position and alignment with operational plans for the winter period would be undertaken. Within this the ICB would be working to ensure that, for those things within its local control, it was taking all appropriate actions to minimise costs. There was material unallocated transformation funding within the system, and the ICB would be working with transformation leads to understand the extent to which this can be utilised in year, and any opportunities that may exist to support the overall financial position. *The Board noted the Finance Update.*
9.2	**Performance** Richard Chapman presented the Performance Section of the System Performance Update for the Board to note. The update covered key developments and data for the covering areas: • Urgent and Emergency Care

	• Covid Vaccinations • Community • Adult Mental Health and Learning Disabilities • Children and Young People (CYP) • Primary Care • Planned Care *The Board noted the Performance Update.*
9.3	**Quality** Sarah Bellars presented the Quality Section of the System Performance Update for the Board to note. The report provided high level surveillance of developing quality issues and soft intelligence on the following areas: • Rapid Quality Improvement Meeting • Frimley Health Foundation Trust Ockenden Visit • GP practice in Bracknell • Care Homes • Ambulance Services • Safeguarding Update *The Board noted the Quality Update.*
10.	**Modern Slavery Statement 2022/23**
	The Chair presented the Modern Slavery Statement 2022/23 for the Board's approval. The updated Statement would be uploaded to the ICB Website and would replace the old Frimley CCG Statement for 2021/22. *The Board approved the Modern Slavery Statement 2022/23.*
11.	**Presentation of the Frimley CCG Annual Report and Accounts 2021/22**
	Richard Chapman informed members that, in lieu of an Annual General Meeting in 2022, the Board were instead being asked to note the final audited Frimley CCG Annual Report and Accounts for 2021/22. The document had been made publicly available via the ICB website. *The Board noted the presentation of the Frimley CCG Annual Report and Accounts 2021/22.*
12.	**Any other Business**
	None.
13.	**Questions received in advance from members of the Public**
	The Chair read the following question which had been received in advance from members of the public: *I can see from the papers of your last meeting in the section 'Frimley Health and Care System Update' that you have listed working with the voluntary sector as part of your new way of working. Please could you confirm if that would include the charity sector, and give some detail on how funding for this sector will work? I am asking this question with specific reference to funding for peer support groups. Thank you in advance for your answer.* Sam Burrows gave the following response in lieu of a full written response which would be sent to the requestor:

	The voluntary sector plays a hugely important role in our system partnership, and this was demonstrated to great effect during the pandemic where the third sector played a vital role in providing support and mobilisation. We are committed as an ICB and as an ICS to providing a greater unified voice for that sector, and to ensure that through our partnership we can amplify the voice of the vulnerable within our system.
14.	**Close**
	The Chair closed the meeting at 15.30.

Frimley Health and Care

Digital and Analytics update for ICB Board

October 2022

Executive Summary

Frimley Health and Care

Background & Context

- As a health and care partnership we are committed to using technology to help health and care professionals communicate better and enable people to access the care they need quickly and easily, when it suits them.
- Digital innovation is a key priority of our Integrated Care System, it has the potential to provide higher quality care with fewer barriers to access, allowing our workforce to operate at the top its license
- Frimley ICS has been at the forefront of digital innovation with the Health and Care sectors since 2015 and it underpins our approach to transformation.
- This is often best known through our leadership of the Connected Care Programme, although significant progress has been made across a broader scale than this alone
- This update to the Board focuses on four key areas:
    - The Shared Care Record & Remote Management Capabilities
    - Resident Facing Digital Services
    - Primary Care Digital Transformation
    - Connected Care Analytics
- This is not the totality of the work which we are leading in the digital space – further opportunities will be made available to provide additional information should this be requested.

Frimley Health and Care

SHARED RECORD & REMOTE MANAGEMENT

Shared Care Record

Frimley Health and Care

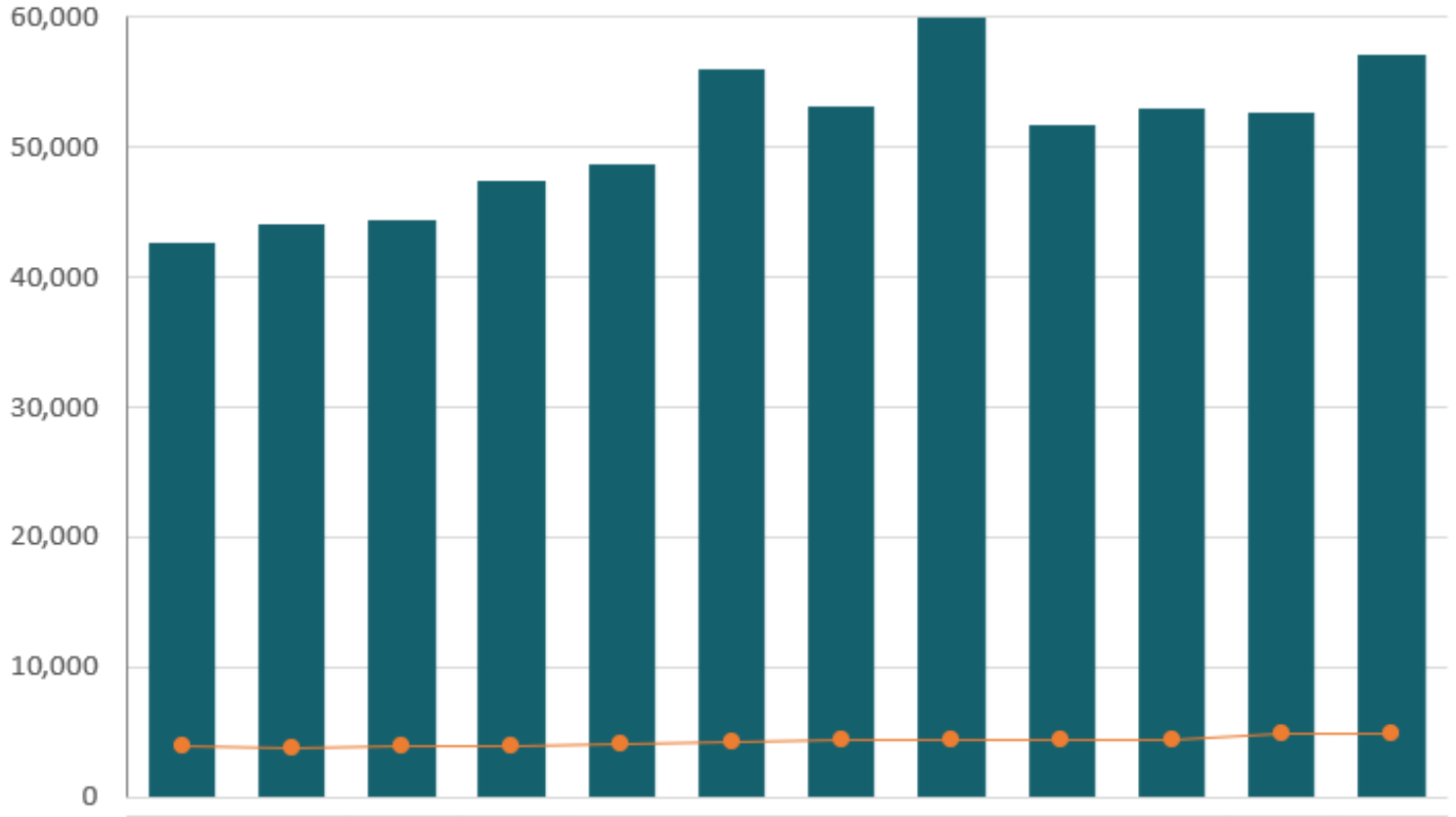
A Berkshire-wide digital and data architecture which enables the sharing of clinical data between health and care services

