NHS Frimley Integrated Care Board

Agenda – Meeting in Public

Tuesday 16 January 2024 – between 11.30 and 12.30

Online via MS Teams

Chair: Priya Singh

The quorum for a meeting will be seven members, including:
a) Either the Chair or Vice Chair
b) Either the Chief Executive or the Chief Finance Officer
c) Either the Chief Medical Officer or the Chief Nursing Officer
d) At least one non-executive member
e) At least one Provider Member
f) At least one Practice Member
g) At least one Local Authority Member

Timing	No.	Item	Action	Delivery	Lead
11.30	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 November and matters arising	Approve	Paper	Chair
11.35	4.	Chief Executive Update	Note	Verbal	Fiona Edwards
	5.	Strategy and Planning			
11.40	5.1	Quality Presentation	Note	Slides	Sarah Bellars
11.55	5.2	Provider Selection Regime	Note	Paper	Rich Chapman
12.05	5.3	Board Assurance Framework	Note	Paper	Emma Boswell
	6.	Business as Usual			
12.10	6.1	Frimley ICB Integrated Performance Report: • Finance • Performance • Workforce	Note	Presentation on the Day	Richard Chapman / Sarah Bellars / Caroline Corrigan
	7.	Close of business			

Timing	No.	Item	Action	Delivery	Lead
12.20	7.1	Questions received in advance from members of the Public	Note	Verbal	Chair
12.25	7.2	Any Other Business	-	Verbal	Chair
12.30	7.3	Close	-	Verbal	Chair
Date of next meeting in public: 19 March 2024, 11.30 – 12.30					

Frimley ICB Board Declarations of Interest Register v 09.01.24							
Job Title	Firstname	Lastname	Interest	Description of Interest	Type of Interest		
Chief Nursing Officer	Sarah	Bellars	FHFT	Son and Daughter in Law work for FHFT	Declarations of Interest – Other	Indirect	Indirect
Non-Executive Member	Ilona	Blue	General Dental Council	Lay Council Member	Declarations of Interest – Other	Non-Financial Professional	Direct
Non-Executive Member	Ilona	Blue	Accent Housing Group Limited	Non-executive director	Declarations of Interest – Other	Non-Financial Professional	Direct
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
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
Non-Executive Member	Ilona	Blue	Active Travel England, an executive agency of the Department for Transport	I am a non-executive director and Audit Chair	Declarations of Interest – Other	Non-Financial Professional	Direct
Non-Executive Member	Ilona	Blue	DOHL, a public corporation of the Department for Transport	Interim non-executive director and Audit Chair.	Declarations of Interest – Other	Non-Financial Professional	Direct
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
Chief Transformation & Digital Officer	Samuel	Burrows			Nil Declaration		
Chief Transformation & Digital Officer	Samuel	Burrows	Eightway Solutions Ltd	My spouse is the owner and operator of the company Eightway Solutions Ltd.	Declarations of Interest – Other	Indirect	Indirect
Chief Finance Officer	Richard	Chapman			Nil Declaration		
Chief People Officer	Caroline	Corrigan			Nil Declaration		
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
Chief Executive	Fiona	Edwards	Care Quality Commission	Executive Reviewer	Declarations of Interest – Other	Non-Financial Professional	Indirect
Chief Executive	Fiona	Edwards	NHS Confederation	Board Trustee	Declarations of Interest – Other	Non-Financial Professional	Indirect

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
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
Non-Executive Member	Paul	Farmer	Frimley ICS	My son works for the Public Affairs agency PLMR. On occasion, he works with their healthcare clients.	Declarations of Interest – Other	Indirect	Indirect
Non-Executive Member	Paul	Farmer	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
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
Chief Medical Officer	Lalitha	Iyer	Women's Scan Clinic	Director of private scanning company (company listed as Polar Diagnostics LLP)	Declarations of Interest – Other	Financial	Direct
Chief Medical Officer	Lalitha	Iyer	Farnham Road GP Practice	GP Partner at the surgery	Declarations of Interest – Other	Financial	Direct

Role	First name	Surname	Organisation	Description	Declaration type	Interest type	Direct/Indirect
Chief Medical Officer	Lalitha	Iyer	Farnham Road GP Practice	The practice is a Provider of care home services. 'Farnham Road Medical Group' has a contract to provide enhanced clinical services to one care home. The service provided is in line with the local enhanced care home service	Declarations of Interest – Other	Financial	Direct
Chief Medical Officer	Lalitha	Iyer	Farnham Road GP Practice	Farnham Road Practice rents space to a community pharmacy, no profit share.	Declarations of Interest – Other	Financial	Direct
Chief Medical Officer	Lalitha	Iyer	Globe Management Consultants	I am the Secretary of the company which is pwned by my spouse. I have no shareholding in this company.	Declarations of Interest – Other	Non-Financial Professional	Indirect
Chief Medical Officer	Lalitha	Iyer	Magna Konserv	I am a Director of this company and have no financial interest or shareholding	Declarations of Interest – Other	Non-Financial Professional	Indirect
Chief Medical Officer	Lalitha	Iyer	Solutions for Health	I am a Medical Advisor on the Board if Solutions for Health	Declarations of Interest – Other	Non-Financial Professional	Direct
Chief Medical Officer	Lalitha	Iyer	Women's Scan Clinic	Director of private scanning company (company listed as Polar Diagnostics LLP)	Declarations of Interest – Other	Financial	Direct
Chief Medical Officer	Lalitha	Iyer	Globe Management Consultants	I am the Secretary of the company which is owned by my spouse. I have no shareholding in this company.	Declarations of Interest – Other	Non-Financial Professional	Indirect
Chief Medical Officer	Lalitha	Iyer	Magna Konserv	I am a Director of this company and have no financial interest or shareholding	Declarations of Interest – Other	Non-Financial Professional	Indirect
Chief Medical Officer	Lalitha	Iyer	Solutions for Health	I am a Medical Advisor on the Board of 'Solutions for Health'	Declarations of Interest – Other	Non-Financial Professional	Direct
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
Equality Diversity and Inclusion System Lead	Safina	Nadeem	BHA	Trustee for a Charity	Declarations of Interest – Other	Indirect	Indirect
Primary Care Partner Member	Prash	Patel	Magnolia House	I am a profit sharing GP Partner	Declarations of Interest – Other	Financial	Direct

