

Agenda – Meeting in Public

Tuesday 17 September 2024 –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 16 July 2024 and matters arising	Approve	Paper	Chair
	4.	Chief Executive Update	Note	Verbal	Fiona Edwards, Chief Executive
	5.	Leadership & Culture			
11.35	5.1	Anti Racism Alliance	Note	Paper	Priya Singh – Chair, Fiona Edwards - Chief Executive, Alex Guild - NHS Provider Partner Member
	5.2	Freedom to Speak Up Report (FTSU)	Note	Paper	Safina Nadeem - Equality, Diversity and Inclusion Director and FTSU Guardian

Timing	No.	Item	Action	Delivery	Lead
	5.3	Sexual Safety Report	Approve	Paper	Sarah Bellars - Chief Nursing Officer
	6.	Board Approvals			
11.50	6.1	Annual Assurance on the FPPT submission to NHSE	Note	Paper	Priya Singh - Chair
11.55	6.2	Modern Slavery Statement 2024/25	Approve	Paper	Sarah Bellars - Chief Nursing Officer
12.00	6.3	Board Composition and updated Constitution	Approve	Paper	Caroline Corrigan - Chief People Officer
	7.	Standing Items			
12.05	7.1	Frimley ICB Quality Performance Report	Note	Slides	Sarah Bellars - Chief Nursing Officer
	7.2	Frimley ICB Finance and Performance Report	Note	Slides	Richard Chapman - Chief Finance Officer
	7.3	Frimley ICB Workforce Performance Report	Note	Slides	Caroline Corrigan - Chief People Officer
	8.	Frimley ICB Annual General Meeting 2024			
12.15	8.1	Annual Report and Accounts 2023-24	Note	Slides	Fiona Edwards - Chief Executive and Richard Chapman - Chief Finance Officer
12.30		Close	-	Verbal	Priya Singh - Chair
Date of next meeting in public: 19 November 2024, 11.30 – 12.30					

Job Title	First Name	Last Name	Interest	Description of Interest	Type of Interest	Actions agreed 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	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	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	Professional	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	Interest – Other	Declarations of Interest – Other	Non-Financial	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	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	Direct	None anticipated
Non-Executive Member	Ilona	Blue	Network Rail, an arms' length body of the Department for Transport	I am an independent advisor to the Audit & Risk Committee and the Treasury	Declarations of Interest – Other	Professional	Direct	None anticipated
Chief Transformation & Digital	Samuel	Burrows	Department for Transport	Committee	Interest – Other	Professional	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			Eightway Solutions Ltd	My spouse is the owner and operator of the company Eightway Solutions Ltd.	Declarations of Interest – Other	Non-Financial	Indirect	
Chief People Officer	Richard	Chapman	BOB ICB	A director, including a non-executive director, or senior employee in a private company or public limited company is doing, or which is likely, or possibly seeking to do, business with health or social care organisations	Declarations of Interest – Other or other organization which	Financial	Direct	regular review of work programmes conflict declared with BOB ICB and Chairs
Chief Executive	Caroline	Corrigan	Care Quality Commission	Executive Reviewer	Declarations of Interest – Other	Non-Financial	Indirect	secondment arrangements identify Frimley ICB as my employer
Chief Executive	Fiona	Edwards	NHS Confederation	Interest – Other	Declarations of Interest – Other	Professional	Indirect	Only review services in distant geographical areas
Local Authority Partner Member	Karen	Edwards	Land and Property owned or leased by	Board Trustee	Declarations of Interest – Other	Non-Financial	Indirect	Will be managed in accordance with policy.
from Rushmoor Borough Council			Rushmoor Borough Council	when land and property form which the Council would receive and income or discussion	Declarations of Interest – Other	Professional	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.
Non-Executive Member			Mind	I am Chief Executive of Mind nationally. Some local Minds (which are independent charities within a federated network) may be active in the ICS.	Declarations of Interest – Other	Non-Financial	Indirect	I will recuse myself from any discussions which relate to contracts for local Minds.
Non-Executive Member	Paul	Farmer	Frimley ICS	Interest – Other	Declarations of Interest – Other	Professional	Indirect	If contracts related to Age UK are discussed, I will recuse myself from discussions.
Non-Executive Member	Paul	Farmer	Frimley ICS	I am employed by Age UK as Chief Executive. Age UK is a charity which works with older people. It is federated with independent local charities, which may work with Frimley ICS in the provision of services.	Declarations of Interest – Other	Non-Financial	Indirect	Will declare interests on specific ICB business if and when needed.
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	Direct	
Chief Operating Officer	Caroline	Hutton	Frimley Health Foundation Trust	Employed as CEO (interim) with FHFT	Declarations of Interest – Other	Professional	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	Globe Management Consultants	I am the Secretary of the company which is owned by my spouse. I have no shareholding in this company.	Declarations of Interest – Other	Non-Financial	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	Professional	Indirect	This company has no dealings with the Health Sector/NHS/CCG
Chief Medical Officer	Lalitha	Iyer	Daughter working as an intern with Graphnet	Indirect	Declarations of Interest – Other	Professional	Indirect	place
Equality Diversity and Inclusion	Safina	Nadeem	Purple Infusion Ltd	Director of a limited company which provides training to health and social care	Declarations of Interest – Other	Non-Financial	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.
					Declarations of Interest – Other	Financial	Indirect	Do not provide any training via company to Frimley ICS

