

Agenda – Meeting in Public

Tuesday 18 April 2023 – between 15.30 and 16.30

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  |
|--------|-----|---|---------|--------------|---|
| 15.30  | 1   | Welcome, apologies for absence and Chair's introduction   | -       | Verbal       | Chair   |
|        | 2   | Conflicts of Interest Register and declarations of any interests relating to this agenda  | Note    | Paper        | Chair   |
|        | 3   | Minutes of the last meeting in Public held on 21 February and matters arising   | Approve | Paper        | Chair   |
| 15.35  | 4   | ICB Chief Executive's Update  | Note    | Verbal       | Fiona Edwards                                       |
|        | 5   | Strategic Updates   |         |              |   |
| 15.40  | 5.1 | Urgent and Emergency Care Update  | Note    | Paper        | Sam Burrows   |
| 15.50  | 5.2 | EDI Annual Report   | Note    | Paper        | Safina Nadeem                                       |
| 16.05  | 5.3 | ICS People Programme Update   | Note    | Presentation | Caroline Corrigan                                   |
|        | 6   | Business as Usual   |         |              |   |
| 16.20  | 6.1 | Frimley ICB Performance Oversight Report <ul style="list-style-type: none"> <li>• Finance</li> <li>• Performance</li> <li>• Quality</li> <li>• Workforce</li> </ul> | Note    | Paper        | Richard Chapman / Sarah Bellars / Caroline Corrigan |
|        | 7   | Close of business   |         |              |   |

| <b>Timing</b>  | <b>No.</b> | <b>Item</b>   | <b>Action</b> | <b>Delivery</b> | <b>Lead</b>  |
|--|------------|---|---------------|-----------------|--------------|
| <b>16.25</b>   | <b>7.1</b> | <b>Questions received in advance from members of the Public</b> | <b>Note</b>   | <b>Verbal</b>   | <b>Chair</b> |
| <b>16.30</b>   | <b>7.2</b> | <b>Any Other Business and Close</b>                             | <b>-</b>      | <b>Verbal</b>   | <b>Chair</b> |
| <b>Date of next meeting in public: June 20<sup>th</sup> 2023</b> |            |   |               |                 |              |

| 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                  | Direct   | I do not anticipate any conflicts of interest. NB Solutions' clients could sell into the NHS but my husband would not be directly involved in such commercial arrangements and I do not expect the ICB to be directly engaged with third party suppliers to provider organisations in the patch. My lack of direct involvement in any such commercial arrangements mitigates the risk of conflict. |
| 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 Frimley CCG Chief Clinical Office | Director for Partnerships and Engagement                     | Emma       | Boswell   | Registered with a GP practice within the Frimley CCG boundary  | Registered with a GP practice within the Frimley CCG boundary   | Declarations of Interest – Other | Indirect                   | Indirect | Declared as potential conflict and will note in relevant conversations   |
| 495 Executive Board                   | Chief Transformation & Digital Officer                       | Samuel     | Burrows   |  |   | Nil Declaration                  |                            |          |  |
| 495 Executive Board                   | Chief Finance Officer  | Richard    | Chapman   |  |   | Nil Declaration                  |                            |          |  |
| 495 Executive Board                   | 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   |
| 495 Executive Board Directorate (ICB) | Chief Executive  | Fiona      | Edwards   | Care Quality Commission  | Executive Reviewer  | Declarations of Interest – Other | Non-Financial Professional | Indirect | Only review services in distant geographical areas   |
| 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.  |
| NEHF Place Committee                  | Local Authority Partner Member from Rushmoor Borough Council | Karen      | Edwards   | Land and property from which Rushmoor Borough Council as my employer would receive an income or profit may be under discussion | As an Executive Director of Rushmoor Borough Council with the responsibility for land and property there will be occasions when land and property from which the Council would receive an income or profit may be under discussion. | Declarations of Interest – Other | Non-Financial Professional | Direct   | In the event that a land or property transaction comes forward to the benefit of the Council and it is a decision of the Board then I would ensure that proposals were submitted by another officer of the Council and I would not take part in any decision making unless clarifications were helpful and requested.  |
| 495 Executive Board Directorate (ICB) | Non-Executive Member   | Paul       | Farmer    | Frimley ICS  | My son works for the Public Affairs agency PLMR. On occasion, he works with their healthcare clients.   | Declarations of Interest – Other | Indirect                   | Indirect |  |
| 495 Executive Board Directorate (ICB) | Non-Executive Member   | Paul       | Farmer    | Frimley ICS  | I am employed by Age UK as Chief Executive. Age UK is a charity which works with older people. It is federated with independent local charities, which may work with Frimley ICS in the provision of services.                      | Declarations of Interest – Other | Financial                  | Indirect | If contracts related to Age UK are discussed, I will recuse myself from discussions.   |
| Non-Contracted Staff                  | NHS Provider Partner Member from Berkshire Healthcare FT     | Alex       | Gild      | Berkshire Healthcare NHS Foundation Trust  | I am Deputy Chief Executive and voting Board member of Berkshire Healthcare NHS Foundation Trust, and provider partner member of the Frimley ICB.   | Declarations of Interest – Other | Non-Financial Professional | Direct   | Will declare interests on specific ICB business if and when needed.  |
| 495 Executive Board Directorate (ICB) | Equality Diversity and Inclusion System Lead                 | Safina     | Nadeem    | Purple Infusion Ltd  | Director of a limited company which provides training to health and social care sectors   | Declarations of Interest – Other | Financial                  | Indirect | Do no provide any training via company to Frimley ICS  |
| 495 Executive Board                   | Primary Care Partner Member                                  | Prash      | Patel     | Magnolia House   | I am a profit sharing GP Partner  | Declarations of Interest – Other | Financial                  | Direct   |  |
| 495 Executive Board                   | Primary Care Partner Member                                  | Prash      | Patel     | Frimley Health Foundation Trust  | I am an employee of the FHFT  | Declarations of Interest – Other | Non-Financial              | Direct   |  |
| 495 Executive Board                   | Primary Care Partner Member                                  | Prash      | Patel     | Berkshire Primary Care Ltd   | I am the CEO and Medical Director   | Declarations of Interest – Other | Financial                  | Direct   |  |
| 495 Executive Board                   | Primary Care Partner Member                                  | Prash      | Patel     | Ascot Primary Care Network   | I am the Clinical Director of the Primary Care Network under the PCN  | Declarations of Interest – Other | Financial                  | Direct   |  |
| Bracknell Forest Place Committee      | Local Authority Partner Member from Bracknell Forest Council | Grainne    | Siggins   | Association of Directors of Social Services  | Member of ADASS. Joint Chair of South East ADASS Regional Branch  | Declarations of Interest – Other | Non-Financial Professional | Direct   | Declaration was needed, however, membership of ADASS does not present as a risk.   |
| 495 Executive Board                   | Frimley ICB Chair  | Priya      | Singh     | Guy's and St Thomas's NHS  | Appointed November 2015 - NED / Deputy Chair  | Outside Employment               |                            |          |  |
| 495 Executive Board                   | Frimley ICB Chair  | Priya      | Singh     | National Council for Voluntary   | Appointed November 2020 - Chair of Board of Trustees  | Outside Employment               |                            |          |  |
| 495 Executive Board                   | Frimley ICB Chair  | Priya      | Singh     | Society for Assistance of Medical  | Appointed January 2018 - Executive Director   | Outside Employment               |                            |          |  |
| 495 Executive Board Directorate (ICB) | Clinical Lead Royal Borough of Windsor & Maidenhead          | Huw        | Thomas    | Claremont and Holyport practice  | Partner in the practice   | Declarations of Interest – Other | Financial                  | Direct   | Will be managed in accordance with policy  |
| 495 Executive Board Directorate (ICB) | Clinical Lead Royal Borough of Windsor & Maidenhead          | 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 Executive Board Directorate (ICB) | Clinical Lead Royal Borough of Windsor & Maidenhead       | 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 Executive Board Directorate (ICB) | Clinical Lead Royal Borough of Windsor & Maidenhead       | 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 Executive Board Directorate (ICB) | Clinical Lead Royal Borough of Windsor & Maidenhead       | Huw     | Thomas  | Holy Trinity Primary School, Cookham                       | Governor at school   | Declarations of Interest – Other | Indirect                   | Indirect | Will be managed in accordance with policy                            |
| 495 Executive Board Directorate (ICB) | Clinical Lead Royal Borough of Windsor & Maidenhead       | Huw     | Thomas  | Royal Borough of Windsor and Maidenhead                    | Practice provide opiate 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 from Surrey County Council | Rachael | Wardell | Surrey County Council                                      | Executive Director of Children, Families and Lifelong Learning since 07-12-2020  | Declarations of Interest – Other | Non-Financial Professional | Direct   | Will be managed in accordance with the Conflicts of Interest policy. |
| Non-Contracted Staff                  | Local Authority Partner Member from Surrey County Council | Rachael | Wardell | Become - The Charity for Children in Care and Care Leavers | Trustee and Board Member since September 2019  | Declarations of Interest – Other | Non-Financial Professional | Direct   | Will be managed in accordance with the Conflicts of Interest policy. |
| Non-Contracted Staff                  | Local Authority Partner Member from Surrey County Council | Rachael | Wardell | Association of Directors of Children's Services            | Member of Professional Association since October 2009 and Chair of Workforce Development Policy Committee since April 2016 | Declarations of Interest – Other | Non-Financial Professional | Direct   | Will be managed in accordance with the Conflicts of Interest policy. |
| Non-Contracted Staff                  | NHS Provider Partner Member                               | Graham  | Wareham | Friends of Chambo Seminary                                 | Trustee  | Declarations of Interest – Other | Non-Financial              | Indirect | No conflict anticipated  |
| Non-Contracted Staff                  | NHS Provider Partner Member                               | Graham  | Wareham | Surrey and Borders Partnership                             | Employed as CEO  | Declarations of Interest – Other | Non-Financial              | Direct   | Will excuse if conflict of interest occurs                           |

**Draft Minutes of NHS Frimley Integrated Care Board  
Held in Public on Tuesday 21 February 2023 from 11.30-12.30 via Microsoft Teams**