Primary Care Partner Member	Prash	Patel	Frimley Health Foundation Trust	I am an employee of the FHFT	Declarations of Interest – Other	Non-Financial Professional	Direct
Primary Care Partner Member	Prash	Patel	Berkshire Primary Care Ltd	I am the CEO and Medical Director	Declarations of Interest – Other	Financial	Direct
Primary Care Partner Member	Prash	Patel	Ascot Primary Care Network	I am the Clinical Director of the Primary Care Network under the PCN Direct Enhanced Service Specification	Declarations of Interest – Other	Financial	Direct
Bracknell Forest Council	Grainne	Siggins	Association of Directors of Social Services	Member of ADASS.	Declarations of Interest – Other	Non-Financial Professional	Direct
Bracknell Forest Council	Grainne	Siggins	Association of Directors of Social Services	Member of ADASS. Joint Chair of South East ADASS Regional Branch	Declarations of Interest – Other	Non-Financial Professional	Direct
Bracknell Forest Council	Grainne	Siggins	Bracknell Forest Council	Employed as Executive Director of People Services	Declarations of Interest – Other	Financial	Direct
Bracknell Forest Council	Grainne	Siggins	Association of Directors of Children Services	Member of ADCS	Declarations of Interest – Other	Non-Financial Professional	Indirect
Frimley ICB Chair	Priya	Singh	Guy's and St Thomas's NHS Foundation Trust	Appointed November 2015 - NED / Deputy Chair	Outside Employment		
Frimley ICB Chair	Priya	Singh	National Council for Voluntary Organisations	Appointed November 2020 - Chair of Board of Trustees	Outside Employment		
Frimley ICB Chair	Priya	Singh	Society for Assistance of Medical Families	Appointed January 2018 - Executive Director	Outside Employment		
Clinical Lead Royal Borough of Windor & Maidenhead	Huw	Thomas	Claremont and Holyport practice	Partner in the practice	Declarations of Interest – Other	Financial	Direct
Clinical Lead Royal Borough of Windor & Maidenhead	Huw	Thomas	Maidenhead Primary Care Network	Practice is a member of Maidenhead PCN	Declarations of Interest – Other	Financial	Direct
Clinical Lead Royal Borough of Windor & Maidenhead	Huw	Thomas	Frimley Health NHS Foundation Trust	Spouse employed by Trust as Clinical Nurse Specialist	Declarations of Interest – Other	Indirect	Indirect
Clinical Lead Royal Borough of Windor & Maidenhead	Huw	Thomas	East Berkshire Primary Care	Work on sessional basis for East Berkshire Primary Care. EBPC provide out of hours care and other primary care services.	Declarations of Interest – Other	Financial	Direct
Clinical Lead Royal Borough of Windor & Maidenhead	Huw	Thomas	Holy Trinity Primary School, Cookham	Governor at school	Declarations of Interest – Other	Indirect	Indirect

Clinical Lead Royal Borough of Windor & Maidenhead	Huw	Thomas	Royal Borough of WIndsor and Maidenhead	Practice subcontracted to provide opiate substitute prescribing services for the Royal Borough of Windsor and Maidenhead	Declarations of Interest – Other	Financial	Direct
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
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
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
NHS Provider Partner Member	Graham	Wareham	Friends of Chambo Seminary	Trustee	Declarations of Interest – Other	Non-Financial Personal	Indirect
NHS Provider Partner Member	Graham	Wareham	Surrey and Borders Partnership NHS FT	Employed as CEO	Declarations of Interest – Other	Non-Financial Professional	Direct

NHS
Frimley
Integrated Care Board

Minutes of NHS Frimley Integrated Care Board
Held in Public on Tuesday 21 November 2023 from 11.30-12.30
Via Zoom

Chair – Priya Singh

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

1.	**Welcome and Apologies for Absence**
	The Chair opened the meeting and welcomed members of the NHS Frimley Integrated Care Board. The meeting was noted to be quorate. Apologies were received as recorded above. Members agreed for the meeting to be recorded. The recording would then be uploaded to the public website along with the meeting papers. Three members of the public had signed up to attend the meeting. No questions had been received in advance of the meeting.

2.	**Declaration of Conflicts of Interest**
	Members noted the Conflicts of Interest register, and there were no specific declarations made for the contents of the meeting's agenda.
3.	**Minutes of the last meeting in Public held on 20 June, Action Tracker, and matters arising**
	The minutes of the last meeting in public were taken as accurate and approved without further comment. There were no matters arising.
4.	**ICB Chief Executive's Update**
	Fiona Edwards gave the verbal update, reflecting on the challenges facing the NHS, public and voluntary sectors. The meeting's agenda focussed on Urgent and Emergency Care as well as Primary Care, which were key areas facing into winter. The performance report under item 9 also demonstrated that Frimley ICB were comparatively on a continuous trajectory of improvement which should not be overlooked – this included increased capacity to better respond in Emergency Departments and Primary Care, both face-to-face and virtually. At the same time, the ICB was undergoing an internal consultation to reduce running costs by 30%, including reducing the number of staff and staff posts available, while also increasing the work and connectivity possible with system partners. *The Board noted the update.*
5.	**Sexual Safety Charter**
	Sarah Bellars presented the paper, informing the Board that under the remit of the Domestic Abuse and Sexual Violence programme, NHS England had launched a Sexual Safety in Healthcare Charter with the expectation that each healthcare organisation would appoint a named Executive lead to oversee the programme (the Chief Nursing Officer). The Board was asked to agree that: • NHS Frimley ICB would sign the charter – and confirm support for the 10 commitments • Confirm that this work could be taken forward by the ICB Just Culture working group • Agree that system partners would be encouraged to sign the charter • Agree that a review of progress across the whole system would be completed – with protected time at a future board meeting to review progress The ten commitments were defined as follows: 1. We will actively work to eradicate sexual harassment and abuse in the workplace. 2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours. 3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate. 4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours. 5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour. 6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators. 7. We will ensure appropriate, specific, and clear training is in place.