System Lead				sectors		Interest – Other			
Equality Diversity and Inclusion System Lead	Safina	Nadeem	BHA	Trustee for a Charity		Declarations of Interest – Other	Indirect	Indirect	
Primary Care Partner Member	Prash	Patel	Magnolia House	I am a profit sharing GP Partner		Declarations of Interest – Other	Financial	Direct	
Primary Care Partner Member	Prash	Patel	Frimley Health Foundation Trust	I am an employee of the FHFT		Declarations of Interest – Other	Non-Financial Professional	Direct	
Primary Care Partner Member	Prash	Patel	Berkshire Primary Care Ltd	I am the CEO and Medical Director		Declarations of Interest – Other	Financial	Direct	
Primary Care Partner Member	Prash	Patel	Ascot Primary Care Network	I am the Clinical Director of the Primary Care Network under the PCN Direct Enhanced Service Specification		Declarations of Interest – Other	Financial	Direct	
Bracknell Forest Council	Grainne	Siggins	Association of Directors of Social Services	Member of ADASS.		Declarations of Interest – Other	Non-Financial Professional	Direct	Declaration was needed, however, membership of ADASS does not present as a risk.
Bracknell Forest Council	Grainne	Siggins	Bracknell Forest Council	Employed as Executive Director of People Services		Declarations of Interest – Other	Financial	Direct	
Bracknell Forest Council	Grainne	Siggins	Association of Directors of Children Services	Member of ADCS		Declarations of Interest – Other	Non-Financial Professional	Indirect	
Frimley ICB Chair	Priya	Singh	Guy's and St Thomas's NHS Foundation	Appointed November 2015 - NED / Deputy Chair		Outside Employment			
Frimley ICB Chair	Priya	Singh	National Council for Voluntary	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	
Frimley ICB Chair	Priya	Singh	Royal Trinity Hospice	Trustee		Declarations of Interest – Other	Non-Financial Professional	Indirect	In line of the COI policy.
Frimley ICB Chair	Priya	Singh	Regulatory Oversight Board (Cricket)	Non Executive Director		Declarations of Interest – Other	Non-Financial Professional	Indirect	In line with the COI policy.
Clinical Lead Royal Borough of Windsor & Maidenhead	Huw	Thomas	Claremont and Holyport practice	Partner in the practice		Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Clinical Lead Royal Borough of Windsor & Maidenhead	Huw	Thomas	Maidenhead Primary Care Network	Practice is a member of Maidenhead PCN		Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Clinical Lead Royal Borough of Windsor & Maidenhead	Huw	Thomas	Frimley Health NHS Foundation Trust	Spouse employed by Trust as Clinical Nurse Specialist		Declarations of Interest – Other	Indirect	Indirect	Will be managed in accordance with policy
Clinical Lead Royal Borough of Windsor & Maidenhead	Huw	Thomas	East Berkshire Primary Care	Work on sessional basis for East Berkshire Primary Care. EBPC provide out of hours care and other primary care services.		Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Clinical Lead Royal Borough of Windsor & Maidenhead	Huw	Thomas	Holy Trinity Primary School, Cookham	Governor at school		Declarations of Interest – Other	Indirect	Indirect	Will be managed in accordance with policy
Clinical Lead Royal Borough of Windsor & Maidenhead	Huw	Thomas	Royal Borough of Windsor and Maidenhead	Practice subcontracted to provide opiate substitute prescribing services for the Royal Borough of Windsor and Maidenhead		Declarations of Interest – Other	Financial	Direct	Manage in accordance with policy
Local Authority Partner Member from Surrey County Council	Rachael	Wardell	Surrey County Council	Executive Director of Children, Families and Lifelong Learning since 07-12-2020		Declarations of Interest – Other	Non-Financial Professional	Direct	Will be managed in accordance with the Conflicts of Interest policy.
Local Authority Partner Member from Surrey County Council	Rachael	Wardell	Become - The Charity for Children in Care and Care Leavers	Trustee and Board Member since September 2019		Declarations of Interest – Other	Non-Financial Professional	Direct	Will be managed in accordance with the Conflicts of Interest policy.
Local Authority Partner Member from Surrey County Council	Rachael	Wardell	Association of Directors of Children's Services	Member of Professional Association since October 2009 and Chair of Workforce		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	Development Policy Committee since April 2016 Trustee		Declarations of Interest – Other	Non-Financial Professional	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 Personal	Direct	Will excuse if conflict of interest occurs

**Minutes of NHS Frimley Integrated Care Board
Held in Public on Tuesday 16 July 2024 from 11.30-12.30
Via Microsoft Teams**

Chair – Priya Singh

Present:	
Dr Priya Singh	Chair
Fiona Edwards	Chief Executive
Sarah Bellars	Chief Nursing Officer
Richard Chapman	Chief Finance Officer
Dr Lalitha Iyer	Chief Medical Officer
Sam Burrows	Chief Transformation & Digital Officer
Ilona Blue	Non-Executive Member
Paul Farmer	Non-Executive Member
Dr Prash Patel	Primary Care Partner Member
Dr Huw Thomas	Primary Care Partner Member
Karen Edwards	Local Authority Partner Member
Caroline Hutton	Interim NHS Provider Partner Member
Graham Wareham	NHS Provider Partner Member
In Attendance:	
Safina Nadeem	Equality, Diversity and Inclusion System Lead
Aminatta Colin	Frimley ICB Programme Manager (Community Transformation)
Steven Roots	Freedom to Speak Up Guardian (FHFT)
Ollie Hemans	Communications and Engagement Manager
Mary-Jane Steijger	Head of Governance
Sam Branscombe	Governance Support Officer
Tom Allinson	Governance Manager (secretariat)
Apologies for Absence:	
Caroline Corrigan	Chief People Officer
Alex Gild	NHS Provider Partner Member
Grainne Siggins	Local Authority Partner Member
Rachael Wardell	Local Authority Partner Member

