NHS Frimley Integrated Care Board

Agenda – Meeting in Public

Tuesday 21 May 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 19 March and matters arising**	Approve	Paper	Chair
	4.	**Chief Executive Update**	Note	Verbal	Fiona Edwards
	5.	**Reducing Health Inequalities**			
11.35	5.1	**New Hospital Programme Update**	Note	Presentation on the day	Sam Burrows
11.45	5.2	**Operational and Financial Planning** • Primary Care Access and Recovery Plan	Note	Presentation on the day	Sam Burrows / Richard Chapman
12.00	5.3	**Clinical Policies update**	Note	Paper	Lalitha Iyer
	6.	**Standing Items**			
12.05	6.1	**Board Assurance Framework**	Note	Paper	Caroline Corrigan
12.10	6.2	**Frimley ICB Integrated Performance Report:** • Finance • Performance	Note	Slides	Richard Chapman / Sarah Bellars /

Timing	No.	Item	Action	Delivery	Lead
		• Workforce • Quality			**Caroline Corrigan**
	7.	**Close of business**			
12.25	**7.1**	**Questions received in advance from members of the Public**	**Note**	**Verbal**	**Chair**
12.30	**7.2**	**Any Other Business and Close**	**-**	**Verbal**	**Chair**
Date of next meeting in public: 16 July 2024, 11.30 – 12.30					

Job Title	First Name	Last Name	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
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			
Local Authority Partner Member from Rushmoor Borough Council	Karen	Edwards	Land and Property owned or leased by Rushmoor Borough Council	As an Executive Director of Rushmoor Borough Council there will be occasions when land and property form which the Council would receive and income or profit may be under discussion	Declarations of Interest – Other	Indirect	Indirect	Will not participate in any decision which would result in a financial gain or loss where the NHS would become a tenant of the local authority.
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.
Chief Executive	Fiona	Edwards	Care Quality Commission	Executive Reviewer	Declarations of Interest – Other	Non-Financial Professional	Indirect	Only review services in distant geographical areas
Chief Executive	Fiona	Edwards	NHS Confederation	Board Trustee	Declarations of Interest – Other	Non-Financial Professional	Indirect	Will be managed in accordance with policy.
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	Age UK	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 pwned 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 if 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	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	Purple Infusion Ltd	Director of a limited company which provides training to health and social care sectors	Declarations of Interest – Other	Financial	Indirect	Do no provide any training via company to Frimley ICS
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. Joint Chair of South East ADASS Regional Branch	Declarations of Interest – Other	Non-Financial Professional	Direct	Declaration was needed, however, membership of ADASS does not present as a risk.
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 Windor & 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 Windor & 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 Windor & 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 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	Will be managed in accordance with policy
Clinical Lead Royal Borough of Windor & 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 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	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

NHS
Frimley
Integrated Care Board

Minutes of NHS Frimley Integrated Care Board
Held in Public on Tuesday 19 March 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 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
Alex Gild	NHS Provider Partner Member
In Attendance:	
Safina Nadeem	Equality, Diversity and Inclusion System Lead
Katie Darienzo	Communications and Engagement Manager
Mary-Jane Steijger	Head of Governance
Tom Allinson	Governance Manager
Sam Branscombe	Governance Support Officer (secretariat)
Apologies for Absence:	
Dr Prash Patel	Primary Care Partner Member
Graham Wareham	NHS Provider Partner Member

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. Two members of the public had signed up to attend the meeting. No questions had been received in advance of the meeting.

	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 16 January 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, Chief Executive, gave the verbal update, noting the amount of work taking place across the NHS, local authorities, and communities, reflecting on the current scale of challenges of recovery and managing resources across the ICB and its system partners. Significant improvement was noted in Urgent Emergency Care performance and waiting list backlog, with more detail to follow in the Integrated Performance Report under item 6.2 on the agenda. The Integrated Care Partnership met on Monday 11 March and had addressed some of the challenges presented in the communities served by the system with a focus on maximising healthy life years and reducing inequalities. The ICB was undergoing a significant organisational restructure to reduce cost base by 30% as mandated by NHS England. There was a significant proportion of workforce at risk – the Chief Executive praised the professionalism of staff working to progress the health and care agenda despite these added pressures. The ICB's Chief Officers were supporting this redesign work to ensure that NHS Frimley would operate as one team to continue supporting its communities while addressing health inequalities. *The Board noted the update.*
5.	**Reducing Health Inequalities**
5.1	**Core20Plus5** Lalitha Iyer presented the update on the CORE20PLUS5 approach to help the system achieve its primary strategic objective of reducing health inequalities, the golden thread running through all ICS work programmes. The slides covered the following areas: • The CORE20PLUS5 Approach – Adults • The CORE20PLUS5 Approach – Children and Young People • Carers and Learning Disabilities • Smoking Cessation • Living Well – Hypertension awareness and Reduction • Overview of Initiatives • Cancer Screening Sam Burrows noted that Core20PLUS5 had been a focal discussion at the 14 March 2024 Mirror Board meeting, where the following comments had been put to the Board: 1. The importance of community involvement and tailoring of the system's approach to improvement based on community needs was reiterated, with recognition that there were many different communities present across the system.

2. There was an ask to focus on the "making every contact count" methodology with regards to carers and planning opportunities within the CORE20PLUS5 approach.
3. Clarity needed on disaggregating the needs of the learning disability and autism population to ensure that planning improvement, work, communication and engagement with those groups affected was tailored accordingly.
4. The Mirror Board shared the view that these initiatives – particularly the transformation elements - were viewed as fully complementary and beneficial to the work underway on productivity and sustainability for public services.

Members discussed the importance of monitoring data to evaluate progress and outcomes, and to receive assurance regarding gradual incremental changes. The qualitative aspect of sharing good practice and learning across the system when working with key partners was also stressed, as was the need to have joint integrated care strategies for affected group.

The Board noted the update.

5.2 **Quality and Safety Report**

Sarah Bellars presented the Quality and Safety Report, with a focus on the letter of immediate action received from NHS England following the conviction of Lucy Letby. The importance of joint responsibilities when responding to the actions outlined within the letter was discussed. It was further confirmed that all Trusts within the Frimley System had responded to the actions and requirements which were shared at the System Quality Committee.

The paper provided assurance to the ICB Board that there were policies and processes in place to enable staff to raise concerns without detriment, and which had Board oversight through regular reporting. The paper also provided other supporting assurance relating to governance, patient safety, medical Examiners and the updated Fit and Proper Persons Framework, as well as plans for the implementation of Matha's rule.

The Chair thanked all involved and noted that this would build on the collective partnership and cultural work which had been carried out over the year.

The Board noted the paper.

6. **Standing Items**

6.1 **Board Assurance Framework**

Richard Chapman presented the Board Assurance Framework, noting the updates to the mitigating actions that have been made since the document was last reviewed in January 2024.

The Board was asked to note that since its last meeting, Strategic Objective A1 (People) had been updated and now sat Within Risk Appetite. Strategic Objective C1 Transformation had also been further mitigated and now sat Within Risk Appetite. Two of the five Strategic Objectives continued to remain outside the Risk Appetite and Risk Thresholds.

A1 People	The overall risk score has been further mitigated from 16 to 12 in Q4 and has moved within Risk Appetite. These mitigations relate largely to the ICB's Organisational Change Programme.

	B1 Quality	No change to overall risk score in Q4.
	C1 Transformation	The overall risk score has been further mitigated from 16 to 9 in Q4. New mitigating actions include increased engagement with system partners.
	C2 Transformation	No change to the overall risk scores in Q4.
	D1 Data & Insights	No change to overall risk score in Q4. New mitigating actions.
	E1 Financial	No change to overall risk score in Q4. Update to gaps in controls/assurance.

The Board noted the paper.

6.2 **Frimley ICB Integrated Performance Report**

Richard Chapman and Sam Burrows presented the executive summary of the Frimley ICB Integrated Performance Report, highlighting the following key information:

- The Frimley system YTD variance to plan was £14.1m at month 10, moved £3.6m adverse since M9. This comprised £7.3m from the ICB and £6.8m from Frimley Health FT.
- The Frimley system was forecasting a £25.5m deficit, representing the target control total of £16.6m plus additional cost pressures that had arisen since December.
- All staff absence rates had risen slightly to 2.4% (of which 0.1% was Covid related) however this remained the lowest absence rate across the South East.
- Workforce delivered at £12.4M with a 32% reduction in FHFT agency spend compared to the previous year.
- Ambulance handovers were 30 minutes over target, as were 12 hour waits and bed stays for over 14 days.
- Significant improvement of 75.4% between February-March from a 4-hour performance in the urgent care sector.
- Above previous year and average performance target for primary care 14-day appointment at 92%.
- 94% virtual ward occupancy (target rate 80%).
- For the 28-day cancer diagnosis, system would meet the 75% standard on diagnostic waits and access.

The Board noted the paper.

7.	**Questions received in advance from members of the Public**
	None.
8.	**Any Other Business**
	Members noted that it was Neil Dardis' final Board meeting for the Frimley System. Gratitude was expressed for his leadership, engagement and championing of the system with best wishes for his future.
9.	**Close**
	The Chair closed the meeting at 12.30. The date of the next meeting in public was confirmed to be 21 May 2024.

Frimley Health and Care

NHS
Frimley Health
NHS Foundation Trust

Finance & Operational Planning Update

Update to the Board of NHS Frimley ICB

Tuesday 21st May 2024

Frimley Health and Care

NHS
Frimley Health
NHS Foundation Trust

Update Position for the Board

Executive Summary / Headlines to Note

Finance

- Following our submission on 2nd May 2024, we are continuing to revise our 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.
- We are working with colleagues in FHFT to mitigate the cost of RAAC which is a significant issue for our system until the construction of a new hospital for FPH
- There is a level of Risk in our plans which we are continuing to refine to mitigate.

Access & Performance

- We will build on our achievement of **76%** of A&E patients being seen within 4 hours, embedding the benefits of our UEC strategy and improvement workstreams throughout 2024/25, to achieve at least **78%** by March 2025
- Despite rising attendances, we have been able to reduce the numbers of patients waiting over **12hrs** to 5-6% at both our Acute sites
- We are predicting and on plan to clear all **78wk** and **65wk** waits by Sept 2024
- We will increase the percentage of our patients receiving a diagnostic test within 6wks from our 23/24 year-end level of 80% to **95%** by March 2025

Workforce

- We are forecasting Workforce Growth in 24/25 which is attributed to two main developments within FHFT. We are expecting to open a new Community Diagnostics Centre with staff joining this year in anticipation, as well as new buildings on the Frimley Park site to mitigate the impact of RAAC.

Productivity

- Learning from Heatherwood Hospital which is a GIRFT Accredited Elective Centre and applying that learning to elective services provided at FPH and WPH.
- Our Allocative Efficiency programme is focused on greater shift of Elective services to new pathways which are more efficient for patients.
- Our additional area of focus for this programme is in managing on the day demand in urgent care to support our residents receive the care they need when they need it and reduce the pressure on acute hospital emergency departments.
- The % of patients breaching the 6 week wait for diagnostics has gone from 58.6% to 18.3%
- Outpatient transformation focuses on 5 priority specialties (ENT, ophthalmology, neurology, gastroenterology, gynaecology). The use of technology such as group video consultations is now in use at FHFT.