- As health and care services are working more closely together to provide a joined-up service to meet resident needs, the sharing of real time and accurate data between organisations is critical.
- Working collectively on this approach improves the quality of care because the clinicians and other professionals involved in treatment have the best information on which to base their decisions.
- It removes the need for patients and residents to repeat their story to different care professionals, thereby saving time and frustration. It also makes the services themselves more efficient and improves quality of outcomes and experience.
- In order to achieve this goal, it is important that clinicians and other health and care professionals involved in a person's care are able to view the relevant records as and when appropriate.
- Anonymised treatment data is also used to help monitor and improve the quality of the services which are provided.
- There are very strict rules to control how and when records are used, we have dedicated Information Governance professionals working together to ensure these rules are followed.
- Frimley residents and health and care professionals benefit from this real time data flow and contribute to improved delivery of health and care services

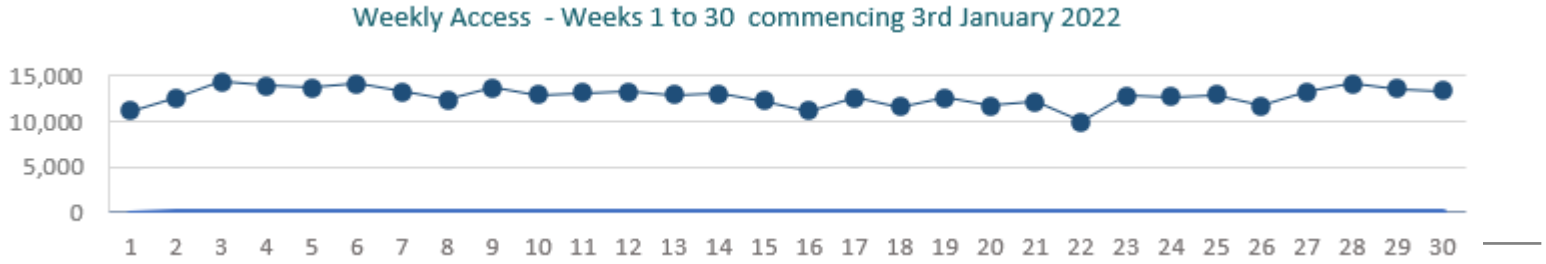
SHARED CARE RECORD

Utilisation

Records Accessed By:	July
Royal Berkshire FT	16,892
Berkshire Healthcare FT	16,091
Frimley Health FT	14,222
CCG & Primary Care Monitoring Services	2,959
Councils	2,919
OOH GP Services	2,564
Surrey & Borders	705
GP Practices	414
HCRG Care Group (virgin care)	150
Care Homes	84
Hospices	78
South Central Ambulance	15



	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Records Accessed	42,565	44,003	44,289	47,275	48,654	55,930	53,088	59,828	51,682	52,980	52,536	57,093
Unique Users	3,942	3843	3,950	4,032	4,083	4,295	4,398	4,491	4,408	4,495	4,961	4,851



Shared Care Record Update

Frimley Health and Care

What We've Accomplished

Depth

- FHFT moved to EPIC and data feeds replaced with single feed, including Frimley Park ED data and addition of allergies
- BHFT Progress Notes now LIVE and available in the Shared Care Record
- Upgrade of Connected Care to support National Opt Out Compliance
- Pathology Inter-op now LIVE and enhanced to include request viewing
- Social Care Adults Data Feed now LIVE
- GP Information shared with TVS
- HRCG Data Feed (Community) feed now LIVE

Uptake & Access

- FHFT System Wide SSO now LIVE to allow direct access to Connected Care from EPIC
- Further Care Homes now viewing and connected in securely

Transformation:

- Learning disabilities dashboard
- Enhancements to SMI (Severely Mentally Ill) Dashboard
- Embedded TCN GP report enhanced to include location and presenting complaint

What we are working on……

Depth

- BHFT Progress Notes final validation
- BHFT Assessment Form data
- RBFT Enhanced Feed
- TPP Primary Care data feed
- BHFT Assessment Forms
- Additional Children's Social Care
- Further sharing information with TVS
- Out of Hours Provider Data Feeds

Uptake & Access of Connected Care:

- Additional Nursing Homes
- Pilot Community Pharmacies

Transformation:

- Care Plans – Advanced Care Plans including ReSPECT
- Careflow
- Key Information Tile
- Further remote monitoring systems and opportunities
- Real time data visibility of patients waiting in ED for other clinical services

Remote Management

Frimley Health and Care

Rapid deployment of remote monitoring/management to support complex patients who are at risk of deteriorating this winter. This will compliment the work ongoing with care homes and to support respiratory, heart failure and diabetes.

Process

Identification
- Population Health Driven lists of red patients
- Provided to Docobo to import directly into Doc@Home
- Out of Hours Call Centre initial contact to opt patient in

Onboarding
- Clinical Hub will contact the patient and equipment will be provided if required
- Bring your own device model
- Distribute necessary equipment

Monitoring
- patient records readings and answers question set at defined parameters

Escalation
- if an alert is generated, the Monitoring Hub will trigger appropriate escalation
- 2 hour urgent response
- Primary Care
- Secondary Care
- Integrated Teams

Evaluate
- Data in population health used to assess effectiveness

- Agree cohort and whether triage necessary
- Mechanism to export into Docobo template and send

- What are we monitoring / is it the same for all?
- What equipment will be needed?
- Logistics of purchase and distribution?
- Are we using both providers and how so we divide the work (BPC only in hours)

- Agree question set and breach parameters
- Do some patients e.g. AIRS team need different thresholds?

- Agreed escalation model
- SOP in place

- Indicators such as reduction in admissions

Other Dependencies
- IG in place for all partners
- Clinical Safety Sign Off
- Finance

Frimley Health and Care

RESIDENT FACING DIGITAL

Resident Facing Digital Update

CONNECTED CARE

Achieved

Wait Well	Resident Portal	Apps/ digital support tools	Comms
• GP text signposting those waiting for an operation to self help resources • MVP design prototype for self help personalised plan	• MVP design prototype developed, and internal testing of logic completed for personalised health/wellbeing recommendations via a 'quiz' • Future design vision prototype created	• MSK app agreed with system partners • Maternity app - Export to pdf function completed and app live in app stores • ORCHA – further development with BHFT	• Further work on resident facing communications and engagement activities

Next steps

• Engagement planning for stakeholders, residents & professionals • Branching logic for MVP 'quiz' element • MVP delivery end June • Phase 2 of resident portal integration discussions (NHSLogin and EMIS as priority) to improve personalisation	• Resident view of remote monitoring services - working with remote monitoring workstream (adapting language, understanding patient journeys etc)	• Comms and engagement plan will be developed over the Summer / Autumn
• Digital Inclusion planning – working with system partners to have a consistent response		

Frimley Health and Care

PRIMARY CARE DIGITAL

Where we are now at a glance

Access points

Website blueprint
70% of practices live/soon to be live that support accessibility needs, a consistency front door and patient behaviours on signposting as well as

Social media

NHS App

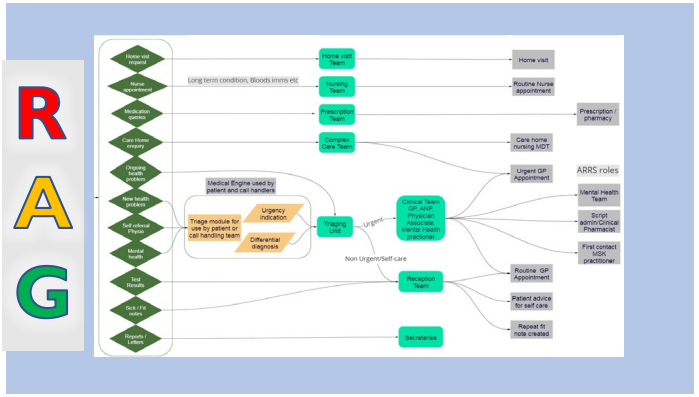
85% of practices on Advanced Telephony
Significant improved in resilience of telephony supporting patient access and supporting agile models.