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

	Members of the ICB Board's Mirror Board were in attendance.
2.	Declaration of Conflicts of Interest
	Members noted the Conflicts of Interest register, and there were no specific declarations made for the contents of the meeting's agenda.
3.	Minutes of the last meeting in Public held on 21 May 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
	<p>The Chief Executive gave a brief verbal update, reflecting on the scale of the ICB's internal reorganisation as part of the Organisational Change Programme.</p> <p>There had been progress made against performance and waiting list recovery in Q1. Waiting list times remained unacceptably high but inroads were being made to alleviate pressure.</p> <p>The ICB teams were ready to engage in any change to policy direction following the recent change of government with a focus on delivery and improvement for public against constitutional standards.</p> <p>The ICB continued to be a key partner across the local healthcare landscape, working to improve connections and delivery across the South East Region, particularly with regards to transformation and innovation.</p> <p><i>The Board noted the update.</i></p>
5.	Leadership and Culture: Zero Tolerance Statement
	<p>Safina Nadeem presented the recently approved Zero Tolerance Statement for the Board to note.</p> <p>The statement had been developed in collaboration with staff networks to demonstrate the ICB's ongoing commitment to creating a safe and inclusive environment all staff and stated that the ICB would not tolerate any form of discrimination, bullying, microaggressions or any other inappropriate behaviours and actively encouraged people to report such incidences through the appropriate channels (such as Freedom To Speak Up).</p> <p>The ICB's Mirror Board had also reviewed and discussed the Zero Tolerance Statement at its last meeting. Members had raised key points including seeking clarity on actions taken against individuals who did not conform to behavioural expectations and enabling appropriate training for staff accountability. A restorative approach to learning was encouraged, recognising the courage of those who come forwards while remembering intention and psychological safety.</p> <p>Members welcomed the Zero Tolerance Statement and the importance of staff as the greatest asset in delivering outcomes for patients.</p> <p><i>The Board noted the update.</i></p>
6.	Frimley ICB Integrated Performance Report
	<p>Rich Chapman presented the Integrated Performance Report as follows:</p> <p><u>Finance</u></p>

- The Frimley System position was £0.9m adverse to plan for month 2. The ICB was £0.2m favourable and Frimley Health Trust (FHFT) was (£1.1m) adverse to plan.
- The ICB position was £0.2m better than plan reflecting underspends in Continuing Healthcare which had been partially offset by pressures with acute Integrated Service providers. There were no current significant variances to the plan at this stage.
- The FHFT position was (£1.1m) adverse to plan, with pay costs impacted by the consultants' pay inflation. Non pay pressures included medical inpatient services, drugs and clinical supplies.
- The ICB had achieved three of the four Better Payment Practice Code (BPPC) targets. The target of paying Non-NHS and NHS invoices by invoice value but NHS invoice count had fallen below 95% due to invoices escalating prior to approval. FHFT had failed to meet any of the four BPPC targets, citing reverting to a Non-Purchase Order, No Pay policy causing issues along with several high value invoices affecting results.

Workforce

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

Individual portfolio activity and performance were then detailed as described within the slide deck including actual performance against key performance measures showing year-to-date trend.

Sarah Bellars then gave the Quality Update, highlighting the following key areas for the Board's attention:

- Adult Eating Disorders: Preparation of a draft contract between SABP and Surrey Community Health Providers to put in place provision of routine monitoring for patients on the SABP waiting list for eating disorders following new NICE guidelines showing higher morbidity and mortality rates among that cohort. This was in the process of being finalised, with the aim for the service to be initiated in July 2024.
- Infectious Diseases: Increased Incidence across patch of Pertussis and Measles.
- CPE Outbreak at FHFT: Carbapenemase-Producing Enterobacterales (CPE) outbreak with 75 cases at Wexham Park Hospital and 15 cases at Frimley Park Hospital. A formal review and investigation were carried out by the Trust to review the nature and cause of the outbreak and formalise actions, the review included invitees from region. It included a mortality review, which was completed in January. The review found 4 people died with CPE but not as the cause. Works were already complete in the areas containing patients at highest risk. Ongoing remedial work and refurbishment continued across the Trust for water-safe environment to reduce the risk of exposure to waste water as the potential source of CPE.
- Covid Vaccination Programme: Programme ran from 15th April to 30th June with 51k covid vaccination events and 58% uptake across all cohorts and the highest uptake in the South East Region for care home residents.

	<ul style="list-style-type: none"> • CQC New Assessment Framework: introduction of new regulatory model. ICB Teams working with general practice partners to understand and implement. • Safeguarding Update: including the Child Death Annual Overview, Safeguarding Adult and Children Reviews, Children in Care Reviews, and Domestic Abuse Diverse Communities. New responsibilities detailed for the ICB Safeguarding Accountability and Assurance Framework (SAAF) from June 2024. <p><i>The Board noted the update.</i></p>
7.	Questions received in advance from members of the Public
	<i>None.</i>
8.	Any Other Business
	<i>None.</i>
9.	Close
	<p>The Chair closed the meeting at 12.30.</p> <p>The date of the next meeting in public was confirmed to be 17 September 2024.</p>

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Anti-Racism Alliance Update		
Agenda Item	5.1	Date of meeting	17 September 2024
Exec Lead	Safina Nadeem – EDI Director		

