

Agenda – Meeting in Public

Tuesday 16 July 2024 – between 11.30am and 12.00pm

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
11.30am	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 May 2024 and matters arising	Approve	Paper	Chair
	4.	Chief Executive Update	Note	Verbal	Fiona Edwards
	5.	Leadership & Culture			
11.35am	5.1	Zero Tolerance Statement	Note	Paper	Safina Nadeem
	6.	Standing Items			
11.45am	6.1	Frimley ICB Integrated Performance Report: <ul style="list-style-type: none"> • Finance • Performance • Workforce • Quality 	Note	Slides	Richard Chapman / Sarah Bellars / Caroline Corrigan
	7.	Close of business			
11.55am	7.1	Questions received in advance from members of the Public	Note	Verbal	Chair

Timing	No.	Item	Action	Delivery	Lead
12.00pm	7.2	Any Other Business and Close	-	Verbal	Chair
Date of next meeting in public: 17 September 2024, 11.30 – 12.30					

NHS Frimley ICB Board Declarations of Interest Register v 09.07.24

Job Title	Firstname	Lastname	Interest	Description of Interest	Type of Interest			Actions agreed with line manager to mitigate conflict
Chief Nursing Officer	Sarah	Bellars	FHFT	Son and Daughter in Law work for FHFT	Declarations of Interest – Other	Indirect	Indirect	Seek the advice of other senior members of the executive and Non-executive team if there is a potential conflict
Non-Executive Member	Ilona	Blue	General Dental Council	Lay Council Member	Declarations of Interest – Other	Non-Financial Professional	Direct	I do not anticipate any direct conflicts of interest as I do not expect the ICB or its audit committee to engage in direct discussions/decisions related to individual dental professionals; or dental education establishments. My role in GDC does not involve any direct decisions about individual professionals as these are handled through independent hearing panels.
Non-Executive Member	Ilona	Blue	Accent Housing Group Limited	Non-executive director	Declarations of Interest – Other	Non-Financial Professional	Direct	I don't anticipate any direct conflicts, but should any discussions arise relating to housing in Frimley I would flag my interest and if necessary recuse myself from any discussions/decisions.
Non-Executive Member	Ilona	Blue	NB Solutions	I am a director (I own 25% and my husband Robert Nichols owns 75%) of NB Solutions. My husband is the sole employee.	Declarations of Interest – Other	Financial	Direct	I do not anticipate any conflicts of interest. NB Solutions' clients could sell into the NHS but my husband would not be directly involved in such commercial arrangements and I do not expect the ICB to be directly engaged with third party suppliers to provider organisations in the patch. My lack of direct involvement in any such commercial arrangements mitigates the risk of conflict.
Non-Executive Member	Ilona	Blue	Defence Equipment and Support, an arms' length body of the MoD	Non-executive member of the Audit and Risk Assurance Committee	Declarations of Interest – Other	Non-Financial Professional	Direct	No conflicts anticipated.
Non-Executive Member	Ilona	Blue	Active Travel England, an executive agency of the Department for Transport	I am a non-executive director and Audit Chair	Declarations of Interest – Other	Non-Financial Professional	Direct	No conflicts anticipated
Non-Executive Member	Ilona	Blue	DOHL, a public corporation of the Department for Transport	Interim non-executive director and Audit Chair.	Declarations of Interest – Other	Non-Financial Professional	Direct	No conflicts anticipated
Non-Executive Member	Ilona	Blue	Network Rail, an arms' length body of the Department for Transport	I am an independent advisor to the Audit & Risk Committee and the Treasury Committee	Declarations of Interest – Other	Non-Financial Professional	Direct	None anticipated

Chief Transformation & Digital Officer	Samuel	Burrows	Eightway Solutions Ltd	My spouse is the owner and operator of the company Eightway Solutions Ltd.	Declarations of Interest – Other	Indirect	Indirect	Sought advice from the Governance team and communicated to Line Manager. Will ensure that if this conflict of interest has the potential to become direct this will be immediately disclosed in order to identify further mitigations.
Chief Finance Officer	Richard	Chapman			Nil Declaration			
Chief People Officer	Caroline	Corrigan			Nil Declaration			
Chief Executive	Fiona	Edwards	NHS Confederation	Board Trustee	Declarations of Interest – Other	Non-Financial Professional	Indirect	Will be managed in accordance with policy.
Local Authority Partner Member from Rushmoor Borough Council	Karen	Edwards	Land and Property owned or leased by Rushmoor Borough Council	As an Executive Director of Rushmoor Borough Council there will be occasions when land and property from which the Council would receive and income or profit may be under discussion	Declarations of Interest – Other	Indirect	Indirect	Will not participate in any decision which would result in a financial gain or loss where the NHS would become a tenant of the local authority.
Local Authority Partner Member from Rushmoor Borough Council	Karen	Edwards	Land and property from which Rushmoor Borough Council as my employer would receive an income or profit may be under discussion	As an Executive Director of Rushmoor Borough Council with the responsibility for land and property there will be occasions when land and property from which the Council would receive an income or profit may be under discussion.	Declarations of Interest – Other	Non-Financial Professional	Direct	In the event that a land or property transaction comes forward to the benefit of the Council and it is a decision of the Board then I would ensure that proposals were submitted by another officer of the Council and I would not take part in any decision making unless clarifications were helpful and requested.
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	If contracts related to Age UK are discussed, I will recuse myself from discussions.
NHS Provider Partner Member from Berkshire Healthcare FT	Alex	Gild	Berkshire Healthcare NHS Foundation Trust	I am Deputy Chief Executive and voting Board member of Berkshire Healthcare NHS Foundation Trust, and provider partner member of the Frimley ICB.	Declarations of Interest – Other	Non-Financial Professional	Direct	Will declare interests on specific ICB business if and when needed.
Chief Operating Officer	Caroline	Hutton	Frimley Health Foundation Trust	Employed as CEO (interim) with FHFT	Declarations of Interest – Other	Indirect	Indirect	Declaration made

Chief Medical Officer	Lalitha	Iyer	Women's Scan Clinic	Director of private scanning company (company listed as Polar Diagnostics LLP)	Declarations of Interest – Other	Financial	Direct	Will declare COI and leave meetings if any relevant discussions take place
Chief Medical Officer	Lalitha	Iyer	Farnham Road GP Practice	GP Partner at the surgery	Declarations of Interest – Other	Financial	Direct	Will declare COI and will leave meetings if any relevant discussions take place
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	Will declare COI and will leave meetings if any relevant discussions take place
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	Will declare COI and will leave meetings if any relevant discussions take place
Chief Medical Officer	Lalitha	Iyer	Globe Management Consultants	I am the Secretary of the company which is owned by my spouse. I have no shareholding in this company.	Declarations of Interest – Other	Non-Financial Professional	Indirect	This company has no dealings with the Health Sector/NHS/CCG
Chief Medical Officer	Lalitha	Iyer	Magna Konserv	I am a Director of this company and have no financial interest or shareholding	Declarations of Interest – Other	Non-Financial Professional	Indirect	This company has no dealings with the Health Sector/NHS/CCG
Chief Medical Officer	Lalitha	Iyer	Solutions for Health	I am a Medical Advisor on the Board of Solutions for Health	Declarations of Interest – Other	Non-Financial Professional	Direct	I will declare COI and will leave meetings if any relevant discussions take place
Chief Medical Officer	Lalitha	Iyer	Women's Scan Clinic	Director of private scanning company (company listed as Polar Diagnostics LLP)	Declarations of Interest – Other	Financial	Direct	Will declare COI and leave meetings if any relevant discussions take place
Chief Medical Officer	Lalitha	Iyer	Daughter working as an intern with Graphnet who is one of our providers in the digital space	Indirect	Declarations of Interest – Other	Indirect	Indirect	I am not involved in any procurement conversations directly and will recuse myself from such decisions. I have also informed my colleagues (chiefs) and line manager.
Equality Diversity and Inclusion System Lead	Safina	Nadeem			Nil Declaration			
Equality Diversity and Inclusion System Lead	Safina	Nadeem	Purple Infusion Ltd	Director of a limited company which provides training to health and social care sectors	Declarations of Interest – Other	Financial	Indirect	Do not provide any training via company to Frimley ICS
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	Declaration was needed, however, membership of ADASS does not present as a risk.
Bracknell Forest Council	Grainne	Siggins	Bracknell Forest Council	Employed as Executive Director of People Services	Declarations of Interest – Other	Financial	Direct	
Bracknell Forest Council	Grainne	Siggins	Association of Directors of Children Services	Member of ADCS	Declarations of Interest – Other	Non-Financial Professional	Indirect	
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			
Frimley ICB Chair	Priya	Singh	PG Mutual Insurance	Non-Executive Director	Declarations of Interest – Other	Financial	Indirect	Manage in accordance with COI policy.
Frimley ICB Chair	Priya	Singh	CAF Nominees	Charitable Trustee	Declarations of Interest – Other	Non-Financial Professional	Direct	
Clinical Lead Royal Borough of Windsor & Maidenhead	Huw	Thomas	Claremont and Holyport practice	Partner in the practice	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Clinical Lead Royal Borough of Windsor & Maidenhead	Huw	Thomas	Maidenhead Primary Care Network	Practice is a member of Maidenhead PCN	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Clinical Lead Royal Borough of Windsor & Maidenhead	Huw	Thomas	Frimley Health NHS Foundation Trust	Spouse employed by Trust as Clinical Nurse Specialist	Declarations of Interest – Other	Indirect	Indirect	Will be managed in accordance with policy
Clinical Lead Royal Borough of Windsor & 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	Will be managed in accordance with policy