Online consult.
8 PCNS moving to new platforms that utilise AI/algorithms to support streaming of patients to support access.

Email/mail

Walk ins
Care navigation training support.

- **OC that supports care navigation and streaming of patients**
- **EMIS segmentation to support care navigation models and streaming of patients.**
- **Automated health checks to support LTC management.**



- **Video consultation in place and no change to supplier; minimal utilisation compared to other routes.**

Telephony hub examples for centralised and external/overflow models. Slough and Bracknell Forest; SH development in progress.

eHub model examples from BF as well as external to Frimley.

Use cases of how AccuRx/Syml being used to support LTC management as well as better use ARRS roles.

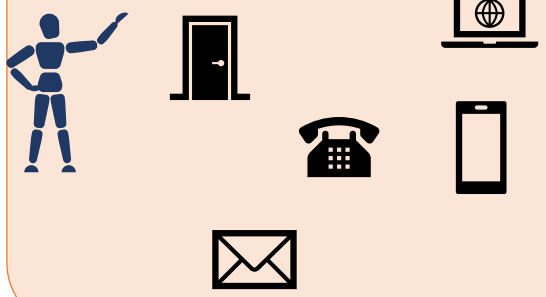
What else is going on/of interest… Admin hubs, prescribing hubs, automation.

Next steps/areas of focus

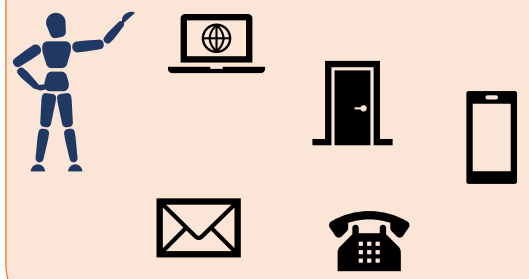
- **Joint work to refresh hub/at scale model(s) blueprint and support enablers** refresh – case studies/sharing examples/learning key to this.
- **VOIP** – finish roll out and embed/optimise VOIP through Redmoor and supplier recovery/training.
- Building on case studies of LTC to support mixed
- Refresh of segmentation with recent PNG work.
- **Digital championing & literacy** to support workforce and resident adoption and confidence to support new models.
- EMIS PCN /enhanced access functionality review and mapping against models
- Resource summary pack and training to support social media and online presence work including NHS app promotion focus.
- Focus on embedding Video Consult and potential for VGC from regional/national case studies. Exploring system alignment potential.
- Online consult sharing of learning and feedback.

Different front doors points and maturity of digtial enablers across each practice and PCN creating varied patient experience and access points.

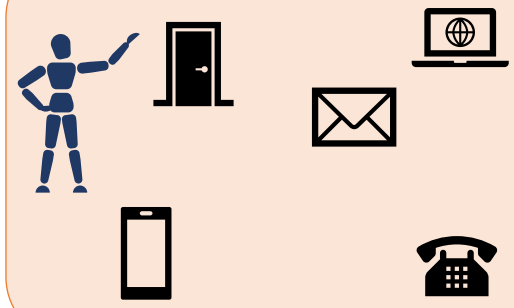
Individual practice



Individual practice



Individual practice



Each practice/PCN…

- Working slightly different.
- A different look and feel to their 'front door' often wordy, complex to navigate websites where patients either go straight to phone numbers or econsult button.
- Minimal engagement and change with residents on the newer digital access routes.
- Varied robustness and costs of telephony.
- Varied usage of eConsult.
- National/regional/local development of hubs and care navigation model priorities.
- Focus over winter to provide the digital enablers alongside wider offers of support to help with pressures – mixed uptake rates – little chance to embed/mature how used and how fit with maturing models.

WAF enablers

- Website blueprint
- Telephony improvement
- EMIS XA and place based analyst.
- Automated Health Checks
- CPCS

Care navigation enablers

- EMIS XA and segmentation.
- SMS
- Website blueprint.
- Healthwatch review.
- Digital access survey.
- Hub /at scale model workshops and feedback survey.

DFD/I&U enablers

- Online Consultations
- SMS
- Video consultations.
- N365
- Automated Health Checks
- Redmoor.

Digital enablers to support at scale/hub/PCN collaborative models

- Consistent 'front door' for those on **website blueprint** that supports signposting, filtering requests to centralised resources and patient education.
- Improved **telephony** that will support better patient experience as well as directing calls in line with care navigation/hub models – reduced cost pressures for those aligned on suppliers.
- **Online consultation** solutions aligned at PCN level to support potential ehub models as well as 'AI/algorithms' that support care navigation and sign posting.
- **EMIS XA** investment alongside maturing **place based analyst** model to enable analytics supported model development and segmentation to support care navigation.
- **Automated Health Checks solutions** that can support use of ARRS/PCN & practice roles in different ways alongside segmentation/ACG.
- **Maturing website blueprint** with support in global comms, more localised content on specialist areas and wider training on CMS.

Frimley Health and Care

CONNECTED CARE ANALYTICS

There is a strong foundation of existing tools using Connected Care as well as a pipeline of development work that is aimed at providing increasing support for decision making

Frimley Health and Care

Some examples of work in recent months supporting the ICS

Tool	Overview	Relevant case studies	Development priorities
Live ED view for Primary Care	Identify patients to GPs that are currently attending ED	• Bharan practice	POC – developing requirements
System Insights	Population Health system	• Fuel Poverty	New interface to support mass adoption
Segmentation	Segmentation (red, amber, green) to support ED & Primary Care		
Health checks evaluation dashboard	Achievement of 68 different LTC care processes and treatment targets across 14 different conditions	• Hypertension and Diabetes sprint	Live - Expanding indicator set and providing more regular comms to Places around insights
Primary care pressures analysis	Tracks volume of activity, staff and complexity of patients to identify trends that could indicate increasing pressure	• Overview for Berkshire West	POC - Feedback and endorsement from Primary Care on usability of the insights
Diabetes dashboard	Achievement of diabetes care processes and treatment targets as well as patient case finding		Live – focus on embedding in CC and expanding usage
Patient insights	Proactive case finding, providing patient lists for defined use cases	• Community remote monitoring • Syml/AccuRX • Live bed view (Castle Ward) • Hypertension	Live – focus on adding more lists and expanding usage for new initiatives

Overview

- Outputs supporting **urgent / on the day demand** are developing rapidly, with a focus on data or operational challenges that could impact rollout
- Outputs supporting **proactive care** are well established and being actively used in some parts of the system. Key priorities are to increase **breadth of usage** to support proactive ways of working and unlock full potential

Embedded analysts into each Place

Place	Status	Next Steps
Slough	Analyst in place	Scope additional joint working opportunities with Places and PCN Clinical Directors
Windsor and Maidenhead	Analyst in place	Scope additional joint working opportunities with Places and PCN Clinical Directors
Bracknell Forest	Analyst in place	Scope additional joint working opportunities with Places and PCN Clinical Directors
Surrey Heath	Analyst in place	Scope additional joint working opportunities with Places and PCN Clinical Directors
North East Hampshire & Farnham	Analyst in place	Scope additional joint working opportunities with Places and PCN Clinical Directors

NHS
Frimley
Integrated Care Board

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	**Frimley Health and Care System Development: the next steps on our Integrated Care Partnership journey**		
Agenda Item	6	**Date of meeting**	18 October 2022
Exec Lead	Sam Burrows, Chief Transformation and Digital Officer and Emma Boswell, Director for Partnerships and Engagement		

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

Link to Strategic Objective	

Executive Summary	
The attached slides set out the journey that has taken place to date to establish the Integrated Care Partnership Assembly within Frimley Health and Care Integrated Care System. It details the indicative timelines for Integrated Care Partnership Assembly programme of work for the next few months and early emerging proposals for our approach to our system strategy refresh and plans for the November Integrated Care Partnership.	
Recommendation	The Board is asked to note the ongoing development of the Integrated Care Partnership Assembly and the focus for the work between now and the December 2022.