	8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours. 9. We will take all reports seriously and appropriate and timely action will be taken in all cases. 10. We will capture and share data on prevalence and staff experience transparently. It was confirmed that work and resources would be shared with Primary Care and General Practice colleagues. The Chair thanked all those involved in the charter and ensuring actions were underway for completion by June 2024. *The Board <u>approved</u> the paper.*
6.	**Urgent and Emergency Care Update**
	Sam Burrows presented the Urgent and Emergency Care (UEC) Update, citing the continued and unprecedented pressure being faced by the system. Key drivers for this pressure were explained as follows: • 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 • Need for Surge Beds New guidance on Impact Interventions for Winter issued by NHS England (NHSE) aligned well to the already existing UEC Operational Plan for 2023/24, with additional appointments, reduced response times, and virtual wards, as well as additional Same Day Urgent Care Capacity, all being enacted across the System. Other work underway was detailed as follows: • Promoting uptake of vaccinations (including health and care staff) • Signposting to alternatives to ED such as Pharmacy, Primary Care First, Urgent Primary Care services, Healthier Together App, etc. • Supporting our Winter Comms plan through Place forums and with partner organisations • Supporting Practices to implement their access plans and introducing digital telephony. Primary care is open and accessible. • Encouraging the use of admission avoidance schemes such as Urgent Community Response, Mental Health Crisis teams, Remote Monitoring, Virtual Wards, use of 111 • Delivering the new Urgent Care community-primary care model to help decompress our Emergency Departments • Continuing the focus on discharges, and using and feeding back on the new dashboard • Feeding back on Mini-Multi-Agency Discharge Event (MADE) and getting involved in Winter MADE (11th – 15th December) Members were further informed that detailed comms plans were in development to encourage people and communities to keep safe over winter. The Chair thanked all involved across the System, highlighting what were felt to be good examples of multi-agency delivery and data-driven system work. *The Board noted the update.*

7.	**Primary Care Access Recovery Plan**
	Sarah Bellars presented the paper detailing the Frimley approach to delivering the requirements set out in the Primary Care Access Recovery Plan (PCARP). NHS England and the Department for Health and Social Care published the Delivery plan for recovering access to primary care in May 2023. The plan centred on four key areas to support recovery: • Empower patients to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice. • Implement Modern General Practice Access to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment. • Build capacity to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed. • Cut bureaucracy and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients. The PCARP was a large and complex programme of work encompassing the entirety of the primary care transformation programme, and additional workstreams in community services and community pharmacy. With a transformation programme beginning in 2021, delivery against the PCARP ambitions was already ahead of the national plan in many areas in Frimley. Where this was the case, the system's focus remained on optimising delivery, realising the benefits, and spreading best practice. Key highlights included: • 100% of Frimley practices were now utilising cloud-based telephony • In 2022/23, Frimley was the only system in the country to draw down its full ARRS allocation; projecting a full draw down again in 2023/24. • 100% of Frimley PCNs submitted Capacity and Access Improvement Plans by the June 2023 deadline. • 79% of practices had taken up the Frimley blueprint website offer with a further 3% transitioning. • 23 practices were participating in the national General Practice Improvement Programme intensive and intermediate offers. • 43 practices had completed a Support Level Framework template. • Within the south east region, Frimley had the highest proportion of appointments seen on the same day (48%), and the highest proportion seen within two weeks (88%), and Frimley benchmarked high on these measures nationally. Two areas of the national plan remain outstanding pending national negotiations and developments: • Pharmacy First • National Digital Framework The relevant teams were working with regional and national colleagues to understand the developing picture and preparing to support these areas once released. A more detailed update on progress would be provided in the next report, due in February or March 2024. Primary Care Partner Board Members voiced support for the initiative and recognition for the work done.

	The Board approved the paper.
8.	**EPRR Annual Assurance Report 23/24**

Sam Burrows presented the outcomes of the annual Emergency Preparedness, Resilience & Response (EPRR) assurance process for 2023-2024. The NHS, as a Category 1 organisation, held the requirement to demonstrate compliance with regional and national EPRR framework; the report showed the degree of compliance across the local geography as follows:

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

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

The Board noted the paper.

9.	**Frimley ICB Performance Oversight Report**

Sarah Bellars, Richard Chapman, and Caroline Corrigan presented the executive summary of the Frimley ICB Performance Oversight Report for the following areas:

- UEC
- Planned Care
- Workforce
- Finance
- Primary Care
- Community Care
- Continuing Healthcare (CHC)
- Adult Mental Heath
- Learning Disabilities and Autism
- Children and Young People (CYP)
- Prescribing

	• Digital • Estates *The Board noted the paper.*
10.	**Board Assurance Framework**
	Richard Chapman presented the Board Assurance Framework (BAF), which set out the principal risks to the achievement of the ICB's strategic objectives. In so doing, the BAF also served as a primary source of evidence in describing how the ICB was discharging its responsibility for internal control. The BAF further set out the controls in place to manage these risks and the assurances available to support judgements as to whether the controls were having the desired impact. It additionally described the actions to further reduce each risk. The paper included the Board's draft risk appetite statement, defined as the amount of risk the Board was willing to seek or accept in the pursuit of long-term objectives. The risk appetite sets the threshold for risk against key domains and enabled the Board, its Committees and Boards and teams to effectively manage risks. The Audit Chair confirmed that the Audit Committee had scrutinised and supported the Board's risk appetite statement and Risk Management Framework. *The Board noted the paper.*
11.	**Questions received in advance from members of the Public**
	None.
12.	**Any Other Business**
	None.
13.	**Close**
	The Chair closed the meeting at 12.30. The date of the next meeting in public was confirmed to be 16 January 2024.

Quality
Board Report
January 2024

Overview

- Financial recovery and quality oversight
- Quality Hotspots
- Quality & Urgent and Emergency Care
- CQC Compliance for system

Quality

NHS
Frimley

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

NHS
Frimley

Financial Recovery

Financial Recovery

NHS Frimley

- Everybody has a right to feel safe and to have confidence in the services commissioned by NHS Frimley Integrated Care Board (ICB).
- Frimley system is increasingly complex with a growing number of interdependencies. The gap between healthcare demand and available capacity has contributed the significant challenge the NHS faces.
- Significant changes are required to address the financial recovery, however substantial collaborative working has been possible to achieve this, to ensure that the potential for unintended harmful impact on patient safety, clinical effectiveness or patient experience is not realised.
- In November the ICB took extraordinary actions to review the commissioning landscape to pause or to stop programmes which were initially designed to improve access, outcomes and patient flow during the winter period.

Financial Recovery Continued

NHS Frimley

- The Frimley System Quality Group (SQG), which includes representatives from all provider organisations which provide care to residents of the Frimley geography, convened two extraordinary meetings. The Group scrutinised the submission and accompanying Quality Impact Assessments and affirmed its support to the approach taken and the parameters for assessment which were approved.
- The System Quality Group were confident that these decisions will not materially contribute to direct harm or patient experience measures but recognised there would be a natural consequence to access, patient outcomes and non-elective flow through the health and care delivery system as a result.
- However, the Group also acknowledge that some of the financial pauses to some services such as mental health could be paused until the end of March but would have a detrimental/negative impact if the financial pause continued into the new financial year.