Clinical Lead Royal Borough of Windsor & Maidenhead	Huw	Thomas	Holy Trinity Primary School, Cookham	Governor at school	Declarations of Interest – Other	Indirect	Indirect	Will be managed in accordance with policy
Clinical Lead Royal Borough of Windsor & 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	Manage in accordance with policy
Local Authority Partner Member from Surrey County Council	Rachael	Wardell	Surrey County Council	Executive Director of Children, Families and Lifelong Learning since 07-12-2020	Declarations of Interest – Other	Non-Financial Professional	Direct	Will be managed in accordance with the Conflicts of Interest policy.
Local Authority Partner Member from Surrey County Council	Rachael	Wardell	Become - The Charity for Children in Care and Care Leavers	Trustee and Board Member since September 2019	Declarations of Interest – Other	Non-Financial Professional	Direct	Will be managed in accordance with the Conflicts of Interest policy.
Local Authority Partner Member from Surrey County Council	Rachael	Wardell	Association of Directors of Children's Services	Member of Professional Association since October 2009 and Chair of Workforce Development Policy Committee since April 2016	Declarations of Interest – Other	Non-Financial Professional	Direct	Will be managed in accordance with the Conflicts of Interest policy.
NHS Provider Partner Member	Graham	Wareham	Friends of Chambo Seminary	Trustee	Declarations of Interest – Other	Non-Financial Personal	Indirect	No conflict anticipated
NHS Provider Partner Member	Graham	Wareham	Surrey and Borders Partnership NHS FT	Employed as CEO	Declarations of Interest – Other	Non-Financial Professional	Direct	Will excuse if conflict of interest occurs

**Minutes of NHS Frimley Integrated Care Board
Held in Public on Tuesday 21 May 2024 from 11.30-12.30
Via Team Engine**

Chair – Priya Singh

Present:	
Dr Priya Singh	Chair
Fiona Edwards	Chief Executive
Sarah Bellars	Chief Nursing Officer
Richard Chapman	Chief Finance Officer
Caroline Corrigan	Chief People Officer
Dr Lalitha Iyer	Chief Medical Officer
Sam Burrows	Chief Transformation & Digital 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
Alex Gild	NHS Provider Partner Member
Caroline Hutton	Interim NHS Provider Partner Member
Graham Wareham	NHS Provider Partner Member
In Attendance:	
Safina Nadeem	Equality, Diversity and Inclusion System Lead
Ollie Hemans	Communications and Engagement Manager
Mary-Jane Steijger	Head of Governance
Tom Allinson	Governance Manager (secretariat)
Sam Branscombe	Governance Support Officer
Apologies for Absence:	None.

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

	Members of the ICB Board’s Mirror Board were in attendance.
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 19 March 2024, 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, formally recognising on behalf of the Board the work underway to learn, reflect and respond to the national inquiry regarding contaminated blood, and the consequences for the tens of thousands of people affected. Fiona Edwards outlined the challenging plan for the 2024-2025 year, to close the financial deficit and improve patient outcomes and experience. <i>The Board noted the update.</i>
5.	Reducing Health Inequalities
5.1	New Hospital Programme Update Sam Burrows presented an update on the New Hospital Programme for Frimley Health Foundation Trust (FHFT). The current Frimley Park Hospital (FPH) employs 13,000 staff and serves a local population of approximately 900 thousand, with a total operational cost of delivering services of approximately £1 billion. FPH was built in the 1970s, and so was heavily affected by RAAC (Reinforced Autoclaved Aerated Concrete), with up to 64% of the facility constructed in this way. There was now a requirement on the NHS for safety reasons to stop using buildings constructed with RAAC by 2030, and so an opportunity was now present to create a new hospital to deliver and fulfil the critically important role in meeting community needs, using an integrated, whole-system approach. This vision for a new hospital was seen as a system partnership endeavour, with the end result viewed as a community asset. The NHS would work with the voluntary sector, local government, Healthwatch, and others to support these transformation plans for Primary, Secondary, and Community care. The New Hospital Programme design requirements were broadly framed as follows: <ul style="list-style-type: none"> • Expecting a larger facility (approx. twice size) • Budget exceeding £1 billion • Open for 2030 to replace services currently provided • More beds and community / virtual wards • Supported by “Hospital 2.0” national programme – ensuring a degree of consistency and value for money for the taxpayer. Modern methods of construction, flexibility of design, net zero carbon, and based on best practice. Engagement with local people to understand views of people living in local area was reinforced as key. Early work had already been undertaken, with over 3,000 responses received online, and via

public listening events and stakeholder events. Output from these events had now been written up via independent reports which summarise views and opinions - this report being available to the public on FHFT's website.

Disruption was expected to current services due to RAAC impairment at the current FPH. An ongoing programme of monitoring and maintaining areas affected by RAAC was underway to ensure the building remains safe and fit for purpose until 2030.

Next steps for the programme were then outlined as follows:

- Due diligence on potential sites - completing legal and planning analysis on these sites before any further decisions are made.
- Continue to engage with public, staff and stakeholders throughout all stages of this journey.
- Clinical transformation conversations remained ongoing – opportunities to scrutinise to come later in the year.
- Remaining on track to build a new Frimley Park Hospital for 2030 and working closely with all partners to achieve challenging deadline.
- Joint Health Overview and Scrutiny Committee established – met for the first time in May, to continue to meet to ensure the voices of local people are heard throughout the project.

The Committee noted the update.

Operational and Financial Planning

5.2

Rich Chapman presented the Operational and Financial Planning update, asking the Board to note the information contained within for the year ahead 2024/25:

- Following submission on 2 May 2024, continuing to revise the overarching financial forecast for the year ahead
- This is a part of a two-year trajectory which returns the system to a break-even position by the end of 2025/26.
- Work underway with colleagues in FHFT to mitigate the cost of RAAC which remained a significant issue for the system until the construction of a new hospital for FPH
- There was a level of risk in our plans which were being refined to mitigate

The Board noted the Operational and Financial Planning update.

The Board further noted the Primary Care Access Recovery Plan for 2024-25.

Clinical Policies update

5.3

Lalitha Iyer presented the Clinical Policies alignment project update. In April 2023 Frimley Board had agreed the proposal for the clinical policy alignment project, its approach, governance and timescale, as Frimley ICB currently utilised three different suites of clinical policies according to where the patient lives based on the legacy CCG geography.

The aim of this project was to achieve harmonisation of evidence based clinical commissioning policies across the ICB in order to:

- reduce unwarranted variation in access to care
- ensure that the commissioning of these services is consistent and applicable to all areas within NHS Frimley going forward

- maximise opportunities to invest in safe, clinical and cost-effective treatments and offer equitable access to care

Progress to date was listed as follows:

- This project had progressed through the planned phases (1-4) and a total of 56 clinical policies had been aligned and recommended for Frimley ICB for universal coverage.
- None of these recommendations represented a significant change in service provision for patients. Largely, implementation would represent improvement in access to care and/or up to date evidence-based thresholds for treatment.
- The remaining Phase 5 – to process policies with differences and potentially high impact was on hold, with a view to these being processed with the support of the new collaborative joint South East Regional Priorities Committee from June 2024.