**Chair – Priya Singh**

|                               |  |
|-------------------------------|--|
| <b>Present:</b>               |  |
| Dr Priya Singh                | Chair  |
| Fiona Edwards                 | Chief Executive  |
| Sarah Bellars                 | Chief Nursing Officer  |
| Sam Burrows                   | Chief Transformation & Digital Officer                             |
| Richard Chapman               | Chief Finance Officer  |
| Caroline Corrigan             | Chief People Officer   |
| Ilona Blue                    | Non-Executive Member   |
| Paul Farmer                   | Non-Executive Member   |
| Dr Prash Patel                | Primary Care Partner Member  |
| Dr Huw Thomas                 | Primary Care Partner Member  |
| Grainne Siggins               | Local Authority 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  |
|                               |  |
| <b>In Attendance:</b>         |  |
| Emma Boswell                  | Director for Partnerships and Engagement                           |
| 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)                             |
|                               |  |
| <b>Apologies for Absence:</b> |  |
| Dr Lalitha Iyer               | Chief Medical Officer  |
| Safina Nadeem                 | Equality, Diversity and Inclusion System Lead                      |
|                               |  |

|           |  |
|-----------|--|
| <b>1.</b> | <b>Welcome and Apologies for Absence</b>   |
|           | <p>The Chair opened the meeting and welcomed members of the NHS Frimley Integrated Care Board.</p> <p>The meeting was noted to be quorate. Apologies were received as recorded above.</p> <p>The Chair formally welcomed new Local Authority Partner Member Grainne Siggins.</p> <p>Members agreed for the meeting to be recorded. The recording would then be uploaded to the public website along with the meeting papers.</p> |

|            |  |
|------------|--|
|            | Eight members of the public had signed up to attend the meeting. No questions had been received in advance.  |
| <b>2.</b>  | <b>Declaration of Conflicts of Interest</b>  |
|            | Members noted the Conflicts of Interest register, and there were no specific declarations made for the contents of the day's agenda.   |
| <b>3.</b>  | <b>Minutes of the last meeting in Public held on 20 December, Action Tracker, and matters arising</b>  |
|            | The minutes of the last meeting in public were taken as accurate and approved without further comment.<br><br>There were no matters arising.   |
| <b>4.</b>  | <b>ICB Chief Executive's Update</b>  |
|            | Fiona Edwards gave the verbal update, reflecting on the current and longer-term context of ICB business focussed on operational pressures and management, with particular regard to the recent peak in surge in system demand and the collaborative measures taken in response.<br><br>It was noted that NHS Frimley had experienced relatively low levels of industrial action when compared with other systems, however impact on wider workforce was being considered following the announcement of the recent junior doctor ballot response.<br><br>Finally, the Chief Executive Officer finished by confirming the work ongoing in building and refreshing the wider system strategy with all service partners including those from the voluntary sector.<br><br><i>The Board noted the update.</i>   |
| <b>5.</b>  | <b>Strategic Updates</b>   |
| <b>5.1</b> | <b>Frimley Health and Care Integrated Care System (ICS) Strategy - Creating Healthier Communities</b><br>Sam Burrows presented the Frimley Health and Care ICS Strategy, reflecting on its purview beyond the ICB and its multi-partner, multi-specialist nature. The ICS Strategy was currently being taken to all system partner Boards, including the ICB.<br><br>It was confirmed that the ICS Strategy was a refresh of the first strategy published in 2019 which had undergone a process of iteration and update to reflect the new partnership architecture shaped in part by the Covid-19 pandemic.<br><br>The two headline objectives had been retained; these being 1) <b>Reducing Health Inequalities</b> ; and 2) <b>Increasing Healthy Life Expectancy</b><br><br>The following six refreshed strategy ambitions were described: <ul style="list-style-type: none"> <li>• <b>Starting Well</b> (with links to the system's refreshed Children and Young Peoples Strategy)</li> <li>• <b>Living Well</b> (focussed on primary prevention and the causes of long-term ill health)</li> <li>• <b>People, Places and Communities</b> (seeking to build stronger links and empower communities across the five places with voluntary, public, and charity sectors)</li> <li>• <b>Our People</b> (collective workforce across system)</li> <li>• <b>Leadership and Cultures</b> (focussed on organisation and development of leadership capability across partnership)</li> <li>• <b>Outstanding Use of Resources</b> (planning to achieve ambitions with current resource)</li> </ul><br>Emma Boswell confirmed that the Integrated Care Partnership (ICP) had met in September and November 2022 and were due to meet again in March. The ICP forum was comprised of over 80 |

members from across healthcare and voluntary sectors, and was exploring strategy codesign, forum operation, and forward view for 2023-24 and beyond.

Members praised the positive example of system engagement and discussed the following areas:

- Communication plan
- How the Board could assist in operationally embedding the strategy within the system and communities
- How to measure success against objectives and how to hold the Board to account – it was confirmed here that metrics would be analysed by the Digital and Analytics Team to be fed back to Board

Members further queried specific reference to ICB engagement in developing a system-wide strategy for engaging people and communities. It was confirmed that work was underway and would form part of the engagement strategy for the Board's attention in the summer.

*The Board noted the update.*

## 5.2 Urgent and Emergency Care Update

Sam Burrows presented an update on Urgent and Emergency Care (UEC) and Planned Care and the UEC Strategy for Board approval.

The **UEC and Planned Care update** was taken as read, with the following caveats:

- Paper set out risk to 78-week wait delivery. It was confirmed that, since publication, work had been done to eliminate this risk by the close of the financial year.
- Clarification that the Slough Community Diagnostic Centre had not yet been approved pending submission of a Full Business Case

*The Board noted the update.*

**The UEC Strategy** was then considered by the Board for approval. Sam Burrows outlined the Strategy which had been devised following a wider review of UEC across the system since July 2022, aiming not to be constrained or defined by UEC service organisation alone, but by recognising admission drivers as key to creating a sustainable system.

Thirty-two improvement recommendations contained within the report had been implemented, and work had been underway since autumn 2022 to align and bring clarity to winter planning schemes. The current focus was on examining the longer-term implementation and placement of the learning within the wider system architecture.

The Strategy, Report, and thirty-two improvement recommendations had been examined, scrutinised and approved by key internal system working groups, including the UEC Planned Care Board and the UEC Strategy Group. Further assurance was given that the self-identified areas for improvement within the strategy was aligned with the recently published NHSE National UEC recovery plan.

Three next steps were described:

- The establishment of a UEC programme delivery office to track and provide system assurance on the thirty-two recommendations outlined in the report
- Greater clarity and granularity sought on the forecast benefits of the strategy
- Continued engagement and support sought from key stakeholders across the voluntary, charity sectors, etc.

Members endorsed the process, thought, and engagement behind the strategic review, however there was a broad consensus that work still needed to be done within the discipline and implementation of the different strands of work outlined within the report with clarity for all system partners on how the strategy, as described, would be implemented operationally. There was also a collective understanding

|                  |   |
|------------------|---|
|                  | <p>that shared system pressures manifest in emergency departments and that greater assurance and clarity was needed on the how described programmes of work, their delivery, and their communication would be understood by all partners individually.</p> <p>It was agreed that a further iteration of the UEC Strategy would be circulated to members for review, taking on board member's comments and following further review by key internal working groups.</p> <p><i>The Board <u>did not approve</u> the UEC Strategy.</i></p>   |
| <p><b>6.</b></p> | <p><b>Frimley ICB Performance Oversight Report</b></p> <p>The Board noted the business as usual report which covered in detail performance metrics and challenges faced across the system for the following areas:</p> <p><b>Workforce:</b></p> <ul style="list-style-type: none"> <li>• Key risks included the response to industrial action across the public sector. Mitigations including planning, escalations and strengthened governance arrangements were in place and regularly monitored. The recently announced ballot of junior doctors would be brought into the refresh of system plan.</li> <li>• A system response to Q1 funding for the system staff Mental Health and Wellbeing hubs had been agreed. A longer-term funding solution would need to be developed</li> <li>• Lower agency staff spend, and usage had been observed in FHFT as a result of new supplier contracting and continued management focus.</li> </ul> <p><b>Quality and Safety:</b></p> <ul style="list-style-type: none"> <li>• Frimley Health Foundation Trust had seen an increase in Clostridium Difficile (c-diff) and E- Coli infections.</li> <li>• For the last two years, the Infection Prevention &amp; Control (IPC) focus had been on respiratory infections with increased antibiotic usage. Therefore, due to the acuity of patients and system pressures, patients were staying longer in hospital particularly the older most vulnerable group and had increased exposure to these infections. Additionally, there were reports of increased antibiotic prescribing.</li> <li>• Measures to address these issues included reinforcement of IPC precautions and the implementation of a system antimicrobial resistance group chaired by the ICB Chief Medical Officer. <i>CMO.</i></li> </ul> <p><b>Operational Performance:</b></p> <ul style="list-style-type: none"> <li>• Significant pressures seen at the very beginning of the year appeared to ease slightly through January, with Frimley Health NHS Foundation Trust reporting level 3 OPEL scores since 23rd January. However, A&amp;E waiting times remained a problem as there was a higher proportion of high acuity patients attending. Daily bed capacity remained very high, over 95%, with 29% of Open Adult General and Acute Beds being occupied by patients with a Length of Stay of 21+days, which was c.87% higher than this time last year.</li> <li>• Mental Health Urgent care (community crisis and acute inpatient) continued to feel significant pressure in January, regularly cycling in and out of OPEL 4. A mix of high bed occupancy, delayed discharges and utilisation of Place of Safety, resulted in a very similar picture to that of acute trusts.</li> <li>• 391 acute admissions avoided through use of Virtual Wards in December</li> </ul> <p><b>Financial Performance:</b></p> |

|           |   |
|-----------|---|
|           | <ul style="list-style-type: none"> <li>At month 9, the ICS reported a year-to-date deficit of £26.4m and a risk-adjusted forecast outturn deficit of £28m.</li> <li>There remained a good chance that the outturn position will be mitigated on a non-recurrent basis by receipt of additional funding.</li> </ul> <p>It was confirmed that Board performance reporting remained a work in progress and that members could expect more substantial updates during its public meetings going forwards.</p> <p><i>The Board noted the update.</i></p> |
| <b>7.</b> | <b>Questions received in advance from members of the Public</b>   |
|           | None.   |
| <b>8.</b> | <b>Any Other Business</b>   |
|           | <ul style="list-style-type: none"> <li>The Serious Violence Duty Guidance for NHS Frimley was taken as read and <u>noted</u> without further comment.</li> </ul>  |
| <b>9.</b> | <b>Close</b>  |
|           | <p>The Chair closed the meeting at 12.30.</p> <p>The date of the next meeting in public was confirmed to be 18 April 2023.</p>  |

Frimley Health and Care



## Frimley Integrated Care Board

### Urgent & Emergency Care Update

18 April 2023





# The system has continued to experience unprecedented pressure



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

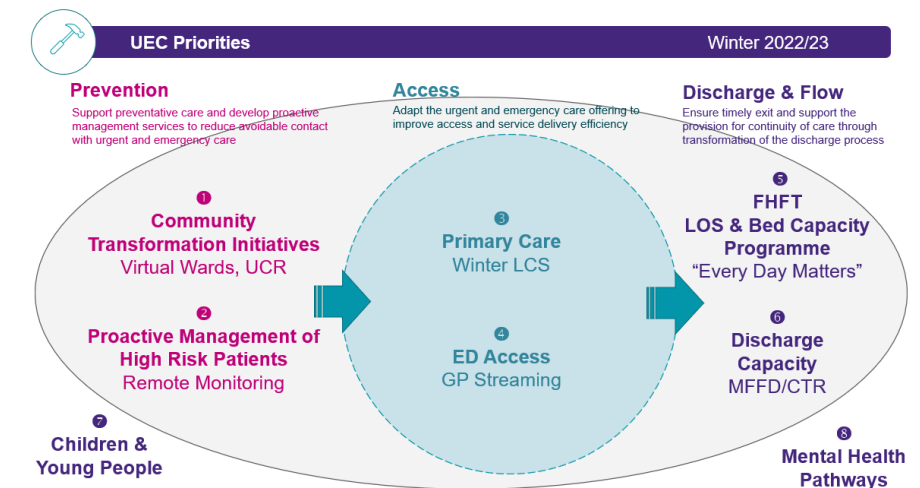
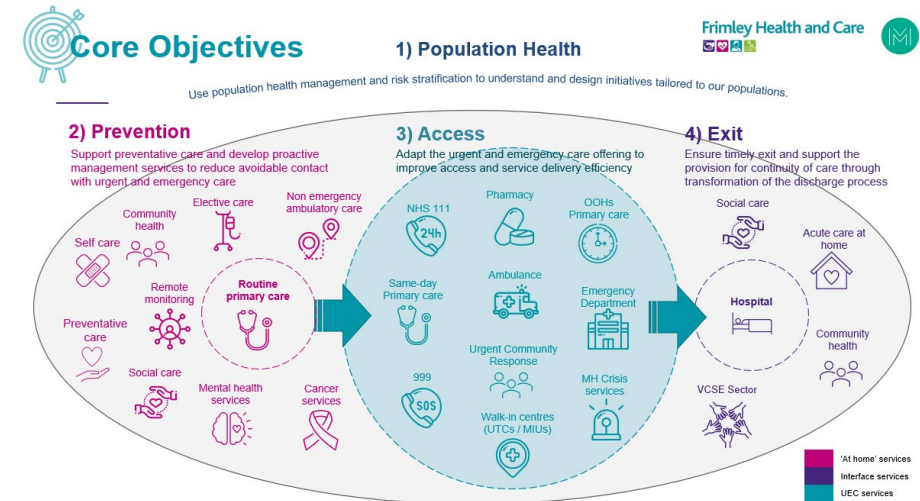
The operational challenge has been exacerbated by several periods of Industrial Action, with more scheduled into 2023/24.