Quality Hotspots

Quality Hotspot – CAMHS (South)

Transfer of North East Hampshire Children & Adolescent Mental Health Services (CAMHS) from Sussex Partnership NHS Foundation Trust (SPFT) to Surrey and Borders Partnership NHS Foundation Trust (SABP) by 1st February 2024.

Context: SPFT has been providing specialist CAMHS in Hampshire from April 2016. A project (Project Fusion) was established to create a new, combined NHS Foundation Trust to deliver community, mental health and learning disability services across Hampshire and the Isle of Wight. As part of this project, it was decided that the CAMHS element situated in North East Hampshire would be best provided within the Frimley ICS footprint, rather than within the new Hampshire-wide Foundation Trust. After a period of consultation, it was therefore agreed that the North East Hampshire CAMHS element would transfer to SABP.

Governance of the Transfer: A due diligence process was completed on the SPFT services to establish the viability of the transfer in principle. Following this, an Executive oversight group was set up, into which reports a weekly Operational Delivery Group, comprising membership from SABP, SPFT, and Frimley ICB. The Operational Delivery Group oversees progress by delegated leads in the following key areas: Communications, Digital, Workforce, Finance, Estates, Contracts, and Clinical Pathways. There is a focus on quality impact across all of these domains.

Progress: The Operational Delivery Group continues to meet weekly, ensuring that any risks to a safe transfer and continuity of service within the agreed financial envelope are documented, escalated, and either resolved or satisfactorily mitigated. The group ensures that all risks are logged, managed and subject to executive oversight. The main areas of focus currently are on transfer of clinical records and migration to SABP electronic clinical systems, workforce TUPE and interim cover, recruitment, estates, and commitments against the service specification. The group is also ensuring timely communications to staff and service users.

CAMHS continues

NHS Frimley

Transfer risks –

1. **Digital (Electronic Patient Records[EPR]):** The plan is to allow CAMHS to continue to use Care Notes (the SPFT EPR system) until July 2024. This would allow sufficient time for the safe migration of records to System One, and staff training. The exception is for Eating Disorders, which will use System One from 1st February. However, some Information Governance / legal complications have arisen in respect of extending the use of Care Notes beyond 1st February. Unless resolved, this poses a major risk of a lack of, or insufficient, clinical information to understand and manage patient care. Solutions are being sought and this has been escalated to an Executive meeting taking place on 5th January.

2. **Medical Workforce:** There is a risk of consultants due to the covering of the additional geography area. Demand is being mapped and dialogue with on-call consultants is ongoing. SABP are working with the ICB to ensure retention of the consultant based in FPH which helps minimise on-call demand. There is also a concern about ensuring cover for prescribing functions, including non-medical prescribers.

3. **Workforce (General):** The TUPE list has now been received, which shows there are current vacancies in the Aldershot CAMHS team, Early Help, Eating Disorders, LD, and Children in Care functions. This includes vacancies in some managerial posts. Interim agency cover is being funded by the ICB while substantive recruitment is underway, but there is a risk that prolonged agency usage will have an adverse financial impact, and / or that posts cannot be filled with sufficient agency staff. Some managerial positions are having to be covered by existing SABP staff on an interim basis pending recruitment. There is a concern that the available pool of agency staff does not contain any personnel with Eating Disorders expertise. SABP are continuing to work on expanding the available pool of agency staff and substantive recruitment is being expedited.

Quality & Urgent and Emergency Care

Quality & Urgent and Emergency Care (UEC) Overview

NHS Frimley

- Maintaining safety in urgent and emergency care, particularly during periods of intense demand, is of paramount importance.
- The Royal College of Emergency Medicine (RCEM) describes Emergency Departments (ED) as VUCA environments: volatile, uncertain, complex and ambiguous, and suggest that 'crowding' can exacerbate the risks to safety.
- There are a number of safety areas that, while not unique to EDs, are certainly more prevalent with a higher risk in ED, these include:
- absconding of patients, especially those with concerns about capacity
- screening for (and managing) social concerns (e.g. trafficking, safeguarding, homelessness)
- drug and alcohol misuse
- the effect of the ED environment on human factors (e.g. frequent changes of personnel, crowding, time pressures)
- issues related to follow up and review of patients.

Quality & Urgent and Emergency Care (UEC) Overview

NHS Frimley

Certain patient groups will also have unique requirements:

- Frequent attendees
- Those in custody
- Patients with frailty
- Patients with mental health problems
- Patients with cognitive impairment.

UEC Quality Oversight

NHS Frimley

The Frimley ICB Chief Nursing Directorate are working with the Urgent and Emergency Care Programme Board to develop a risk-based tool that is evidence based and aligns with the OPEL framework. Also, the RCEM, describes these interventions as being considered as 'high value' in driving and maintaining safety in Urgent and Emergency Care.

- Developing a safety culture – governance and oversight through system reporting, visibility and good relationships
- Measuring safety - corridor care, handovers of care, essential standards of care, and patient delays in ED for over 24 hours of care.
- Visible, consistent and effective supervision and induction.
- Processes for embedding learning from incidents, complaints, mortality reviews

This will support in managing clinical risk during periods of escalating demand, in ensuring that the fundamentals of care are in place to support those within the Emergency Department, alongside assessment of systemic risk associated with Urgent and Emergency Care.

NHS Frimley

Quality & CQC Outcomes

CQC Provider Compliance

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

Provider	CQC Rating			
	Outstanding	Good	Requires Improvement	Inadequate
Primary Care	1	63	3	0

Provider	CQC Rating			
	Outstanding	Good	Requires Improvement	Inadequate
Nursing Homes	4	43	8	2
Residential Homes	6	23	8	0
LD	2	36	3	0

FHFT Maternity CQC Outcome

In May 2023, the maternity services at both Frimley Park Hospital and Wexham Park Hospital were inspected by the Care Quality Commission (CQC) as part of the national maternity services inspection programme.

The report from CQC was published in September, with both sites rating as overall good. However, with in the safe domain of the inspection, this requires improvement on both sites. This relates to compliance of training at Frimley Park Hospital and the improvement of staffing levels at Wexham Park Hospital.