Please provide details on the impact of following aspects	
Risk and Assurance	
Equality and Quality Impact Assessment	
Patient and Stakeholder Engagement	
Financial Impact and Legal implications	

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Not Applicable		

Frimley Health and Care

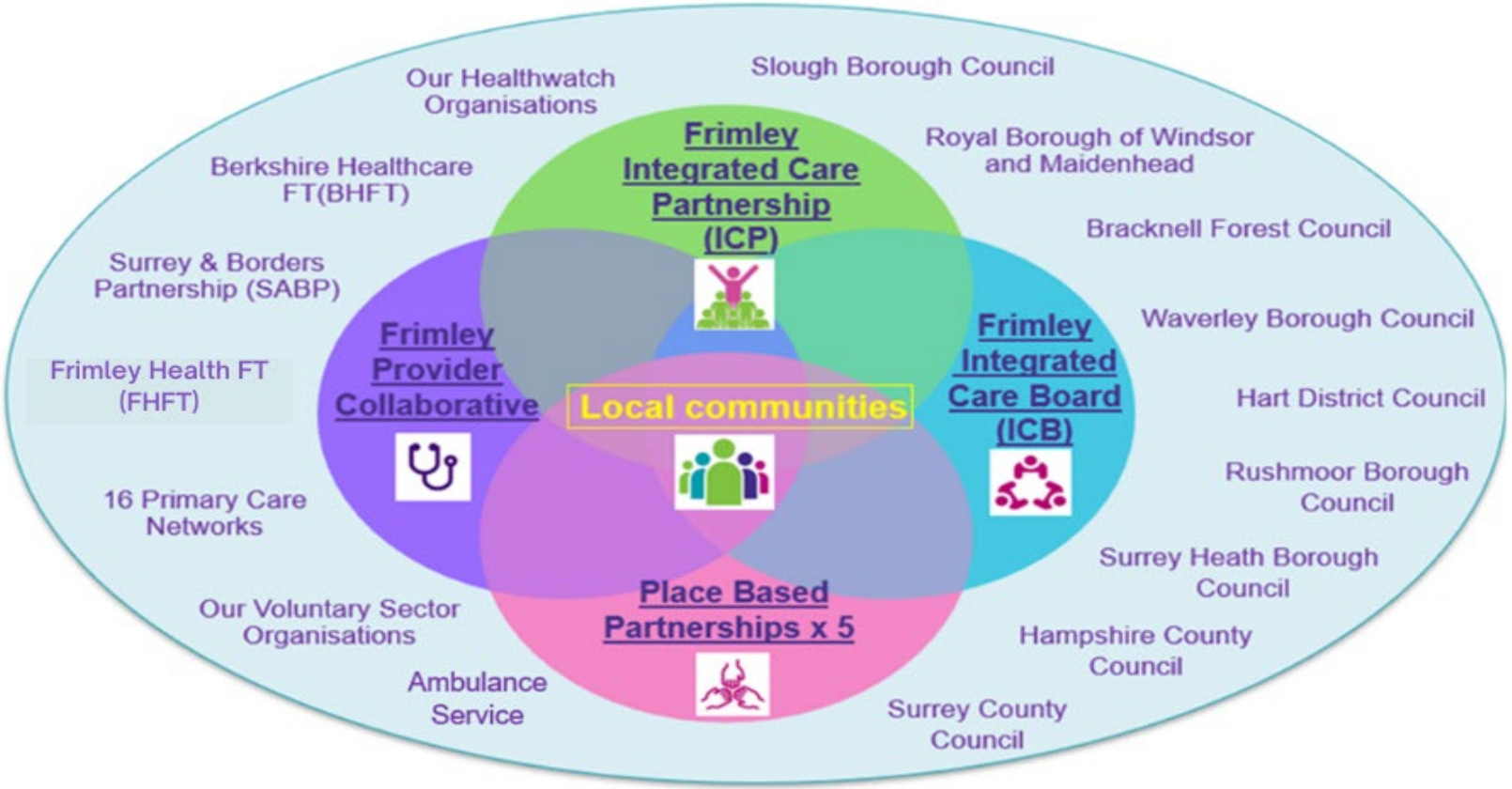
Frimley Health and Care Integrated Care System

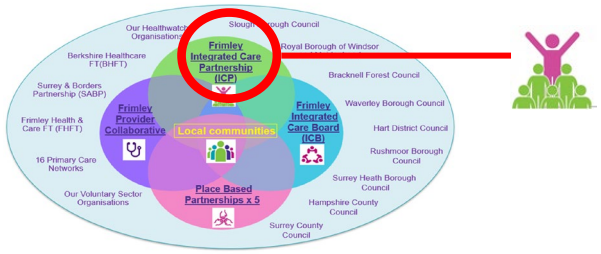
Integrated Care Partnership Update

October 2022

Frimley Health and Care

Our Emerging System Architecture & Ways of Working





Frimley Public Services Partnership
aka 'The Integrated Care Partnership' (ICP)

The ICP is a statutory joint committee between the Local Authorities and the Frimley Integrated Care Board (ICB).

It has a critical role to play in the ICS, facilitating joint action to improve health and care outcomes and experiences across the population, and influencing the wider determinants of health, including creating healthier environments and inclusive and sustainable economies.

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RUSHMOOR BOROUGH COUNCIL

NHS Frimley Integrated Care Board

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Progress Update on ICP Establishment

- Since moving to our new statutory configuration in July 2022, we have been working to establish and develop the four component parts of our new System Architecture – The ICB, ICP, Provider Collaborative and Place.

- System partners have been working together since September 2021 to design the Frimley Integrated Care Partnership (ICP) through a series of “Design Group” sessions between representatives from our partnership

- During the Summer of 2022, the ICB Chair met with local leaders, including elected members, to prepare for the first meeting of the ICP in September.

- The inaugural meeting of the ICP took place on 29th September 2022 and was held as a Development Session for ICP members to consider the strategic remit of the group and how it can work most effectively together.

- The ICP considered the three core components of its remit and examined the ways in which these can be discharged within the national framework requirements (including the production of a refreshed ICS Strategy by December 2022)

- The ICP will meet again in November to continue its work together – a plan for this session is set out as a part of this update to the ICB Board.

Frimley Health and Care

The ICP Remit: 3 core components

Consider and set the strategic intent of the partnership; act as final approver of the ICS Strategy, including the proposed programmes of work, outcomes and intended benefits;

Act as an objective “guardian” of the ICS vision and values, putting the population’s needs and the successful operation of the ICS ahead of any sector or organisation specific areas of focus;

Provide a forum for the consideration of Wider Determinants of Health and Health Inequalities, taking fullest advantage of the opportunities arising to hear the views and perspectives of the broadest range of local stakeholders and democratic representatives.

Frimley ICP creates a platform for its entire membership. Local Authorities, NHS, Healthwatch, Voluntary, Charity and Social Enterprise (VCSE) organisations come together to form an ‘assembly’. The assembly ensures a voice for those who can speak on behalf of their communities and bring a very new approach to the design of our strategic ambitions.

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Indicative Roadmap Timeline / Sequence

Current State

ICP Establishment preparation, including briefings between ICB Chair, elected representatives and Local Authority Officers.