The new policies would come into effect on 1st June 2024 for all new referrals. A transitional implementation arrangement would be put in place for patients who had been referred before the 1st of June 2024, and implementation of the proposed policies would be applied where an individual had already been referred for NHS funded treatment, or the patient was on a relevant pathway prior to the issue date. In either of those cases, the patient should not experience disadvantage as a result of the new policy adoption.

The Chair invited Linda Gaw and Samina Hussain of the ICB’s Mirror Board to provide their input to the paper. Mirror Board members had met to discuss the Clinical Policies alignment project on 16 May 2024, and reinforced the need to consider the impact on inequalities, to ensure stakeholder engagement, and to allow for flexibility to accommodate future changes within the alignment project should the need arise. Actions had also been taken away to look at language around equity and to ensure that inclusive communication was reaching all communities.

The Board noted the update.

6. Standing Items

6.1 Board Assurance Framework

Caroline Corrigan presented the Board Assurance Framework, noting the updates to the mitigating actions that have been made since the document was last reviewed in March 2024.

A1 People	No change to the overall risk score between Q4 23/24 and Q1 24/25
B1 Quality	No change to overall risk score between Q4 23/24 and Q1 24/25. New mitigating actions.
C1 Transformation	The risk score has been increased from 9 in Q4 23/24 to 16 in Q1 24/25. The risk continues to remain with its overall risk threshold.
C2 Transformation	The risk score has been increased from 6 in Q4 23/24 to 12 in Q1 24/25. The risk continues to remain within its overall risk threshold.
D1 Data & Insights	No change to overall risk score between Q4 23/24 and Q1 24/25
E1 Financial	No change to overall risk score between Q4 23/24 and Q1 24/25.

	New mitigating actions.
6.2	<p><i>The Board noted the paper.</i></p> <p>Frimley ICB Integrated Performance Report</p> <p>Richard Chapman and Sam Burrows presented the Frimley ICB Integrated Performance Report, highlighting key performance, quality and workforce metrics alongside the following finance updates:</p> <ul style="list-style-type: none"> • The Frimley System outturn for 23/24 was a £21.8m deficit as forecast at month 11 (ICB deficit £11.0m, FHFT deficit £10.8m) • The split between the Trust and the ICB changed from Month 11 due to the Industrial action funding £3.7m being passed through to the Trust. • Within the ICB position additional pressures from out of area NHS acute providers, c£1.1m, were mitigated with an improved position in Continuing Healthcare. <p><i>The Board noted the paper.</i></p>
7.	Questions received in advance from members of the Public
	<i>None.</i>
8.	Any Other Business
	<i>None.</i>
9.	Close
	<p>The Chair closed the meeting at 12.30.</p> <p>The date of the next meeting in public was confirmed to be 16 July 2024.</p>

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Zero Tolerance Statement		
Agenda Item	5.1	Date of meeting	16 July 2024
Exec Lead	Safina Nadeem		

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	5 – see below
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary	
<p>The statement has been developed in collaboration with our staff networks to demonstrate our ongoing commitment to creating a safe and inclusive environment for.</p> <p>The ICB will not tolerate any form of discrimination, bullying, microaggressions or any other inappropriate behaviours and actively encourages people to report such incidences through the appropriate channels.</p>	
Recommendation	The Board is asked to NOTE the paper.

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

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

ICB Strategic Objectives 2024-25:

Strategic Objective 1: Living Well

- Creation of the whole system clinical strategy to support shift of care to out of hospital settings and quantifiable effect on reducing hospital activity, making full advantage of virtual care and other 21st Century healthcare transformation opportunities and enable NHP build assumptions.
- Definition and achievement of Core20+5 interventions on reducing inequality of outcome for maternity, severe mental illness, respiratory, cancer and hypertension, as well as the Plus groups approved by the ICB Board in 2024

Strategic Objective 2: Starting Well

- Developing a whole system transformation programme to support our offer to neurodiverse children to a needs led model, reducing the long waits for ADHD/Autism assessments.
- Strengthening the partnerships across our system to improve outcomes for children and young people with SEND through early help and peer support.
- Improving the options available for children needing residential care, and further develop and strengthen the processes and arrangements for joint funding with partner local authorities.

Strategic Objective 3: People, Places & Communities

- Definition of a new way of working and taking decisions together at Place with Local Authority partners and ICB teams, contributing to increased discharges and admission avoidance, facilitated by an improved utilisation of the Better Care Fund.
- Support and refinement of the VCSE at scale model which is being developed and implemented.
- Leadership and support of the co-design for ICP v2.0

Strategic Objective 4: Our People

- Finalise the implementation of the ICB restructure, realising a £4.5m improvement in the pay expenditure of the organisation and embed the OD activities required to make the operating model a success.
- Establish the DWP-DHSC Work Well programme as a funded pilot site and ensure that the financial support available is used to create high impact, personalised support for Frimley residents.

Strategic Objective 5: Leadership & Cultures

- Further develop, promote and implement the ICB's activities in delivering our system wide Equality, Diversity and Inclusion Strategy.
- Build upon our system leadership approach and workplan, including our continuing commitment and support to the Frimley Academy.
- Further development of the System Leadership capabilities through the implementation of our new operating model, which includes the new hosting functions of the ICB (i.e. Spec Com).

Strategic Objective 6: Outstanding Use of Resources

- Financial sustainability – break-even runrate by end of 25/26.
- Finalisation and publication of ICS Infrastructure Strategy.
- Progression of out of hospital capital estates schemes.
- New Hospital Programme – ICB responsibilities.
- CSU In-Housing and Pan-ICB digital architecture implemented.

Zero Tolerance Statement

NHS Frimley Integrated Care Board/System (ICB/ICS) is committed to a strict policy of zero tolerance.

We believe all forms of diversity contribute to a positive and enriching experience for staff and the community we serve.

Zero Tolerance means we will never ignore, tolerate or condone discrimination, bullying, harassment, abuse or victimisation of any kind in any form.

This includes, but is not limited to, a person's age, disability, gender reassignment, marital or civil partnership status, pregnancy or maternity status, race, religion or beliefs, sex, sexual orientation, or socio-economic background.

This applies to all staff working for or on behalf of NHS Frimley ICB/ICS, including suppliers or providers, as well as our service users.

We strongly encourage and fully support anyone who has experienced or witnessed these behaviours to raise it with a Line Manager, Freedom To Speak Up Guardian, Equality Advocate, Mental Health First Aider, Staff Network or Wellbeing Champion.

Zero Tolerance Statement Definitions

Zero tolerance: The act of identifying and calling out any unacceptable behaviour.

Unacceptable behaviour: Behaviour or statements that have a negative impact on someone else.

Discrimination: Unjust or prejudiced treatment of people, particularly on the grounds of a protected characteristic.

Bullying: Harming, intimidating or coercing a person who is perceived as vulnerable.

Harassment: Aggressive pressure or intimidation of a person.

Abuse: Treating with cruelty or violence, especially if regularly or repeatedly.

Victimisation: The action of singling someone out for cruel or unjust treatment.

Suppliers or providers: Any person or organisation, paid or unpaid, who provides any health and/or social care services within the Frimley Integrated Care System.

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Integrated Performance Report (Public)		
Agenda Item	6.1	Date of meeting	16 July 2024
Exec Lead	Rich Chapman, Chief Finance Officer		

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	6 see below
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary	
<p>The report sets out a further iteration of Performance, Finance & Workforce system oversight reporting, bringing these areas together. Quality is now reported separately. The paper was reviewed by the Finance and Performance Committee at its meeting on 11 July.</p> <p>The executive summary can be found in the main body of the report in PowerPoint.</p> <p>The ICB Board is asked to <u>note</u> that a number of data sources included in this report are from unvalidated daily sitreps and are for internal management information purposes only and <u>not</u> suitable for publication.</p> <p>The Board is asked to <u>note</u> the performance challenges faced by all areas across our system.</p>	
Recommendation	To <u>note</u> the paper

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

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
SLT	09July 2024	

ICB Strategic Objectives 2024-25:

Strategic Objective 1: Living Well

- Creation of the whole system clinical strategy to support shift of care to out of hospital settings and quantifiable effect on reducing hospital activity, making full advantage of virtual care and other 21st Century healthcare transformation opportunities and enable NHP build assumptions.
- Definition and achievement of Core20+5 interventions on reducing inequality of outcome for maternity, severe mental illness, respiratory, cancer and hypertension, as well as the Plus groups approved by the ICB Board in 2024

Strategic Objective 2: Starting Well

- Developing a whole system transformation programme to support our offer to neurodiverse children to a needs led model, reducing the long waits for ADHD/Autism assessments.
- Strengthening the partnerships across our system to improve outcomes for children and young people with SEND through early help and peer support.
- Improving the options available for children needing residential care, and further develop and strengthen the processes and arrangements for joint funding with partner local authorities.