NHS
Frimley
Integrated Care Board

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Provider Selection Regime - A new legal framework for selecting providers		
Agenda Item	5.2	**Date of meeting**	16 January 2024

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

Link to Strategic Objective	The new framework should support the improvement of healthcare outcomes and financial sustainability

Executive Summary

The Provider Selection Regime (PSR) came into force on 1 January 2024.

The PSR is a set of rules for procuring health care services in England by organisations termed relevant authorities. Relevant authorities are:

- NHS England
- Integrated care boards (ICBs)
- NHS trusts and NHS foundation trusts
- Local authorities and combined authorities.

The PSR was introduced by regulations made under the Health and Care Act 2022. In keeping with the intent of the Act, the PSR has been designed to:

- introduce a flexible and proportionate process for deciding who should provide health care services
- provide a framework that allows collaboration to flourish across systems
- ensure that all decisions are made in the best interest of patients and service users.

The ICB has reviewed its procurement approach and a revised Procurement Policy will be shared with the Board for approval in February. Provider organisations within the system have also been reviewing their processes.

Recommendation	The Board is asked to note the changes in the legal framework for sourcing service providers and intention to bring a revised Procurement Policy to the February Board meeting.

Please provide details on the impact of following aspects	
Risk and Assurance	This is a new legal framework that supports the commissioning of high quality, equitable and affordable services in line with population needs. It is a national framework developed from extensive engagement at a national level.
Equality and Health 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

ICB Strategic Objectives 2023-24:

- **Strategic Objective 1:** We want to help our employees thrive and be healthy both at work and in their personal lives, while also listening to our workforce to help us achieve our goals as an organisation. We will take actions that create a culture of inclusivity that values our diverse workforce and encourages everyone to contribute to our vision and values.
- **Strategic Objective 2:** We will work together with our communities and other partner organisations to improve health and care outcomes and experiences for local people, resulting in reduced health inequalities.
- **Strategic Objective 3:** We will make sure our organisation stays focused on the delivery of our work programme. Our leaders will oversee our progress and work to improve our approach over time. We will also work closely with our partners and places to make sure we are collectively contributing to wider improvements in public services, reform and transformation.
- **Strategic Objective 4:** We will invest in new technology that can help us provide better care and prevent illness. We will increase the use of data and insights to help us innovate and improve how we provide care and support to our patients and residents.
- **Strategic Objective 5:** We will work to make sure our organisation is financially sustainable in the long term. We will manage our finances carefully and make sure we are providing the best possible value to taxpayers.

The Provider Selection Regime

Overview

This slide deck introduces the new Provider Selection Regime (PSR).

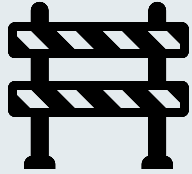
It is designed to provide a high-level summary of the PSR and the main points that all those involved in arranging health care services should be aware of. It is not intended to be exhaustive or to be used as guidance. More detailed information and resources are available on the NHS England PSR website.

Organisations required to apply the PSR when arranging in-scope health care services must follow the associated regulations and statutory guidance.

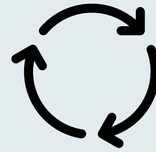
NHS England

- The Provider Selection Regime (PSR) is a set of new rules that relevant authorities must follow when procuring health care services in England. The PSR was created under the Health and Care Act 2022, as part of wider measures to promote greater integration of health and care services.
- The PSR came into force on **1 January 2024.**
- The procurement of health care services by relevant authorities has been removed from the scope of the Public Contracts Regulations 2015, and the NHS Procurement, Patient Choice and Competition Regulations 2013 will be revoked.
- The ‘relevant authorities’ required to follow the PSR when procuring healthcare services are NHS England, integrated care boards, NHS trusts and NHS foundation trusts, and local authorities or combined authorities.
- Relevant authorities should familiarise themselves with the PSR regulations and NHS England’s draft statutory guidance and review their procurement and governance processes in line with this.
- A PSR toolkit has been produced to support relevant authorities to prepare for and apply the new regime. A series of webinars are running until March 2024. These resources can be accessed via the NHS England PSR website.

Changes to health care services commissioning



Previous legislation governing the commissioning and procurement of health care services set the expectation that competitive tendering is used to award health care contracts. This created barriers to integrating care and disrupted the development of stable collaborations.



Since 2019 NHS England has iteratively co-created a new set of proposals with ICBs, NHS trusts and foundation trusts, commissioning support units, local authorities, government departments and key membership bodies, to introduce a new provider selection regime that supports the wider integration agenda.

We've heard how the health care provided to patients would benefit from increased flexibility in commissioning decisions, where competitive tendering is a tool that the NHS can choose to use from a wider set of options where it is appropriate to secure services that meet the needs of the people.

Context for the new legislation

The **Health and Care Act 2022** (the 2022 Act) codified the move towards more integrated working across the health and care systems, so that all decisions taken by commissioners and providers are in the best interest of patients and service users.

As part of the necessary reforms to achieve its aim, the 2022 Act introduced a new regime for selecting providers of health care services in England: the **Provider Selection Regime (the 'PSR')**. The Health Care Services (Provider Selection Regime) Regulations 2023 sets out the detail of the PSR. Relevant authorities must also have regard to the associated statutory guidance.

The PSR came into force on the 1 January 2024 and replaced the:

- Public Contracts Regulations 2015, when procuring health care services
- National Health Service (Procurement, Patient Choice and Competition) Regulations 2013.

In line with the provisions in the Health and Care Act 2022, the PSR:

- introduces a flexible and proportionate process for deciding who should provide health care services
- provides a framework that allows collaboration across systems
- ensures that all decisions are made in the best interest of patients and service users.

The PSR requires organisations to:

- act transparently, fairly, and proportionately
- act with a view to
    - secure the needs of the people who use the services
    - improve the quality of the services
    - improve the efficiency of the services

- including through integrated service delivery.