Recap summary of latest plans

NHS Frimley

Key Planning Metric	National / Regional Expectation	Proposal	Risks / Issues
1. Financial Performance	System Breakeven	Breakeven by the end of 2025 / 26	Continuing to work on underlying risks to delivery across this two year plan
2. Elective Recovery	Maintain 2023/24 Performance (107% vs 2019/20 Baseline)	Increased to 119% from 115%	Delivery of plans will result in improvements for patients and financial support for Frimley system
3. Mean G&A Bed Capacity	To maintain January peak capacity (1,439 beds)	Bed capacity to be held at 1,439	This is a mean position which will inevitably experience peaks and troughs due to seasonal easing of pressures and the addition of new capacity
4. Workforce (FHFT Focused)	For total Acute workforce to reduce	94.8 WTE reduction (0.1%) in total workforce (11,674.8 Feb to 11,580)	Growth in substantive workforce for M Block & CDC, offset by reductions in Bank & Agency

Frimley Health and Care

NHS
Frimley Health
NHS Foundation Trust

Recommendations for the Board to consider

Board Recommendations for Consideration

The ICB Board is asked to:

(1) NOTE the information contained within this briefing document on our finance and operational plan for the year ahead FY 2024/25

Frimley Health and Care

NHS
Frimley Health
NHS Foundation Trust

Appendix – Full list of performance requirements

Priorities and Operational Planning

NHS Frimley Health NHS Foundation Trust

Portfolio	Description	Planning to achieve (Y/N)
Quality and patient safety	Implement the Patient Safety Incident Response Framework (PSIRF)	Y
Urgent and emergency care	Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025	Y
	Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25	*
Primary and community services	Improve community services waiting times, with a focus on reducing long waits	Y
	Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need	Y
	Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels	Y
Elective care	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)	Y
	Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%	Y
	Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25	Y
	Improve patients' experience of choice at point of referral	Y
Cancer	Improve performance against the headline 62-day standard to 70% by March 2025	Y
	Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026	Y
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	Y
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	Y

Priorities and Operational Planning

NHS Frimley Health NHS Foundation Trust

Portfolio	Description	Planning to achieve (Y/N)
Maternity, neonatal and women's health	Continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment	Y
	Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities	Y
Mental health	Improve patient flow and work towards eliminating inappropriate out of area placements	Y
	Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional CYP aged 0–25 compared to 2019)	Y
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery	Y
	Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025	Y
	Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025	Y
People with a learning disability and autistic people	Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025	Y
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12–15 under 18s for every 1 million population	Y
Prevention and health inequalities	Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025	Y
	Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025	Y
	Increase vaccination uptake for children and young people year on year towards WHO recommended levels	Y
	Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people	Y

Priorities and Operational Planning

NHS
Frimley Health
NHS Foundation Trust

Portfolio	Description	Planning to achieve (Y/N)
Workforce	Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions	Y
	Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors	Y
	Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan	Y
Use of resources	Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25	Y

* Addressed through the System returns of our neighbouring systems HIoW and Surrey Heartlands, which host our Ambulance Service contracts with SCAS and SECAmb respectively

Frimley Health and Care

Operational & Financial Planning – 24/25

Primary Care Access Recovery Plan Report

Year One

NHS Frimley Integrated care Board

23rd May 2024

Primary care Access Recovery Plan - Overview

A: Modern General Practice Access Model

1. **National General Practice Improvement Programme (GPIP)** – This free programme, with some transformation funding, supports practices and PCN teams to implement the Modern General Practice model of access using the digital tools and training we are providing.
2. **Cloud-based telephony (CBT)** – Support practices to transition to digital telephony by December 2023 and review the quality of CBT with a view to improve this where necessary.
2. **NHS App** – ICBs encourage and support remaining practices to leverage the core functions of the NHS App, to empower patients and enable them to self-serve where appropriate. ICBs should be assured that each practice has a plan for each patient to receive prospective record access (unless exceptions apply) from 31 October.
3. **Digital Pathways Framework** –The timeline for the launch of the framework has been delayed to July 2024. ICBs will work with their practices to fully understand the contracting position for their online consultation, messaging and booking solutions currently in use, and begin preparatory work.

B: Pharmacy First - enable community pharmacists to complete episodes of care for patients without the need for the patient to visit their general practice saving general practice team appointments and help patients access quicker and more convenient care, including the supply of appropriate medicines for minor illness.

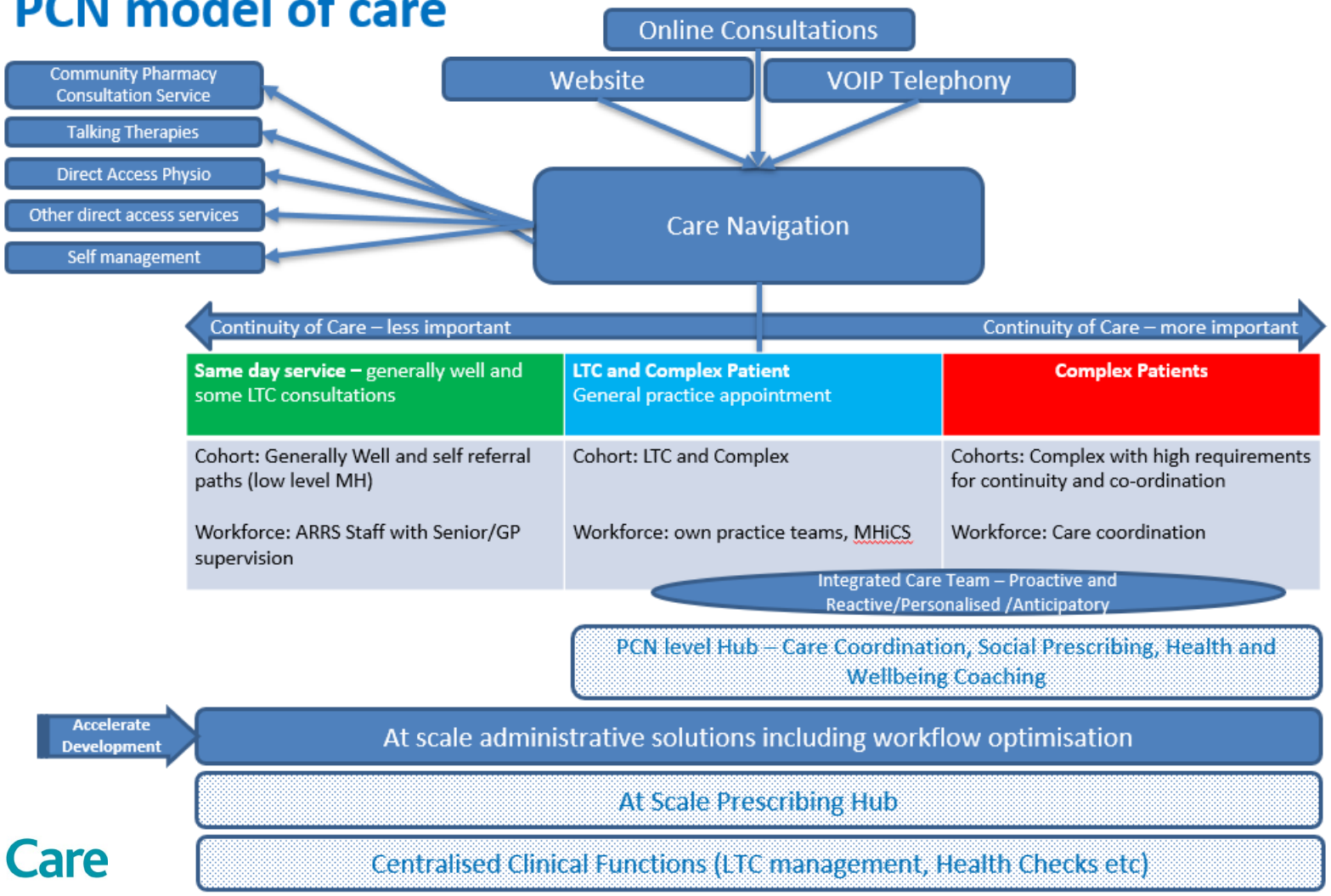
C: Improving the primary-secondary care interface – We expect each ICB to have an executive lead in place to support interface improvements across primary and secondary care providers.

D: Self-referral pathways – expansion of self-referral pathways by September 2023 in seven named service areas, as set out in Operational Planning Guidance and reaffirmed in the Recovery Plan.

Enablers: Workforce, estates, engagement and digital GPIT

Frimley Population Health Model – aligns with the Modern General Practice Access Model

High level PCN model of care



Frimley Health and Care

Primary Care Priorities

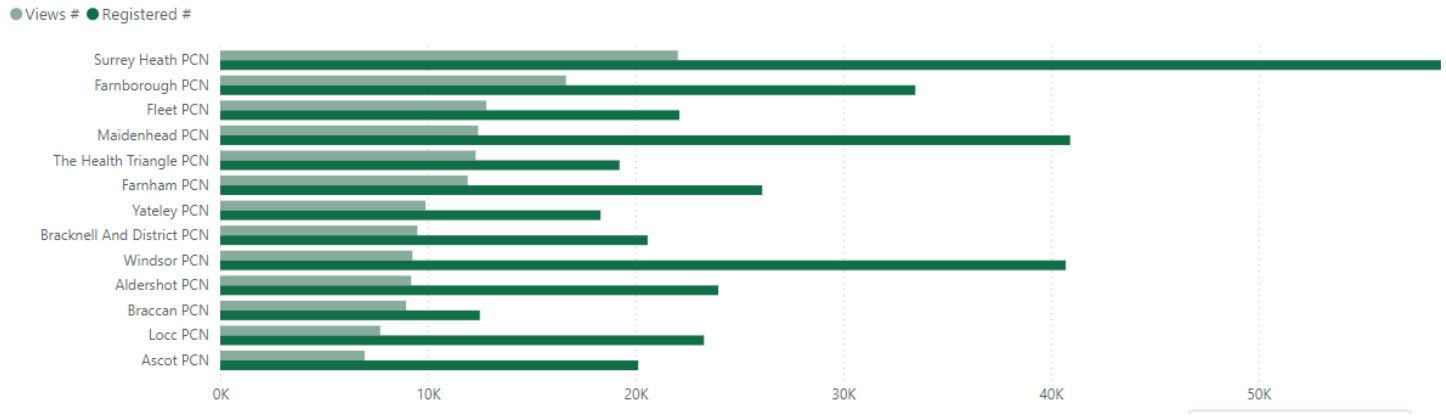
Access, Capacity and Demand	Digital and Estates	Workforce	Engage with Population and Communities
Support and embed the introduction of **Pharmacy First** providing capacity for minor illness diverting low level need from general practice teams for better patient experience.	Continue to improve uptake of apps and online tools (including **Frimley Healthier Together and the NHS app**) to reduce demand and administrative burden on practices	Continue to support PCNs to optimise and develop their **ARRS workforce** to enable new models of care, including at scale offers and Modern General Practice Access	Continue **engaging with communities** to communicate the changes in general practice services, how these can benefit patients and how best to access services at their practice/PCN
Continue the delivery of **Capacity and Access Improvement Plans** across our PCNs (and practices) as determined in the Network DES.	Clearly define the **GP IT operating model** following publication of the national framework	Extend the Frimley **general practice apprenticeship scheme** focused on school and college leavers across all places over the next two years.	Evaluate and learn from **feedback and insights** with our population on the offer from general practice
Continue to **develop care navigation and population segmentation** as part of embedding the Modern General Practice Access model across all practices	From October 2024, utilise the **newly available telephony data** to understand further opportunities to reduce demand and maximise capacity.	Explore ways to improve efficiency in practices through **workforce planning tools**, developing a clearer model of managing demand and capacity across a day, week, month and year	Implement the outcomes of the **Frimley Fairer Funding programme, better targeting investment** on need and health inequalities to support population health management approaches
Continue development of at **scale PCN-level same day access services** aimed at generally well populations, supporting patients to reach the most appropriate professional first time	Ongoing development of **primary care estates strategy** including completion of PCN estates toolkit work, and supporting development of solutions to tail estate and population growth	Support four PCNs with their successful **exemplar workforce retention bids**, including supporting them to develop their approach, learn from each other, and spread their learning across the ICS.	Share learning and best practice both locally and from across the country, to support the spread of **population health management and proactive, personalised care and support**
Implement and develop the **insights tool** for general practice (Insights Version 2)	Embed **online consultation** and support the contractual requirement for **equitable access throughout core hours**	Increase the number of **training placements** for nurses, ARRS roles and general practitioners through PCN Training Environments.	Identify populations with **barriers to accessing care**, with particular focus on CORE20Plus5 areas including carers and those with learning disabilities to better manage their health needs.