Strategic Objective 3: People, Places & Communities

- Definition of a new way of working and taking decisions together at Place with Local Authority partners and ICB teams, contributing to increased discharges and admission avoidance, facilitated by an improved utilisation of the Better Care Fund.
- Support and refinement of the VCSE at scale model which is being developed and implemented.
- Leadership and support of the co-design for ICP v2.0

Strategic Objective 4: Our People

- Finalise the implementation of the ICB restructure, realising a £4.5m improvement in the pay expenditure of the organisation and embed the OD activities required to make the operating model a success.
- Establish the DWP-DHSC Work Well programme as a funded pilot site and ensure that the financial support available is used to create high impact, personalised support for Frimley residents.

Strategic Objective 5: Leadership & Cultures

- Further develop, promote and implement the ICB's activities in delivering our system wide Equality, Diversity and Inclusion Strategy.
- Build upon our system leadership approach and workplan, including our continuing commitment and support to the Frimley Academy.
- Further development of the System Leadership capabilities through the implementation of our new operating model, which includes the new hosting functions of the ICB (i.e. Spec Com).

Strategic Objective 6: Outstanding Use of Resources

- Financial sustainability – break-even runrate by end of 25/26.
- Finalisation and publication of ICS Infrastructure Strategy.
- Progression of out of hospital capital estates schemes.
- New Hospital Programme – ICB responsibilities.

CSU In-Housing and Pan-ICB digital architecture implemented.

Integrated Finance and Performance Report

Executive Summary

Integrated Finance and Performance Report – Executive Summary

Workforce and Finance Overview



Workforce

- All trusts are reporting below regional levels for sickness absence. Regional absence is 4.2%. Frimley FHFT has reported the same absence level as last month at 3.2%
- Vacancy levels continue to increase in FHFT with an increase of 0.3% to 8.7%. This is against a regional vacancy rate of 7.3%. Frimley are the trust with the highest vacancy level (all staff groups) across the SE.
- FHFT achieved significant reductions in agency expenditure in 2023/24, spending £17.2M less compared to 2022/23 (a 36.5% reduction). The first two months of 2024/25 have seen FHFT spend £2.5M less on agency compared to the same period last year.

Finance

At month 2, the national team did not require a report on System/Trust forecast due to an additional Planning Submission required in June. Forecasting will be required from month 3 onwards, however the system is expecting to deliver the 2024/25 statutory financial target.

The **Frimley System position is £0.9m adverse to plan for month 2**. The ICB is £0.2m favourable and Frimley Health Trust (FHFT) is (£1.1m) adverse to plan.

The **ICB position is £0.2m better than plan** reflecting underspends in CHC which have been partially offset by pressures with acute IS providers. There are no current significant variances to the plan at this stage.

The **FHFT position is (£1.1m) adverse to plan**, with pay costs impacted by the consultants' pay inflation. Non pay pressures include medical inpatient services, drugs and clinical supplies.

The **ICB has achieved three of the four BPPC targets**. The target of paying Non-NHS and NHS invoices by invoice value but NHS invoice count has fallen below 95% due to invoices escalating prior to approval. **FHFT has failed to meet any of the four BPPC targets** and cite reverting to a Non-PO, No Pay policy causing issues along with several high value invoices affecting results.



Integrated Finance and Performance Report – Executive Summary

Finance (continued...)

Adult Mental Health

- Portfolio reported breakeven year-to-date and forecast.
- Reported budget includes full delivery of efficiency target of £1.7m, with £1.1m from identified schemes and £0.6m from SDF reserves
- Budget also includes £1.6m Surrey Heath mental health collaborative recharge budget transferred from CHC.

Learning Disability & Autism

- LDA reported breakeven on both year-to-date and forecast and there no known risk to the budget at this stage. Efficiency is fully delivered.

Children & Young People

- Portfolio reported breakeven on year-to-date and forecast with efficiency of £1.7m fully delivered. Current known risk to portfolio is late notification of additional funding required to bridge investment in Paeds Development pathway (£60k) within SABP (CFHS) contract led by Surrey Heartlands.

UEC & Planned Care

- UEC Forecast Outturn is on plan, however contract negotiations have not concluded with out of area providers.

Community

- Community & Integration portfolio's is £357k underspending YTD.
- This is being achieved through delivery of planned savings in the complex care pathways and joint agreements with Local Authorities £280k.
- There are minor underspends on other budgets such SLA exclusions, Diabetes and community equipment.
- Actual data for community equipment for March and April 2024 is not yet available due to a cyber attack and estimates based on last year's average were used for April and May 2024 positions.

CHC

- East Berkshire** YTD underspend by £0.6m. £0.3m is across various packages where the number of high-cost packages is slightly lower than prior year. However, uplifts requests are still coming through and whilst £300k has been added for request above the agreed 4.1% there is some risk that the final figure could be higher.
- Hampshire** YTD £0.1m overspend due to growth being higher than plan. More work still to be done with Hampshire to align budgets and phasing and to understand growth and uplift assumptions made.
- Surrey** YTD underspend by £0.3m driven by Fully funded £0.2m & Fast tracks £0.1m. More work still to be done with Hampshire to align budgets and phasing and to understand growth and uplift assumptions made.

Integrated Finance and Performance Report – Executive Summary

Finance (continued...)



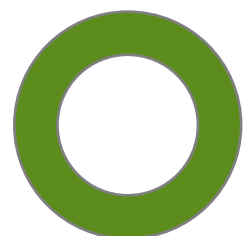
Delegated Primary Care	Prescribing	Digital
<ul style="list-style-type: none"> The Delegated Primary Care budget is showing a YTD underspend of £26k. It is expected the spend will remain within the allocation. 	<ul style="list-style-type: none"> The YTD position shows a small overspend of £76k. This is a result of the Covid Medicines Delivery Unit (CMDU) budget & expenditure being transferred into this portfolio area in 24/25. The budget for the CMDU service is yet to be drawn down, which is why there is an overspend YTD. This will be corrected for Month 3 reporting. The Medicines Optimisation Team (MOT) have identified several efficiency schemes that the team are working towards. 	<ul style="list-style-type: none"> The YTD position shows a small overspend, as the Business Case for the PC Transformation SDF funding, covering Digital First expenditure has not yet been submitted for approval, however, costs are being incurred. The Business Case will be submitted in the coming weeks, if approved this will allow the budget to be drawn down. There remains a small risk on the Digital portfolio, as not all 24/25 contract values have been agreed with the suppliers. The budget holder is confident that the 24/25 contracts will be signed in the coming weeks, removing the outstanding risk.
Primary Care	POD	Estates
<ul style="list-style-type: none"> Locally Commissioned Schemes (LCS) is to plan as no data received yet for the 1st Quarter's activity. The main risk in the LCS budget is the transition to the new schemes that have been introduced across the whole of Frimley. Budgets have been based on predicted activity which could be lower than actual activity this could result in a cost pressure against this budget. Primary Care Development - The YTD position shows a small overspend, as the Business Case for the PC Transformation SDF funding has not yet been submitted for approval. However, costs are being incurred. Following submission, if the Business Case is approved, the allocation can be drawn down. 	<ul style="list-style-type: none"> YTD is showing a breakeven position across the POD Budgets. The Dental budget is showing an overspend of £143k, mainly due to lower patient charge revenue being received, and the Ophthalmic budget is overspending by £128k due to increased activity. These have been offset by an underspend on the Pharmacy budget which mainly relates to PY. 	<ul style="list-style-type: none"> YTD is showing a breakeven position across the Estates Portfolio. There remains a risk on this portfolio, as the 24/25 Annual Billing Statement received from NHS Property Services (NHS PS) is slightly higher than the annual budget available. Work is ongoing with NHS PS to understand the rationale for cost increases, to resolve the prior year billing queries and to identify potential efficiencies and mitigations in year. The Estates team have identified some areas of saving within the portfolio, that are being worked towards in 24/25.