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

Meanwhile, we continue to roll out our long term UEC Strategy, which was endorsed by the ICB Board in February.

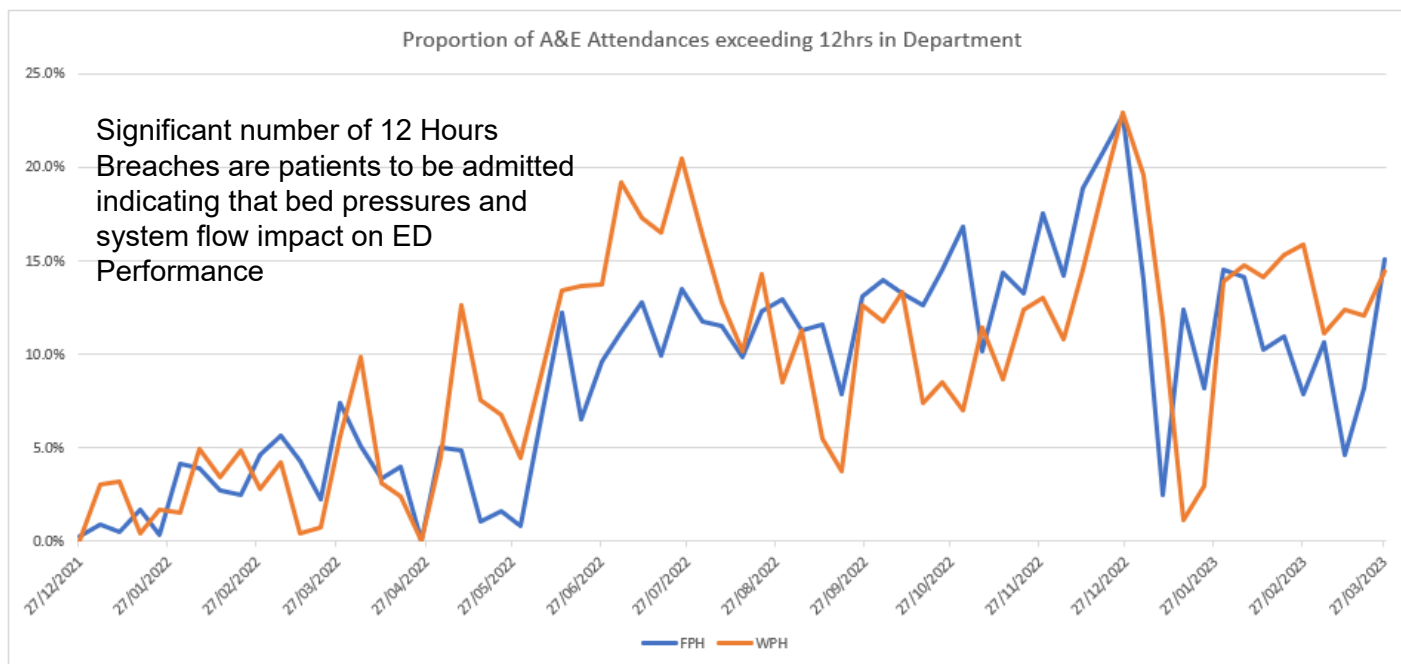
## Key System Challenges

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



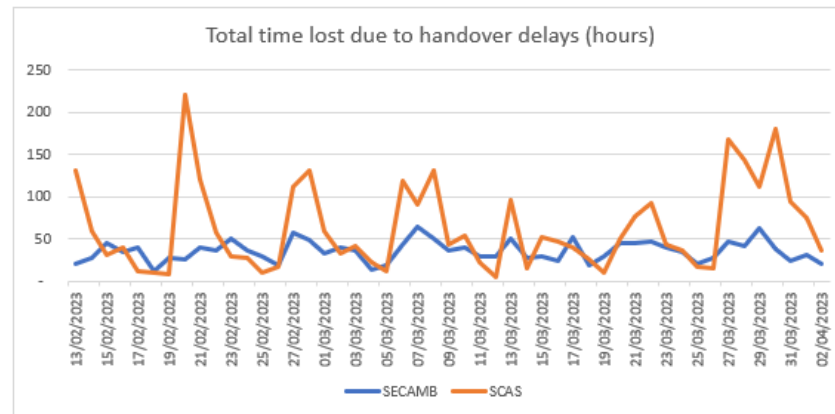


# System pressures have manifested themselves most acutely in terms of increased A&E wait times and ambulance handover delays



12 Ambulance delay over 60 minutes in the past week at the Frimley Park site. In the previous 6wks there were 7 60+minute delays

14 Ambulance delay over 60 minutes in the past week at the Wexham Park site, with the regional escalation threshold triggered 1 times. In the previous 6wks there



**304** **15.1%**  
Frimley Park - Attendances in the Department for more than 12hours in the past week

**340** **14.4%**  
Wexham Park - Attendances in the Department for more than 12hours in the past week

SECAMB: 266 Hours lost in last week

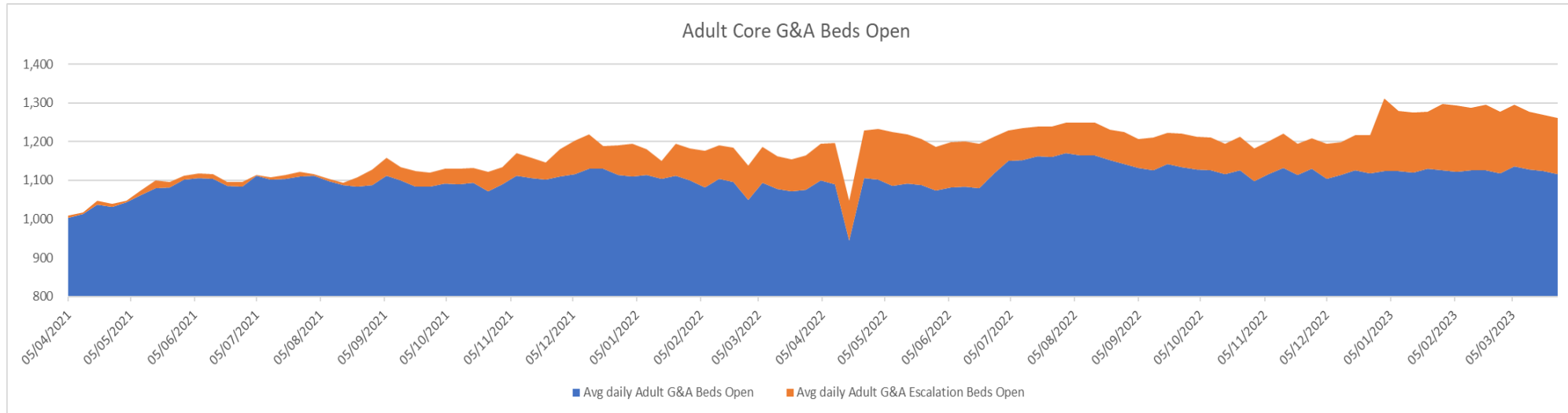
SCAS: 811 Hours lost in last week

w/e 02<sup>nd</sup> April 2023

Data source: Ambulance Sitreps

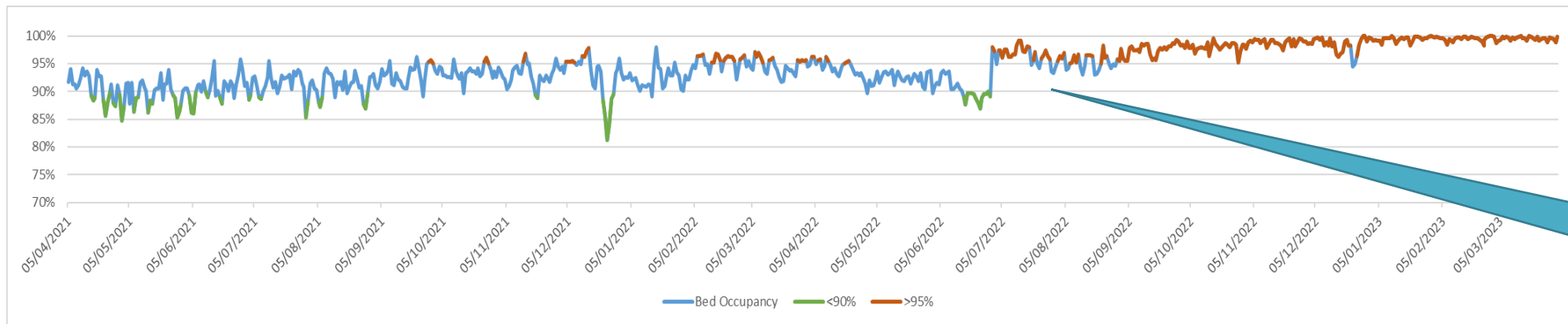
# FHFT have opened and staffed a significant number of escalation beds to cope with this demand

Daily bed occupancy has not been below 95% since the end of June 22.