Organisations (termed '**relevant authorities**') required to follow the PSR when procuring health care services are:

- NHS England
- Integrated Care Boards
- NHS trusts and foundation trusts
- Local authorities or combined authorities

In scope are:

- **health care services** arranged by the NHS e.g., hospital, community, mental health, primary health care services
- **public health services** arranged by local authorities e.g., substance use, sexual and reproductive health, and health visitors

Out of scope are:

- **goods** e.g., medicines, medical equipment
- **social care** services
- **Non-health care services** or health-adjacent services e.g., capital works, business consultancy

Overview of the provider selection processes

Relevant authorities can follow the below provider selection processes to award contracts for health care services:

- **Direct award process A** where there is an existing provider for the services and that provider is the only capable provider.
- **Direct award process B** where people have a choice of providers, and the number of providers is not restricted by the relevant authority.
- **Direct award process C** where there is an existing provider for the services and that existing provider is satisfying the original contract and will likely satisfy the proposed new contract, and the services are not changing considerably.
- **Most suitable provider process** where the relevant authority is able to identify the most suitable provider without running a competitive process.
- **Competitive process** where the relevant authority wishes to run a competitive exercise, or if they wish to conclude a framework agreement.

Key criteria

There are five **key criteria** that must be considered when assessing providers under direct award process C, the most suitable provider process, or the competitive process. These are:

- Quality and innovation
- Value
- Integration, collaboration, and service sustainability
- Improving access, reducing health inequalities, and facilitating choice
- Social Value

Transparency and reviewing decisions during the standstill period

The PSR provides for greater flexibility in deciding how best to arrange local health care services and allows relevant authorities to award contracts without using a competitive process, where appropriate.

Other checks and balances are therefore in place to ensure that the PSR is complied with and that the flexibilities are used appropriately and in the best interest of patients and service users. These include:

- specific transparency and record-keeping requirements
- a standstill period within certain provider selection processes – that is, a minimum period between publishing an intention to award a contract notice and awarding a contract where provider selection decisions can be reviewed
- an independent PSR review panel – providers will be able to make representations to the PSR review panel if they believe that a relevant authority has not followed processes/met the requirements of the PSR when awarding a contract.

Reviewing decisions during the standstill period

The standstill period applies where relevant authorities followed direct award process C, the most suitable provider process, or the competitive process. The standstill period does not apply to direct award processes A and B.

During the standstill period:

- providers can bring representations against provider selection decisions
- relevant authorities have to review representations and have to make a further decision about whether to proceed with the award of the contract, return to an earlier step in the process, or abandon the process
- where the provider remains unsatisfied with the response of the relevant authority, they may seek a review by the independent PSR review panel
- the panel may accept to review a representations and offer advice to the relevant authority; the relevant authority will take a further decision based on that advice about whether to proceed with the award of the contract, return to an earlier step in the process or abandon the process.

The PSR came into force on **1 January 2024**.

Where relevant authorities started a contract award process before 1 January 2024 using the Public Contracts Regulations 2015 (PCR), then they must conclude that process under the PCR rules.

Where relevant authorities start a contract award process on or after 1 January 2024, then they must apply the PSR – even where awarding a contract based on a framework agreement that was established under the PCR rules.

Any contract modifications on or after the 1 January 2024 must be carried out using the PSR, even if the original contract was awarded under the PCR rules.

Contract award procedures started before commencement

A contract award process is considered to have started under the Public Contracts Regulations 2015 if any of the following occur before the PSR comes into forces:

- a contract notice has been submitted to the UK e-notification service for publication in accordance with Regulation 51(1) of the Public Contracts Regulations 2015
- the relevant authority has contacted any provider to seek expressions of interest or offers in respect of a proposed contract
- the relevant authority has contacted any provider to respond to an unsolicited expression of interest or offer received from that provider in relation to a proposed contract.

Implementation

NHS England’s statutory guidance sets out what relevant authorities must do to comply with the PSR legislation. Relevant authorities must have regard to the statutory guidance.

NHS England has also published a range of tools to help relevant authorities prepare for implementation. These include:

- process maps (one for each decision-making process)
- comprehensive FAQs
- Find A Tender Service (FTS) guide
- a series of webinars and associated slide decks to provide an overview for commissioners and an in-depth look at the PSR for practitioners

These are available on the PSR website.

NHS
Frimley
Integrated Care Board

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Board Assurance Framework (BAF)		
Agenda Item	5.3	**Date of meeting**	16 January 2024
Exec Lead	Rich Chapman, Chief Finance Officer		

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

Link to Strategic Objective	Strategic Objective 3

Executive Summary
The ICB board is asked to review the Board Assurance Framework, noting the updates to the mitigating actions that have been made since the document was last reviewed in November 2023.

The Board agreed the following Risk Thresholds for 23/24 in relation to its approach to the achievement of its five Strategic Objectives.

ICB Strategic Objectives 2023-24:

- **Strategic Objective 1**: We want to help our employees thrive and be healthy both at work and in their personal lives, while also listening to our workforce to help us achieve our goals as an organisation. We will take actions that create a culture of inclusivity that values our diverse workforce and encourages everyone to contribute to our vision and values.
- **Strategic Objective 2**: We will work together with our communities and other partner organisations to improve health and care outcomes and experiences for local people, resulting in reduced health inequalities.
- **Strategic Objective 3**: We will make sure our organisation stays focused on the delivery of our work programme. Our leaders will oversee our progress and work to improve our approach over time. We will also work closely with our partners and places to make sure we are collectively contributing to wider improvements in public services, reform and transformation.
- **Strategic Objective 4**: We will invest in new technology that can help us provide better care and prevent illness. We will increase the use of data and insights to help us innovate and improve how we provide care and support to our patients and residents.
- **Strategic Objective 5**: We will work to make sure our organisation is financially sustainable in the long term. We will manage our finances carefully and make sure we are providing the best possible value to taxpayers.

The ICB agreed its Risk Appetite Statement and Risk Thresholds for each of the Strategic Objectives and these are summarised below:

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

The Board is asked to note that three of the four Strategic Objectives continue to remain outside the Risk Appetite and Risk Thresholds, previously agreed.

	November 2023	January 2024
Quality	12 Out of risk appetite	12 Out of risk appetite
People	16 Out of appetite	16 Out of appetite
Transformation	16 Within risk appetite	16 Within risk appetite
Financial	16 Out of risk appetite	16 Out of risk appetite

The Board is asked to note that the principle risk for Hosted POD which sits within the Delivering Work and Transformation Strategic Objective - has been further mitigated from its previous score of 16 and now has a risk score of 6.

The overall risk score for the Transformation Strategic Objective remains within risk tolerance.

The Board is asked to review and agree its updated Board Assurance Framework.