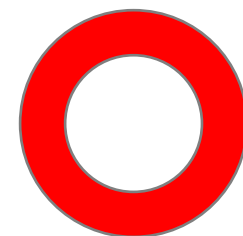
New Status Icon Key – as used in the Performance Exec Summary

Outer Ring = Position to Target

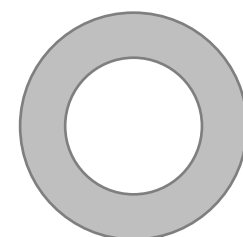
Outer Ring colour communicates the current value is:



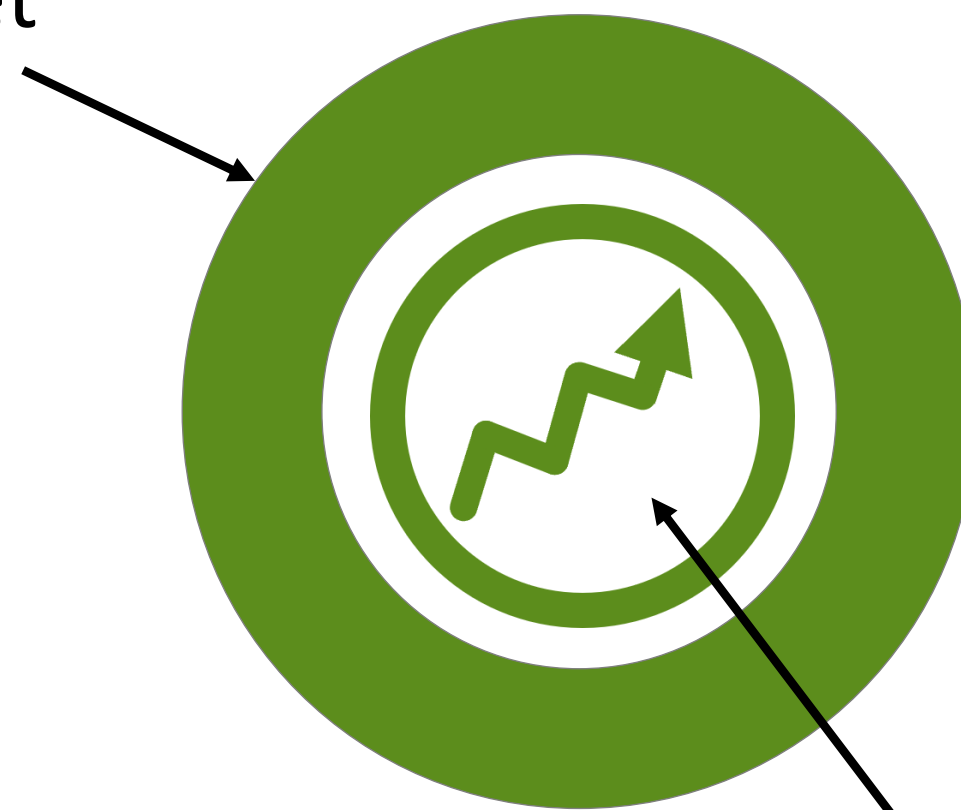
At or above target



Below target



No target defined, comparison shown where available



Inner icon communicates the latest trend:



Improving trend



Declining trend



Stable, no clear trend

Inner Icon = Trend (MoM or YoY)

P = identifies data that is also published publicly

DQ = Data Quality Issue

Integrated Finance and Performance Report – Executive Summary

Key Measures



Measure	Status	Actual	Comparison / Target	Trend	Main Risk and Action
<p>P Same day/next day Appointments – 1-day standard achievement</p>		83% as of Apr	77% YoY 2023-24		<ul style="list-style-type: none"> Continued implementation of the primary care transformation programme, including PCARP, Pharmacy First, MGPAM and PNG segmentation. <p>National Target: TBC</p> <p>Main risk:</p> <ul style="list-style-type: none"> Unwarranted variation, with a small number of practices not adopting MGPAM or PNG segmentation.
<p>P Appointment within 14 days of booking – 14-day standard achievement</p>		90% as of Apr	86% YoY 2023-24		<ul style="list-style-type: none"> Continued implementation of the primary care transformation programme, including PCARP, Pharmacy First, MGPAM and PNG segmentation. <p>National Target: 85% - 90%</p> <p>Main risk:</p> <ul style="list-style-type: none"> Unwarranted variation, with a small number of practices not adopting MGPAM or PNG segmentation
<p>P Face to Face Appointments</p>		53% as of Apr	67% England average		<ul style="list-style-type: none"> Transformation funding investment in enhanced care navigation training and development of standard operating models/procedures, including ambition to incorporate the PNG segmentation training with this programme. <p>Main risks:</p> <ul style="list-style-type: none"> Estates capacity and lack of access to capital Managing patient expectations in the current context



Integrated Finance and Performance Report – Executive Summary

Key Measures

Measure	Status	Actual	Comparison / Target	Trend	Main Risk and Action
<p>P UCR – Accepted Referrals</p>		545 as of Apr	N/A		<p>Improving UCR Referral Processes Action: Collaborate with healthcare providers to streamline referral processes and ensure timely response and follow-up for UCR services. Primary Risk: Delays or inefficiencies in the referral process may deter people from referring and lead to lower acceptance rates. Mitigations:</p> <ul style="list-style-type: none"> • Develop and implement a standardised referral protocol that simplifies and expedites the referral process. • Provide training sessions for healthcare providers on the importance and use of UCR services to ensure proper and efficient referrals. • Utilise the Joint BHFT and FHFT UCR/VW clinical/operational meeting to iron out any issues or questions related to UCR and to share best practice. • Regularly monitor and evaluate the referral process to identify bottlenecks and areas for improvement, ensuring continuous optimisation
<p>P UCR – Referrals seen within 2hr response</p>		82% as of Apr	70%		<p>Improving Timeliness of UCR Referral Responses. Action: Ensure the data submission reflects the actual 2 hr performance. Primary Risk:</p> <ul style="list-style-type: none"> • CSDS does not reflect actual 2 hr performance. • Increased demand for service overwhelms capacity to provide a response within 2 hrs. <p>Mitigations:</p> <ul style="list-style-type: none"> • Consider implementing a real-time tracking and resource allocation systems to ensure referrals are seen within the 2-hour response time Continue efforts to promote the "Call before you Convey" approach for UCR referrals, ensuring faster and more efficient referral processing. • Work with EMIS to ensure correct coding of 2 hr response.
<p>P Seen in 4 hrs (ED All types)</p>		72% as of May	78%		

Integrated Finance and Performance Report – Portfolio Summary

Key Measures



Measure	Status	Actual	Comparison / Target	Trend	Actions
<p>P Diagnostic patients 6 weeks waits</p>		<p>81.2% as of Mar-24</p>	<p>95% interim</p>		<ol style="list-style-type: none"> 1. Patients waiting under 6 weeks for diagnostics tests has increased to around 82.6% (+1.4% from Mar-24). 2. The total patients waiting for diagnostics continues to fall and FHFT are working on productivity improvements to increase activity further. 3. As part of the CDC program, the mobile MRI unit is responsible for an extra c400 tests each month.
<p>P Cancer: 62-day combined referral to treatment</p>		<p>73% as of Apr-24</p>	<p>70%</p>		<ol style="list-style-type: none"> 1. The 62-day combined standard for FHFT remains above target this current month at 73.471% versus a target of 70%. 2. Generally, over 300 patients, per month, are receiving their first definitive treatment with two months.