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	<i>Links to all our strategic objectives</i>
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary	
Recommendation	<ul style="list-style-type: none"> It is essential to show Board level explicit and collective anti-racism commitment and action. Berkshire Health Foundation Trust have made a commitment to address racism and set goals to become an anti-racist organisation. The ICB have launched a series of resources to support organisations create inclusive and anti-racist workplaces. We want to build an Anti-Racism Alliance in Frimley to support creating a more equitable society by addressing and dismantling systemic racism <p>The Board is asked to <u>note</u> the paper.</p>

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

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Board Seminar	20/08/2024	Supported and endorsed approach

ICB Strategic Objectives 2024-25:

Strategic Objective 1: Starting Well

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

Strategic Objective 2: Living Well

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

Strategic Objective 3: People, Places & Communities

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

Strategic Objective 4: Our People

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

Strategic Objective 5: Leadership & Cultures

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

Strategic Objective 6: Outstanding Use of Resources

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



Building an Anti-Racism Alliance





Work so far

- Berkshire Health Foundation Trust have made a commitment to address racism and set goals to become an anti-racist organisation.
- The ICB have launched a series of resources to support organisations create inclusive and anti-racist workplaces including:
 - Inclusive Recruitment Toolkit
 - How to have conversations about Racism
 - Fostering safe spaces
 - Tackling Microaggressions Toolkit
- The ICB continue to support staff health and wellbeing by providing System-wide educational webinars, Staff Networks and Safe Space sessions



Recent Riots

- We have seen appalling racist, anti- migrant and Islamophobic violent disorder across the country, including in the Frimley patch.
- Many of our colleagues and communities feel scared and intimidated.
- Across the ICS we are clear that we take a zero-tolerance approach to any form of intimidation, discrimination, and violence.
- To support our colleagues across the system, we arranged a time for people to come together in a safe space and discuss their concerns, share experiences and understand what support is available to them.
- Over 70 people from across the system attended the meeting and shared their lived experience and discussed what action needs taking.
- See next slide for feedback from the session



Our System's Voices

Following the recent racist, Islamophobic and anti-migrant protests, Frimley ICB has held safe spaces and found:

Personal:

- Recent events triggered memories of past experiences in 70s & 80s (eg Southall Riots)
- Initially the disorder felt far away but fears have magnified as it's come southward
- "I was born here, but some people will never see me as being British"
- Some white colleagues struggle to understand the gravity of these triggers as they don't know/understand how events in the past impacted then and continue to now
- Lots of us have internalised our reactions so haven't maintained our boundaries to questions like "where are you from really?"
- Colleagues who are parents are navigating the protests themselves as well as educating their children about safety
- Feelings of frustration – needing to adjust daily lives to keep safe
- Staff in hypervigilance mode, which has high emotional toll
- Concerns about using public transport

Good practice examples:

1. Timely comm's distributed Monday 5th August, team manager proactive in checking in, validating feelings, circulating Security arrangements, informal lunch chat space
2. Senior leaders writing out to staff and communities we work with
3. Organisations facilitating safe spaces for staff to talk & find peer support

Team:

- Where protests aren't local, some managers don't understand why or how the recent events are impacting staff
- Managers seem ill-equipped to acknowledge or discuss events with staff, including acknowledging or asking how they are

System:

- The same staff attend EDI events & webinars. How are we getting others, who also need to develop their knowledge and practices, to attend?
- Some organisations had to navigate tricky approval processes to share Safina's support meeting on 12th August (70 attendees)
- There aren't safe spaces to talk about Gaza/Palestine, which is also impacting staff tremendously
- We need to clearly name Racism, Islamophobia and other poor behaviours as they happen
- **What does recovery from all this look like for individuals, teams and a System?**



Next Steps

- Explicit Board level collective anti-racism commitment.
- Board level development session on Anti- Racism.
- A facilitated development session with the Integrated Care Partnership (ICP) on building an Anti- Racism Alliance approach in Frimley.
- Implementation of any immediate action that can be taken to show demonstrable anti-racist action.
- Engagement with people who have lived experience of Racism , as well as Allies, on shaping our Anti Racism Alliance.

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Freedom to Speak Up Report		
Agenda Item	5.2	Date of meeting	17 September 2024
Exec Lead	Safina Nadeem, EDI Director		

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	<i>Links to all our strategic objectives</i>
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary	
The ICB Board is asked to note the Freedom to Speak Up Report.	
Recommendation	To <u>note</u> the report.

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

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

ICB Strategic Objectives 2024-25:

Strategic Objective 1: Starting Well

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

Strategic Objective 2: Living Well

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

Strategic Objective 3: People, Places & Communities

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

Strategic Objective 4: Our People

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

Strategic Objective 5: Leadership & Cultures

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

Strategic Objective 6: Outstanding Use of Resources

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



Freedom to Speak Up Report

Safina Nadeem
EDI Director
Freedom to Speak Up Guardian

Background

The role of Freedom to Speak Up (F2SU) guardians and the National Guardian were established in 2016 following the events at Mid-Staffordshire NHS Foundation Trust and recommendations from Sir Robert Francis' Freedom to Speak Up Inquiry.

FTSU has also become part of the CQC Well Led inspection component since October 2016

The National Guardian's office (NGO) was established in October 2016 at the same time as it became a contractual obligation for every NHS Provider Organisation to have appointed a FTSU Guardian.