A: Modern General Practice Access Model - Progress

Headlines:

- Engagement with the Improvement programme for practices to transform ways of working in to the Modern General Practice Model has exceeded our allocated capacity in region. In year one, 31 practices (45%) access the GPIP programme following the production of their self assessed service level framework. 92% of practices completed the service level framework, with a number of these being supporting into GPIP in year two.
- 100% practices are not on Cloud Based Telephony, the focus in to maximise this for greater efficiency in the services and improved patient experience.
- Across the ICB we have 59% of our patients over 13 yrs. old registered with the NHS App
- Frimley Healthier Together has been a focus in the acceleration of the improved access programme – resulting in 10% of the 0-17 yr. old registered for the support. The ICB has a target of 15%.
- The digital landscape of tool in practices and PCN is complete, with rapid work being undertaken by the digital and GPIT team to flex to the changes in the national Digital Pathways Framework (now expected in July 2024)

NHS App registration and views of records through the App – Feb 2024



Frimley Healthier Together App – Mar 2024: registrations

Practice Name	Mar-24	Population 0-17	%
Braccan	2,054	6,511	31.5%
Surrey Heath	5,733	20,410	28.1%
Farnham	2,430	10,843	22.4%
Bracknell and District	1,829	8,832	20.7%
Fleet	1,602	10,633	15.1%
The Health Triangle	1,239	10,894	11.4%
Farnborough	1,127	12,753	8.8%
Yateley	314	5,584	5.6%
SHAPE	402	7,583	5.3%
SPINE	342	10,969	3.1%
Aldershot	315	11,145	2.8%
Ascot	106	6,356	1.7%
Windsor	158	13,103	1.2%
Maidenhead	174	15,885	1.1%
LOCC	132	13,920	0.9%
CSN	130	13,737	0.9%
Unallocated	18	2,343	0.8%
Grand Total	**18,105**	**181,501**	**10.0%**

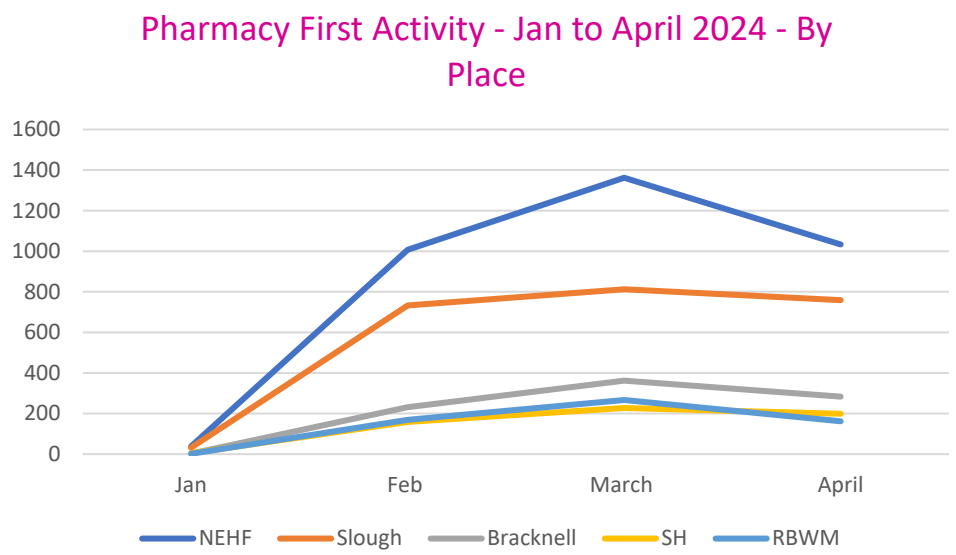
B: Pharmacy First - Progress

Headlines:

- 99% of Frimley pharmacies are signed up to provide the pharmacy first service
- 91% of Frimley practices are actively participating in the service
- Over 7800 GP referrals made since commencement of the service on 31st January 24.
- We have a 75% completion rate for GP referrals with *5924 Frimley residents receiving care under the Pharmacy First service, releasing 5924 GP appointments in the last 9 weeks.

*note, this does not include self-referral element or referrals from other providers e.g., 111 (awaiting national data)

- Most common conditions for patients to present with is acute sore throat followed by uncomplicated UTI
- For 2024/25 practices can engage in a local incentive scheme to drive community pharmacy integration and increase general practice Pharmacy First referrals, further releasing GP capacity



Challenges	Risks
Still awaiting national data – minimal information around the walk-in/ self-referral pathway or 111/UEC. Full impact of Pharmacy First, not fully understood	Delay to IT system- GP connect. Impact on: Access to GP records and Update of GP records. Currently pharmacies are sending consultation outcome via NHS mail- Increased administrative burden (will be able to write direct to patient records with GP connect)
Challenges around public expectations. Work with the communications team is planned to enhance public awareness of the service	18.9% rejection rate- Need to understand why this is, working with the Local Pharmaceutical Committee (LPC) to reduce the 'rejection' rate
Currently have 6 practices who have made no referrals and 26 practices with less than 1 referral/ day. Work is needed to ensure low acuity cases are consistently referred under the Pharmacy First service	

C: Improving the primary - secondary care interface – Progress

Headlines:

- The Committee in Common is leading this work between Primary and Secondary Care by bringing clinicians together to identify and resolve interface issues. This has resulted in the *FHFT & Primary Care Collaborative Working Reference Guide*.
- FHFT GP Liaison team have completed the self-assessment in collaboration with the ICB. There are four indicators which are assessed at level 1-2, with 2 bring fully assured:
    - **A: Onward Referrals – Level 2**; supported through the production and continue adoption of the FHFT & Primary Care Collaborative Working Reference Guide
    - **B: Complete Care (fit notes and discharge letters) – Level 1;** digital fit notes are not yet supported through the EPIC clinical system in secondary care but is on the system development programme. Manual fit notes are issued as appropriate. This has not been a point for escalation in Frimley.
    - **B: Discharge Summaries and outpatient letters – Level 2;** clear set of guidance developed through the CIC and LMCs are in place. The CIC are considering the benefits of further defining shared care arrangements between primary and secondary care via clinical correspondence.
    - **C: Call and Recall – Level 2:** the trust has established its own call/recall systems for patients for follow-up tests and appointments. This is also supporting patient led management through the My Frimley health App.
    - **D: Clear Points of Contact - Level 2:** established working arrangements with the CIC, LMCs and Trust GP Liaison team, with supplementary connections with Primary Care for PCARP and Training hub. The communication through the You said, We did publications on the Trust GP Centre has been well received.
- The ICB training hub has supported the programme with CMO and CCPL for Education through creating positive space for clinicians across the services to come together to develop more connections in evening educational sessions.
- Continued development and adoption of the DXS referral support tool with additional and revised pathways in a timely way to ensure patients are seen efficiently and by the right service.

You said, We Did example…Dec 2023

D: Self-referral pathways – Progress

Headlines:

- As part of the Operational Planning Guidance and Primary Care Access Recovery Plan for 2023/24 all systems are required to work towards increasing direct access/self-referrals to a defined set of clinical services to enable a 50% increase in self-referrals nationally by the end of March 2024.
- Pathways include:
  - community musculoskeletal services,
  - audiology for older people including hearing aid provision,
  - weight management services,
  - community podiatry, and
  - wheelchair and community equipment services
- Frimley's allocation to that target is 308 self-referrals per month.
- The Community Service Data Set (CSDS) requires data quality work to establish baseline and progress towards the target, therefore this work has been the focus on the system task and finish group.
- Provider are reviewing their CSDS data feeds across all eligible pathways

NHSE confirmed 50% self-referral increase by March 2024 target

ICB	Self-referral Target	October '23 Actual	Number to Target
BOB	736	127	609
FRIMLEY	308	92	216
HIOW	728	1736	-1008
K&M	744	343	401
SURREY	426	168	258
SUSSEX	689	79	610
	3631	2545	1086

PCARP – Key Risks and Issues

Priority	Description	Mitigation	RAG
Self-referral pathways	Four out of seven pathways currently not offering self-referral, requires engagement across all community provider partners to deliver.	Work is underway to work with those providers to agree dates for self-referral routes to be implemented, where clinically appropriate. Workforce and capacity constraints are a key issue that many of these providers are working through to enable direct referral routes.	
National support offers	Practices who would benefit most from transformation and support offers are those least able to commit and identify the leadership requirements and therefore there is a risk they do not sign up.	SLF (Support Level Framework) discussions to happen with each practice to review support requirements and encourage sign up to national programmes where it is identified that these would be of benefit. Focus in Qtr 1 24/25 will be to work closely with less engage practices to share benefits from other practices and actively listen to what would make a difference for them.	
GPIT Digital Framework	The delay in the framework being published has impacted on the need to continue some contracts to this timeline.	Accepted that the issue is with the national team in NHSE. Digital First Primary Care team continues to work with general practice services to review the anticipated options within the framework and progress the culture and process changes necessary to adopt the offers.	
PCARP & SDF Transformation Funding	With systems under significant pressure access to the necessary transformation resources may be restricted and impact on outcomes.	NHSE allocation will be aligned with PCARP against existing GPIP commitments. It is anticipated that Primary Care System Development Funds (SDF) will require business case to access transformation funding for 2024/25. Most of these funds retain transformation teams for digital and workforce/training hub.	

PCARP - Data Metrics (1)

	PCARP Objectives	Respective Metrics	SE Region	Frimley
Modern General Practice	Support all practices on analogue lines to move to digital telephony, including call back functionality, if they sign up by July 2023	Practices live with AT (%)	99%	100%
		Practices with 'complete' AT functionality (%)	63%	82%
		% of practices using AT signed up to GPIP	16%	42%
		PCNs accessed >1 Redmoor AT support offer (%)	25%	25%
	Provide all practices with digital tools (e.g. OC, messaging, appointments, monitoring) and care navigation training for Modern General Practice Access, and fund transition cover for those who commit to adopt this approach before March 2025	£0.93ppp utilisation to date (%)	45%	48%
		% of practices with Digital tools selected, purchased and being used	TBC	TBC
		Practices live with D&C Tools (%)	82%	100%
		Practices live with D&C Tool Reporting	TBC	TBC
		Practices sharing D&C tooling data with region	TBC	TBC
		Practices live with OC (%)	82%	90%
		Number of OC submissions / 1k pop.	56.5	55.3
		Practice websites aligned to national criteria	102	6
		Care Navigation Foundation completed (%)	63%	62%
		Care Navigation Advanced completed (%)	48%	75%
	Deliver training and transformation support to all practices from May 2023 through a new National General Practice Improvement Programme	GPIP Fair-shares allocation delivered (%)	80%	233%
		GPIP practices signed up for Intermediate Support	74	21
		GPIP practices signed up for Intensive Support	43	7
		DTL National Course - PCN Delegate Confirmed	7	0
		DTL Regional Course - PCN Attended	31	0
		PCN Additional regional support - 0 offers accessed (%)	0%	0%
		PCN Additional regional support - 1-3 offers accessed (%)	10%	0%
		PCN Additional regional support - >3 offers accessed (%)	90%	100%
		SLF's / ICS Diagnostic Tools completed by ICS	TBC	TBC
		Uptake of local support offers	TBC	TBC