ICB Board Quality Update July 24

Overview

- Pharmacy & Medicines Optimisation Update
- Allied Health Professionals Update
- Quality Updates
- CQC Compliance for system

Quality

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



Pharmacy & Medicines Optimisation Update

Pharmacy & Medicines Optimisation update



Workforce

- Frimley ICS Pharmacy Workforce Group formed. Members from across the system and region including pharmacy teams and workforce teams. Current key deliverables include (not complete list):
 - Increasing Pharmacy Technician workforce; partaking in National Pharmacy Technician Workforce Expansion Project to obtain bid for pre-registration pharmacy technician places
 - Increasing the number of Foundation Trainee Pharmacist places within Frimley and within the Southeast region with a focus on developing cross-sector partnerships
 - Increasing the number of undergraduate placements offered for Pharmacy students
 - Increasing research collaborations between the University of Reading and the Pharmacy teams in Frimley

Community Pharmacy

- 11,655 Pharmacy First referrals have been made since service launch on 31st January 2024
- Pharmacy First operational group meeting has been established as a platform to embed and drive the service across the system
- Important to recognise the sector continues to be significantly impacted by national underfunding. In Frimley there were 9 pharmacy closures in 23/24, (most in part to one large national contractor selling/closing their pharmacies) regionally this number is 97 closures. Currently within a national context there are approximately 8 pharmacies per week closing permanently

Medicines Governance

- Medicines Board risks reviewed and updated on 4RISK. Process for tracking and escalation by Medicines Board Subcommittees clarified
- Work continuing aligning Clinical Priorities process across whole of southeast region on medicine pathways and treatment options. Supports ambition of reducing variation in addition to working collegiately across systems to support implementation of new medication technologies

Medicines Safety

- Some of the key deliverables included in the 2024/2025 Medicine Safety Workplan are:
 - Valproate- system work on MHRA safety measures for valproate
 - Work with provider organisations on improving safety of clozapine related prescribing
 - Work with stakeholders on Polypharmacy at national, regional and local level
 - Produce a 'one-stop' suite of medicines safety searches and encourage practices to run on a regular basis

Bracknell Forest • North East Hampshire and Farnham • Royal Borough of Windsor and Maidenhead • Slough • Surrey Heath

Allied Health Professionals Update



FRIMLEY ICS AHP TEAM ACHIEVEMENTS



PRE-REGISTRATION

AHP placement team recruited to new roles to support **transformation** and **role emerging placements**

Established **governance** and **feedback pathways** for placements

Practice Educator Network

Student Council



RECRUITMENT

36 int educated AHPs employed

Over 100% increase in number of career ambassadors

6 AHPs supported to return to practice in the last year

Frimley ICS AHP Webpage is now live

First FICS AHP Fellow



RETENTION

1043 training places commissioned

297% growth in training bulletin readership

First training brochure published and seen over **1200** times

35 careers showcased on AHP aspirational career padlet



TRANSFORMATION

323% increase in number of qualified FCPs

58% increase in primary care AHP workforce

A system-wide **working group** established to promote **Proportionate Care**, amalgamated risk assessment for moving and handling produced.

Bespoke ICS wide **AHP leadership programme** established



CLINICAL & QUALITY

Leading on programmes of work for Rehab, Therapy discharge and flow, Podiatry, and Intermediate Care - convening **Clinical Reference Groups** with representation from ICS partners. Informing required transformation

Convene a **community of practice** to support a collaborative and comprehensive response to the **MHRA** alert.

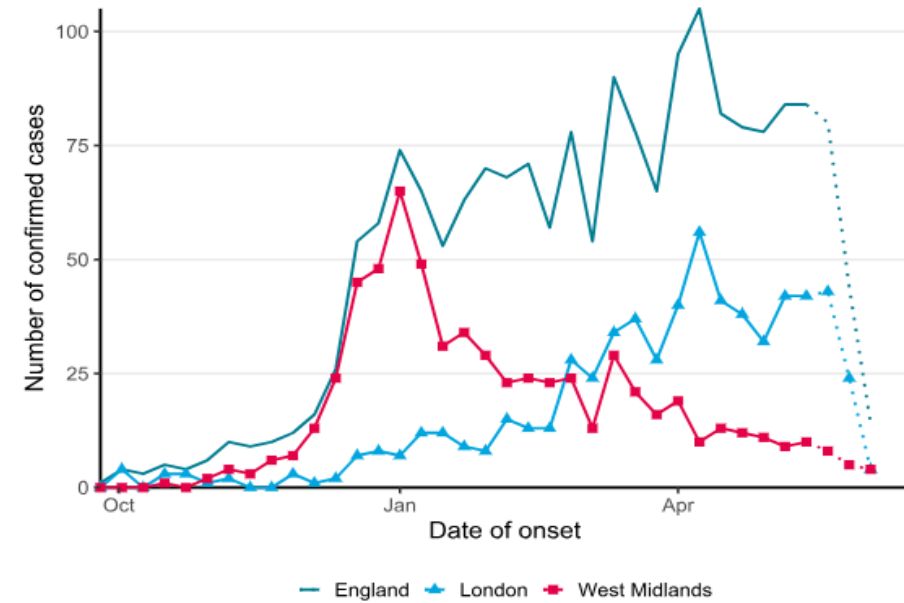
Quality Updates

Adult Eating Disorders

- NICE evidence shows that morbidity and mortality rates are significantly higher among people with Eating Disorders compared with the general population. There is a risk to the safety of people waiting for assessment / treatment, including around ensuring physical health checks are routinely undertaken for people who are waiting.
- Following a highlighted risk in NEHF and Surrey Heath places, where currently there hasn't been no provision for routine medical monitoring for patients on the SABP waiting list, a series of meetings between SABP, GP Federations, and ICB teams including quality.
- A draft contract has now been produced between SABP and Surrey Community Health Providers to put in place provision across NEHF and Surrey Heath. This is being finalised, with the aim for the service to be initiated in July 2024.

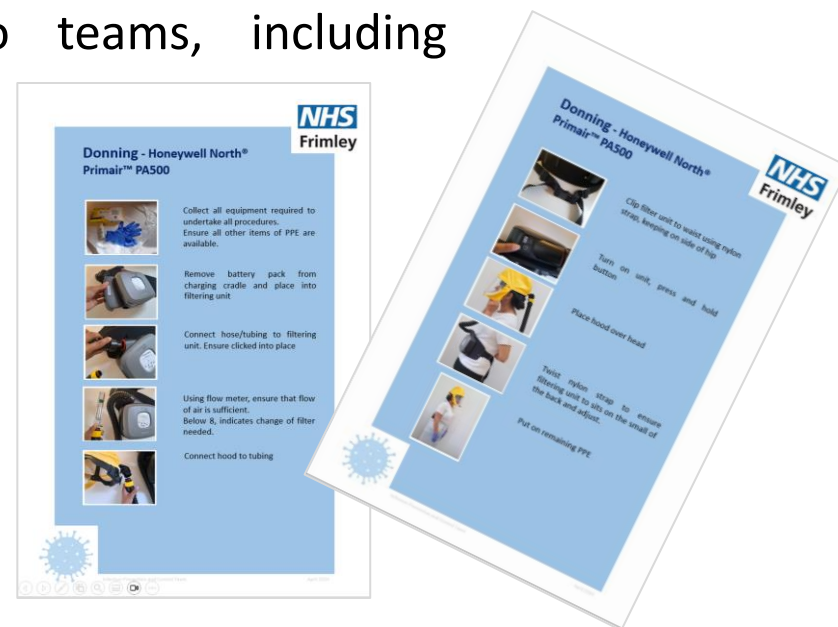
Increased Incidence - Infectious Diseases

Figure 2. Laboratory confirmed cases of measles by week of onset of rash or symptoms reported, London, West Midlands and England: 1 October 2023 to 10 June 2024 [note 1][note 2]



Measles

Across England, there has been an increase in the number of measles cases. In preparedness for Frimley ICB/ICS, FFP3 hoods have been distributed to all Primary Care Networks including minor injuries and minor illness services. Support from supplier of equipment has been provided to teams, including demonstration posters.



Pertussis

Pertussis continues to increase nationally; guidance has been released by NHSE to support Health during this period of increased incidence .

IPC team is working with UKHSA and Primary Care regarding outbreaks in educational spaces.

IPC champions have been briefed on precautions for Primary Care with conversations stimulated within NHSE regarding occupational vaccinations.