By 30th September 2022

ICP Assembly meets for the first time to formally establish and commence work together

October 2022

ICP Support Group is established and meets to progress Strategy Refresh and preparation for November Assembly

November 2022

ICP Assembly meets again to endorse refreshed ICS Strategy and request final changes to be made prior to December submission

December 2022

Refreshed ICS Strategy submitted to statutory partners, NHS England and Department of Health and Social Care

2023 Onwards

ICP commences “BAU” operation meeting 3-4 times per year to fulfil core remit and function beyond ICS Strategy requirements

Frimley Health and Care

Current ICS Strategy and Development History – journey so far

3. Community Deals
We will agree with our residents, families and carers how we work together to create healthier communities

4. Our People
We want to be known as a great place to work, live, make a positive difference.

2. Living Well
We want all people to have the opportunity to live healthier lives, no matter where in our system they live

5. Leadership and Cultures
We will work together to encourage co-design, collaboration, inspiration and a chance to contribute.

1. Starting Well
We want all children to get the best possible start in life

6. Outstanding use of Resources
We will offer the best possible care and support where it is most needed in the most affordable ways

"*Creating Healthier Communities*" was published in 2019 as the first Frimley ICS Strategy. The strategy was designed following significant co-production between partner organisations, the third sector, our workforce, patients and the public.

The strategy was heavily informed by the data and insight available from the Connected Care platform and led to the formation of six Strategic Ambitions (left) which have comprised the programme architecture for strategy delivery between 2020 and 2022.

The two Objectives of the Strategy are:

- Improving Healthy Life Expectancy
- Reducing Health Inequalities

All of our strategic intent should be aligned to these outcomes.

Frimley Health and Care

Draft Proposal on Future Strategy Shape

We will want to test with partner organisations through the ICP:

- Whether our two overarching objectives still reflect the strategic direction of our partnership
- How the six strategic ambitions can be further strengthened to enable us to deliver improvement
- Do we wish to retain the Sponsor / Convenor model? If so – identifying new individuals for the ambitions will be essential

Starting focus questions on the existing ambitions:

1. Starting Well
How does this align to the recent CYP review? Should Starting Well be broadened to encompass all of the opportunity?

2. Living Well
Still have significant opportunities with three Public Health functions to drive greater alignment and benefit realisation

3. Community Deals
Does this work accurately reflect our focus on personalisation, the VCSE sector and Place development?

4. Our People
How do we address the Workforce questions set out by the Integration White Paper?

5. Leadership and Cultures
What is the learning from our development programmes and support which have been offered for a number of years? What does the next stage look like?

6. Outstanding use of Resources
The financial framework, use of estates and other shared resourcing opportunities need a post-pandemic refresh with greater specificity of opportunity.

Frimley Health and Care

Emerging Plan for November 2022 ICP Meeting:

Establish small co-design group to lead on design of November ICP - in progress

Early emerging priorities

- Review the revised interim strategy for the ICP ahead of December submission
- Agree areas for improvement ahead of submission
- Discuss a schedule of work for the ICP and agree focus areas for 2023 and beyond

Evidenced based, drawing on actionable insight from our Connected Care platform and Public Health JSNAs

- We have all of the underlying digital and data architecture required to generate actionable insight for driving improvement
- Five Joint Strategic Needs Assessments are available to our partnership and if used appropriately can be core and complementary to improvement identification
- Benchmarking from Regional and National ALBs (CQC, NHS England, Govt. Departments) can play an important role in triangulating our identified strategic priorities

Our communities and third sector partners have demonstrated a strong desire to be involved in this work

- Building on the work of the Community Deal ambition and the strong history of the three CCGs in this space we should be seeking to create a maximal voice for residents and communities in this refresh
- We must ensure that the approach is inclusive and effective in hearing from all parts of our population, recognising that this may require specialist expertise in achieving successfully
- Building on the work with NHS Charities since 2020 provides an additional new foundation for introducing the third sector to strategic development part of our work together

Making best use of strategies and approaches which are already deployed in the ICS

- The 2019 strategy is still recent and relevant with many of the opportunities identified not yet realised due to the disruption of the last two years. It is essential that this work is not discarded and that retention is prioritised.
- We have been working on other complementary strategies since 2019 which will need to be reflected in this work – new strategies should not be creating or reinforcing silos
- Health and Wellbeing Board strategies have an important role to play in the informing of this refresh, recognising that the ICS strategy should show a scaleable element of value addition which goes beyond individual Health and Wellbeing Board geographies

Item 7 - Updated EPRR Documentation for Approval

Executive Lead:	Stephen Dunn	**Committee/Group submitted to:**	NHS Frimley Integrated Care Board
Author:	Gail King	**Date of meeting:**	18/10/2022

Link to strategic priority (tick) :	Priority 1- Meet the population and patient needs	Priority 2 – Address new priorities	Priority 3 – Reset to a better model of care	Priority 4 – Create a new Health and Care Landscape

Governance and Reporting- which other meeting (s) have discussed this paper ?		
Committee name	**Date discussed**	**Outcome**

Equality and Diversity issues: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report)	**Tick relevant box**
An Equality Impact Analysis/Assessment is not required for this report.	**X**
An Equality Impact Analysis/Assessment has been completed and approved by the lead Executive Director . As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in paragraph xx below .	

1. Purpose of paper

1.1. Why is this paper being submitted and what input is required?

This paper is being submitted to this meeting so that the NHS Frimley Integrated Care Board can approve the NHS Frimley Emergency Preparedness, Resilience and Response (EPRR) Policy. This Policy is supported by a detailed Incident Response Plan (IRP).

2. Executive Summary

2.1 Context

Following the launch of the Health and Care Act 2022 and the CCGs transformation to Integrated Care Boards, this resulted in a changes to the legal status of the organisation under the Civil Contingencies Act 2004. These changes moved the organisation to a "Category 1 Responder" status and with that, a set of specified statutory and mandatory responsibilities.

This necessitated changes to the NHS Frimley EPRR Policy to reflect the new duties and responsibilities of the organisation.

2.3 Conclusion and Recommendation

We recommend that the NHS Frimley Integrated Care Board note the changes within the EPRR Policy and approve it to be the current documentation used by NHS Frimley and the EPRR/Systems Resilience Team.
This document will also support the annual National EPRR process as it is part of the required national core standards for an ICB.

3. The Main Report

Reason for changes

The creation of Integrated Care Boards, through the Health and Care Act 2022, moved the new organisation from a Category 2 Responder under the Civil Contingencies Act to a Category 1 Responder. This change added additional legal responsibilities on the organisation related to Emergency Preparedness, Resilience and Response (EPRR). In addition, the delegation of responsibilities from NHS England to the new ICBs included significant EPRR responsibilities, including being the lead coordinating body for Health for incidents within the ICB and ICS footprint. This has led to a need for the current EPRR Policy to be reviewed and updated.