PCARP - Data Metrics (2)

	PCARP Objectives	Respective Metrics	SE Region	Frimley
Empowering Patients	**Enable patients in over 90% of practices to see their records and practice messages**, and book appointments and order repeat prescriptions using the NHS App by March 2024.	**POMI - Book/Cancel Appnt (%)**	92% (48%)	**91% (49%)**
		POMI - Repeat Prescriptions (%)	100% (53%)	**100% (51%)**
		POMI - Coded Record (%)	99% (44%)	**97% (45%)**
		Population with NHS App Registrations – P9 only (%)	58%	**59%**
		Monthly Appointments Booked	20,172	**938**
		Monthly Appointments Cancelled	11,290	**708**
		Live with GP Practice Registration (%)	48%	**16%**
		Prospective record access – number of practices compliant	TBC	**TBC**
		Prospective record access – proportion of population with 104 code	TBC	**TBC**
	Expand self-referral services ensuring integrated care boards (ICBs) expand pathways by September 2023, as set out in the 2023/24 operational planning guidance.	**Total referrals across all self-referral pathways**	TBC	**TBC**
		Number of self-referral pathways live (%)	TBC	**TBC**
	Deliver Pharmacy First so that by the end of the year community pharmacies can supply prescription-only medicines for seven common conditions. This, together with OC and BP expansion, could save 10 million appointments in general practice a year once scaled, subject to consultation.	**Proportion of contractors registered for Pharmacy First (%)**	93.9%	**98.5%**
		Proportion of contractors opted-in for Oral Contraception (%)	30.7%	**30.5%**
		Oral Contraception Consultations/ 100k pop.	TBC	**TBC**
		New BP Check Service Sign-Up since Dec-23	71	**6**
		Blood Pressure Consultations/ 100k pop.	TBC	**TBC**

PCARP - Data Metrics (3)

	PCARP Objectives	Respective Metrics	SE	Frim
Build Capacity	**Provide an extra £385m of funding** in 23/24 to reach 26k more direct patient care staff employed (with increased flexibility) and 50m more appointments in general practice by March 2024 vs 2019.	**ARRS FTE / 100k (26k)**	43.9	**37.3**
		ARRS Budget Utilisation (%)	66%	**74%**
		12-month Rolling Total (Excl. Vacc.) / 100k popl.	552k	**546**
		Comparison To FY18/19 Baseline (Excl. Vacc.)	123%	**126%**
		% Appointments Recorded As F2F	63%	**56%**
		% Appointments Delivered Within 14 days	82%	**87%**
	Further expand GP specialty training – and make it easier for newly trained GPs who require a visa to remain in England	**GP FTEs in Training Grade / 100k popl.**	TBC	**TBC**
	Encourage experienced GPs to stay in practice through pension reforms announced in the budget and create simpler routes back to practice for the recently retired	**GP FTE / 100k popl.**	54.0	**52.4**
		Overall reduction in Fully Qualified GP FTEs	TBC	**TBC**
		DPC FTE / 100k popl.	28.4	**19.2**
Cutting Bureaucracy	**Reduce time spent liaising with hospitals by requiring ICBs to report progress on improving the primary-secondary care interface, especially the four areas highlighted from the Academy of Medical Royal Colleges Report, in a public board update in Autumn 2023.**	Governance structure in place Forums to connect operationally	Regional CoP established chaired by SRO and MD for both Commissioning and PC	• **Clinical Interface Committee** • **Primary Care Transformation Management Group** • **Senior Leadership Team**

PCARP and MGPAM adoption – Year Two

Operational planning guidance 2024/25 – Primary Care:

- Confirms focus on 'things that matter most to patients' including *making it easier for people to access primary care*.
- Overall priorities include:
  - make it easier for people to access community and primary care services, particularly general practice and dentistry, and
  - improve staff experience, retention and attendance
- Recommits to delivery of Primary Care recovery plan and mentions as a key action for systems 'implementing Modern General Practice Access' and 'building capacity, including establishing a full understanding of demand and capacity in primary care'.
- National objectives for the NHS include 'continue to improve the experience of access to primary care'.

GP Contract letter:

- CAIP payment (30% of the CAP) based on practices putting in place components of modern general practice model throughout the year
- PCN Clinical Director role includes supporting transformation towards Modern General Practice
- Improving patient experience of access – 'We are asking PCNs and practices to review the data that digital telephony systems generate with a quality improvement focus.'

Delivery plan for recovering access to primary care: update and actions for 2024/25 letter ('PCARP2')

- Continued focus on modern general practice implementation – improved management of demand (through phone, online and walk ins) alongside improved care navigation.
- Continuing transformation support nationally, while moving to a system-owned delivery model

PC SDF Guidance

- Not yet published but expected to confirm focus of transformation component of PC SDF on implementation of modern general practice.

NHS
Frimley
Integrated Care Board

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Frimley ICB Clinical Policies Alignment Project update		
Agenda Item	5.3	**Date of meeting**	21 May 2024
Exec Lead	Dr. Lalitha Iyer, Chief medical Officer		

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

Link to Strategic Objective	*Strategic Objective 3*

Executive Summary	
Recommendation	The aim of the Frimley ICB clinical policy alignment project is to achieve harmonisation of evidence based clinical commissioning policies across the ICB in order to reduce unwarranted variation in access to care and ensure that the commissioning of these services is consistent and applicable to all areas within NHS Frimley going forward. The purpose of this paper is to update the Board on the progress of the alignment project. Frimley ICB currently utilises three different sets of clinical policies according to where the patient lives based on the legacy CCG geography (East Berkshire – EB, North East Hampshire and Farnham – NEHF and Surrey Heath – SH). Achieving policy alignment is part of the requirements of the CCG close-down and ICB Establishment Due Diligence for Constitutional, Corporate and Regulatory Matters, ethical approach to clinical commissioning and to address unwarranted clinical variation. The aim of this work is to progress having one set of aligned clinical policies for universal coverage of the ICB. A phased approach to alignment, governance and timescales were agreed at the March 2023 Frimley System Quality Group (SQG) and April 2023 ICB Board: • Phase 1: Process policies that have very similar thresholds across localities and new policies developed by the BOB and Frimley Priorities Committee (BOBFPC). • Phase 2: Process policies that are new for one or both SH/ NEHF locality (EB policies were used as the basis of the alignment) • Phase 3: Process policies with minor to moderate locality differences. To date the project has appraised and agreed 56 clinical policies for Frimley ICB use. 26 policies are recommended for archiving following a review.

	The 56 agreed policies have been developed and recommended by the BOB and Frimley Priorities Committee (BOBFPC, previously Thames Valley Priorities Committee) Each individual policy has undergone a robust process of evidence review and clinical input. • The Frimley ICB Policy Working Group for Policy Harmonisation (with primary and secondary care clinicians and lay representation) has reviewed the policies following the assessment carried out by the SCW Clinical Effectiveness Team. • Policies offer evidence based recommendations for patient care, clarify local commissioning position and address variation in practice. • Implementation of these policies is not anticipated to have a significant financial impact or significant impact on patient access to services. However, the policies support safe and effective patient care and equitable access to care based on clinical presentation. The new policies will come into effect on 1st June 2024 for all new referrals. A transitional implementation arrangement will be in place for patients who have been referred before the 1st of June 2024. Transitional implementation of the proposed policies can be applied where an individual has already been referred for NHS-funded treatment or the patient is on a relevant pathway prior to the issue date. In either of these cases, the patient should not experience disadvantage as a result of the new policy adoption: • where the new policy is less inclusive/ advantageous for the patient, the legacy policy will apply; and • where the new policy is more inclusive/ advantageous for the patient, the new policy will apply. These transitional arrangements will apply to relevant patients until the current episode of treatment specified in the relevant policy is complete, or until the patient is no longer eligible for NHS funded treatment under the relevant policy. The Communications and Engagement team has been supporting this work from the outset and have designed an approach that will ensure appropriate and proportionate communication and engagement related to the policies. Clinical engagement has been ongoing and there will be a further period of time for wider stakeholder feedback. Patients who may be affected by the changes in these policies and any other interested members of the general public who would like to contribute to the conversation regarding the implementation will be invited to provide feedback. The policies will be published on the ICS website on 3rd May for feedback, and the engagement period runs until 29th May. This will allow for sufficient time to review the feedback and have the opportunity to act upon it before 1st June. There are still a small number of policy topics that are yet to be aligned across the Frimley localities. These policies have potentially high impact differences. This work is currently on hold, with a view of these being processed with the support of the new South East Regional Priorities Committee (SERPC), which is anticipated to start convening in June 2024.

Please provide details on the impact of following aspects	
Risk and Assurance	These policies aim to maximise opportunities to invest in safe, clinical and cost-effective treatments

	and offer equitable access to care for the local population.
Equality and Quality Impact Assessment	Implementation of these polices will mainly represent improvement in access to care and/or up to date evidence-based thresholds for treatment. EIA are available for all policies.
Patient and Stakeholder Engagement	Plan in place as detailed in the paper.
Financial Impact and Legal implications	Minimal.
Please indicate which CQC Theme and Quality Statements this QIA supports. Interim guidance for assessing integrated care systems_March 2023 (cqc.org.uk)	Equity in Access

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
System Quality Group	23rd March 2023	Agreed to offer oversight and process assurance for the project and in the future for progressing clinical policies for the ICB agreement.
ICB Senior Leadership Team	11th April 2023	Noted progress update.
NHS Frimley ICB Board	18th April 2023	Board agreement for the proposal for the clinical policy alignment project, its approach, governance and timescale.
Frimley Clinical Policies Working Group	X6 workshops April to November 2023	Recommendations for Frimley alignment to SQG.
System Quality Group	27th July 2023	Agreed a suite of new clinical policies and a suite of RAG rated green policies (well aligned across legacy localities) for Frimley ICB adoption.
System Quality Group	28th September 2023	Agreed a third suite of clinical policies for Frimley ICB adoption.
System Quality Group	25th January 2024	Agreed a remaining further fourth suite of polices for alignment and 26 policies for archiving.
ICB Senior Leadership Team	12th March 2024	Noted the update of the clinical policy alignment project.

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.