Each Trust Guardian provides reports to their own respective Boards on the number and types of cases seen through the F2SU process

This report provides details from 2023-2024 submissions, and includes data from the following organisations:

- Berkshire Health NHS Foundation Trust
- Frimley Health NHS Foundation Trust
- NHS Frimley
- Surrey And Borders Partnership NHS Foundation Trust

What ICB's should be doing

- **Freedom to Speak Up across the ICS**– ICBs should show:-
 - How they will gain assurance that all NHS organisations across the ICS have accessible speaking up arrangements and understand and address any barriers
 - NHS England has asked that all NHS trusts adopt the policy and apply the guide and improvement tool over the next 18 months and have provided assurance to their public boards by the end of January 2024
 - How they might share good practice and learning across the ICS about speaking up culture improvements.
 - The systems they will put in place to capture and measure speaking up data.

ICB's should think about how F2SU will support delivery of outcomes in terms of voice, experience and patient safety. ICBs have a great opportunity to ensure speaking up routes are available for all workers in NHS healthcare providers across the ICS. This must include access to a Freedom to Speak Up guardian(s) at organisation, place and/or system level. Appointing an executive and non-executive lead for Freedom to Speak Up within your ICB will provide leadership.



F2SU Data NHS Frimley

- Number of cases brought to F2SUG's -14
- Number of cases raised anonymously - 0
- Number of cases with element of Patient Safety/Quality – 1
- Well-being element – 3
- Bullying and harassment element -8
- Inappropriate attitudes/behaviour – 8
- Number of cases where people felt they are suffering a detriment - 0

NHs Frimley Key summary points

- Rise in cases from last year (6- 14)
- Most concerns due to bullying and behaviours
- Continuing to promote the F2SU service and creating a culture where people feel safe to speak up



F2SU Data NHS BHFT

- Number of cases brought to F2SUG's -53
- Number of cases raised anonymously - 2
- Number of cases with element of Patient Safety/Quality – 4
- Well-being element – 0
- Bullying and harassment element -27
- Inappropriate attitudes/behaviour – 23
- Number of cases where people felt they are suffering a detriment -13
- **Other (Processes , environment) 1**

BHFT – Summary points

- Case numbers and themes are broadly consistent year on year
- Levels of perceived detriment will be looked into as part of a review of HR processes
- Despite satisfactory feedback re the FTSU process, turnover of staff who have spoken up is higher than Trust Turnover
- FTSU casework feeds directly into our behaviour's framework
- FTSU has created a “culture barometer” (using 23 key Q's from the NSS results) at Locality 5 level to enable a targeted approach to proactive support for services
- Guardian supports the Leadership offer to Managers with module around civility, good communication & courageous conversations (inc. Psychological Safety)



F2SU Data NHS SABP

- Number of cases brought to F2SUG's -**103**
- Number of cases raised anonymously - **0**
- Number of cases with element of Patient Safety/Quality – **33**
- Well-being element and Worker safety – **61**
- Bullying and harassment element -**16**
- Inappropriate attitudes/behaviour – **41**
- Number of cases where people felt they are suffering a detriment -2



SABP Summary points

- Numbers are broadly consistent with previous year
- Reported decrease in B&H (alongside introduction of NGO's attitudes and behaviours reporting category)
- Notable increase in worker safety and wellbeing concerns
- Guardian supports the leadership training offer to managers and the organisational workstreams; employee retention, health and wellbeing, quality and safety
- SABP currently undertaking a review of the service as part of our commitment to ongoing improvement



F2SU Data NHS FHFT

- Number of cases brought to F2SUG's - **155**
- Number of cases raised anonymously - **19**
- Number of cases with element of Patient Safety/Quality – **65**
- Well-being element and Worker safety – **0**
- Bullying and harassment element - **24**
- Inappropriate attitudes/behaviour – **85**
- Number of cases where people felt they are suffering a detriment – **8**



FHFT Summary points

Headlines 2023/24

TOTAL CASES



32,167 cases

were raised with
Freedom to Speak Up Guardians
in 2023/24

The highest number of cases recorded – a 27.6% increase from 2022/23.

PATIENT SAFETY AND QUALITY

18.7% of cases raised included an element of patient safety/quality

a marginal drop compared to 2022/23 (19.4%).



WORKER SAFETY AND WELLBEING

One in every three cases raised (32.3%) involved an element of worker safety or wellbeing.

An increase from one in every four cases (27.6%) in 2022/23.



ANONYMOUS CASES

The percentage of cases which were raised anonymously is ten percent (9.5%).

This was similar to the percentage raised anonymously in 2022/23 (9.4%).



FEEDBACK



Four-fifths (79.8%) of those who gave feedback said they would speak up again.

BULLYING AND HARRASSMENT

19.8% of cases reported included an element of bullying or harassment.

A 2-percentage point fall compared to 2022/23.



INAPPROPRIATE BEHAVIOURS

Two in every five cases (38.5%) involved an element of inappropriate behaviours and attitudes.

The most reported theme in 2023/24.



DETRIMENT

Detriment for speaking up was indicated in 4.0% of cases.

This is the same as in 2022/23.



PROFESSIONAL GROUPS



Workers from a range of professional groups spoke up to Freedom to Speak Up Guardians.

Nurses and midwives accounted for the biggest portion (28.3%) of cases raised.



Primary Care

- Awaiting guidance from NGO and NHS England
- Supported EBPC to recruited guardians
- Conversations with NHUC about providing guardian support

Improving F2SU Culture

As an ICS we want to agree to commit to :-

- Creating a culture where speaking up is welcomed and celebrated as a tool for improvement
- Enabling managers to promote psychological safety within teams
- Creating an environment which encourages free thinking, innovation, experimentation, with an acknowledgement that things can go wrong and if they do, we use this as a learning opportunity for everyone .
- Promoting a positive workplace and culture where everyone has a voice and can talk about concerns without being spot lit or suffer any backlash/detriment



Next Steps

-
- Frimley Speak Up Conference October
- Continue working collaboratively
- Continue work on creating psychologically safe cultures for people to speak up safely
- Community of Practice with Exec Leads and NEDS.