Recommendation	**The Board is asked to review and agree its updated Board Assurance Framework.**

Please provide details on the impact of following aspects	
Risk and Assurance	
Equality and Health 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
Integrated Risk Committee	24 October 2023	
Senior Leadership Team	2 January 2024	

ICB Strategic Objectives 2023-24:

- **Strategic Objective 1:** We want to help our employees thrive and be healthy both at work and in their personal lives, while also listening to our workforce to help us achieve our goals as an organisation. We will take actions that create a culture of inclusivity that values our diverse workforce and encourages everyone to contribute to our vision and values.
- **Strategic Objective 2:** We will work together with our communities and other partner organisations to improve health and care outcomes and experiences for local people, resulting in reduced health inequalities.
- **Strategic Objective 3:** We will make sure our organisation stays focused on the delivery of our work programme. Our leaders will oversee our progress and work to improve our approach over time. We will also work closely with our partners and places to make sure we are collectively contributing to wider improvements in public services, reform and transformation.
- **Strategic Objective 4:** We will invest in new technology that can help us provide better care and prevent illness. We will increase the use of data and insights to help us innovate and improve how we provide care and support to our patients and residents.
- **Strategic Objective 5:** We will work to make sure our organisation is financially sustainable in the long term. We will manage our finances carefully and make sure we are providing the best possible value to taxpayers.

NHS Frimley

NHS Frimley ICB
Board Assurance Framework
2023/24

January 2024

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

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

NHS
Frimley

STRATEGIC OBJECTIVES 2023/24

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

NHS
Frimley

RISK APPETITE 2023/24

Draft Board Risk Appetite Statement 2023/24

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

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

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

Risk Statement:

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

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

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

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

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

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

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

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

NHS
Frimley

RISK SUMMARY

Strategic Objective A: Our People

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

Strategic Objective B: Improving Outcomes and Reducing Inequalities

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

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

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

Strategic Objective D: Data and Insights Drive by Technology

BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation) I	L	Rating (IxL)	Current Risk Rating (after mitigation) I	L	Rating (IxL)	Risk Appetite	Status (in/out of appetite)	Move from last quarter
C1 Risk 2	TRANSFO-RMATION	The responsibility for the development of a shared operating model for the Pharmacy, Optometry and Dentistry (POD) Hub for the SE Region sits with all six ICBs and NHS England, as the delegating body. However, if the Frimley ICB as the host for the Pharmacy, Optometry and Dentistry (POD) function for the SE Region is unable to develop a single shared vision for a distributed leadership model on behalf of all ICBs in the SE Region, then there is a risk that some ICBs in the SE Region may cease to work collaboratively resulting in the potential fragmentation of the Hub model, which will adversely impact on service transformation and operational effectiveness and delivery across the whole of the SE Region. If the other ICBs in the SE Region do not work collaboratively to mitigate this shared risk then there will be a disproportionate adverse impact on the Frimley ICB because it will be unable to deliver on its responsibilities for developing hosted POD services, which will result in the organisation facing reputational, operational and financial risks.	Chief Transformation and Digital Officer		4	4	16	3	2	6	Seek 16	IN	⟺

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

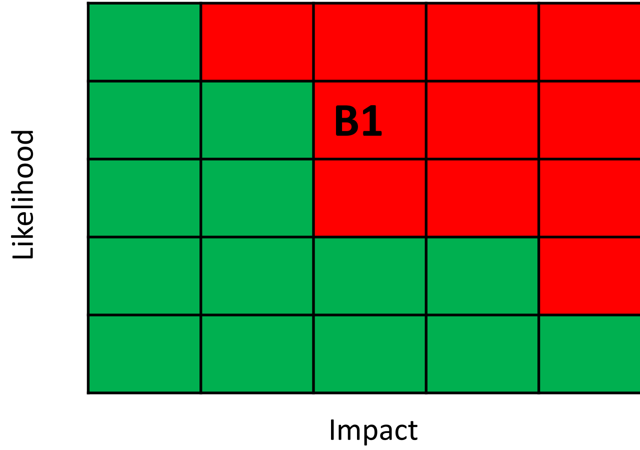
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation) I	L	Rating (IxL)	Current Risk Rating (after mitigation) I	L	Rating (IxL)	Risk Appetite	Status (in/out of appetite)	Move from last quarter
D1	TRANSFO-RMATION	If the ICB fails to resource,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

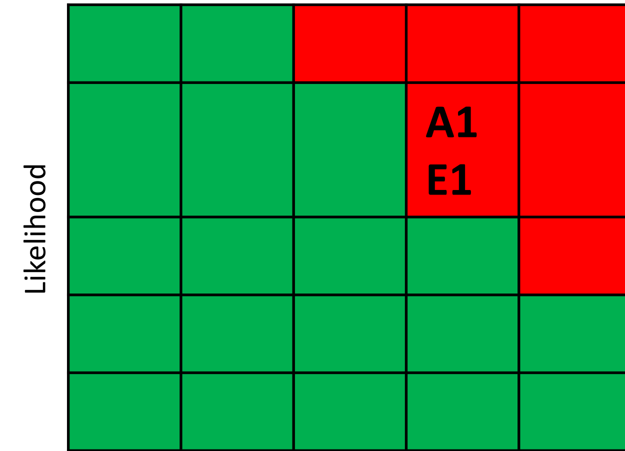
Strategic Objective D: Data and Insights Drive by Technology

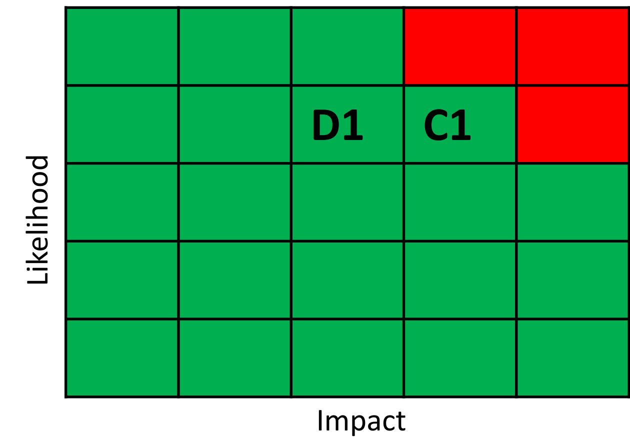
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation) I	L	Rating (IxL)	Current Risk Rating (after mitigation) I	L	Rating (IxL)	Risk Appetite	Status (in/out of appetite)	Move from last quarter
E1	FINANICAL	If we fail to operate within available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

Heat Map

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







NHS Frimley

RISK ANALYSIS

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

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

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

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

Positive Assurance and Key Controls in Place

- ICS People Strategy refresh completed and aligned to the ICS Joint Forward View - the third strategic People Board ambition focuses on staff health and wellbeing
- ICS People Board oversighting this work including highlight reporting, engagement plans including alignment with ICB Board Horizons framework.
- EDI strategy and workplan agreed and reporting progress via ICB and system networks and committees.
- ICB Mirror Board established and the EDI recruitment tool kit was implemented in H2 of 2023
- ICB OD plan developed and oversight via ICB SLT
- PMO reporting to oversight and assure the ICB's governance framework.
- Delivery of key system transformation programmes; Partnership Working & Insights, Just Culture, Civility & Respect
- Leadership development programmes that are available to partners across the System
- ICB Remuneration Committee established and work plan agreed.