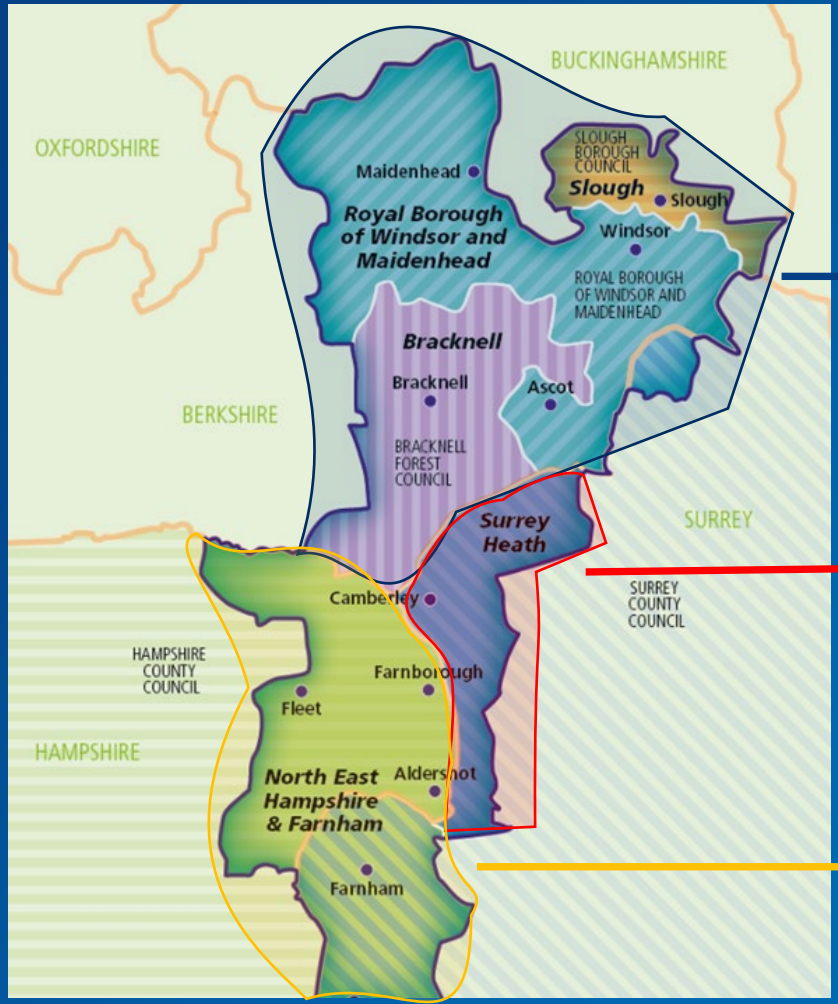
NHS Frimley Clinical Policy Alignment project; Board Update

Lalitha Iyer, Chief Medical Officer

Joining the dots across health and care

Clinical Policy Alignment project

- Frimley ICB currently utilises three different suites of clinical policies according to where the patient lives based on the legacy CCG geography.
- Clinical policies set thresholds for referral for specialist services from primary to secondary care and supports the funding of clinically effective and cost-effective care. Some policies identify interventions as not normally funded.
- In April 2023 Frimley Board agreed the proposal for the clinical policy alignment project, its approach, governance and timescale.



Frimley Health and Care

NHS Frimley

Legacy CCG – East Berkshire
Previous Priorities Committee – Thames Valley PC

Legacy CCG – Surrey Heath
Previous Priorities Committee – Surrey Heartlands PC

Legacy CCG – North East Hampshire and Farnham
Previous Priorities Committee – Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP8/HSIP)

Clinical Policy Alignment project

Aim of this project 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 - Clinical Policy Alignment project

- This project had progressed through the planned phases (1-4) and total of 56 clinical policies have been aligned and recommended for Frimley ICB for universal coverage.

- None of these recommendations represent a significant change in service provision for patients. Largely, implementation will 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 is on hold, with a view to these potentially being processed with the support of the new collaborative joint South East Regional Priorities Committee. This committee is anticipated to start convening in June 2024.

Transition period

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

Stakeholder feedback

- Clinical engagement has been ongoing and there will be a further period of time for wider stakeholder feedback.
- Patients who may be affected by the changes in these policies and any other interested members of the general public who would like to contribute to the conversation regarding the implementation will be invited to provide feedback.
- The policies will be published on the ICS website on 3rd May for feedback, and the engagement period runs until 29th May. This will allow for sufficient time to review the feedback and have the opportunity to act upon it before 1st June.

NHS
Frimley
Integrated Care Board

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Board Assurance Framework (BAF)		
Agenda Item	6.1	**Date of meeting**	21 May 2024
Exec Lead	Caroline Corrigan – Chief People Officer		

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

Link to Strategic Objective	Strategic Objective 3

Executive Summary

Background:

The Board has been asked to review and agree its updated Strategic Objectives for 24/25 at its meeting in private on 21st May 2024. These new 24/25 Strategic Objectives will be mapped and aligned to an updated Board Assurance Framework document that will be presented to the Board at its next meeting in public in July 2024.

Purpose:

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 March 2024.

The Board is asked to note that it 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:

1. **Strategic Objective A - Our People:** 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.
2. **Strategic Objective B – Improving Outcomes and Reducing Inequalities**: 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.
3. **Strategic Objective C – Delivering our Work Programme focussed on Transformation and Wider Reform:** 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.
4. **Strategic Objective D – Data Insights driven by Technology:** 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.

5. **Strategic Objective E – Financial Sustainability**: 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 since its last meeting in March there have been no changes to the scorings. Two of the five Strategic Objectives continue to remain outside the Risk Appetite and Risk Thresholds, previously agreed.

	January 2024	March 2024	May 2024
A1 People	16 Out of Risk Appetite	12 Within Risk Appetite	12 Within Risk Appetite
B1 Quality	12 Out of Risk Appetite	12 Out of Risk Appetite	12 Out of Risk Appetite
C1 Transformation	16 Within Risk Appetite	9 Within Risk Appetite	↑16 Within Risk Appetite
C2 Transformation	16 Within Risk Appetite	6 Within Risk Appetite	↑12 Within Risk Appetite
D1 Data & Insights	12 Within Risk Appetite	12 Within Risk Appetite	12 Within Risk Appetite
E1 Financial	16 Out of Risk Appetite	16 Out of Risk Appetite	16 Out of Risk Appetite

The Board Assurance Framework is reviewed by the Intergrated Risk Group, which is made up of executive members of the Finance and Performance Committee and the System Quality Group.

The role of the Integrated Risk Group is to provide an assessment of complex, significant or recurrent risks that are escalated to it via the Corporate Risk Register (comprised of strategic risks 15 ↑) and monitor progress against plans and oversee the mitigation of any significant risks; it is also responsible for providing assurance on the completeness and accuracy of the Board Assurance Framework.

The Board is asked to ***note*** the following summary:

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.

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	1 March 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 ICB

Board Assurance Framework 2024/25

21-May-24

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.

Board Strategic Objectives 2023/24

A	B	C	D	E
Our People	Improving Outcomes and Reducing Inequalities	Delivering our work programme focused on Transformation and Wider Reform	Data and Insights driven by Technology	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

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.

Risk Summaries

Strategic Objective A: Our People														
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating (before mitigation)			Current Risk rating (after mitigation)			Risk Appetite	Status (in/out of appetite)	Move from last quarter
					I	L	Rating (IxL)	I	L	Rating (IxL)			
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	3	12	Open 12	IN	⟷

Strategic Objective B: Improving Outcomes and Reducing Inequalities														
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating			Current Risk			Risk Appetite	Status (in/out of appetite)	Move from last quarter
					I	L	Rating (IxL)	I	L	Rating (IxL)			
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 Group / 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			Current Risk			Risk Appetite	Status (in/out of appetite)	Move from last quarter
					I	L	Rating (IxL)	I	L	Rating (IxL)			
C1 Risk 1	TRANSFORMATION	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 Group	4	5	20	4	4	16	Seek 16	IN	↑

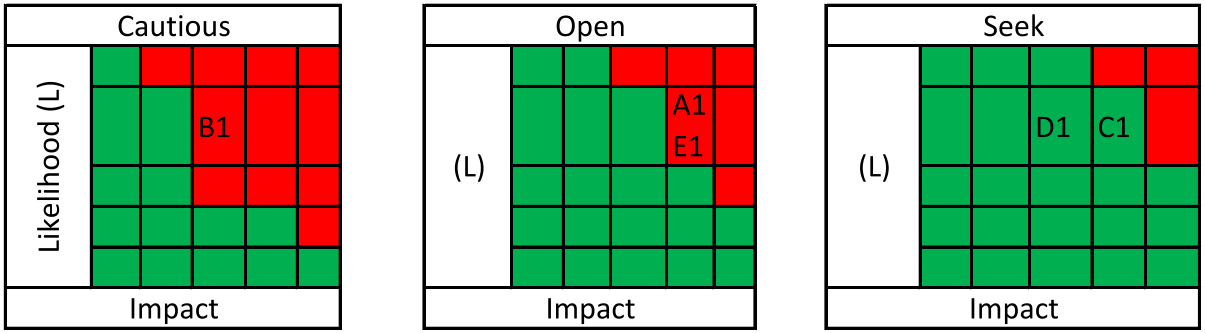
Strategic Objective C: Delivering Our Work Programme: Transformation and Wider Reform														
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating			Current Risk			Risk Appetite	Status (in/out of appetite)	Move from last quarter
					I	L	Rating (IxL)	I	L	Rating (IxL)			
C1 Risk 2	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.	Chief Transformation and Digital Officer	TBC	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			Current Risk			Risk Appetite	Status (in/out of appetite)	Move from last quarter
					I	L	Rating (IxL)	I	L	Rating (IxL)			
D1	TRANSFORMATION	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 Group	4	4	16	4	3	12	Seek 16	IN	⟷

Strategic Objective E: Financial Sustainability														
BAF REF	Domain	Principle Risk	Risk Owner	System Board/Assurance Committee	Initial Risk rating			Current Risk			Risk Appetite	Status (in/out of appetite)	Move from last quarter
					I	L	Rating (IxL)	I	L	Rating (IxL)			
E1	FINANCIAL	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)*	



BAF REF: A1	Strategic Objective: Our People	Principle Risk: 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	Risk Domain: People	Risk Score: 12

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)	Risk Analysis	Qtr. 1 (23/24)	Qtr. 2 (23/24)	Qtr. 3 (23/24)	Qtr. 4 (23/24)	Qtr. 1 (24/25)
I	L	Rating (IxL)	I	L	Rating (IxL)								
4	5	20	4	3	12	OPEN 12	IN	Current Rating	16	16	16	12	12

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
• ICB Change Programme Board in place and on track to deliver £4.5m savings. • ICB OD Plan refresh against staff survey results • ICB Remuneration Committee established, and work plan agreed including oversight of ICB Change Programme • EDI strategy and workplan agreed and reporting progress via ICB and system networks and committees. • PMO reporting to oversight and assure the ICB's governance framework. • Leadership development programmes that are available to partners across the System ICS • People Board established and has representation across partner organisations and Trade Unions. • ICS People Strategy aligned to ICS Joint Forward View. • ICS People Board oversighting this work including highlight reporting, engagement plans including alignment with ICB Board Horizons framework. • Delivery of key system transformation programmes and indirect approaches such as the HROD Community of Practice and staff engagement networks and opportunities.	•Data analytics gap due to resourcing issues. •Alignment of system workforce operational plan with finance and activity plans. •Update on redundancy costs for Change Programme due end Q1 2024/25.