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Sexual Safety Report		
Agenda Item	5.3	Date of meeting	17 September 2024
Exec Lead	Sarah Bellars – Chief Nursing Officer		

Purpose	To Approve	<input checked="" type="checkbox"/>	Link to Strategic Objective	<i>Strategic Objective 5 – Leadership and Cultures.</i>
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input type="checkbox"/>		

Executive Summary	
<p>The submitted paper gives an update on the ICB's compliance with Sexual Safety in Healthcare Charter.</p> <p>Following approval at the ICB Board in November 2023, Frimley ICB signed up to the Sexual Safety charter in December 2023</p> <p>The paper covers 10 individual statements from the charter providing an update on the actions taken to date and actions yet to be completed with appropriate deadlines. The original date for compliance for all the statements was July 24, however this was dependent on draft national policies being shared by NHSE. This has paused due to the general election and is now awaiting ministerial sign off.</p>	
Recommendation	The Board is asked to <u>approve</u> the paper.

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

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Monthly Frimley SLT	13.08.24	TBA

ICB Strategic Objectives 2024-25:

Strategic Objective 5: Leadership & Cultures

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

NHS Frimley – Compliance with Sexual Safety in Healthcare Charter

Action date

<p>1. We will actively work to eradicate sexual harassment and abuse in the workplace.</p>	<p>Named Executive Lead, Sarah Bellars, in place who has attended national Executive briefing session</p> <p>A steering group has been formed to achieve and monitor progress against the 10 commitments</p> <p>We have identified the sexual safety Leads from our provider organisations</p> <p>HR Policies have been detected where we could add additional information on the sexual Safety Charter and process</p> <p>We have identified that we need our own Sexual Safety Policy for the ICB</p> <p>We are awaiting the suite of resources and policies from NHSE so we can localise and adopt</p> <p>We continue to learn from best practice both System-wide and nationally by linking into Communities of Practice such as our EDI Professionals Network and the National Future NHS Platform</p>	<p>Awaiting date from NHSE</p>
<p>2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.</p>	<p>Frimley values and culture supports openness in all forms.</p> <p>ICB Zero Tolerance Statement in place, which explicitly states abuse in any kind/form is not tolerated and signposts victims accordingly</p> <p>Work will be done to include ICB standards and expectations into corporate induction, so all new starters are aware and begin their Frimley journey understanding the expectations.</p> <p>Our Freedom to Speak Up team will help to facilitate the further development of our speaking up culture which helps to create a culture, an environment and pathways where our people will feel psychologically safe to raise concerns of any nature, including sexual safety</p> <p>Clearly communicate the implementation of our new Sexual Safety Policy and promote our current Domestic Abuse Policy</p> <p>Develop training plan or similar approach to ZTS & Microaggressions toolkit where resources cascaded from Chiefs down, as well as Equality Advocates across teams, Networks across members and wider</p> <p>Senior Management will ensure that the policies will be consistently enforced, regardless of the employee’s position and role</p>	<p>October 2024</p> <p>When policy released from NHSE</p> <p>March 2025</p>

<p>3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.</p>	<p>We have a proactive Equality, Diversity, and Inclusion Action Plan in place which includes intersectionality, but no specific focus on internal sexual harassment at work. We will look to include this as an update and develop strategies to address the specific needs of vulnerabilities of different groups.</p> <p>A sexual safety in healthcare workshop was included in Oct 2023 as part of the EDI event. It is a starting point but not a complete solution. We will continue to deliver sexual safety awareness content in ongoing EDI events and conferences.</p> <p>Intersectionality considerations should be reviewed across our staff policies, including Domestic Abuse and Sexual Safety and will be raised at the next HR Policy Group meeting</p>	<p>January 2025</p> <p>November 2024</p> <p>August 2024</p>
<p>4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.</p>	<p>Usual support routes – e.g. line manager, employee assistance in place. We will add sign posting routes to organisations outside of the ICB that have a specialism to support people.</p> <p>As well as support from line managers, staff would be referred to our EAP scheme. We would also look to request additional professional support from partners such as health and social care if appropriate.</p> <p>ICB has a Freedom to Speak Up Guardian with onward signposting as required</p> <p>Our sexual safety Policy will detail the ways in which we can offer support for people through the investigation period if requested i.e. alternative ways of working, condensed hours, time off etc.</p>	<p>March 2025</p>
<p>5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.</p>	<p>A communication plan will be drawn up to distribute the messages through policies, induction, team meetings, surveys and 1-1's.</p> <p>We will also add this to our Sexual Safety Policy to include Prevention, empowerment and accountability. We will align with our Code of Conduct protocol</p> <p>We will explore bystander training for all staff and link into the current toolkit miniseries on Inclusive Culture that the ICB is developing & mobilising. Members of the steering group are attending training in August to review and roll out.</p>	<p>November 2024</p> <p>August 2024</p> <p>March 2025</p>

