

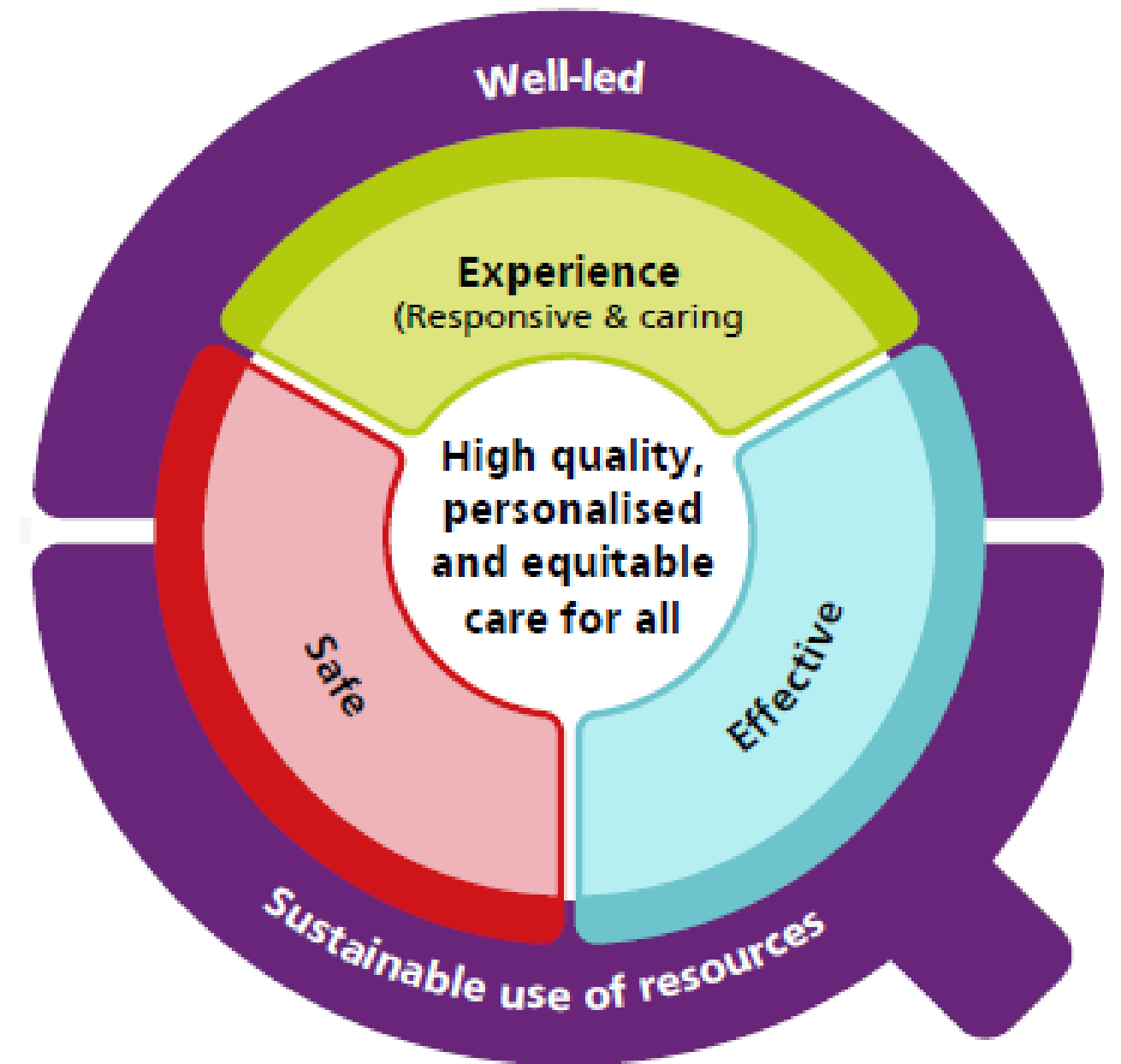
ICB Board Quality Update July 24

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 stakeholders on Polypharmacy at national, regional and local level
 - Work with provider organisations on improving safety of clozapine related prescribing
 - Produce a 'one-stop' suite of medicines safety searches and encourage practices to run on a regular basis

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.