Figure 3. Laboratory confirmed cases of pertussis by quarter in England: 2011 to 2024 (note 1)



CPE Outbreak FHFT

- Carbapenemase-Producing Enterobacterales (CPE) outbreak 75 Cases WPH and 15 cases FPH
- CPE is a known cause of hospital-acquired infections globally, and across the NHS many hospitals are encountering similar trends. The Trust are expecting to close this outbreak down on Monday 8 July in line with standard outbreak management, should there be no further linked cases within the 28 period. The last case of CPE colonisation was identified on 10 June through enhanced screening.
- A formal review and investigation were carried out by the Trust to review the nature and cause of the outbreak and formalise actions, the review included invitees from region. It included a mortality review, which was completed in January. The review found 4 people died with CPE but not as the cause.
- Works are already complete in the areas that contain patients of highest risk. Ongoing remedial work and refurbishment continues across the Trust for water safe environment to reduce the risk of exposure to waste water as the potential source of CPE.

COVID-19 Spring 24 Vaccination Campaign

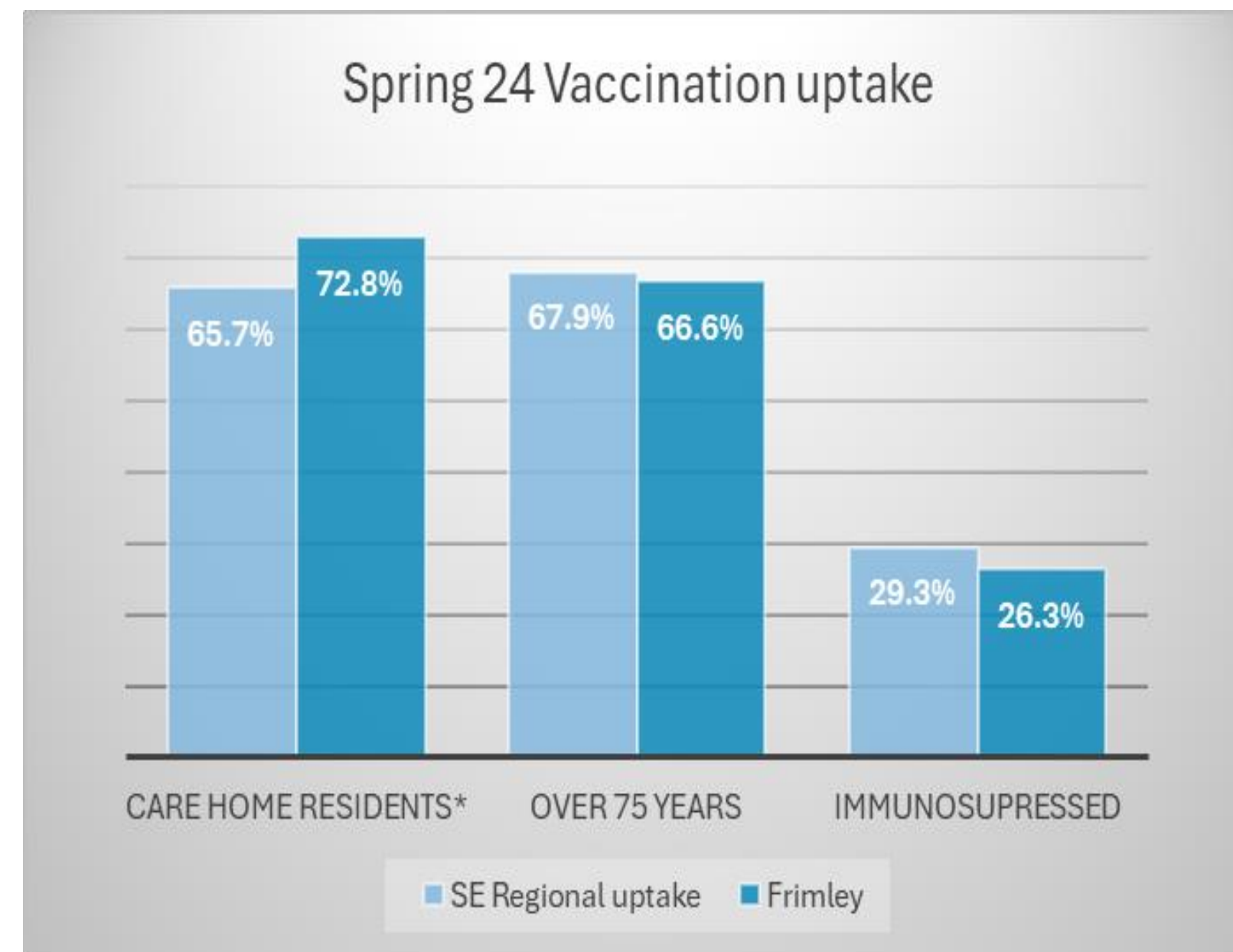
Covid Vaccination Programme

Programme ran from 15th April to 30th June

- **13** PCN-led sites, **26** community pharmacies
- **51k** covid vaccination events since the start of the spring programme.
- **58% uptake** across all cohorts
- Highest uptake in the SE Region for care home residents.
- Lower uptake than previous campaigns - reflected nationally.

Challenges

- PCN sign up - Housebound and Care Homes
- No non-mRNA vaccine available
- Encouraging uptake
- Stock / delivery issues

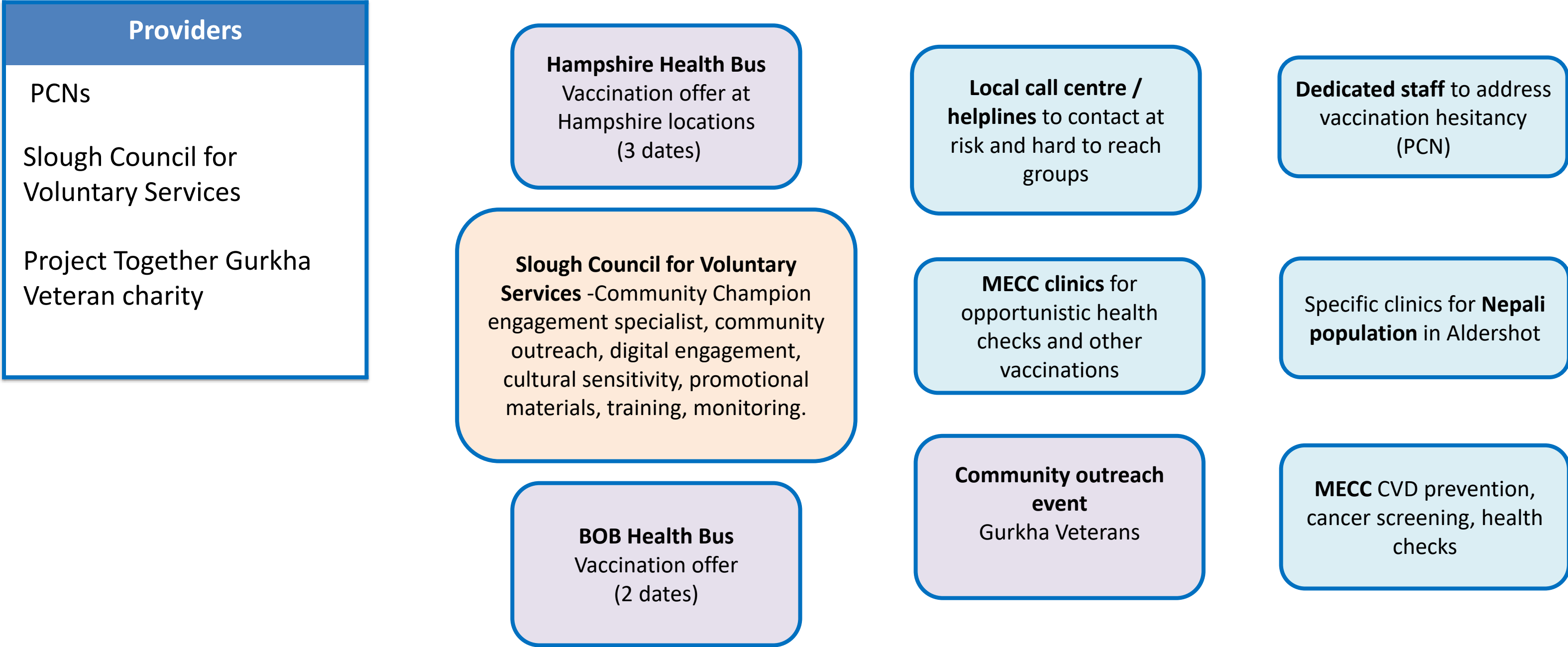


*Care Home Residents – waiting on final analysis for care home uptake.
Foundry Data

Access & Inequalities Spring 24 funded projects



Access & Inequalities 9 initiatives/projects during this season to enhance the uptake of vaccinations to the vulnerable and hard-to-reach groups.