Avg. 1,262 Adult G&A Beds open daily, including 147 Escalation beds

23 Adult G&A Escalation beds at Frimley Park (99.3% avg. Occupancy)

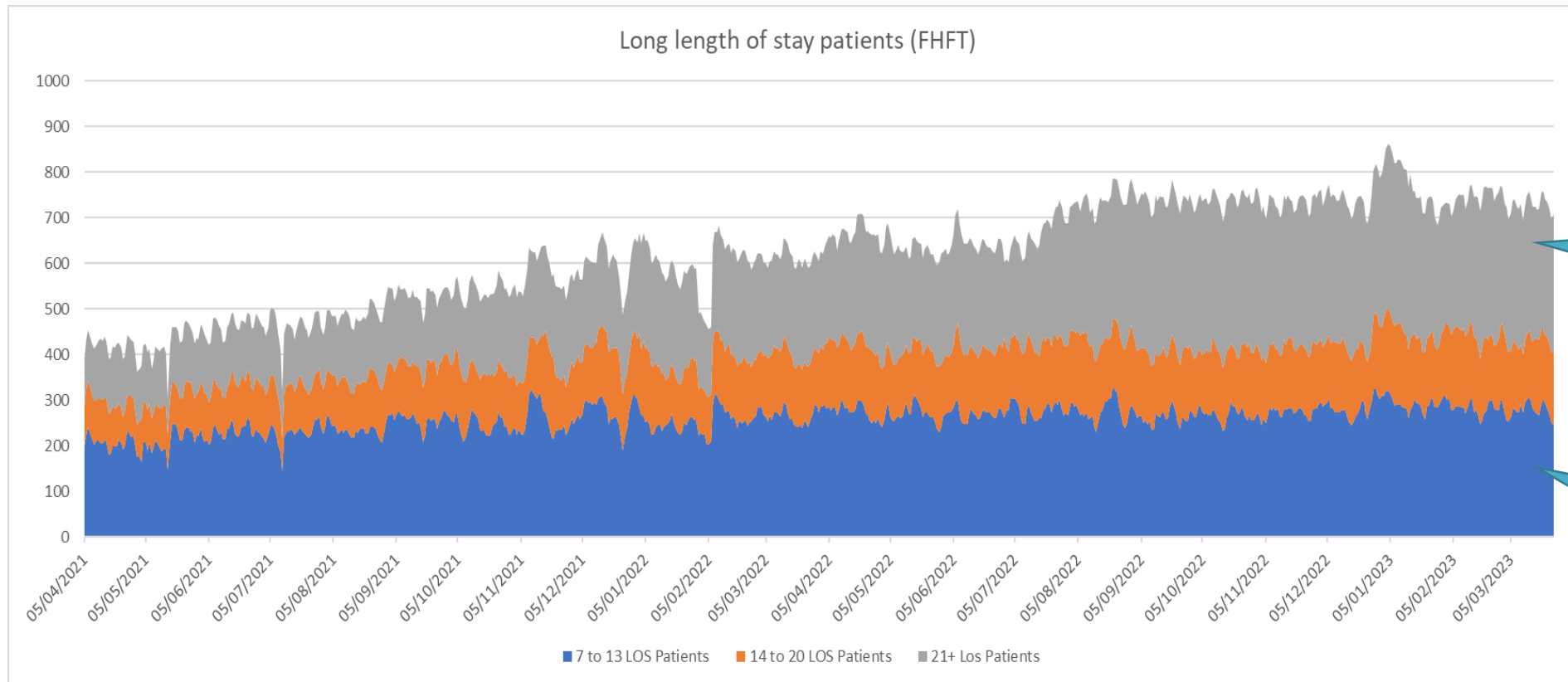


123 Adult G&A Escalation beds at Wexham Park (99.5% avg. Occupancy)

Note shift in bed occupancy since EPIC implementation

Note: Excludes bed at Heatherwood hospital

# To reduce length of stay FHFT is ensuring 'everyday matters', transforming Same Day Emergency Care (SDEC) and, the system is supporting discharges



21+ LOS Patients:  
108 at FPH  
192 at WPH  
(avg last week)

7+ LOS Patients:  
318 at FPH  
402 at WPH  
(avg last week)



# A series of Multi-Agency Discharge Events have been delivered, with more scheduled throughout 2023

Clinicians and professionals have come together to support a series of **Multi-Agency Discharge Events (MADE)** at FHFT, to deliver improved flow and reduce length of stay. These have been especially beneficial in the run up to significant surge periods such as pre and post Christmas and pre-Easter.

|                    | From                           | To                             |
|--------------------|--------------------------------|--------------------------------|
| Easter             | 27 <sup>th</sup> March 2023    | 31 <sup>st</sup> March 2023    |
| Autumn: Mini Made  | 16 <sup>th</sup> October 2023  | 20 <sup>th</sup> October 2023  |
| Christmas          | 11 <sup>th</sup> December 2023 | 15 <sup>th</sup> December 2023 |
| Mental Health MADE | 17 <sup>th</sup> April 2023    | 21 <sup>st</sup> April 2023    |

| Time          | Item   | Location       |
|---------------|--|----------------|
| 8:00          | MADE Huddle                                  | MADE ICC       |
| 8:30 – 8:45   | Daily Ops Brief                              | Microsoft Team |
| 8:30 – 9:30   | Board Rounds (Timings Variable)              | Across FHFT    |
| 9:30          | Post Board Round Activities                  | MADE ICC       |
| 11:20 – 12:30 | FPH & System Partner Huddles                 |                |
| 12:30 – 13:30 | WPH & System Partner Huddles                 |                |
| 13:30 – 14:30 | Afternoon ward and system follow ups         |                |
| 16:00         | Daily debrief                                | MADE ICC       |
| 17:00         | Daily Metric review – Prep for following day |                |

e.g. **Multi-Agency Discharge Event** before Xmas had four Goals:

75% of TTOs in pharmacy by 11:00am

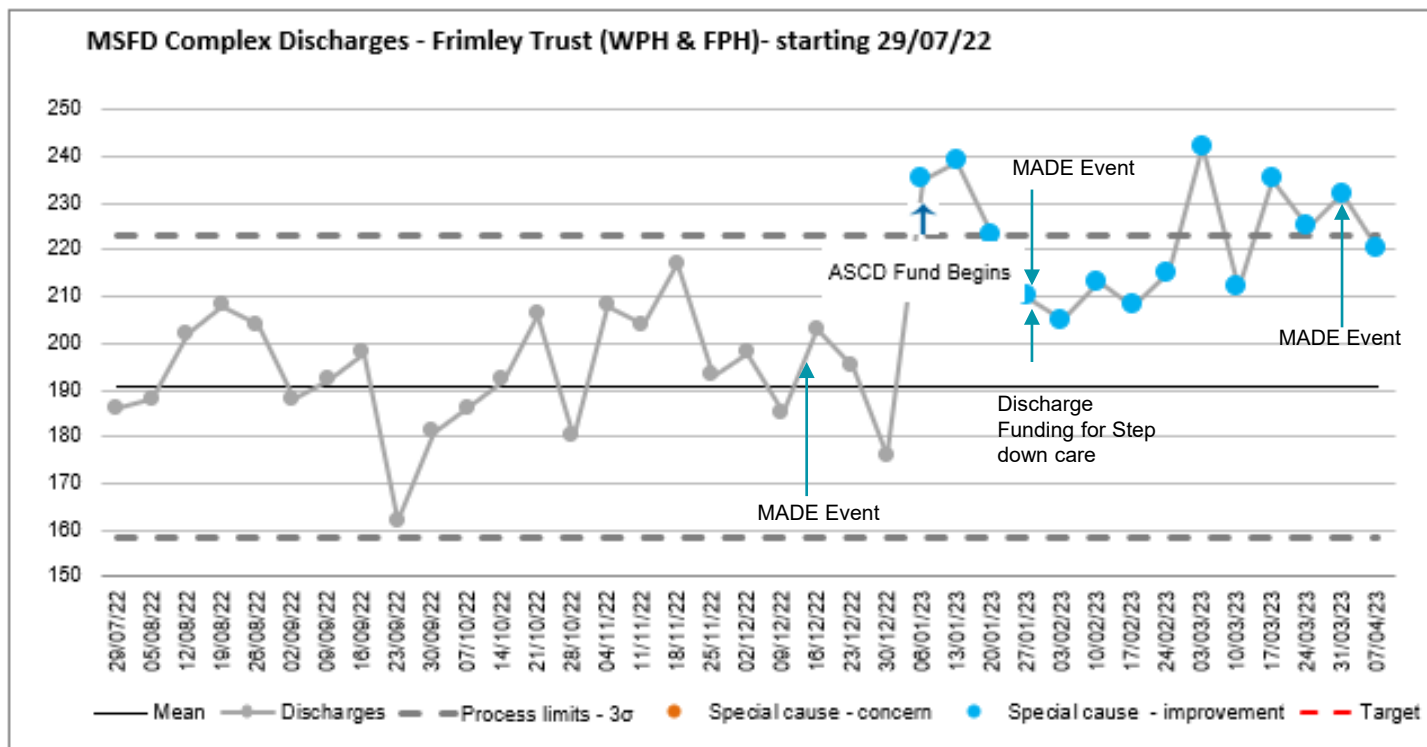
50% of eligible discharges Via Discharge Lounge

50% of discharges before noon

Free up an Additional 50 beds each site by the end of the week



# MADE events, along with extra funding, has helped to increase complex discharges from hospital by c15%



Despite this, the number of patients classed as Medically Safe For Discharge increased to c270+ (but has now come down to c220, at the time of writing).

The pressure are greatest in the North. MSFD numbers at WPH are around twice that of FPH.

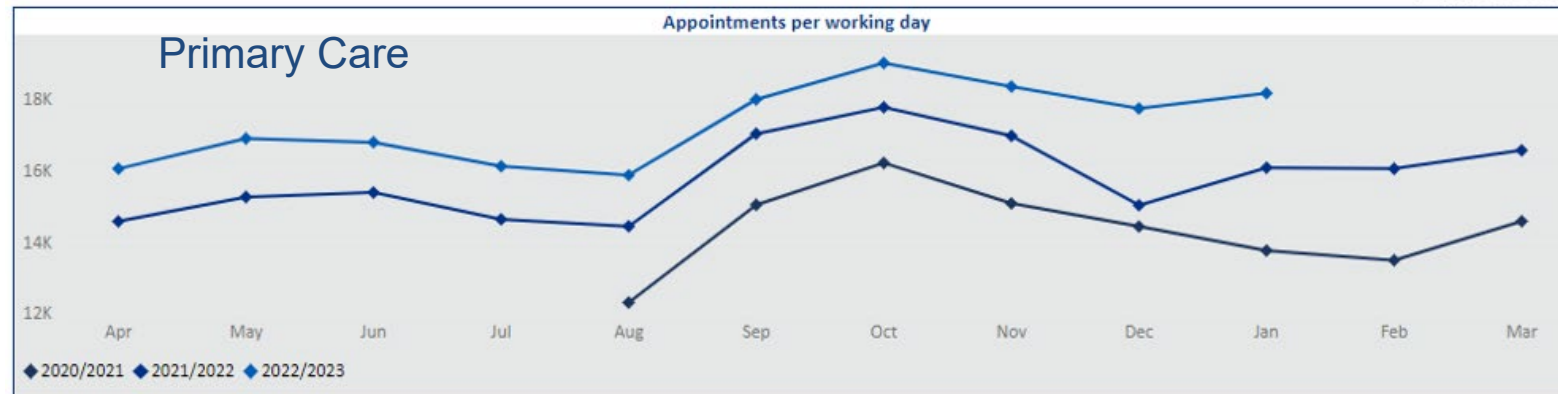
The number of complex discharges at RBWM has positively increased, outside of SPC levels, since the introduction of the discharge to assess HomeFirst model.

South Bucks, which disproportionately represents just under a half of WPH complex MSFD discharges, remains an ongoing challenge despite improved council and system engagement.



# Preventative and primary care services have increased their capacity, and are also helping avoid admissions

While the demand has been increasing in Secondary Care, our investment in remote monitoring and out-of-hospital services have been playing an equally important role in meeting patient need; with our Primary Care, Virtual Wards and Urgent Community Response services all seeing a significant increase in activity.