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	31.05.24	CPO	Interim arrangements in place to provide support
Alignment of operational performance oversight with partners and CFO	31.05.24	CPO	Work underway to develop WF reporting specification and plan
Updates through Change Management Programme Board to SLT, RemCom and Board regarding the Change Programme.	31.05.24	CPO	Month update reporting established

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: System			Date Added to BAF: April 2023				
Initial Risk Rating (before mitigation)			Current Risk Rating (after			Risk Appetite	Status (in/out appetite)	Risk Analysis	Qtr. 1 (23/24)	Qtr. 2 (23/24)	Qtr. 3 (23/24)	Qtr. 4 (23/24)	Qtr. 1 (24/25)
I	L	Rating (IxL)	I	L	Rating (IxL)								
5	4	20	4	3	12	CAUTIOUS 8	OUT	Current Rating	12	12	12	12	12

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
•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 and Prevention Board •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.	•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 •Inclusion health groups

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. CYP Plus groups identified: Children with Learning Disabilities, Young Carers, Children in Care, and Care Leavers.
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
Participating in the Inclusion Health Regional Networks to progress work,. To gain deeper insights into the needs of inclusion health groups, we will leverage the OHID South East data packs, augmented by Connected Care to enhance data accuracy and generate actionable insights. We will refine our strategies utilising the NHSE Inclusion Health Framework and complete our Inclusion Health system self-assessment.	Ongoing	Lalitha Iyer	Work in progress and on track and examples of delivery in places available
Set up a system oversight group / Community of improvement to progress delivery, peer support and share learning, best practice and challenges (CORE20PLUS5). This will also include Inclusion Health Groups.	Ongoing	Lalitha Iyer	Work in progress

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: System Quality Group	Date Added to BAF: April 2023

Initial Risk Rating (before mitigation)			Current Risk Rating (after			Risk Appetite	Status (in/out appetite)	Risk Analysis	Qtr. 1 (23/24)	Qtr. 2 (23/24)	Qtr. 3 (23/24)	Qtr. 4 (23/24)	Qtr. 1 (24/25)
I	L	Rating (IxL)	I	L	Rating (IxL)								
4	5	20	4	4	16	SEEK 16	IN	Current Rating	16	16	16	9	16

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
• Delivery PMO has been established 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 • Triangulation with Allocative Efficiency work and the newly established System Transformation Board to ensure alignment. • System Transformation Board now established and working through its approach to provide impetus for the delivery of change in a relationship led manner.	• Variable attendance from system partners at System Transformation Board means that full alignment on system working not yet being realised. • System PMO team has had capacity diverted to implementation of the ICB Change Programme which has limited availability to support this work. • 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 refresh still awaiting approval for Year 2

Mitigating Actions to Address Gaps	Target Date	Action Lead	Update
Ensure Joint Forward Plan refresh is completed to a high quality and approved by 3x NHS organisations	31.07.24	CTO	New Action
Mitigate PMO capacity through prioritisation and job planning and continue focus on making STB effective	31.07.24	CTO	New Action

BAF REF:	Strategic Objective:	2nd Principle Risk: HOSTED POD	Risk Domain:	Risk Score:
C2	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	12

Risk Owner: Chief Transformation Officer						Assurance Committee: TBC			Date Added to BAF: October 2023				
Initial Risk Rating (before mitigation)			Current Risk Rating (after			Risk Appetite	Status (in/out	Risk Analysis	Qtr. 1 (23/24)	Qtr. 2 (23/24)	Qtr. 3 (23/24)	Qtr. 4 (23/24)	Qtr. 1 (24/25)
I	L	Rating (IxL)	I	L	Rating (IxL)								
4	4	16	4	3	12	SEEK 16	IN	Current Rating	16	16	6	6	12

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
Development work between POD Leadership Team and NHS England and other ICBs established.	Complete	YA	Ongoing

BAF REF: D1	Strategic Objective: Data and Insights	2nd 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 Officer	Assurance Committee: Digital Board/F&P/System Quality	Date Added to BAF: April 2023

Initial Risk Rating (before mitigation)			Current Risk Rating (after			Risk Appetite	Status (in/out	Risk Analysis	Qtr. 1 (23/24)	Qtr. 2 (23/24)	Qtr. 3 (23/24)	Qtr. 4 (23/24)	Qtr. 1 (24/25)
I	L	Rating (IxL)	I	L	Rating (IxL)								
4	4	16	4	3	12	SEEK 16	IN	Current Rating	12	12	12	12	12

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
•Combination of the Digital Costed Plan, Joint Forward Plan and national strategy give a strong frame for our priority development areas. •Recognising our position as a national leader in this space, we are continuing to leverage our quality and insight to partners inside the system and on a broader geographic footprint. •Financial efficiencies highlighted and identified for 2024/25 without preventing ability to deliver priorities. •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.	•Variable system wide attendance at Digital Board is a risk to maintaining alignment across multiple health and care organisations. •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
Working on a financial model to underpin possible new approach on larger footprint	1st October 2024	CTO / CIO	New Action
Continue to identify benefits case for further efficiencies without undermining core delivery function	1st April 2025	CTO / CIO	New Action

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			Risk Appetite	Status (in/out	Risk Analysis	Qtr. 1 (23/24)	Qtr. 2 (23/24)	Qtr. 3 (23/24)	Qtr. 4 (23/24)	Qtr. 1 (24/25)
I	L	Rating (IxL)	I	L	Rating (IxL)								
4	5	20	4	4	16	OPEN 12	OUT	Current Rating	16	16	16	16	16

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
•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.	•Financial control performance remains poor, by ISFE metrics. In-housing of CSU capacity is complete but there remain material gaps in capacity and capability while the ICB itself implements its organisational change programme. There remains a requirement for a step-change in financial control environment capability and a requirement to shift to a high-performing financial services function supported by development of financial control competencies organisation-wide. •Further development and strengthening of the financial control regime is 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 is impacting all areas of the system. •System wide delivery oversight arrangements are in their infancy. There is 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
Positive Assurance and Key Controls in Place. Tightened view of in-year and underlying positions supported by regular balance sheet review. Wider range of intelligence including nominal roll distribution following establishment of organisaitonal structure.	Ongoing	Debbie Fraser	Work in progress and on track.
Unified finance and contracting directorate structure combining ICB and CSU teams to facilitate recruitment of sufficient capacity to provide a robust business partnering service to the system.	June 1st	Rich Chapman	On track.
New controls in place including no PO no pay, CFO sign off of any new non-pay expenditure, ECF process and System Resourcing Group scrutiny of new expenditure commitments by all system partners.	Ongoing	Ollie white	Work in progress and on track.
Development of a single system transformation management methodology to adopt a disciplined and robust approach to delivery of identified technical and allocative efficiency opportunities	August 1st	Ollie White	SRG approval of cloud-based PMO solution 13/5/24
Clear budgets established with hierarchy of delegation from Board via CEO. Budget holder training developed and to be delivered. Regular reporting of in-year and underlying positions, analysis of cost drivers and linkages to demand, capacity and performance via finance business partnering model.	August 1st	Veronica Lowthian	Work in progress and on track.

Risk Score Matrix

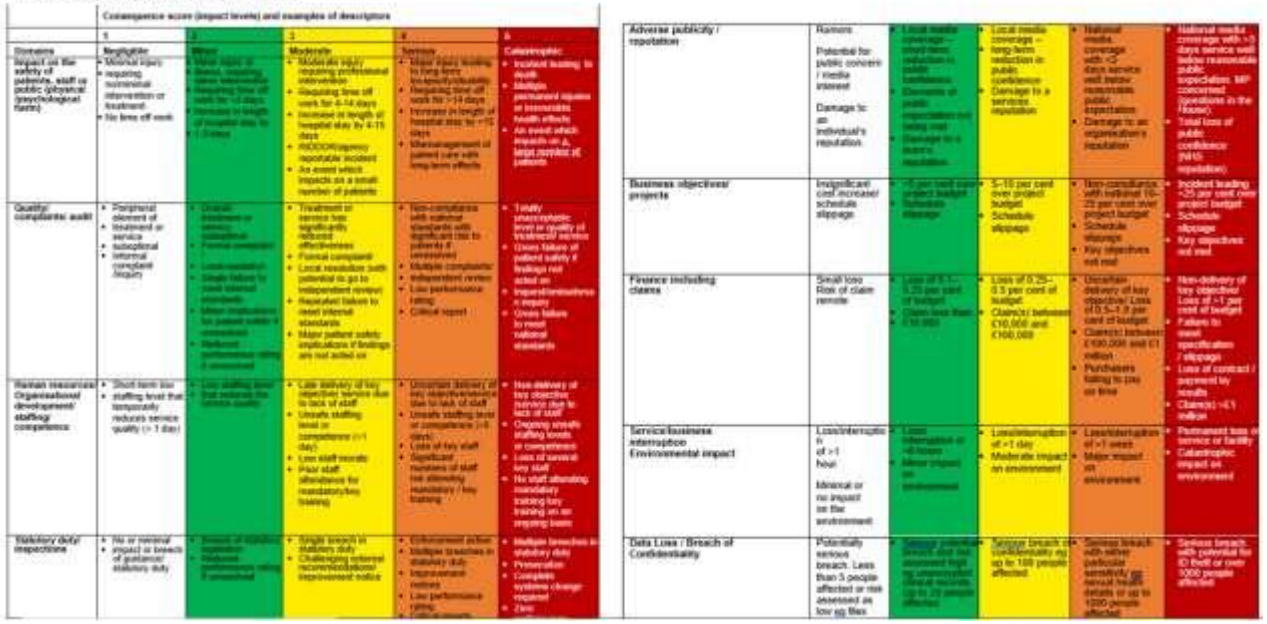
Likelihood					
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5
			Impact		

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 persistent issue	Will undoubtedly happen / recur, possibly frequently
Probability Will it happen or not? % chance of not	<0.1 per cent	0.1-1 per cent	1-10 per cent	10-50 per cent	>50 per cent

Impact (Consequence) Score



NHS
Frimley
Integrated Care Board

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Integrated Performance Report (Public)		
Agenda Item	6.2	**Date of meeting**	21 May 2024
Exec Lead	Rich Chapman, Chief Finance Officer		

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

Link to Strategic Objective	**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.

Executive Summary	
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 2 May. The executive summary can be found in the main body of the report in PowerPoint. **The ICB Board is asked to *note* that a number of data sources included in this report are from unvalidated daily sitreps and are for internal management information purposes only and *not* suitable for publication.** The Board is asked to *note* the performance challenges faced by all areas across our system.	
Recommendation	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.	Governance, management & sustainability

Interim guidance for assessing integrated care systems March 2023 (cqc.org.uk)	

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Finance and Performance Committee	02 May 2024	Noted

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

Integrated Finance and Performance Report

May’s ICB Board Meeting (Public)

Integrated Finance and Performance Report – Executive Summary

Workforce & Finance Overview

NHS Frimley

Finance

- The **Frimley System outturn for 23/24 is a (£21.8m) deficit** as forecast at month 11. The ICB deficit is (£11.0m) and FHFT deficit is (£10.8m).
- The split between the Trust and the ICB changed from Month 11 FOT due to the **Industrial action funding £3.7m being passed through to the Trust**. Month 11 FOT was ICB (£7.3m) + FHFT (£14.5m) = (£21.8m)
- 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.

Workforce

- FHFT has achieved notable reductions in agency expenditure in 2023/24, spending £14.5M less YTD M11 compared to last year (a 33.7% reduction). Agency as a percentage of pay bill (M11 YTD) is 5.0% against the 2023/24 national target of 3.7% or below (this will reduce to 3.2% for 2024/25). Medical agency continues to present an area of opportunity and requires targeting in 2024/25, along with overall bank expenditure.
- SE region sickness absence rates stand at 4.7% (for all absences) . FHFT reported a slightly increased rate (+0.1) to 3.6% in M10
- Several new programmes have been released in the past month from NHSE (Statutory and Mandatory training and Leadership Competency Frameworks) which are being reviewed and implementation plans finalised to ensure compliance.