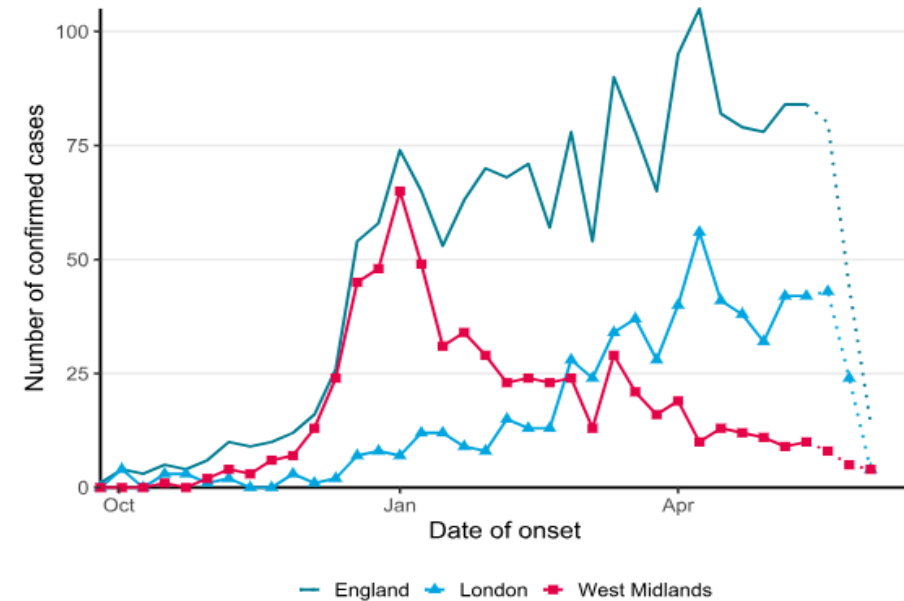
Quality Updates

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.

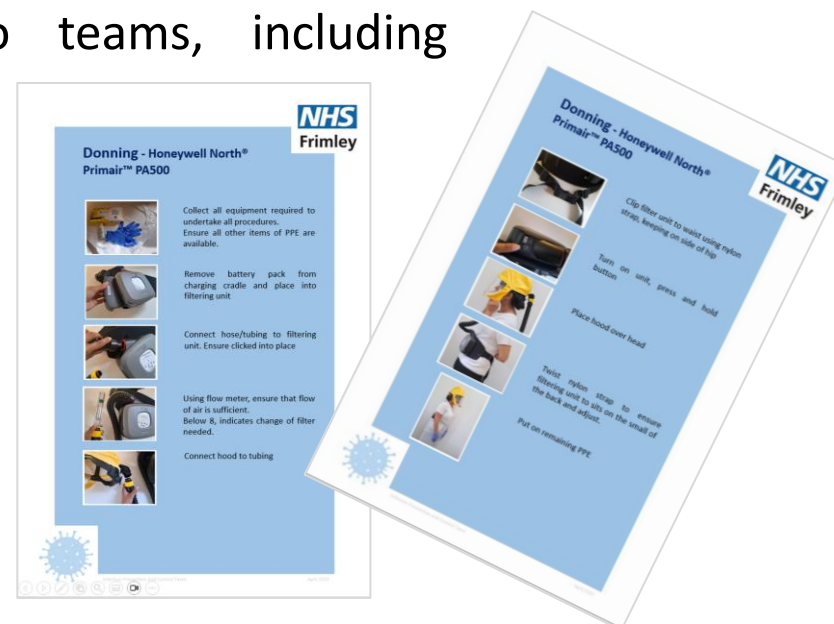
Increased Incidence - Infectious Diseases