<p>6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.</p>	<p>Currently awaiting new national policy frameworks (delayed due to the election). Once they are launched, we will develop a policy that is in line with the national approach.</p> <p>While we are waiting for the new national policies, we will continue to manage issues using our existing policies, including:</p> <ul style="list-style-type: none"> • Domestic Abuse • Freedom to Speak up • Grievance policy • Harassment and Bullying • Violence and Aggression <p>We will also look to bring in an interim policy if resources not released from NHSE by the end of September</p> <p>These policies also need to be updated to proactively mention sexual safety.</p>	<p>September 2024</p>
<p>7. We will ensure appropriate, specific, and clear training is in place.</p>	<p>Apart from workshop held as part of EDI event, no training in place.</p> <p>A programme of training will be launched for current managers, focusing on raising awareness and the development of a culture where we embrace the zero-tolerance approach. We are aiming to launch this when the resources are released from NHSE</p> <p>Active By-Stander and Anti-Harassment training will also be provided via links to external resources</p>	<p>When resources released from NHSE</p>
<p>8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.</p>	<p>Our Freedom to Speak Up team will help to facilitate the further development of our speaking up culture which helps to create an environment where our people will feel psychologically safe to raise concerns of any nature, including sexual safety</p> <p>No specific reporting mechanism in place – but people can report via FTSU/ Grievance routes. We will also encourage people to approach their line manager in the first instance if able to.</p> <p>We will collect data to show us the extent of any unwanted behaviours which could tell us the themes and areas that we need to focus to eradicate this.</p>	
<p>9. We will take all reports seriously and appropriate and timely action will be taken in all cases.</p>	<p>Freedom to Speak Up as mentioned previously</p> <p>Zero Tolerance statement has been launched</p> <p>We will establish multiple ways of reporting and take prompt action to ensure victim support and will provide non-judgemental support to all parties.</p> <p>We will also ensure Line Managers have the skills to deal with a disclosure</p>	<p>March 2025</p>

<p>10. We will capture and share data on prevalence and staff experience transparently.</p>	<p>The staff survey now has a relevant question.</p> <p>If low numbers are reported, we will ensure we do this sensitively to not inadvertently identify people.</p>	<p>February 2025</p>
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Sexual Safety Charter Pledge

NHS Frimley Integrated Care Board (ICB) is committed to creating a safe and respectful environment for all employees and stakeholders. We pledge to:

- Educate staff on how our **zero-tolerance policy** applies to all forms of sexual harassment, assault, and discrimination.
- **Provide comprehensive sexual harassment prevention training** for all employees, including bystanders and managers.
- **Develop clear and accessible reporting procedures** for incidents of sexual misconduct.
- **Conduct prompt and thorough investigations** of all reported incidents.
- **Implement appropriate disciplinary actions** for those found to have violated our sexual harassment policy.
- **Offer support services** to victims of sexual misconduct.
- **Promote a culture of respect and inclusivity** through open communication and education.
- **Continuously review and improve** our sexual harassment prevention policies and procedures.

Frimley ICB commits to holding ourselves accountable to these principles and to fostering a workplace free from sexual harassment and assault.

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Fit and Proper Person Test – Annual Assurance Submission		
Agenda Item	6.1	Date of meeting	17 th September 2024
Exec Lead	Priya Singh, Chair		

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	Strategic Objective 5: Leadership & Cultures
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary	
<p>The purpose of this paper is to provide assurance to the Board that the ICB has discharged its duties in respect of implementing the new Fit and Proper Person Test (FPPT) Framework and the 2023-24 annual submission.</p> <p>Summary: The new FPPT Framework was introduced for all NHS boards including ICBs from 30th September 2023. The new Framework applies to all new board level appointments or promotions and for annual assessments.</p> <p>The ICB commissioned SCW CSU to conduct the FPPT checks. All ICB Board Members have been confirmed as Fit and Proper Persons in accordance with the Framework and the ICB submitted its annual assurance submission to NHS England in July (Appendix 1).</p> <p>The ICB has been invited to contribute feedback to NHSE on the new Framework which will be provided via the Chair.</p>	
Recommendation	The Board is asked to note the update.

Please provide details on the impact of following aspects	
Risk and Assurance	Compliance with the new FPPT Framework.
Equality and Quality Impact Assessment	FPPT applies to all ICB Board Members in accordance with the new Framework.
Patient and Stakeholder Engagement	N/A
Financial Impact and Legal implications	Compliance with the new FPPT Framework
Please indicate which CQC Theme and Quality Statements this QIA supports. Interim guidance for assessing integrated care systems March 2023 (cqc.org.uk)	Choose a Quality Statement.

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

ICB Strategic Objectives 2024-25:

Strategic Objective 1: Starting Well

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

Strategic Objective 2: Living Well

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

Strategic Objective 3: People, Places & Communities

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

Strategic Objective 4: Our People

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

Strategic Objective 5: Leadership & Cultures

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

Strategic Objective 6: Outstanding Use of Resources

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

Appendix 5: Annual NHS FPPT submission reporting template

NAME OF ORGANISATION	NAME OF CHAIR	FIT AND PROPER PERSON TEST PERIOD / DATE OF AD HOC TEST:
NHS Frimley ICB	Priya Singh	2023-24

Part 1: FPPT outcome for board members including starters and leavers in period

Role	Number Count	Confirmed as fit and proper?			Leavers only	
		Yes	No	How many Board Members in the 'Yes' column have mitigations in place relating to identified breaches? *	Number of leavers	Number of Board Member References completed and retained
Chair/NED board members	3	✓		None	N/A	
Executive board members	6	✓		None	N/A	
Partner members (ICBs)	8	✓		None	N/A	
Total	17					

* See 3.8 'Breaches to core elements of the FPPT (Regulation 5)' in the Framework.

Have you used the Leadership Competency Framework as part of your FPPT assessments for individual board members?	Yes	
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Part 2: FPPT reviews / inspections

Use this section to record any reviews or inspections of the FPPT process, including CQC, internal audit, board effectiveness reviews, etc.