Main changes within the documentation

The main changes include:

- Terminology review throughout
- Updated Governance arrangements
- Reference made to the System Operations Centre (SOC)

3.2 Conclusion and Recommendation

We recommend that the NHS Frimley Integrated Care Board note the changes within the EPRR Policy and approve it to be the current documentation used by NHS Frimley and the EPRR/Systems Resilience Team.
This has been ratified and signed off by the Audit Committee on September 22nd 2022

Appendices

NHS Frimley EPRR Policy

OFFICIAL

NHS Frimley

Emergency Preparedness, Resilience and Response Policy

Document Control	
Version:	6.0
Ratified by:	TBC
Date Originally Ratified:	August 2017
Name of Originator/Author:	Director of EPRR & System Resilience
Name of Responsible Individual:	Accountable Emergency Officer
Date Updated	August 2022
Review Date:	August 2023
Target Audience	All NHS Frimley staff

Amendments	Date	Author
Updates in terminology for the Frimley CCG (throughout the document)	March 2021	Gail King
1.1 Addition of Coordination in conjunction with Command and Control	December 2020	
Change of terminology to the EPRR Director role (throughout the document)		
1.2 Update of key dates for National guidance documents		
2.1 Role of collaborated CCGs as Category Two Responders		
3.1 No includes Major/Critical Incidents		
4.3 Primary Care Networks added		
6.0 Aim and Objectives updated		
7.0 Link to the HIOW & TV LRF Information Sharing Protocol added		
7.1 New paragraph on Resilience Direct added		
8.0 All updated		
8.5 Links to the new National Security Risk Assessment added		
8.14 Links made the to the changes in the National Threat Level		
9.2, 9.3 and 9.4 text updated		
10.1-10.5 definition of roles updated		
10.7 link made to the SE Regional Communications Team		
11.1 Updated to include Microsoft Teams and Resilience Direct		

12.0 Addition of the Joint Decision-Making Model		
14.10 & 14.11 Definitions updated		
Minor amendments to document	January 2022	Nathan Hazlehurst
Terminology review throughout 8.0 & 13.5 Updated Governance arrangements 9.2 Reference made to the System Operations Centre (SOC)	July & August 2022	Gail King

Next Review Date

01/08/2023

Statement of protective markings

This document has been given a protective marking of **OFFICIAL** and can be stored on the public domain.

➢ National Core Standard relevant to the EPRR policy

Domain 2 **Governance**	The organisation has an overarching EPRR policy or statement of intent. This should take into account the organisation's: • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) • Functions and / or organisation, structural and staff changes.

Contents

1.0 INTRODUCTION

1.1 The Frimley Integrated Care Board (ICB) now known as NHS Frimley, is classified as a Category One Responder by the Civil Contingencies Act 2004 and the Health and Care Act 2022. As a consequence, the ICB is required to put in place Emergency Plans which enable an effective response to a Major Incident or Emergency, mitigating their effects and ensuring that critical services are maintained. The ICB's response, irrespective of the nature of Incident, should be one that is proportionate, coordinated with partner agencies and which is managed through an effective Command, Control, Coordination and Communications structure.

1.2 The requirement to undertake Emergency Preparedness, Resilience and Response (EPRR) activity is mandated for NHS Service Providers by:

- The Civil Contingencies Act 2004
- Health & Care Act 2022
- NHS Act 2006
- NHS England EPRR Framework (2022)
- The Annual NHS England Core Standards 2022-23
- NHS Standard Contract

1.3 Failure to comply with the requirements set out within the Legislation, Guidance and the NHS contract may expose the ICB's to reputational and financial risk. Ultimately a failure to comply with the provisions set out within the Civil Contingencies Act, may lead to legal action being taken against NHS Frimley.

1.4 EPRR activity within NHS Frimley is the responsibility of the Accountable Emergency Officer (AEO) with the development of plans and processes being undertaken by the EPRR/Systems Resilience Director. Governance and oversight of arrangements are to be provided through the Frimley Executives, Audit Committee and the ICB Board.

1.5 NHS Frimley is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

2.0 WHAT IS EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE?

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident.

Category One Responders, such as ICB's, must show they can deal with such incidents, this programme of work is referred to in the health community as **Emergency, Preparedness, Resilience and Response** (EPRR).

NHS funded organisations must also be able to maintain continuous levels in key services to patients when faced with unplanned disruption from identified local risks such as severe weather, fuel shortages, IT failure, supply shortages or industrial action. This is known as **Business Continuity Management** (BCM).

2.1 Legislative Framework

The key current Legislation and Guidance that applies to Emergency Planning, Response and Resilience (EPRR) includes:

- The Civil Contingencies Act (2004) and related guidance:
    a) Emergency Preparedness – Statutory Guidance to the CCA 2004
    b) Emergency Response and Recovery – Non statutory guidance accompanying the CCA 2004

The Health and Care Act 2022 now includes changes to the Civil Contingencies Act 2004.

This change moves the Integrated Care Boards (ICB) to the list of Category One Responders. CCGs were Category Two responders

The duties under the Civil Contingencies Act for a Category One Responder are:

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans.
- Put in place business continuity management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Share information with other local responders to enhance co-ordination.
- Co-operate with other local responders to enhance co-ordination and efficiency.

NHS England Regional Team will maintain the responsibility for:

- The delivery of national and regional preparedness priorities;
- Leadership and coordination of EPRR activities across the South East;
- Regional Director on Call, Manager, EPRR and Communications functions;
- The ability to provide regional leadership for the management of NHS incidents levels 3 and 4;
- Regional Incident Coordination Centre functions;
- Regional recovery leadership for incidents at levels 3 and 4;
- The collation, sharing and implementation of lessons identified;
- The assurance of NHS preparedness across the South East;
- The assurance of delegated EPRR activities.
- The coordination at a system level, and the coordination and management of incidents at NHS Level 2/3, will be delegated to the ICBs through its EPRR Team.

3.0 POLICY STATEMENT

3.1 NHS Frimley will comply with its current legal and contractual responsibilities) as a Category One Responder in respect of Emergency Preparedness Resilience and Response in conjunction with the CCA and the Health & Care Act 2022.

It will also do this by :

- Our active membership and engagement with the 3 Local Health Resilience Partnerships that NHS Frimley link in with;
- Our active membership and engagement with the 3 Local Resilience Forums that NHS Frimley link in with;
- Supporting the response and recovery phases of any Major/Critical or Business Continuity Incidents;
- Supporting and taking part in appropriate EPRR training and exercising organised at national, regional, and local level;
- Undertaking our duty to support NHS England in any response to a Major/Critical/Business Continuity Incident;
- Internal oversight by the NHS Frimley ICB Board.

4.0 SCOPE OF THE POLICY

- This EPRR Policy applies to NHS Frimley and is applicable to all staff. It provides the underpinning rationale for the development of all the NHS Frimley plans/procedures supporting EPRR.
- All staff have a duty to be fully aware of the nature and scope of their role and responsibilities with regards to this document and any associated plans, frameworks, procedures, action cards and checklists;
- The Primary Care Networks are required to maintain their own EPRR and Business Continuity Plans and processes under their contractual arrangements.

5.0 PURPOSE OF THE EPRR POLICY

The purpose of this EPRR policy is to:

- Set out the requirement for NHS Frimley to develop plans and procedures in relation to EPRR;
- Mandate that NHS Frimley will comply with governing legislation, guidance and identified best practice;
- Ensure plans will be developed on a risk-based approach in consultation with key stakeholders and all relevant risk registers;
- Ensure EPRR arrangements will be supported by a training and exercise programme to embed the process and the overall EPRR functions;
- Ensure oversight of EPRR will be undertaken by the Accountable Emergency Officer, EPRR /Systems Resilience Director and the NHS Frimley ICB Board.

6.0 AIM AND OBJECTIVES OF THE POLICY

Aim:

To direct EPRR activity within NHS Frimley ensuring effective arrangements are in place to deliver appropriate and safe care to patients during an emergency or incident (as defined by CCA 2004). Also, to ensure plans are in place for the Business Continuity Management of services provided by NHS Frimley and its key suppliers and contractors.

Objectives:

- Undertake EPRR activity in compliance with statutory requirements;
- To develop flexible arrangements for responding to emergencies and incidents, which are scalable and adaptable to suit a wide range of generic and specific scenarios;
- Ensure training and exercising of plans and procedures takes place to promote and embed EPRR arrangements within NHS Frimley;
- To ensure that the NHS Frimley has adequate plans to prepare for, respond to and recover from Major, Critical and Business Continuity Incidents;
- To ensure that NHS Frimley has assurance that local NHS funded Health Services and the Local Health System has adequate plans to prepare for, respond to and recover from Major, Critical and Business Continuity Incidents.