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

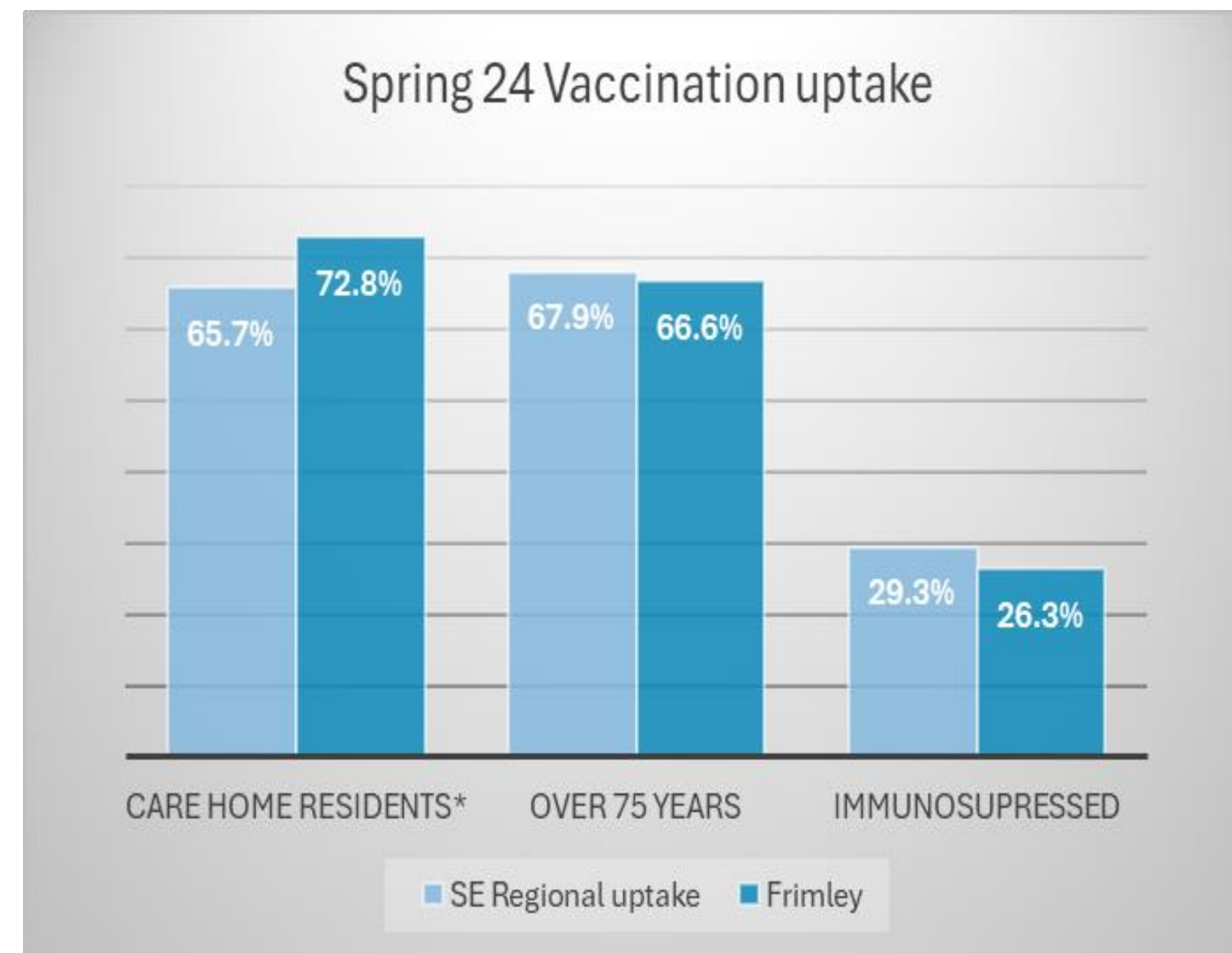
Covid Vaccination Programme

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

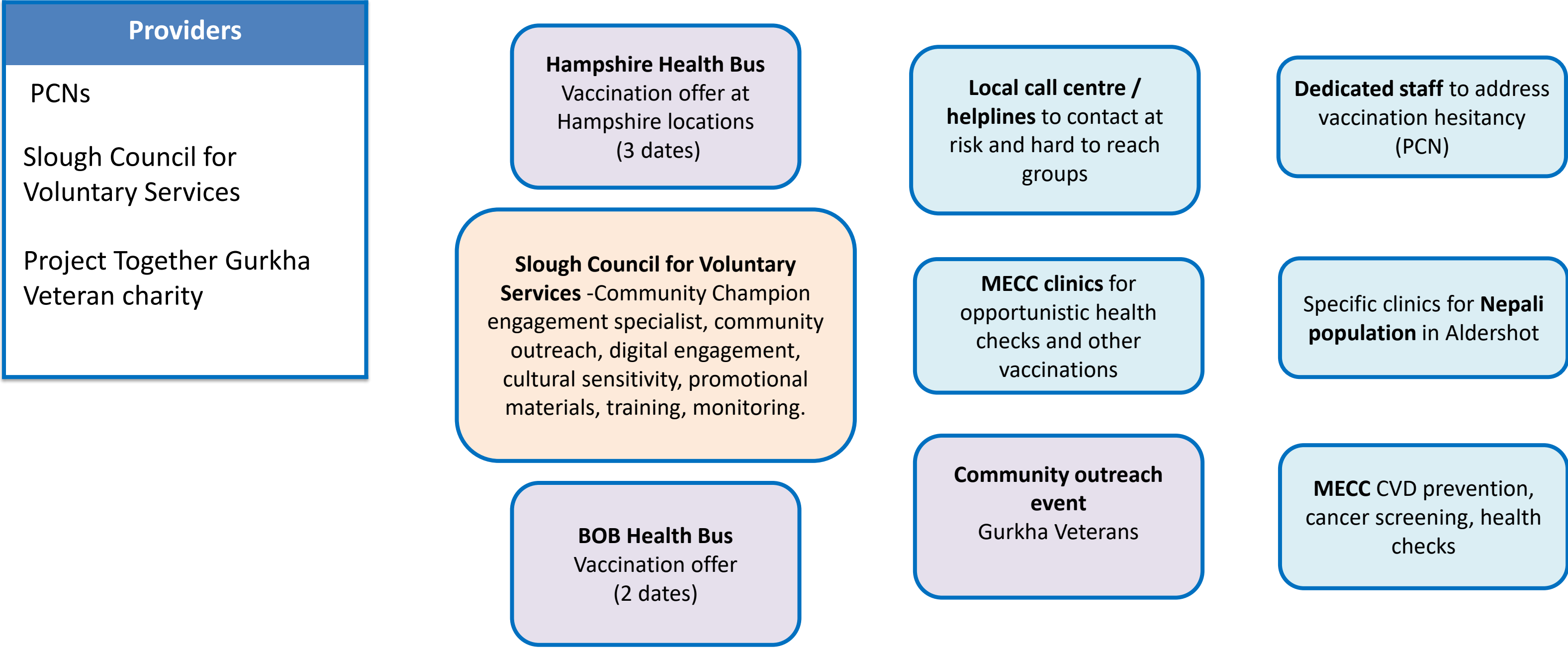


*Care Home Residents – waiting on final analysis for care home uptake.
Foundry Data

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



Frimley

NHS FRIMLEY ICB 2023-24 Q4 Safeguarding 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.

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.

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.

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/117111/working-together-to-protect-and-promote-the-welfare-of-children-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

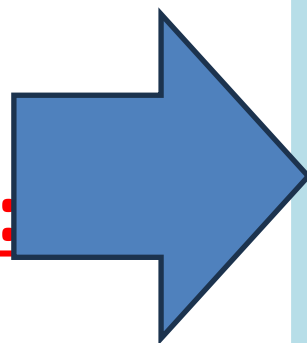
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Frimley ICB continue to an active partner, designing and implementing statutory changes in collaboration with lead agencies. Strong representation is provided at each Safeguarding executive meeting and safeguarding board:

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.