SCW

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

Outer Ring = Position to Target

Inner Icon = Trend (MoM or YoY)

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:

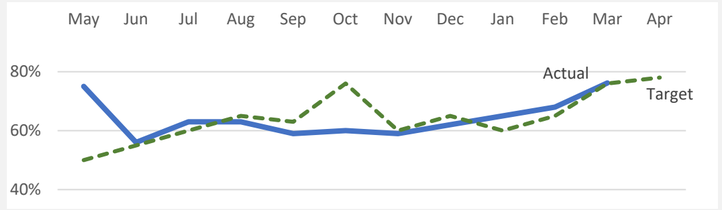
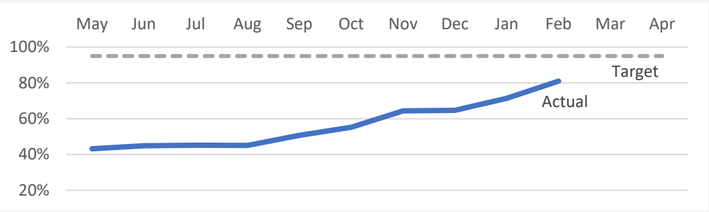
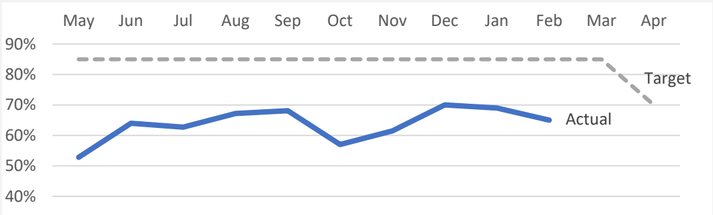
- Improving trend
- Declining trend
- Stable, no clear trend

P = identifies data that is also published publicly

Integrated Finance and Performance Report – Executive Summary

Urgent and Emergency Care

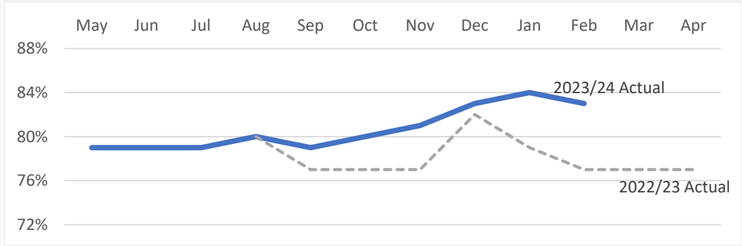
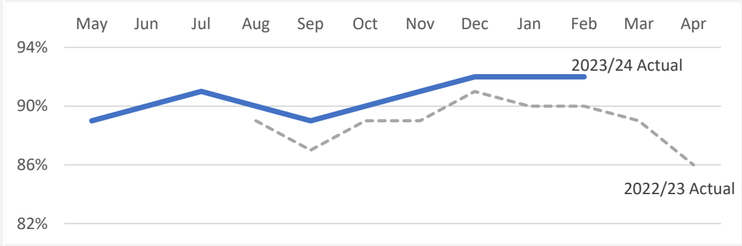
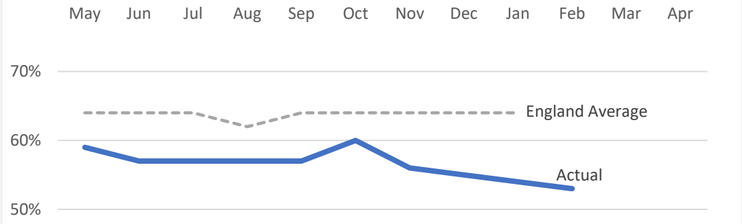
NHS Frimley

Measure	Status	Actual	Comparison / Target	Trend	Actions
Seen in 4 hrs (ED All types)		**76%** as of Mar	**76%**		1. Continue to embed and monitor UCC models with redirection plans from Front Doors 2. Winter transformational sprint – Front Door 3. Embed urgent and emergency care flow navigator (XS) 4. Optimise support services, Direct pathways to SDEC 5. Designation of UCC's to UTC's.
Diagnostic patients 6 weeks waits		**81%** as of Feb-24	**95%** interim		1. Patients waiting under 6 weeks for diagnostics tests has increased to around 81% (+10% from Jan-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.
Cancer: 62 Day referral to treatment standard		**65%** as of Feb-24	**85%**		1. The 62-day standard for FHFT has declined in this current month to 65%. This remains below the current 85% target. 2. Improvements are being seen in breast and urological cancers. Achievement of this standard may have been affected by industrial action through the autumn.

Integrated Finance and Performance Report – Executive Summary

Primary Care

NHS Frimley

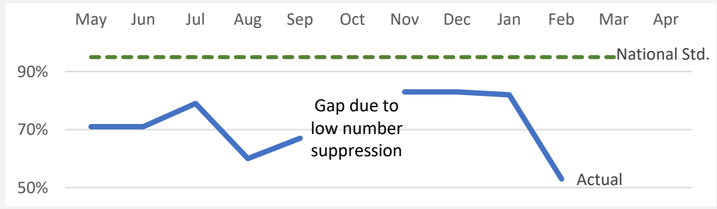
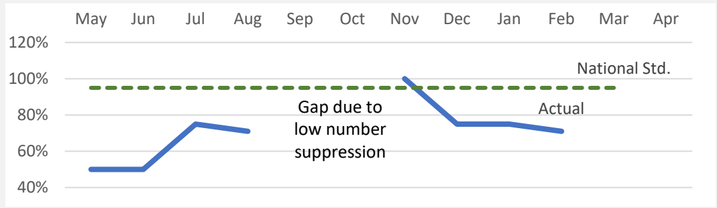
Measure	Status	Actual	Comparison / Target	Trend	Actions
Same day/next day Appointments – 1-day standard achievement		**83%** as of Feb	77% YoY 2022-23		• Continue work to embed a successful Pharmacy First implementation with Community Pharmacy and General Practice, ensuring an improved patient experience and effective care through minor illness being delivered in community pharmacy green segmentation • Explore development of a consistent SOP for care navigation aligned with 111 and general practice requirements and improved patient experience across services – based on case study from London Ambulance Service / Merton PCN. National Target: TBC
Appointment within 14 days of booking – 14-day standard achievement		**92%** as of Feb	90% YoY 2022-23		• Adopting segmentation to best support the needs of individuals accessing general practice – more effective pathways for complex patients and otherwise well patients. • Increase number of practice reviewing QOF approach for greater efficiency and improve impact on patient outcomes – amber segmentation work National Target: 85% - 90%
Face to Face Appointments		**53%** as of Feb	64% England average		• Care navigation operating models and training relaunched as priority to ensure that patients are being effectively managed for their needs. Increased development. • Transformation funding investment in enhanced care navigation training including ambition to incorporate the PNG segmentation training with this programme. • Ensure continuity of care is a focus in red patient segmentation.

SCW

Integrated Finance and Performance Report – Executive Summary

Children and Young People

NHS Frimley

Measure	Status	Actual	Comparison / Target	Trend	Actions
CYP Eating Disorder wait times (ROUTINE)		**53%** as of Feb	**95%** National Standard		1. BHFT clock stop change is still in testing, impact won't be seen until May-24 data. 2. Impact on MHSDS data of transfer of NE Hampshire CAMHS from SPFT to SABP to be investigated in June. 3. Numbers are very small, so a request has been made to include the numbers for context.
CYP Eating Disorder wait times (URGENT)		**71%** as of Feb	**95%** National Standard		1. BHFT clock stop change is still in testing, impact won't be seen until May-24 data. 2. Impact on MHSDS data of transfer of NE Hampshire CAMHS from SPFT to SABP to be investigated in June. 3. Numbers are very small, so a request has been made to include the numbers for context.

CHC

Measure	Status	Actual	Comparison / Target	Trend	Actions
28-day NHSE CHC Assessment Pathway (referrals completed within 28 days).	**Data not yet available for Q4**	**54%** as of Q3		**Frimley ICB 28-day NHSE CHC Assessment Pathway** PLACE / Q1 23/24 / Q2 23/24 / Q3 23/24 East Berkshire: 44% / ↑ 84% / ↓ 56% NEH&F: 57% / → 57% / ↑ 69% Surrey Heath: 41% / ↑ 59% / ↓ 27% **Frimley NHSE Q2 report**: **47%** / ↑ **68%** / ↓ 54%	1. Regular 'deep dives' with clinical leads to reduce 28-day breaches. 2. Close working with LA colleagues to achieve eligibility outcome decisions.

Integrated Finance and Performance Report - Workforce Oversight

Workforce Portfolio Update - 1 of 2

NHS Frimley

Workforce Data and Reporting

- Working with CSU and regional colleagues, we are exploring potential options to develop a workforce specific repository which will enable analysis and benchmarking in 'real-time' which will, in turn, support strategic workforce planning conversations and transformation priorities across acute, community, mental health, primary care and Local Authority teams.
- Operational planning for 23/24 has now completed. Triangulation across workforce, activity and finance has been completed and a full report will be presented to the Committee in May (following Board approval)

Ambitions updates

- Interim support arrangements are being finalised to ensure that key priorities within our Ambitions Programmes remain on track.
- Organisational changes within Surrey County Council have led to a change in Programme Leadership for the development of a 'Joint Workforce'.
- Initial discussions with NHSE have suggested that whilst there is limited funding for Q1 to support retention, we are unsure if there will be further transformation monies to support the programme beyond June 2024. A review is being undertaken to mitigate against any potential risks if required.

Gender Pay Gap report

- The ICB Gender Pay Gap report has now been published. This report has been prepared in accordance with guidance published by the Government Equalities Office and the 'snapshot' information includes staff holding an employment contract on 31 March 2023, based on our Employee Staff Records (ESR).
- Gender pay gap reporting highlights differences in the average (mean or median) earnings of men and women - expressed as a percentage of men's earnings
- Frimley ICB was established in July 2022; therefore, we cannot provide an exact like-for-like comparison with the Gender Pay Gap from the previous year. However, we have reviewed the Frimley CCG workforce data and pay gap to identify any consistent themes. Initial comparison confirms that the proportion of men in the ICB in 2023 is 2% higher than proportion of the CCG workforce in 2022.
- The CCG had a mean gender pay gap of 15.02% and a median gender pay gap of 25.42%. This means that the average male salary was higher than the average female salary. Women earned 74.58 pence for every £1 that men earn when comparing median hourly pay. Women's median hourly pay was 25.42% lower than men's.

Statutory and Mandatory training

- Last week, we received notification of a newly released programme from NHSE with the aim of improving staff experience of Statutory and Mandatory training. The 'optimise, rationalise and reform' programme' includes 8 actions (3 of which must be implemented by June 24).
- We are working with CSU colleagues to understand the requirements and implementation to support this across the system.

SCW

Integrated Finance and Performance Report - Workforce Oversight

Workforce Portfolio Update - 2 of 2

NHS Frimley

Temporary Staffing

- FHFT has achieved notable reductions in agency expenditure in 2023/24, spending £14.5M less YTD M11 compared to last year (a 33.7% reduction). Agency as a percentage of pay bill (M11 YTD) is 5.0% against the 2023/24 national target of 3.7% or below (this will reduce to 3.2% for 2024/25). Medical agency continues to present an area of opportunity and requires targeting in 2024/25, along with overall bank expenditure.

Temporary Staffing Detail

- The SE Collaborative Programme encompasses six systems and is now focussed on delivering against three core projects centred on: Agency, Bank, and Medical. It has been agreed that the whole region will move to a single set of agency rates at the first half of 2024/25 and common bank rate frameworks for all staff groups. These will bring benefits to the whole region and enable Frimley to step-down its higher-end agency rates. The Temporary Staffing Programme Team is working closely with FHFT and the outsourced managed service provider (MSP) to identify where earlier step-downs of rates are feasible.
- The Temporary Staffing Programme team continue to collaborate with FHFT and their outsourced provider to execute the local provider plan.
- FHFT has demonstrated commendable efforts, spending £14.5M less (a 33.7% reduction) on agency in 2023/24 YTD M11 (£28.7M) compared to the same period last year (£43.2M).
- FHFT is on target to meet its NHSE set agency expenditure limit (£32.9M) for 2023/24.
- The YTD agency as a percentage of pay bill is 5.0% (M11) against the national target of 3.7% or less, and enhanced efforts are required to drive down medical agency spend.
- Medical agency spend accounts for 2.5% of FHFT's total pay bill and this is significantly higher than other acute providers in the region.
- The CPO is intensifying work to reduce, with support from the Temporary Staffing Programme Team, medical agency by fully embedding the MSP, anticipating further savings in 2024/25.
- CPO has continued to drive reductions in non-medical and non-clinical spend over 2024 Q1.
- In 2024/25 a drive to contain and then reduce bank expenditure (which has increased by £9.3M, or 15%, YTD M11 compared to the same period last year) will be needed and is being considered as part of the operational planning cycle.
- Assurance needs to be sought from FHFT regarding the need to fully implement the Doctors' Managed Service Provision (MSP), which has stalled, to drive further agency spend reductions and the need to begin to contain overall bank expenditure in 2024/25.