**Frailty Virtual Wards**

Accepted FVW referrals (selected month): **192**

FVW referrals where admission was avoided (selected month): **178**

Total FVW referrals: **231**

% of referrals accepted: **83%**

Frimley Insights Team

Frimley Health and Care SCW

**Accepted referrals over time**

**Monthly Accepted Frailty Virtual Referrals**

**Monthly Referrals where Admission was Avoided**

**Monthly % admission avoided**

**Frailty Virtual Wards Referrals by Source - selected month(s)**

| GROUP | 999 Calls | FVW 111 | GP | Care Homes Referrals | Home Visiting Paramedic | Hospital | Self Referral | Social Care | Specialist Nurse/Community Teams | Others |
|-------|-----------|---------|----|----------------------|-------------------------|----------|---------------|-------------|----------------------------------|--------|
| NORTH | 18        |         | 31 |                      |                         |          | 10            |             |                                  | 17     |
| SOUTH | 26        |         | 16 |                      |                         | 7        | 4             |             |                                  | 10     |
| Total | 44        |         | 47 | 6                    |                         | 7        | 14            |             |                                  | 27     |

**Insights**

FVW activity continues to increase, with a 16% increase in referrals in February compared to January (199 vs 231). However there was a very slight decrease in the percentage of referrals accepted (85% vs 83% in January).

The number of FVW referrals where admission was avoided also increased from 155 to 178; or 93% of referrals in February.

Please note December & January figures now reflect the missing referrals from South Team, the Team is still working on November data which will be added as soon as it is available.

Low number suppression here means that some referral reasons are displaying as blank.

**Urgent Community Response (UCR)**

Total Accepted Referrals: **221**

Total Number of Referrals: **318**

Referrals seen within 2hrs: **94%**

Frimley Insights Team

Frimley Health and Care SCW

**Accepted referrals (selected month)**

**Accepted referrals - North (selected month)**

**Accepted referrals - South (selected month)**

**Total Monthly Referrals (including rejected)**

**Insights**

There has been another slight drop in referrals, with February seeing 6% fewer referrals than January; although of course February has 3 fewer days. However the percentage of total seen within 2hrs is higher than what we saw in January from 91% to 94%. The number of accepted referrals is exactly the same as the January figure.

The increase in referrals from 999 has continued, with a 33% increase from last month (36 vs 48). This month shows the lowest number of referrals from Patient/Carer to date, with a 26% drop from last month (156 to 114).

Please note December & January figures now reflect the missing referrals from South Team, the Team is still working on November data which will be added as soon as it is available.

Low number suppression here means that some referral reasons are displaying as blank.



# As a system we have also come together to develop a detailed UEC Operational Plan for 2023/24

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

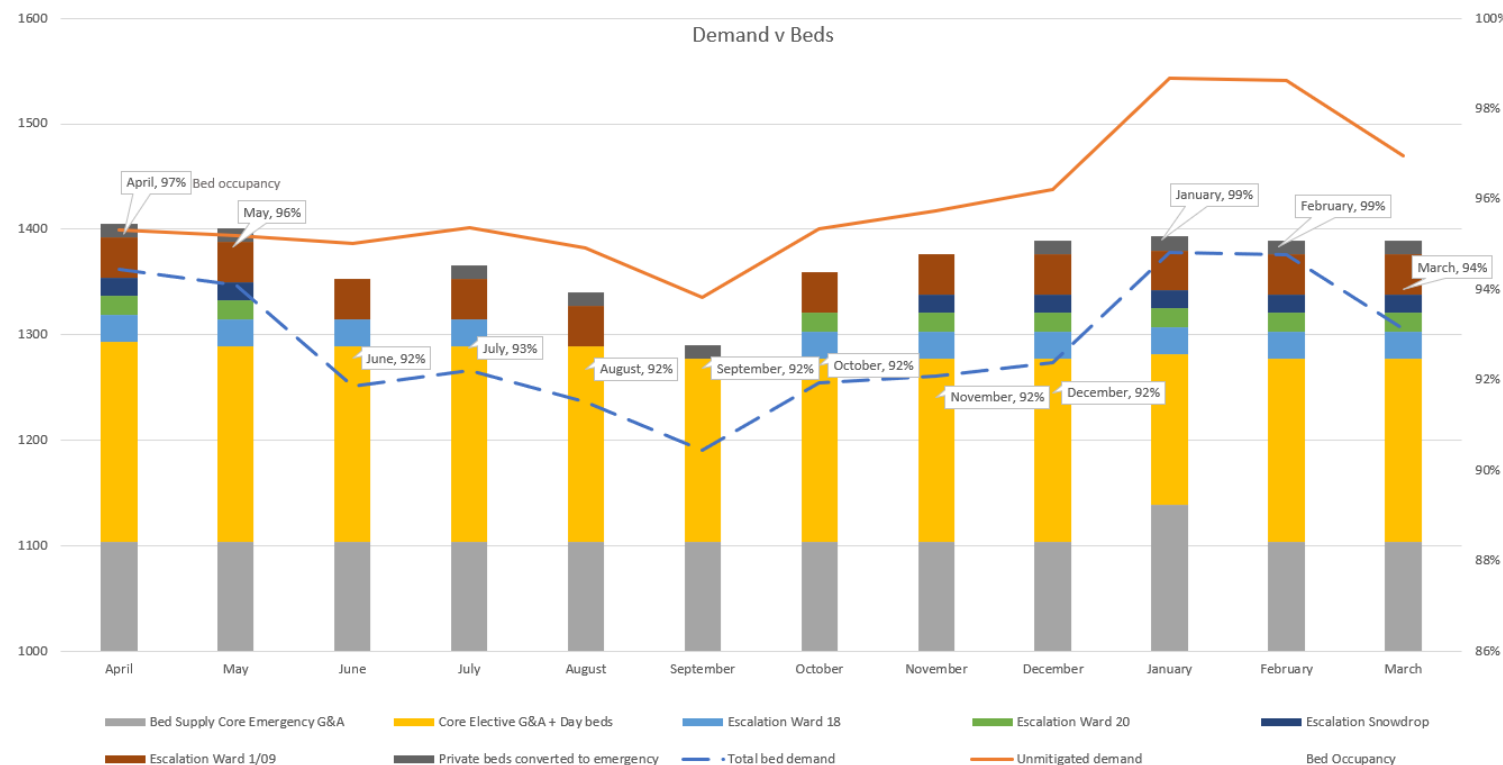
A key element of our plan has been our Bed Modelling, which factors in a number of crucial schemes designed to mitigate the demand for Secondary Care beds next Winter.



2023-24 priorities and operational planning

Recovery Plan Narrative Submission

| Version Number | Date          | Details of change  |
|----------------|---------------|--|
| V1.0           | 29 Jan 2023   | Initial version  |
| V1.1           | 1 Feb 2023    | Updates incorporated to reflect the final UEC recovery planning requirements, to update the link provided in the first question in the current section       |
| V1.2           | 6 Feb 2023    | UEC recovery plan transition section added. Additional questions on health inequalities added to Current approach to recovery planning section (highlighted) |
| V1.3           | 30 March 2023 | Updates made to align with final draft planning submission (DPOCCS) and response to HSC feedback/ALICE   |



# FHFT will return to the 4 hour standard from 15th May, which is a major cultural change

- 14 NHS Hospital Trusts, including FHFT, were selected to take part in a national field test of the proposed Urgent & Emergency Care Clinical Review of Standards (UEC CRS). The pilot began in May 2019 with an MOU stating that 4hr performance reporting would cease and, instead, field test organisations would monitor the following metrics:
  1. Time to Initial Assessment (TtIA);
  2. Clinically Ready to Process (CRTp);
  3. 12hrs from arriva;
  4. Mean Time in Department (MTiD)
- Significant work was undertaken at the field test sites in order to 'remove' all traces of the 4 hour target and replace with the CRS metrics; amend all operational dashboards; amend all internal and external reports; amend IT systems; refocus and change language of ops/bed meetings and within the hospital; educate ED teams and the rest of the hospital.
- Field test sites have spent the best part of 4 years working without the 4hr target. The amount of work required to bring it back in to play should not to be underestimated
- There will be many staff working within UEC who will have joined after May 2019 and therefore would have never worked under the 4hr standard. Staff will need informing and educating
- The 4 hour standards is a barometer of system working and flow.
- It was agreed with NHSE that 4 hour performance data will be submitted from 15 May 2023 onwards. Achievement of the 76% performance is projected by October 2023 meeting the planning requirement.
- To achieve this, FHFT are undertaking a comprehensive Improvement Programme in non-elective flow, supported by the ongoing delivery and implementation of the long term UEC Strategy.
- The internal plan is divided into three key workstreams: ED/Acute Front Door; "Every Minute Matters, Every Moment Counts" - Acute Patient Flow; "Every Day Matters" - 0-72 Hours (SDEC/Virtual Wards/ Assessment units).
- These workstreams are supported by further workstreams around Clinical Site Management, Information and Communications. Entire suites of dashboards and reports will require amending to accommodate the return of 4hrs. Changes to the language and structure of trust operational meetings will be required.
- The key workstreams carry 32 identified actions, which will deliver an overall reduction in time spent in A&E for both admitted and non-admitted patients



# Throughout, the system has had to also navigate several periods of Industrial Action

While the system has continued to experience significant operational pressure, we've also had to navigate several periods of Industrial Action.

The most recent 96 hour Junior Doctors' strike immediately followed the four day Easter Bank Holiday. This required significant preparation of the system, including a series of Gold Calls scheduled before, during and after the Bank Holiday weekend.

| Dates                      | Union involved      | Impact on Frimley footprint |
|----------------------------|---------------------|-----------------------------|
| 15/12 – 16/12              | RCN                 | No (neighbouring areas)     |
| 21/12                      | GMB                 | Yes                         |
| 11/01                      | GMB                 | Yes                         |
| 18/01 – 19/01              | RCN                 | No (neighbouring areas)     |
| 26/01                      | CSP (Physios)       | No (neighbouring areas)     |
| 06/02, 20/02               | GMB, Unite          | Yes                         |
| 13/03 – 16/03              | BMA and HCSA        | Yes                         |
| 01/02, 02/03, 15/03, 16/03 | NEU (Teachers)      | Yes                         |
| 15/03                      | PCS (Civil Service) | No (knock on in some areas) |
| 11/04 – 15/04              | BMA and HCSA        | Yes                         |
| 27/04                      | NEU (Teachers)      | Yes                         |
| 28/04                      | PCS (Civil Service) | No (knock on in some areas) |
| 02/05                      | NEU (Teachers)      | Yes                         |

## Post-Easter Industrial Action

The Easter Bank Holiday 2023 ran from Friday 7 April to Monday 10 April. The levels of activity in the system going into Easter might have indicated a typical Easter demand profile. However, the period of Industrial Action in the four days immediately post-Easter required significant preparation to mitigate its potential impact on patient safety.

It was also recognised that the week following the Industrial Action (w/c 17 April) would inevitably extend this challenging period, given the anticipated backlog at the Trust caused by the affected week.

In addition, the period also fell within the Ramadan period (22 March to 21 April), affecting a significant minority of our workforce, particularly in the North.