Quality & CQC Outcomes

CQC New Assessment Framework

- The Care Quality Commission (CQC), regulates and inspects health and social care providers in England. The reviews ensure that services provide safe, effective, caring, responsive and well-led care.
- The CQC are now using a new single assessment framework which emphasises the importance of safety cultures that helps to deliver person centred care.
- They have outlined the new framework as a pyramid (see next slide).
- Over the last couple of months, CQC have assessed several practices within Frimley ICB via the new single assessment framework. Assessments have been a combination of focused assessments where inspectors have looked at some key questions and full assessments where inspectors will look at all key questions.
- The assessments have been carried out either remotely (requesting evidence and interviewing staff remotely) or a combination of remote interviews/searches and onsite visits.

CQC New Assessment Framework “Pyramid”

Our new regulatory model

Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment

Aligned with ‘I’ statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

Expressed as ‘We’ statements; the standards against which we hold providers, LAs and ICSs to account

People’s experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data and information specific to the scope of assessment, delivery model or population group



CQC Provider Compliance



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

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



NHS FRIMLEY ICB 2023-24 Q4 Safeguarding

Frimley update:

ICB Safeguarding Training Figures

ICB staff	Adults	Children	Comments
Level 1	92%	93%	
Level 2	94%	95%	
Level 3	100%	100%	New PLT dates have been added for November 2024, February 2025 and March 2025
Primary Care	Primary Care can access Level 2 and Level 3 training from the ICB.		Practices are responsible for their own training and compliancy in line with CQC and intercollegiate requirements.

Child Death Annual Overview:

- Annual report 2022/23 published
- Unratified data similar trends to previous years
- Concentration on water safety campaigns (no deaths from rivers last summer 2023)
- Increase in numbers of perinatal deaths in Slough leading to a deep dive and continues to be monitored by Public Health.
- Sudden Infant deaths related to unsafe sleeping practices, leading to extensive multiagency prevention education programmes.
- Child Suicides; exploration of impulsivity and minimal warning compared to adult presentations.

Safeguarding Adult and Children Reviews

- Domestic Abuse Homicide Reviews- 5
- Adult safeguarding reviews - 4
- Child safeguarding reviews -9
- Adult Notifications for multiagency rapid reviews - 3

Themes we are seeing:

- Safeguarding issues due to cross border care/area transfers
- Domestic Abuse adult child to parent
- Stalking and links to violence
- Child Suicide, often without prior mental health presentation.
- Lack of professional information sharing about increasing risk
- Chronic neglect resulting in a significant trigger incident
- Non-accidental injuries/Bruising of infants
- Unsafe discharge from acute services
- Lack of a joined up system response for complex needs
- Adult self-neglect especially alcohol/drug use and refusals to accept support and care for physical and mental health needs.

Children in Care:

- Unregulated accommodation and Deprivation of Liberty Orders.
- Asymptomatic screening for Unaccompanied Asylum Seeking Children.
- Children in Care Primary Care Training
- Care Leavers Sub-Group

Domestic Abuse Diverse Communities group:

- Cultural booklets- first completed
- Awareness raising and training
- No recourse to public funds pathway- October 2024

Primary Care:

- Successful recruitment for Named GPs
- Focus on Mental capacity Act and Lasting power of attorney.
- Adults aimed to improve quality of Case Conference Reports

ICB Safeguarding Statute Update: 1. Working Together 2023

The Department for Education (DfE) published a new edition of its statutory guidance *Working together to safeguard children* in December 2023 replacing *Working together to safeguard children 2018*. The guidance outlines what organisations and agencies must and should do to help, protect and promote the welfare of all children and young people under the age of 18 in England. This briefing outlines the main changes in the 2023 edition, including updates around:

- multi-agency expectations for all practitioners
- working with parents and families
- clarifying the roles and responsibilities of safeguarding partners
- the role of education and childcare providers
- multi-agency practice standards
- support for disabled children
- tackling harm that occurs outside the home.

1

The new statute confirms and strengthens the role of the ICB as a lead partner sharing the leadership of Multiagency Safeguarding Arrangements with the LAs and Police. The expectations are structured at three levels for strategic leaders, senior and middle managers.

2

**Working Together to Safeguard Children
Department for Education.**

[Working together to safeguard children 2023: summary of changes \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/118111/working-together-to-protect-and-promote-the-welfare-of-children-and-young-people-under-18-in-england-2023.pdf)

3

Each ICB, LA and Police Force must identify a named Lead Safeguarding Partner (LSP) and Designated Safeguarding Partner (DSP). The LSP is at Chief Executive level, the DSP is at Executive Director level with responsibilities for Safeguarding.

To support delivery of these functions, LSPs should appoint one of the DSPs as the partnership chair for the multi-agency arrangements. This role needs to be jointly agreed by the LSPs and in doing so given the full backing of all three partners. Designated doctors and nurses, as senior professionals, clinical experts, and strategic leaders, are a vital source of safeguarding advice and expertise for the ICB

4

Frimley ICB continue to an active partner, designing and implementing statutory changes in collaboration with lead agencies. Strong representation is provided at each Safeguarding executive meeting and safeguarding board:

1. Fiona Edwards, ICB CEO, is the ICB LSP; she will not be attending the boards, this will be delegated to the DSP function. The DSP will regularly communicate safeguarding risks and issues arising from the partnership; the DSP is the LSP's direct report.
2. Sarah Bellars, chief nursing officer, is the ICB DSP and will be the board member with Debbie Hartrick able to deputise as Deputy Chief Nurse, Safeguarding. Sarah is Debbie's direct line manager.
3. Debbie Hartrick in her capacity as strategic leader and clinical expert as Designated Nurse will also continue attend the board to support the ICB safeguarding leadership.

ICB Safeguarding Statute Update: 2
Safeguarding children, young people and adults at risk in the NHS:
Safeguarding accountability and assurance framework (SAAF)
June 2024
Includes New Responsibilities:

The safeguarding of children, young people and adults who are at risk is a fundamental obligation for everyone who works in the NHS and its partner agencies. 2023 has seen significant changes across our healthcare system with the imbedding of integrated care systems, integrated care partnerships, provider collaboratives, primary care networks, and local maternity and neonatal systems, and new legislation which will impact how we all safeguard people and populations

The ICB safeguarding system Following several years of locally led development, and based on the recommendations of NHS England, the government and the Department of Health and Social Care (DHSC) has put ICBs and ICPs on a statutory footing. DHSC are responsible for guidance regarding ICPs. The SAAF governance processes will replicate ICB guidance and the ICB executive chief nurse will be accountable for the statutory commissioning assurance functions of NHS Safeguarding as per the agreed timelines with the regional chief nurse. These new responsibilities and programmes will include:

Increased Safeguarding work projects: 1. Further roll out of child protection information systems to sexual assault referral centres and primary care. 2. Increased Leadership of the Child Death Overview Process. 3. Female Genital Mutilation 4. Implement changes to Working Together to Safeguard Children 5. Modern Slavery and Human Trafficking 6. Domestic abuse including implementation of new statute and new Domestic Abuse Homicide reviews (DARDR). 7. Implement the duty to collaborate to prevent serious violence 8. Introduce mandatory reports of child sexual abuse.

Increased presence at system wide safeguarding preventative groups: Violence reduction units and Strategic MAPPA Boards, Community safety partnerships.

Increased Reporting: including Safeguarding CAT, SAAF assurance, DARDR reporting, Serious case review reporting, NHS E quarterly reports.

Increased provider portfolios to include Safeguarding support for Pharmacy, Optometry and Dentistry (POD), delegated from NHS England.

The ICB executive chief nurse and Deputy Chief Nurse, Safeguarding will oversee place-based partnership structures of clinical leads to collaborate with local children and adult safeguarding partnerships. The ICB can lead adult or child serious case reviews into safeguarding practice where a child or adult has been harmed; they will also be represented at any DARDR and homicide review.