7.0 INFORMATION SHARING

Under the CCA 2004, responders have a duty to share information with partner organisations. This is seen as a crucial element of civil protection work, underpinning all forms of cooperation.

Relevant information must also be shared with partner organisations. Working collaboratively will improve organisational cohesion and ensure patients and the public are safeguarded during an incident.

NHS Frimley will work within the LRF Information Sharing Protocols 2020, the General Data Protection Regulations (GDPR) and Date Protection Acts 2018.

7.1 Resilience Direct (RD) has been running since its inception in 2014, it is hosted and maintained by the Cabinet Office.

RD is the method of storing and sharing information across multi-agencies – both Category 1 and Category 2, along with other organisations, whether private or voluntary. It is security cleared to ‘Official – Sensitive and therefore the security of the site is constantly monitored by the security services. All key documents from NHS

Frimley will be stored here including this EPRR Policy.

8.0 SUPPORTING FRAMEWORK

8.1 The EPRR Policy and supporting framework set out the basis upon which NHS Frimley EPRR work streams will be undertaken. NHS Frimley plans/procedures will be developed in accordance with legislation, guidance, identified good practice and lessons identified.

8.2 NHS Frimley will appoint an Accountable Emergency Officer in accordance with the requirements of the Health and Social Care Act 2012.

8.3 NHS Frimley will appoint a designated post holder(s) to undertake EPRR and Business Continuity Management (BCM) activity with an appropriate level of budget and resource.

8.4 NHS Frimley Executives will provide the Audit Committee and where appropriate the Frimley ICB Board with additional assurance of the arrangements for EPRR; incorporating the remit of Business Continuity Management.

8.5 A risk assessment process will be undertaken in relation to perceived hazards and risks. This will take account of incidents which may potentially impact upon NHS Frimley's ability to deliver its core functions and its ability to maintain patient care. The risk assessment process will take account of those risks identified within the National Security Risk Assessment (NSRA), the LRFs' Community Risk Registers and the LHRPs' Risk Registers

Our EPRR Risk Framework will be recorded within the 4Risk System for NHS Frimley.

8.6 Plans both generic and specific will be developed in consultation with key stakeholders and both internal and external partners (where appropriate). Engagement with stakeholders forms part NHS Frimley mitigation of risk, ensuring clarity of roles and responsibilities and identifying key actions that need to be considered.

The Annual EPRR Work Plan is informed by lessons identified from:

- Incidents and Events;
- Training and Exercising;
- Identified Risks;
- Outcomes from the annual EPRR Assurance Process;
- Business Continuity Management;
- Working with our LRFs and LHRPs;
- On Call Arrangements.

8.7 Plans/Procedures will be appropriately distributed in accordance with their associated security classification. Wherever possible these will be available on Resilience Direct, Microsoft Teams folders and the intranet.

8.8 NHS Frimley will develop and maintain a robust Command, Control, Coordination and Communications structure adhering to the recognised Gold (Strategic) Silver (Tactical) and Bronze (Operational) structure providing 24/7 capability.

8.9 Plans and supporting structures will be scalable so as to provide a proportionate response to an emergency or incident responding dynamically based on available intelligence.

8.10 NHS Frimley will actively engage with multi-agency partners through the LRFs and the LHRPs to support the development of joint plans and capabilities and through the participation in exercises.

8.11 A formal log will be maintained by the EPRR Team to record the activation or exercising of plans and capabilities to demonstrate activity undertaken in support of EPRR and the associated assurance process.

8.12 The delivery of EPRR training and exercising either generic or plan specific, will similarly be recorded on a training tracker to support the assurance process.

8.13 Following an incident activation or exercise, a debrief will be conducted by the Director of EPRR /Systems Resilience to identify any areas for improvement or areas of good practice. The learning identified will inform the development of other plans and where appropriate will be shared with health and multi-agency partners.

8.14 All Plans/Procedures will be the subject of regular review. This process will be triggered by:

- The individual plan review dates. A log of all planned reviews will be maintained by the EPRR/Systems Resilience Director and overseen by AEO;
- Any identified changes to National Threat Level, identified risk or any other significant change which affects how a plan will operate;
- Following activation of an incident or an exercise, to incorporate identified learning and good practice.

8.15 Plans/Procedures will have a version control and amendment process. All changes to EPRR plans and procedures will be subject of scrutiny and approval by the appropriate forums.

8.16 Plans/Procedures including Business Continuity Plans will take into account of any changes in the organisations functions and organisational, structural and staff changes.

8.17 Plans/Procedures will take into account any updates to internal risk assessments, external community risks and any changes in the NSRA.

8.18 An expectation that a Lessons Identified Tracker is produced and added to, following exercises, any incident and have a corrective plan put into place where necessary.

8.19 NHS Frimley will work with all health partners, multi-agency partners and the NHS England South East EPRR Team as part of the planning, response, and the wider assurance processes.

9.0 COMMAND, CONTROL, COORDINATION and COMMUNICATIONS

9.1 NHS Frimley single point of contact for receiving notification of a Major/Critical Incident or Business Continuity Incident out of hours is designated as the Manager on Call who will then inform the Director on Call. In hours this will be to the EPRR/Systems Resilience Team and then to the Accountable Emergency Officer (AEO) or designated deputy.

9.2 Where an incident requires a defined management response, NHS Frimley will activate the Incident Coordination Centre (ICC). Currently, during business as usual this is the System Operations Centre (SOC).The ICC will operate for as long as required to deal with the incident including management of the recovery process.

9.3 The Manual of Operations Plan details clearly the process for opening the ICC including the specific associated plans and action cards for key roles located within the ICC which detail how to manage the incident.

9.4 The ICC will be responsible for coordinating all responses from the health providers in relation to situational reports (SITREPS) as well as approving decisions and assisting with mutual aid requests.

9.5 There are dedicated rooms and telephone lines for the ICC and a single point of contact email account frimleyicb.frimley-soc@nhs.net for the exclusive use of the ICC.

9.6 Reporting will follow the normal chain of command. Upwards to NHS England and downwards to the provider organisations. Reporting to the LRFs will also be done within normal reporting arrangements.

10.0 DUTIES / ORGANISATIONAL STRUCTURE

10.1 **Accountable Officer:** Has ultimate accountability for activities of the Frimley ICB and is the overall lead for Emergency Preparedness. Chief Executives of organisations commissioning or providing care on behalf of the NHS will designate the responsibility for EPRR as a core part of the organisations governance and its operational delivery programmes. Chief Executives will be able to delegate this responsibility to a named director, the AEO.

10.2 **Accountable Emergency Officer**: Chief Executives of organisations commissioning, or providing care, on behalf of the NHS are responsible for the

identification of an Accountable Emergency Officer who is the board-level director responsible for EPRR and who will have executive authority and responsibility for ensuring the organisation complies with legal and policy requirements. They should be a highly visible, senior and authoritative individual who provides assurance to the board that strategies, systems, training, policies and procedures are in place to ensure an appropriate response from the Providers in the event of a major incident or civil contingency event.

10.3 **Non-Executive Director (NED) Support for EPRR:**

The NHSE Emergency Preparedness, Resilience and Response (EPRR) Framework sets out the responsibilities of the Accountable Emergency Officer (AEO), who is expected to be a board level director with executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements. The framework suggests that a NED or other appropriate board member should support the AEO and endorse assurance to the board that the organisation is complying with legal and policy requirements. This will include assurance that the organisation has allocated sufficient experienced and qualified resource to EPRR. The independence that NEDs bring is essential to being able to hold the AEO to account, but responsibility for EPRR sits with the whole board and all NEDs should assure themselves that requirements are being met. EPRR should be included on appropriate committee forward plans and EPRR board reports, including EPRR annual assurance, should be taken to the board at least annually. Given the synergies between the agenda for EPRR and other important issues such as security management and health and safety, triangulation between these areas through the Board and committees will be essential.