Additional resource was secured through our Local Clinical Assessment Services to mitigate the potential impact at A&E, and a comprehensive Comms plan was devised and delivered to manage the period.

## FRIMLEY INTEGRATED CARE BOARD

|                       |   |                        |               |
|-----------------------|---|------------------------|---------------|
| <b>Title of Paper</b> | Equality, Diversity and Inclusion – Annual Report 2022-23 |                        |               |
| <b>Agenda Item</b>    | 5.2   | <b>Date of meeting</b> | 18 April 2023 |
| <b>Exec Lead</b>      | Safina Nadeem, EDI Director/System Lead                   |                        |               |

|                |            |                                     |                                    |  |
|----------------|------------|-------------------------------------|------------------------------------|--|
| <b>Purpose</b> | To Approve | <input type="checkbox"/>            | <b>Link to Strategic Objective</b> |  |
|                | To Ratify  | <input type="checkbox"/>            |                                    |  |
|                | To Discuss | <input type="checkbox"/>            |                                    |  |
|                | To Note    | <input checked="" type="checkbox"/> |                                    |  |

| Executive Summary   |   |
|---|---|
| <p>The Equality, Diversity and Inclusion (EDI) Annual Report for 2022-23 was approved by the Frimley Integrated Care Board (ICB) Senior Leadership Team on 28 March 2023, and was subsequently published on the ICB's website: <a href="https://icb.nhs.uk">NHS Frimley - Equality, Diversity and Inclusion (icb.nhs.uk)</a></p> <p>The EDI Annual Report for 2022-2023 meets our Public Sector Equality Duty to report on equality information within the ICB and, where available, the Integrated Care System (ICS). It also details our EDI Strategic Objectives for both the ICB and ICS.</p> |   |
| <b>Recommendation</b>   | The Board is asked to note the contents of the EDI Annual Report for 2022-23 and its publication on the organisation's website. |

| 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 |
|   |                |         |



## ICS People Programme Update

**Caroline Corrigan**

**Chief People Officer – NHS Frimley**



# Our System People Board was established to enable a collaborative approach to our workforce challenges.



Julian Emms, BHFT CEO, Chair



- ✓ Supporting programme SROs.
- ✓ Agreeing & assessing strategies and workforce priorities.
- ✓ Disseminating priorities & programme information to stakeholders.
- ✓ Providing governance for programmes.
- ✓ Making recommendations to the ICS Board.
- ✓ Overseeing the implementation & progress of programmes and projects.

- ✓ Monitoring & advising on the impact, deliverables, and outcomes of the workforce strategy.
- ✓ Sharing workforce strategy progress with SE regional People Board.
- ✓ Formally approving recommendations on the annual programme budget.
- ✓ Ensuring spend against budget is scrutinised properly.

# Frimley Health and Care



## South East SIP Workforce Profile Dashboard

FHFT: January 2023

SABP: January 2023

BHFT: January 2023

## Skills for Care

Independent Providers (Social Care): March 2021

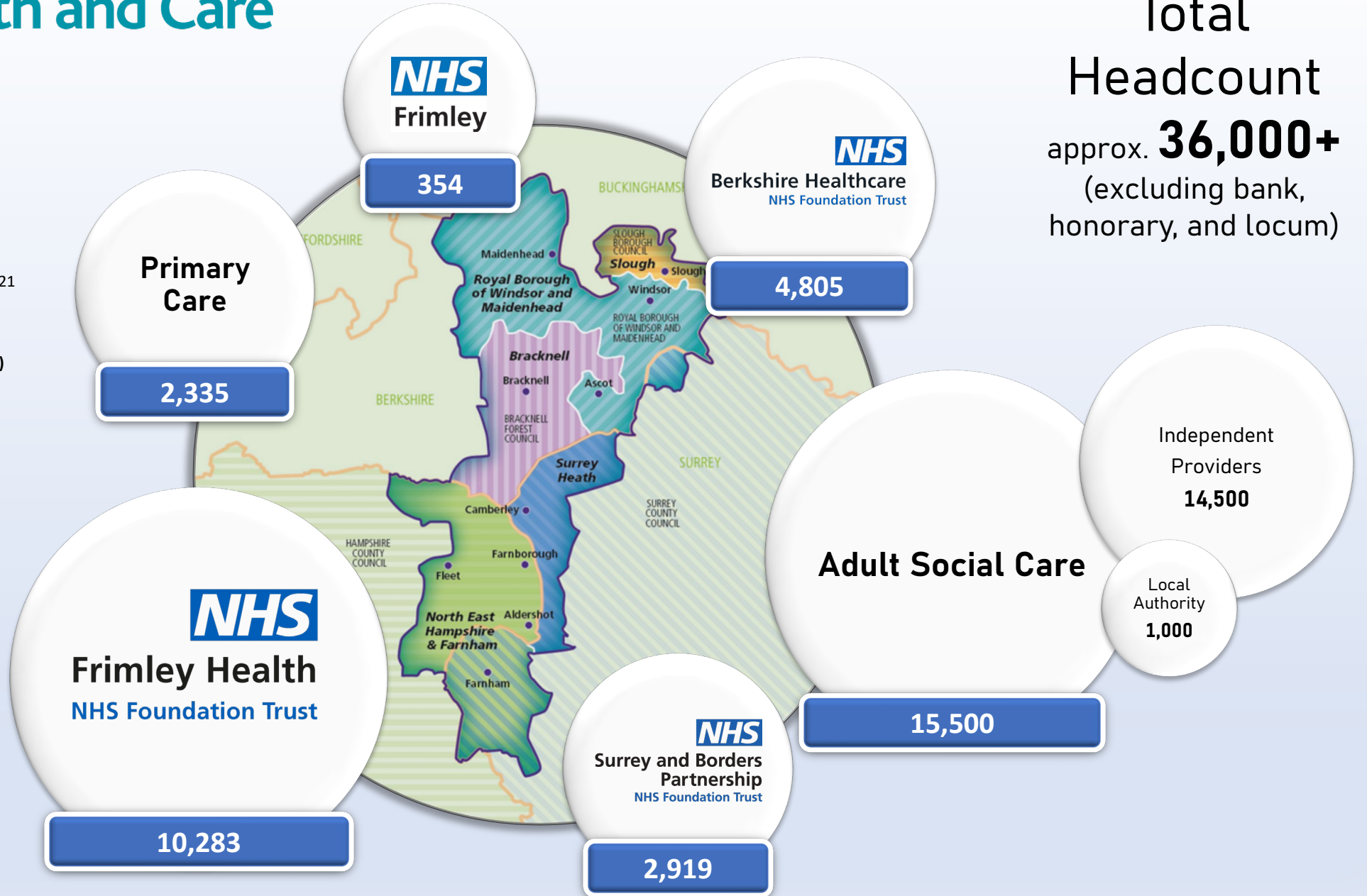
Local Authority (Social Care): September 2021

## SCWCSU

NHS Frimley: March 2023

National Workforce Reporting System (NWRS)

Primary Care: January 2023



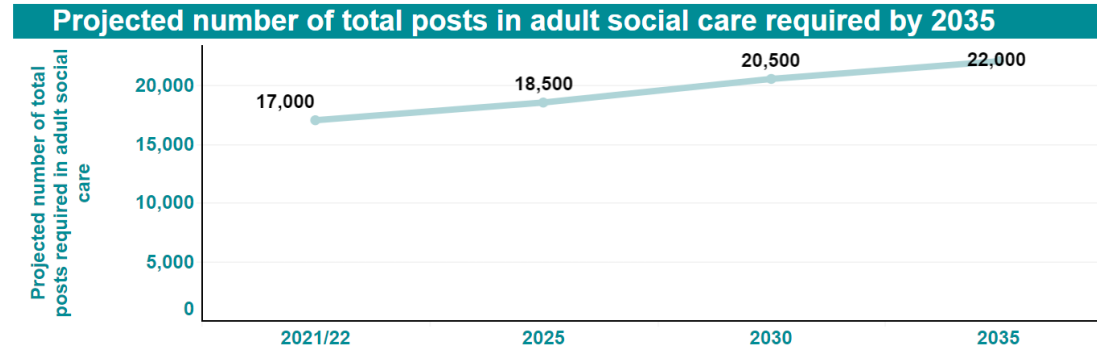
# The People Board maintains close oversight of data in the monitoring of system performance and programme delivery.

If the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population then the number of adult social care filled posts will...

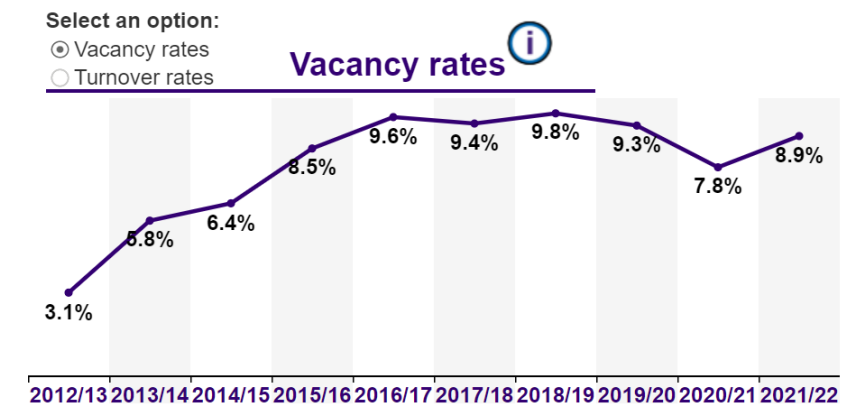
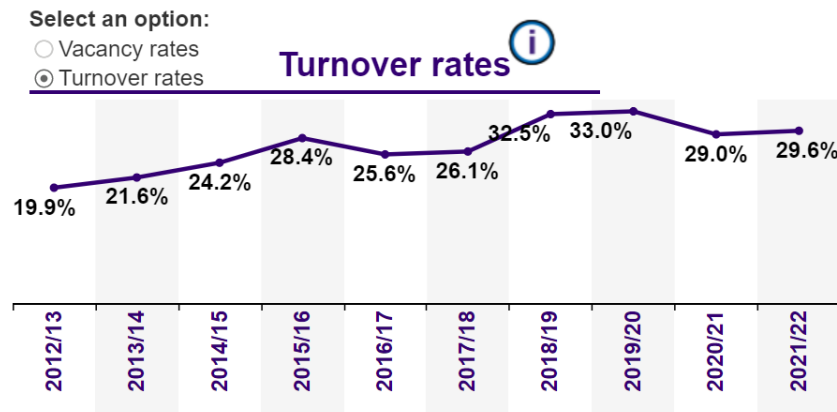
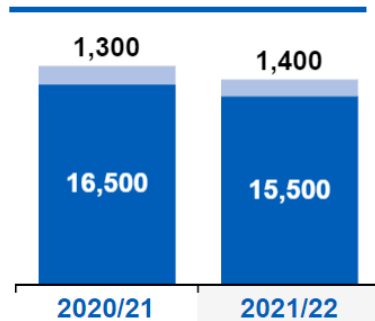
increase by 29%  
(5,000 total posts)