Gaps in Control and/or Assurance

- Data analytics gap due to resourcing issues
- Alignment of system workforce operational plan with finance and activity plans

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update
Analytics resourcing options being progressed via conversation with the ICB's Insights team and partners including CSU and NHSE – Workforce, Training and Education team	31/03/24	CPO	Interim arrangements in place to provide support
Alignment of operational performance oversight with partners and CFO	31/03/24	CPO	Work underway to develop WF reporting specification and plan
Develop closer relationships and reporting with the System's Transformation PMO to manage the interdependencies, issues and risks between the People Transformation prog. and other programmes in the ICB	31/03/24	CPO	People Board governance and assurance measures in place via F&P and SQG and UEC System Board

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

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

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

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

Positive Assurance and Key Controls in Place

- Population health approach and health inequality lens in ICS work at system and place, particular focus in the MIMI work
- Our ICS ambitions and ICP strategy
- EHIA within each business case
- EDI director in ICS
- Anticipatory care programme, remote monitoring and proactive management
- Regular links to regional health inequalities group
- Clinical policies review work has begun– SQDG to oversee
- ICS Cardiovascular disease prevention group focussed work to reduce the burden of CV disease morbidity and mortality
- Health and social care partnership (including the VCSE) at place
- Slough and NEHF have increased focus with support from place administrative and clinical leads to tackle health inequalities
- Fuel poverty work in places

Gaps in Control and/or Assurance

- Lack of awareness of usual services (refugees/ asylum seekers)
- Significant system pressures impacting on delivery and recovery
- Digital exclusion
- Language barriers
- Cost of living crisis

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

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

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

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

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

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
• Establishment of System Delivery PMO to ensure that we have a comprehensive baseline of change and transformation programmes occurring across the ICS which contribute to the delivery of the ICS Strategy and / or the NHS Joint Forward Plan • Clarity of key delivery control information such as milestone planning, risks, issues, dependencies and benefits forecasting which places risk adjustment at the heart of the approach to quantifying improvements and their likely realisation • Instigation of the Transformation & Delivery Board which will create a supportive forum, building on the success of the ICS Programme Delivery Board (2017 – 2019) to ensure there is mutual accountability and visibility of risk to delivery • Working with ICB Board Partner Members and Non Executive Members to ensure broad expertise and attention to constructing this delivery framework in the right way	• Transformation & Delivery Board is a new meeting which has not yet been established and will require time / attention / resourcing from system partners to ensure it can be given the best possible start and operate to the full extent of the opportunity • System PMO team only in place since April 2023 and are also supporting Delegated Commissioning Transition which means function is currently under-resourced compared to requirements • Integrated Care Partnership is a novel construct and there is not yet an emergent consensus on how this statutory joint-committee will prioritise and oversee delivery of the ICS Strategy • Joint Forward Plan not yet approved by NHS partners and will not be ready from day one (1/7/23) to provide full clarity on long term delivery aspirations with sufficient granularity

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

BAF REF:	Strategic Objective:	2nd Principle Risk : HOSTED POD	Risk Domain:	Risk Score:
C1	Delivering Work & Transformation.	The responsibility for the development of a shared operating model for the Pharmacy, Optometry and Dentistry (POD) Hub for the SE Region sits with all six ICBs and NHS England, as the delegating body. However, if the Frimley ICB as the host for the Pharmacy, Optometry and Dentistry (POD) function for the SE Region is unable to develop a single shared vision for a distributed leadership model on behalf of all ICBs in the SE Region, then there is a risk that some ICBs in the SE Region may cease to work collaboratively resulting in the potential fragmentation of the Hub model, which will adversely impact on service transformation and operational effectiveness and delivery across the whole of the SE Region. If the other ICBs in the SE Region do not work collaboratively to mitigate this shared risk then there will be a disproportionate adverse impact on the Frimley ICB because it will be unable to deliver on its responsibilities for developing hosted POD services, which will result in the organisation facing reputational, operational and financial risks.	Transformation	6

Risk Owner: Sam Burrows | Assurance Committee: | Date Added to BAF: October 2023

Initial Risk Rating (before mitigation)			Current Risk Rating (after Mitigation)			Risk Appetite	Status (in/out appetite)
I	L	Rating (IxL)	I	L	Rating (IxL)		
4	4	16	3	2	6	Seek 16	IN

Risk Analysis	Qtr. 1 (23/24)	Qtr. 2 (23/24)	Qtr. 3 (23/24)	Qtr. 4 (23/24)
Current Rating	16	16	6	

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
Appointment of a POD Director who works for both NHS Frimley ICB and the Collective Established a Resourcing Group with NHS England to manage the funding requirements of the hosting service and any emerging priorities which need resourcing Transformation Board set up at Regional Level co-chaired by ICB Chief Executives and SE Region Chief Executive is successfully overseeing progress	

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update
Establishment of internal control on Internal Management Oversight – Chiefs to have ringfenced time together	Complete	Sam Burrows	Actioned

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

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

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

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

Positive Assurance and Key Controls in Place

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

Gaps in Control and/or Assurance

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

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

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

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

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

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

Positive Assurance and Key Controls in Place

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

Gaps in Control and/or Assurance

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

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update
In-housing SCW CSU Finance and Contracting Team to create a single function	1 February 2024	Debbie Fraser	Work in progress and on track
Additional financial controls implemented as part of the Rapid Turnaround Plan including the implementation of additional non-Pay controls and non-PO, No Pay approaches	Ongoing.	Ollie White	Launched January 2024

NHS
Frimley

APPENDIX
RISK Matrix

Risk Score Matrix

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

Impact

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

Likelihood Score

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

Impact (Consequence) Score

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