NHS Frimley ICB Board: Has a responsibility for signing off the ICB EPRR Annual EPRR Assurance Return and for holding the AEO to account for compliance to ensure NHS Frimley is meeting its statutory duties in respect of EPRR.

10.4 **Managing Director/s:** Have responsibility for contributing to the development of NHS Frimley EPRR plans and procedures and for ensuring the implementation of those plans and any associated/linked plans, to ensure the safety and wellbeing of patients and staff.

10.5 **On Call Directors/Managers:** Are responsible for the management of any incident at Gold, Strategic level as the Incident Director and Silver, Tactical level as the Incident Manager out of hours.

10.6 **Place Leads:** Have a day-to-day responsibility for managing incidents and Business Continuity issues within NHS Frimley. In the event of plans being activated, they will act as Interim Tactical Commanders (Silver Command) until the Incident Director has formally taken command of the incident. All requirements for departmental escalation and requests for plan activation must be routed through the chain of command.

10.7 **Communications Team:** The Communications Team is responsible for cascading key information to the public, internal staff, LRFs and LHRP partners in a

variety of forms and for being present at key meetings. The Communications Team is the single point of contact between NHS Frimley and the press/media and as such has a key role as members of the Gold/Silver/Bronze Teams.

They must liaise at all time with the South East NHS England Communications Team.

10.8 All Staff: Have a duty to be familiar with this EPRR Policy and its associated documents.

11.0 RAISING AWARENESS / IMPLEMENTATION / TRAINING

11.1 Copies of this Policy will be held electronically on the shared drive, on NHS Frimley Resilience Direct pages and within the Microsoft Teams generic folders. It will be available for staff to access.

11.2 This Policy underpins EPRR within NHS Frimley and will be used by the EPRR Team to develop generic and specific associated plans.

11.3 External trainers / EPRR Team will deliver generic and specific training in relation to EPRR. Where necessary this will be based upon Training Needs Analysis and NHS England Minimum Occupational Standards and will support individuals' Continuing Professional Development. Other training will be accessed for any On Call participant as required.

11.4 All plans developed as a result of this EPRR Policy will detail any specific Training and Exercising requirements associated with their implementation.

11.5 The ICB's response to Major/Critical/Business Continuity Incidents will be exercised according to the requirements of current Government legislation and Government approved guidance. In addition, the EPRR Work Plan will include the planned exercise programme for the coming year. Exercises that are mandated for inclusion on the plan include the following:

- Communication Exercise, every 6 months (minimum)
- Tabletop Exercise, every 12 months (minimum)
- A "Live" Exercise every 3 years (minimum)

The attendees / participants will share information on lessons identified from the training, exercising, emergencies or Incidents with the Director of EPRR/Systems Resilience and the Accountable Emergency officer if appropriate in order to share with the wider NHS and multi-agency partners through the LHRPs and LRFs.

12.0 THE JOINT DECISION-MAKING MODEL

To support the response processes, NHS Frimley will use the Joint Emergency Services Interoperability Principles (JESIP) Decision Making Model: **The Joint Decision Model (JDM)**

The model would be applied when agreeing a strategy to ensure an effective, coordinated response.

As the JDM is a continuous cycle, it is essential that the results of those actions are fed back into the first box – gather and share information and intelligence

13.0 MONITORING AND COMPLIANCE OF THE POLICY

13.1 The AEO will monitor compliance with this Policy to oversee development and implementation of EPRR on behalf of NHS Frimley.

13.2 Compliance will be assessed against NHS England EPRR Core Standards and the associated assurance process along with the EPRR Work Plan.

13.3 The Accountable Emergency Officer will provide assurance to the Frimley ICB Board via the EPRR annual assurance return. This return will be signed off by the ICB Board.

13.4 External monitoring of compliance will be undertaken by NHS England through the EPRR annual assurance process and assessment grading (Non-Compliant to Fully Compliant) and in respect of other specific areas on an as required basis.

13.5 Overall Monitoring

Area for Monitoring	How	Who by	Reported to	Frequency
Adherence of compliance to the EPRR Core Standards Guidance issued by NHSE annually	Review and monitor EPRR Guidance	EPRR/Systems Resilience Director	Frimley Executives	As required
Compliance of the Frimley ICB with Core Standards for EPRR	Written report Reported in Annual Report	Accountable Emergency Officer	ICB Board	Annually
Production and revision of EPRR Plans and Procedures as required by EPRR Core Standards	Plans and procedures to be sent to appropriate staff and presented to relevant committees for approval	EPRR/Systems Resilience Director	Frimley Executives Audit Committee ICB Board	As required
Ensure Organisational Risk Assessments and Risk Registers are informed by the NSRA and the LRF Community Risk Registers	Monthly review done on the 4Risk System	EPRR/Systems Resilience Director	ICB Board Audit Committee	Every 6 months Quarterly

14.0 DEFINITIONS

14.1 **Emergency Preparedness:** The extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of and response to emergencies.

14.2 **Resilience:** Ability of the community, services, area or infrastructure to detect, prevent and if necessary, to withstand, handle and recover from disruptive challenges.

14.3 **Response:** Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by Emergency Responders.

14.4 **Emergency:** Defined under Section 1 of the Civil Contingencies Act 2004 as:

(a) An event or situation which threatens serious damage to human welfare in a place in the United Kingdom.

(b) An event or situation which threatens serious damage to the environment of a place in the United Kingdom.

(c) War, or Terrorism, which threatens serious damage to the security of the United Kingdom.

14.5 **Incident:** For the NHS, incidents are classes as either a:

- Major Incident
- Business Continuity Incident
- Critical Incident

Each type of Incident will impact upon service delivery, requires the implementation of contingency plans and has the potential to undermine public confidence.

14.5.1 **Major Incident:** An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agency.

14.5.2 **Business Continuity Incident:** An event or occurrence which disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. This could include a surge in demand that requires the temporary re-deployment of resources.

14.5.3 **Critical Incident:** Any localised Incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe – requiring special measures and support from other agencies, to restore normal operating functions.

14.6 **Command:** This is the exercise of vested authority that is associated with a role or rank within an organisation, to give direction in order to achieve defined objectives. It is also the authority and capability of an organisation to direct the actions of its own personnel and the use of its equipment.

14.7 **Control and Coordination**: This is the application of authority, combined with the capability to manage resources, in order to achieve defined objectives.

14.8 **Communications:** This is the management of communications pathways and media messaging during an incident

14.9 **Multi-agency:** involving cooperation between several organisations. In Emergency Preparedness, Resilience and Response, the main agencies are Police, Fire, Ambulance and Local Authorities.

14.10 **EPRR:** Collective name given to Emergency Preparedness Resilience and Response, which is the NHS England method of undertaking Emergency Preparedness and Response in the UK.

14.11 **Local Resilience Forum (LRF):** A multi-agency forum formed in a Police geographical area of the United Kingdom made up of emergency responders from all health and multi-agency partners and other specific supporting agencies. They are a requirement laid down in the Civil Contingencies Act 2004.

14.12 **Local Health Resilience Partnership (LHRP):** Local Health Resilience Partnerships (LHRP) provide a strategic forum for local organisations within health and social care to facilitate health sector Emergency Preparedness, Resilience and Response (EPRR) activities at Local Resilience Forum (LRF) level. Health and Social Care being comprised of commissioners, providers and Social Care services.