...to around  
22,000 total  
posts by 2035

...equal to around  
375 extra total posts  
per year up to 2035

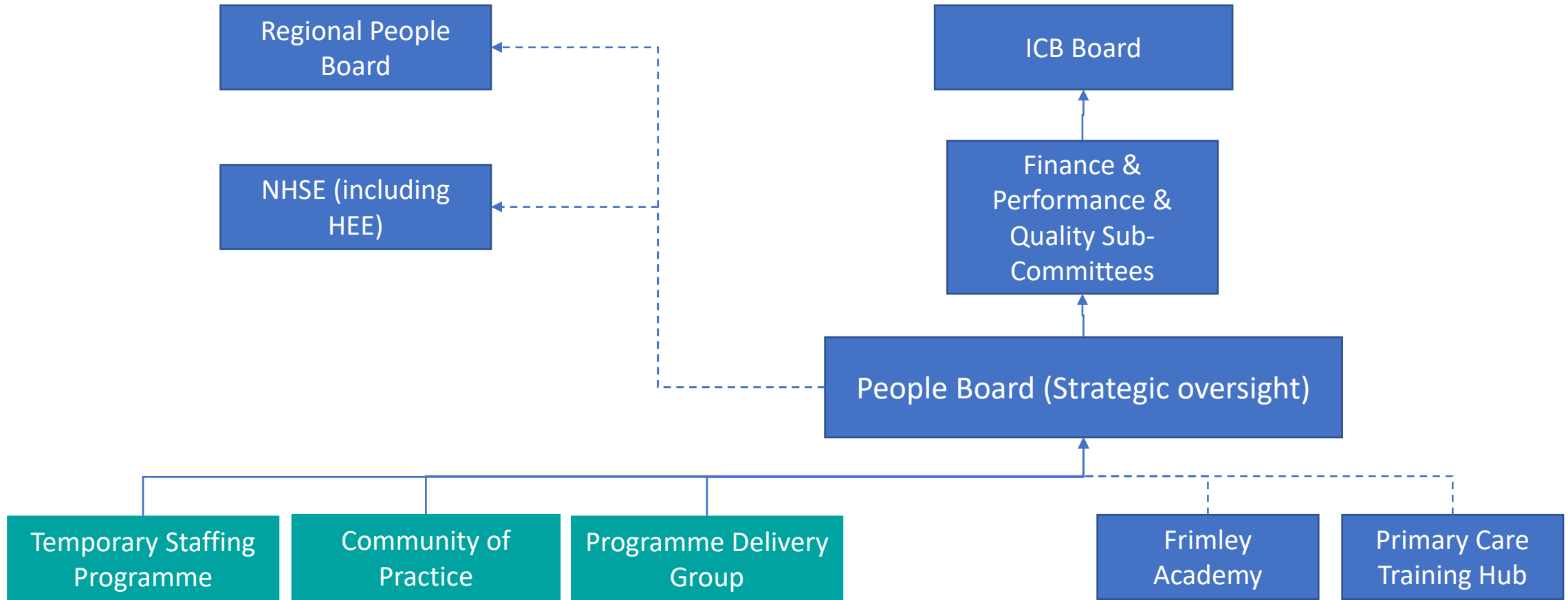


## Change in filled posts and vacancies



Data sourced from Skills for Care dashboards. [My ICS area \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

# Frimley ICB People Board Governance Structure





NHS England should scrap many of its national targets, review says

Government-commissioned study by Patricia Hewitt also calls for a shift in focus towards preventing ill health



**The Hewitt Review** recently published makes a series of recommendations including:

- NHS England should work with ICB leaders to co-design and agree a clear pathway towards ICB maturity, to take effect from April 2024.
- Ministers should consider a substantial reduction in the priorities set out in the new Mandate to the NHS – no more than 10 national priorities.
- Creation of new ‘High Accountability and Responsibility Partnerships’ (HARPS)
- Design new framework for GP primary care contracts and review other primary care contracts.
- Government should produce a strategy for the social care workforce.
- Resolve issues for specialists (data science, risk management, actuarial modelling, system engineering, general and specialized analytical and intelligence) caused by the agenda for change pay framework.

## Future Publications

- NHS Long Term Workforce Plan – due to be published Spring 2023
- Joint Forward Plan (2023/24 – 2027/28) in production to set the future direction of the NHS in Frimley Health & Care. Will set out strategic context, key challenges, priorities, risks, and enablers across each our of system-wide ambitions.



# Strategic context for our Frimley Health and Care Workforce

Workforce challenges in health and social care have been talked about for years but the scale of change in the last two years has been unprecedented. Partners across the health and care system are working hard to ensure we have the workforce we need now and in the future. For our system people strategy, we need to be clear where we best deliver through a system focus – where we can be stronger together to resolve some of our most difficult and longstanding workforce challenges.

The aim is to develop a people strategy based on three core priorities; *our ambitions*. These will underpin our strategy and will be focused on actions that:

- **Would best be delivered at a system level**
- **Are within the system’s control and**
- **Are aligned to the overarching system ambitions**

*Working together to tackle some of our greatest workforce challenges*

## Our system workforce strategy guiding principles



We want to be known as a great place to live, work, develop and make a positive difference

We want all of our people to have the opportunity to be physically and mentally health, fulfilled, effective and flexible in how they work and what they do



We want to attract and retain our local population to careers in our health and social care system



# Some of our achievements



We are passionate about **Equality, Diversity and Inclusion**. This provides a golden thread for all that we do. We are particularly proud of our 'Snowy White Peaks' programme which recognises under-representation of Black, Asian and Ethnic minority nurses in senior roles, despite these staff representing over 20% of nurses. In partnership with Surrey University, our programme focuses on how we can better prepare nurses from Black, Asian and minority backgrounds for career progression

24% of the Adult Social Care workforce are on temporary (zero-hours) contracts. In the NHS, 4/5 registered nursing vacancies are filled by temporary staff. Recognising that temporary staff are increasingly important part of our workforce, our **Temporary Staffing programme** has been developed to create a culture where temporary staff are valued and seen as essential. Working as a collaborative across numerous systems within the South East Region, the programme is improving processes, increasing productivity and strengthening how we deploy an adaptable workforce. As of April 2023, the managed nursing agency service (MAS) has overseen a 38% reduction in unit costs since go-live in December 2022.



There are 14 professions included in our **Allied Health Professional workforce**, including Occupational Therapists, Physiotherapists, Radiographers, Paramedics – all of which are crucial to our health and care services. Our AHP programme has strengthened recruitment, retention, transformation within primary care and maximised clinical productivity. Through a strategic, system focused approach we have increased AHP capacity through international recruitment and return to practice. Further, we have increased placements by 255 (84%)



# Our achievements



**Just Culture**, led by Berkshire Healthcare on behalf of the system is an award-winning initiative which takes a fresh approach to promoting inclusion and compassion when incidents occur in the workplace. By improving understanding and increasing support to staff, disciplinarys reduced and staff survey scores improved. This approach save over 600 hours of clinical time. The Trust takes a ‘Lead investigator’ approach across the system and provides highly trained, dedicated investigators for fact-finding in disciplinary cases. This role was previously undertaken by clinicians. Further, the process encourages earlier resolution in cases, resulting in reduced suspensions and disciplinarys

Our **CLEAR** (Clinically-Led Workforce and Activity Redesign) programme seeks to train and enable clinicians to use a combination of big data analysis and modelling tools, alongside qualitative techniques, to deliver new models of care. Initially focusing on Frailty, the programme will then be built by supporting transformation in other clinical areas. Frimley will be ideally positioned to develop a community of practice with our neighbours, embedding this learning in new approaches to workforce modelling and improvement across region. The potential for CLEAR to delivery meaningful impact is well evidenced across the NHS: Hampshire Hospitals NHS Foundation Trust identified proposals with the potential to prevent “up to 6,900 annual admissions of frail, older patients and reduce the length of stay in hospital (in cases where admission is unavoidable) generating more than £3 million of savings”.





# Our achievements



























Through a commissioned research programme in partnership with Sheffield Hallam University, the system has been examining the impact of **cost of living** in the region. Quantitative findings to-date have validated pre-existing beliefs regarding the challenges cost of living and inequalities pose for our workforce and labour market. This long-term research project has revealed, amongst much else, how limitations in public transport, typical shift patterns, and high pockets of deprivation are impeding retention and recruitment. The project will now move into its qualitative research phase. The outputs from this work will inform the breadth of programmes across Frimley Health & Care.

The **Anchor Institutions Programme** is a collaboration with local partners and organisations to increase the number of people in good work within target communities. The established programme will pilot a focused response to gaps in skills and access to opportunities in a priority neighbourhood (Old Dean, Camberley) in our system, recognising the barriers into paid employment. Following community engagement and the completion of a multidisciplinary logic model workshop, the programme steering group has now approved the recruitment of an employment navigator to pilot invention in the Old Dean ward.