Integrated Finance and Performance Report - Workforce Oversight

System Workforce Risks

NHS Frimley

Risk	Description	Mitigation - Programme/ Project Response
One Workforce	Lack of Health and Care Workforce Supply, exacerbated by the changes in patient acuity and health care access since COVID19. Failure to attract, recruit, train, develop and retain workforce in health and care settings to meet increasing health and social care demands.	• Widening access & participation project • Recruitment and retention activities at organisation and system level • Overseas recruitment for AHPs, RNs and Maternity • ARRS transformational workforce roles • Nursing associate roles in health and care
Workforce Supply	Workforce supply is insufficient for sustained recovery across health and care affecting urgent care, elective care (growing waiting lists) and out of hospital care with negative impact on population health.	• Recruitment / system retention lead in place • BOB and Frimley ICS temporary staffing programme • Education collaborative to increase system placement, training and education capabilities and capacities
Temporary Staffing	Failure to achieve Temp Staffing programme in-year benefits due to the scaling of the programme across 6 systems	• Temporary Staffing Programme established. • Draw on pan-regional talent and expertise in the accelerator model
System Workforce Development Funding	People transformation portfolio increasing funding risk for 2023/24. Historically funding has been non-recurrent and 12-months in duration. Due to national NHS funding pressures the annual Workforce Development funding will be cut by 80% of the 2022/23 levels (c£85k). This will significantly impact the funding of the system people directorate (posts) and ability to fund transformation projects.	• Strategic review of People transformation priorities against current funding opportunities and budget – complete • Monitor and apply for in year investment opportunities that might present themselves through NHSE bidding rounds.
Staff Wellbeing	There is an issue for workforce wellbeing since the National funding of mental health and wellbeing hubs creased. The teams that supported the hubs now provide internal support the Trusts and SABP provides services for other organisations on a fee basis. This has now created a patch work of support, leaving PCNs, social care without support. This is further compounded by low and inconsistent levels of EAP/ OH support in Primary Care.	• Escalation to ICB Board and to Regional Quality Committee • Place based funding discussions ongoing to identify current arrangements and budget to cover Primary Care staffing need – challenging financial context. • Develop outline business case / paper for system People Board to generate options appraisal based on funding discussion • Possible use of Regional Wellbeing funding (regional allocation £297k, ICB allocation TBC likely to be £17k)
Oliver McGowen Mandatory Training	The inability to locate phase two training providers for the system is compounded by the current lack of dedicated project management resource resulting in a risk in the delivery of phase 2 of the training programme.	• Request for project support has been requested – options currently being explored • Potential for collaboration across the SE with other ICBs in order to pool funding and secure training at scale.

Integrated Finance and Performance Report - Finance Oversight

Key financial metrics for April 2023 to March 2024

NHS Frimley

	Target (Annual Plan £m)	Result (Outturn £m)	Variance (Variance £m)	Achievement
ICB Statutory Income	1,862.3	1,939.6	77.3	
ICB Statutory Expenditure	(1,862.3)	(1,961.4)	(99.1)	
ICB Statutory Surplus/(Deficit)	0.0	(21.8)	(21.8)	
Agency Cap - FHFT	32.9 (ICS Cap)	30.1	1.9	
Capital position – ICB	1.2	1.2	0.0	
Capital position - FHFT	59.9	67.7	(7.7)	
Achieve Better Practice Payment Code - ICB	NHS 2/2	1/2	1/2	
	Non-NHS 2/2	2/2	0/2	
Achieve Better Practice Payment Code - FHFT	NHS 2/2	0/2	2/2	
	Non-NHS 2/2	1/2	1/2	

ICB Statutory Position = NHS Frimley Integrated Care Board & FHFT (100%)
ICB Statutory Surplus/(Deficit) includes ICB, FHFT (at 100%) and IS adjusted for intra co transactions
Invoices paid within Better Practice Payment Code >95%, volume & value
RAG rating relates to YTD results
*minor variances due to roundings to £m

- The **Frimley System outturn is a (£21.8m) deficit** as forecast at month 11. The ICB deficit is (£11.0m) and FHFT deficit is (£10.8m).
- The split between the Trust and the ICB changed from Month 11 FOT due to the **Industrial action funding £3.7m being passed through to the Trust**. Month 11 FOT was ICB (7.3m) + FHFT (£14.5m) = (£21.8m)
- 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.

Integrated Finance and Performance Report - Finance Oversight

FHFT Agency Spend

FHFT is subject to an NHSEI expenditure cap for agency staffing. The following detail relates to the outturn position:

AGENCY SPEND	Plan	Actual	Variance
	Outturn		
	£'000		
FHFT Agency Spend (less capitalised costs)	31.9	30.1	1.9
Agency Cap	32.9	32.9	0.0
Agency spend as % of agency cap	**97.0%**	**91.4%**	**-**

Agency cap only provided at annual value

In 2023/24 the Trust spent £30.1m on agency staff which is 36% lower than it did in 2022/23 (£47.3m), since December 2023 the Trust has exceeded the monthly phased plan.

Both medical and Nursing are the largest areas of agency expenditure, nursing has driven the spend reductions year on year with 55%, whilst medical is only 8% lower YTD compared to 22/23. There has been a higher year on year % reduction at the WPH sites compared to the FHFT site.

Integrated Finance and Performance Report - Finance Oversight

Capital

ICB Capital

Frimley ICB has submitted the 2023-24 Commissioner Capital Plan which has been approved in principle by NHS England.

The ICB has submitted Project Initiation Documents (PID's) for the Minor Improvements Grants (MIG) capital schemes, the GPIT replacement, refresh, break / fix equipment schemes and the N365 Licences Capital Schemes. All PIDs were approved by NHS England and the projects are all underway.

The PID for the Future Infrastructure Capital scheme was approved by NHS England but unfortunately, the project would not have been completed ahead of the 31st of March 2024. Therefore, the funding was repurposed and used to support the GPIT Replacement, Refresh, Break-fix equipment programme instead.

The capital allocation has been fully utilised in 2324

Approved Schemes:

NHSEI PID Reference	Scheme Name	Rationale	Scheme Category	Full PID Value	PIDS awaiting submission	PIDs awaiting approval	PIDs Approved	Balance remaining
				£'000				
QNQ-024-001	GPIT replacement, refresh, break / fix equipment	Replacement, refresh, fix BAU programme for GPIT	GPIT	500	0	0	700	(200)
QNQ-024-002	Frimley CCG Primary Care MIG Schemes	Increasing clinical and admin capacity, improving access and infection control. Includes 17% increase on schemes, to cover any GPIT expenditure.	MIG	312	0	0	361	(49)
QNQ-024-003	Future Infrastructure	To bring the NEHF and SH practices onto GPNET the system used by the EB practices	GPIT	200	0	0	0	200
QNQ-024-004	N365 Licences	Refresh of N365 licences, for both GPIT and corporate access.	MIG	175	0	0	175	0
QNQ-024-005	Reserve for Frimley CCG Primary Care MIG Schemes	Increasing clinical and admin capacity, improving access and infection control	MIG	49	0	0	0	49
				1,236	**0**	**0**	**1,236**	**0**

Overview

- Financial recovery and quality oversight
- Quality Hotspots
- Quality & Urgent and Emergency Care
- 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.

NHS
Frimley

Patient safety Incident Response Framework (PSIRF)

Patient safety Incident Response Framework (PSIRF) Update

NHS Frimley

- PSIRF supports providers to respond to incidents in a way that maximises learning and improvement rather than basing responses on interpretations of harm. PSIRF enables providers to balance effort between learning through responding to incidents, exploring issues and improvement work.
- The aims of an effective patient safety incident response system include:
  - the application of a range of systems-based approaches to learning
  - considered and proportionate responses

- Frimley ICB providers have set out how this will be achieved through their Patient Safety Incident Response Plans (PSIRP), which have been shared and approved by the System Quality Group.
- Responses to incidents will no longer be prompted by level of harm. They will instead be proportionate to learning potential.
- Frimley ICB Quality Leads are now working with smaller providers to ensure PSIRF and methodology is implemented in proportionality to the contract size.

NHS
Frimley

Quality Hotspots

Neurodiversity (ND)

- There is a risk that people experiencing long waits for neurodiversity assessment may not be able to access appropriate support / treatment, which can lead to the development or exacerbation of mental health issues, and adverse psycho-social / educational / work-related impacts.
- The ND pathway remains in business-critical status and there is weekly escalation calls with the lead commissioners and ICB safeguarding leads.
- Deep dive reviews are taking place to ensure there is no harm for those waiting on the list.
- A needs-based approach is focused on building support early and enabling access to ND diagnosis for the most complex / vulnerable people is being reviewed and considered.
- Additional funding has been agreed to support assessments in NEHF where there had been a gap in provision

Out of Area Placements

- During Frimley ICB reviews of vulnerable people placed out of area, concerns have been raised regarding a couple of providers. The ICB working with the relevant LA will make decisions whether to support provider improvement or to move individuals through a risk based approach.
- People's health and wellbeing is paramount for Frimley ICB and therefore are working collaboratively with other ICB’s, NHS England and CQC to ensure quality and safety is resumed.
- Where further placement is required, this is done in conjunction with the person and family.

MHRA Bed Rails Patient Safety Alert NatPSA/2023/010/MHRA

NHS Frimley

- On 30th August 2023 a national Patient Safety Alert pertaining to medical beds, trolleys, bed rails, bed grab handles and lateral turning devices (risk of death from entrapment) was issued for action across both health and social care. The alert required 7 actions to be completed, with these to be completed by 1st March 2024.
- It has become evident locally as well as nationally that achieving some of these actions for pieces of equipment being used in the community where the prescribers of the equipment are no longer seeing these patients is a significant task likely to take much longer than the current deadline allows; this is particularly relevant to the need for risk assessments and review.
- The risk has been raised to NHS England both regionally and nationally. For the South East Region, a task and finish group is being established, led by NHS England, which Frimley ICB are committed to be engaged with.

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	4	0

Publication of CASS report- Findings

NHS Frimley

- no simple explanation for the increase in the numbers of predominantly young people and young adults who have a trans or gender diverse identity, but there is broad agreement that it is a result of a complex interplay between biological, psychological and social factors. This balance of factors will be different in each individual.
- There are conflicting views about the clinical approach, with expectations of care at times being far from usual clinical practice.
- An appraisal of international guidelines for care and treatment of children and young people with gender incongruence found that that no single guideline could be applied in its entirety to the NHS in England.
- The strengths and weaknesses of the evidence base on the care of children and young people are often misrepresented and overstated, both in scientific publications and social debate.
- The controversy surrounding the use of medical treatments has taken focus away from what the individualised care and treatment is intended to achieve for individuals seeking support from NHS gender services.
- The rationale for early puberty suppression remains unclear, with weak evidence regarding the impact on gender dysphoria, mental or psychosocial health. The effect on cognitive and psychosexual development remains unknown.
- The use of hormones in those under the age of 18 also presents many unknowns,
- Clinicians are unable to determine with any certainty which children and young people will go on to have an enduring trans identity.
- For most young people, a medical pathway will not be the best way to manage their gender-related distress.
- **The recommendations set out a different approach to healthcare, more closely aligned with usual NHS clinical practice that considers the young person holistically and not solely in terms of their gender-related distress. The central aim of assessment should be to help young people to thrive and achieve their life goals**.

Local response to CASS report

- Planning and implementing support to young people transferring between services
- Support Primary Care in having discussion with Young People who may wish to be referred to adult services due to age and wait times
- Educating key clinicians and staff groups
- Looking at local pathways for holistic assessment
- Clear policy and procedures regarding prescribing of gender suppressing hormones.