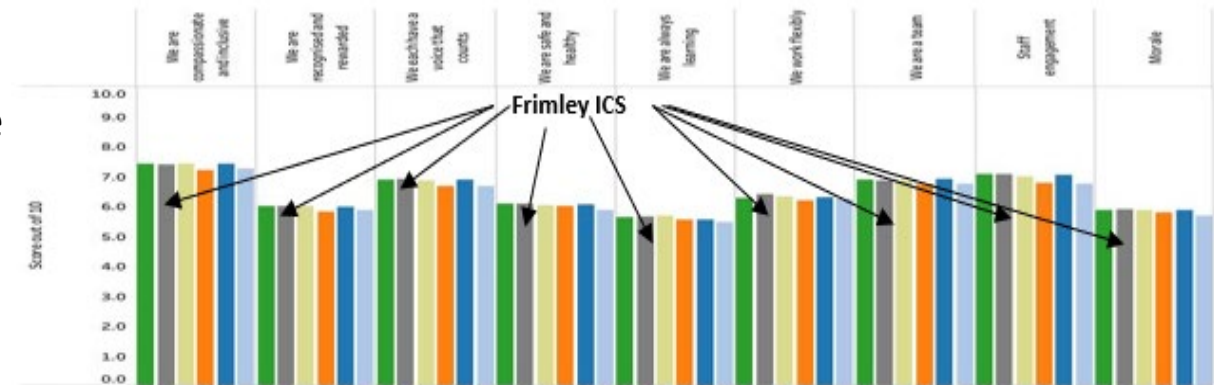


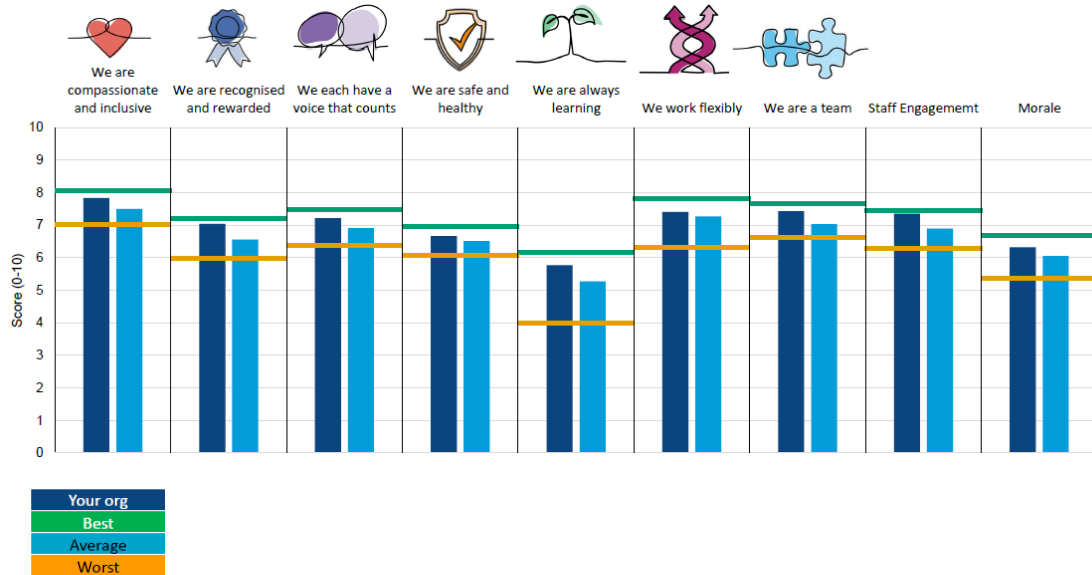
# And many other collaborative projects

| Programme                            | Programme Update  | Jan RAG   | March RAG   |
|--------------------------------------|---|---|---|
| Workforce Transformation             | CLEAR – Frailty project initiated. People In Partnerships - Integrated leader training to commenced and system values/ visioning/ culture webinars completed (350 = attendance)   |    |    |
| Nursing Development Programme        | Programme definition reviewed by the Education Collaborative. System Directors of Nursing to confirm scope and governance. Training nurse associates project initiated via recruitment of a project manager.  |    |    |
| Health & Wellbeing and Retention     | National wellbeing hubs funding for 2023/24 ceased. System funding identified for Q1, funding options to be confirmed.  |    |    |
| AHP Development Programme            | AHP Primary Care Ambassador has started (2021/22 HEE carry forward).  |    |    |
| Workforce Modelling                  | Integrated WF modelling work underway. Deep dives completed. Funding for 2023/24 TBC.   |    |    |
| Widening Access & Participation      | Programme review being considered.  |    |    |
| Equality Diversity & Inclusion       | Continuing according to plans. System EDI conference delivered. Scoping phase 2 of Snowy white peaks.   |    |    |
| Education Collaborative HEE          | Placement planning and capacity analysis completed for AHP and Nursing. Pharmacy workshop planned for 31/03/2023.   |    |    |
| System Workforce Bureau & Reservists | BAU planning. Transitioned 120 Vaccination staff into Frimley ICB Reservists. Currently planning for the spring 2023 booster programme.   |  |  |
| Diagnostics WF Programme             | Continuing according to plans   |  |  |
| HR&OD Futures                        | Programme definition to be commenced  |  |  |
| Temporary Staffing                   | Temporary Staffing Programme has reduced non-framework usage, which has fallen by over 70%. NB - annual agency expenditure limit was breached at the mid-year point. Implementing a Fully Managed Agency Service provision for nursing in December 2022. Priority to develop a common medical bank. |  |  |

### Frimley System – NHS Staff Survey results

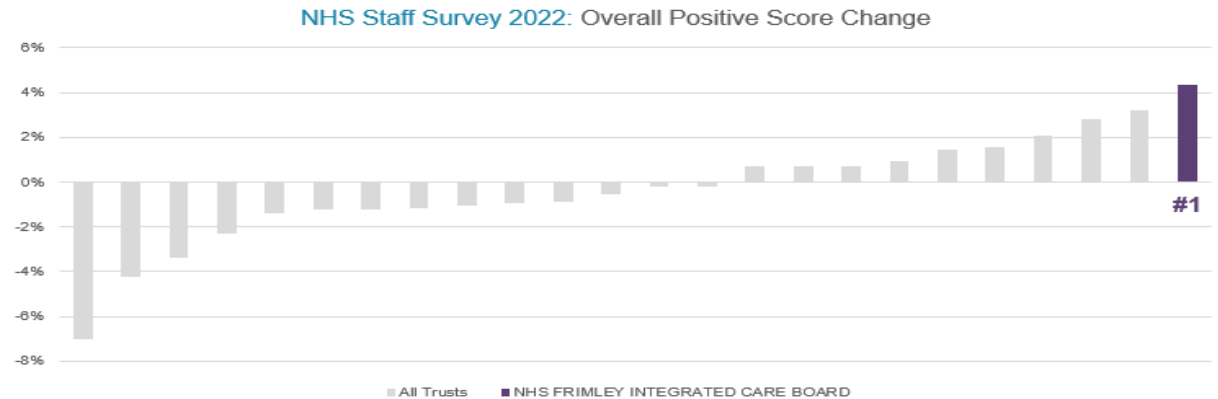
- Frimley ICS scores strongly in every People Promise against peers in the South East (best performing Region)
- All 4 organisations score above average in every People Promise in relation to their comparator groups
- Three organisations scored at the top of their comparator groups for staff engagement. Two organisations did the same for three of the People Promises. Focus on sharing good practice in these areas.
- We are working with Local Authorities to build a whole system picture on staff engagement
- Identified collective areas for improvement – most of which are already being addressed through existing System Programmes:
  - EDI (raising concerns, inclusion and diversity and equity)
  - Retention (thinking of leaving, work pressures and stressors)
  - Health and safety is an area for further collaborative exploration





- NHS Frimley has the highest score in staff engagement
- Is above average in all People Promises and for morale
- In the Picker ICB comparator group NHS Frimley ranked 4<sup>th</sup> against the other 27 ICBs and had the most improved positive score of all ICBs

- Most improved scores reflected areas of focus in 2022 – line management, appraisals and reasonable adjustments.
- Areas of focus for 2023 – reducing the disparities in experience of different staff groups and workload/ burnout





# Draft System People Strategy 2023

## Ambition one

Creating a joint workforce model for health and care

- Create a joint health and social care career model and enabling structure to support greater agility in the system.
- Enabling the workforce to be in the right place at the right time and to support them to live well

Suggested first steps:

1. Develop new roles which meet demand gaps and strengthen health and care career alignment
2. Research options available to enhance collaboration on pay, terms and conditions

## Ambition two

Widening access to employment and keeping the people we have

- Engage with our communities through an anchor institution approach to widen pathways into satisfying, valuable work.
- Identifying what works well to retain our people and support them to be their best

Suggested first steps:

1. To pilot the introduction of community 'employment brokers' and spread this approach
2. To deliver our system programmes in EDI, Retention and Widening participation

## Ambition three

Strengthening partnership working and new models of care

- Develop new and digitised workforce models to increase collaboration, productivity and align these to new models of care

Suggested first steps:

1. Strengthen alignment with the system digital transformation programme
2. Develop a logic model approach to prioritisation and development



## *What's taken place*

- System CPO steering group to draft proposed ambitions and next steps
- Tested these through various routes – Leads in EDI, Retention, AHPs, HR/OD etc, ICP Partners, HEE, Social care, individual meetings and People Board
- Joint Forward Plan narrative alignment to our refreshed ambitions

## *What's current*

- Further engagement meetings planned with SCC, Voluntary services, Primary Care and with Safina Nadeem to ensure EDI a golden thread and produce Equalities Impact Assessment
- Strategy to strategy meetings planned with ICB strategy leads to ensure people elements are aligned eg with UEC strategy
- Meeting with Transformation and Digital leads to better understand digital ambitions
- Encouragement for individuals to feedback through online engagement portal

## *Next steps*

- For **Ambition one** - [Creating a joint workforce model for health and social care](#) and **Ambition three** - [Strengthening partnership working and new models of care](#), we will hold logic modelling events in late April/early May to define outcomes, measurement and core actions
- For **Ambition two** - [Widening access to employment and keeping the people we have](#) – it is recognised that many of our existing programmes relate to this so a different methodology (3 horizon model) will be used for an event in April/early May
- Subject to the wider system strategy process and Joint Forward Planning process, final strategy to be proposed to the May People Board
- People Strategy to be shared with the ICP in July
- HR event in May with Surrey Heartland ICB & Surrey County Council – opportunity to discuss each other's strategic workforce priorities and explore potential areas of collaboration.

# Integrated Performance Oversight

18<sup>th</sup> April 2023

NHS FRIMLEY ICB

Data: March 2023 Frimley ICB Performance Oversight Report

# KEY HEADLINES

- **OPERATIONAL PERFORMANCE:**

- Significant pressures seen at the very beginning of the year have begun to ease, however A&E waiting times are still problematic due to a higher proportion of high acuity patients attending.
- Patient flow through our hospitals remains a key challenge with bed occupancy rates above sustainable levels, despite utilising extra escalation capacity (above previous year).
  - The Home First programme at Royal Borough of Windsor and Maidenhead was introduced 23<sup>rd</sup> January, focused on accelerating acute discharges into Community services. Health, acute and social care teams are coming together in a more streamlined approach to ensure patients are settled back into their home environment quickly, before making further clinical decisions on longer term care.
- Ambulance performance across the Trust is showing an improvement; response times have significantly decreased against the 6 week average.

- **FINANCIAL PERFORMANCE:**

- The ICS is expecting to be at breakeven for 22-23 yearend.
- However, this position is underpinned by non-recurrent benefits, and reflects a non-recurrent benefit of the proceeds of a land sale following a change in technical accounting guidance.

- **WORKFORCE:**

- All staff vacancies in FHFT have reduced slightly, but are a challenge as they continue to remain higher than the regional average.
- Significant challenges persist with the use of temporary staffing; a high-level of demand for agency nursing continues to drive considerable expenditure. FHFT has worked in collaboration with partner ICBs / Providers to have a common medical rate card, with maximum levels, to deal with the Junior Doctors' industrial action.
- Industrial action mitigations are in place, as are strengthened governance and assurance arrangements that monitor delivery and review of these plans. Agenda for Change staff have been offered a one-off payment for the current financial year 2022/23 worth between £1,655 and £3,789 and a 5% consolidated pay increase for 2023/24. The deal is still subject to votes among union members. As a result of this, the unions have agreed to pause strike action until they have undertaken their consultation and fed back the decision to the Government.

# KEY HEADLINES

## **South Central Ambulance Service**

Since SCAS entered an enhanced Recovery Support Programme following the CQC Section 29a notice issued in May 2022, there has been increased oversight and monitoring of the delivery and outcomes of their improvement programme, which has seen completion of the majority of the actions in relation to quality and safety.

## **Community Medical Examiner**

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. The Frimley ICS ME service was established in secondary care in January 2019. 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 including primary care. This was due to be a statutory requirement from 1<sup>st</sup> April 2023. In June 2022, a pilot scheme commenced to support primary care with this change. Currently the legislation has not been passed. The National team advised it was to be passed in April but we have now been informed that it is delayed and no official date is in place. Frimley ICB will continue to support the pilot until legislation is passed.

## **Liberty Protection Standards (LPS)**

On 5<sup>th</sup> April 2023, the Department of Health and Social Care announced a delay in the Liberty Protection Safeguards beyond the life of this parliament. Despite the delay to the implementation the work continues on promoting people human rights and the Mental Capacity Act. This extended time allows us to focus on embedding good MCA practice, reviewing and building on good practice in our documentation, electronic medical record systems and consultations with people to improve outcomes for individuals.

## **Patient Safety Incident Response Framework (PSIRF)**

This framework sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. PSIRF will replace the Serious Incident Framework (SIF) (2015) which is currently used. Frimley ICB are working collaboratively with our provider partners in the development, maintenance and review of provider patient safety incident response policies and plans, in line with national timeframes for implementation.