Reviewer / inspector	Date	Outcome	Outline of key actions required	Date actions completed
Remuneration Committee	11.09.23	Noted new FPPT Framework and approved ICB Implementation Plan to introduce the new framework.	Complete the Implementation Plan.	June 2024
	13.03.24	Assurance of progress in implementing the FPPT Framework.	As above.	

Add additional lines as needed

Part 3: Declarations

DECLARATION FOR NHS Frimley ICB 2023-24				
FPPT for the chair (as board member)	Completed by:	Name:	Submitted to Anne on	Fit and proper?
	NHSE Regional Director South East	Anne Eden	16.07.24	Yes
For the chair to complete:				
Have all board members been tested and concluded as being fit and proper?	Yes	If 'no', provide detail:		
	✓	N/A		
Are any issues arising from the FPPT being managed for any board member who is considered fit and proper?	No	If 'yes', provide detail:		
		N/A		
<i>As Chair of NHS Frimley ICB, I declare that the FPPT submission is complete, and the conclusion drawn is based on testing as detailed in the FPPT framework.</i>				
Chair signature:	Priya Singh			
Date signed:	19 th July 2024			
For the regional director to complete:				
Name:				
Signature:				
Date:				

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Frimley ICB Modern Slavery Statement 2024/25		
Agenda Item	6.2	Date of meeting	17 September 2024
Exec Lead	Sarah Bellars – Chief Nursing Officer		

Purpose	To Approve	<input checked="" type="checkbox"/>	Link to Strategic Objective	Links to all our Strategic Objectives
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input type="checkbox"/>		

Executive Summary

The Modern Slavery Act 2015 introduced changes in UK law focussed on increasing transparency in supply chains, namely, to ensure that our supply chains are free from modern slavery (that is, slavery, servitude, forced and compulsory labour and human trafficking).

In accordance with Section 54(1) of the Modern Slavery Act 2015, NHS Frimley ICB fully supports the Government's objectives to eradicate modern slavery and human trafficking and recognises the significant role that the NHS has to play in both combatting it and supporting victims.

In accordance with the above, an updated annual Modern Slavery Statement for 2024/25 has been drafted and is now being brought before the Board for approval. Once approved, the Modern Slavery Statement for 2024/25 will be published on the ICB website.

Recommendation	The Board is asked to <u>approve</u> the Frimley ICB Modern Slavery Statement for 2024/25 for publication on the ICB website.
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Please provide details on the impact of following aspects

Risk and Assurance	
Equality and Quality Impact Assessment	
Patient and Stakeholder Engagement	
Financial Impact and Legal implications	

Reporting – has this paper been discussed at other meetings

Committee Name	Date discussed	Outcome

ICB Strategic Objectives 2024-25:

Strategic Objective 1: Starting Well

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

Strategic Objective 2: Living Well

- Creation of the whole system clinical strategy to support shift of care to out of hospital settings and quantifiable effect on reducing hospital activity, making full advantage of virtual care and other 21st Century healthcare transformation opportunities and enable NHP build assumptions.
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Strategic Objective 3: People, Places & Communities

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

Strategic Objective 4: Our People

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

Strategic Objective 5: Leadership & Cultures

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

Strategic Objective 6: Outstanding Use of Resources

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

MODERN SLAVERY AND HUMAN TRAFFICKING STATEMENT

Introduction from the NHS Frimley Integrated Care Board (ICB):

Modern Slavery is the recruitment, movement, harbouring or receiving of children and adults, through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.

The Modern Slavery Act 2015 introduced changes in UK law focused on increasing transparency in supply chains, to ensure our supply chains are free from modern slavery (that is, slavery, servitude, forced and compulsory labour and human trafficking). NHS Frimley is committed to work with local partners to improve practice in combatting slavery and human trafficking and to raise awareness, disrupt and respond to Modern Slavery.

Organisational Structure:

As an authorised statutory body, NHS Frimley is responsible for commissioning health services for its local population of approximately 800,000 people across its five Places: Bracknell Forest, North East Hampshire and Farnham, Royal Borough of Windsor and Maidenhead, Slough and Surrey Heath. For further information please see the ICB website: <https://www.frimley.icb.nhs.uk/about-us/modern-slavery-2015-2>

The Chief Executive for NHS Frimley has ultimate accountability for ensuring that the health contribution to safeguarding and promoting the welfare of children and adults is discharged effectively across the whole health economy through commissioning arrangements. The Chief Nursing Officer is the executive lead for safeguarding and has responsibility for providing leadership and gaining assurance in relation to safeguarding issues within the ICB and locality. The ICB employs the expertise of designated safeguarding professionals for both adults, children and looked after children who support the delivery of the safeguarding adult and safeguarding children's agendas and are responsible for ensuring that NHS Frimley conform to the requirements of the act.

Our commitment to prevent slavery and human trafficking:

NHS Frimley has a zero-tolerance approach to modern slavery and any form of abuse. We are committed to ensuring that there is no modern slavery or human trafficking in any part of our business activity and, in so far as is possible, to holding our suppliers to account to do likewise.

Our Approach:

NHS Frimley is committed to acting ethically and with integrity and transparency in all business dealings and to putting effective systems and controls in place to safeguard against any form of modern slavery.

Our overall approach will be governed by compliance with legislative and regulatory requirements and the maintenance and development of good practice in the fields of contracting and employment.

NHS Frimley expects commissioned organisations and other companies it engages with to ensure their goods, materials and labour-related supply chains fully comply with the Modern Slavery Act 2015 and are transparent, accountable, and auditable.

The NHS standard contracts which NHS England publishes, govern how we engage with our suppliers and require compliance with relevant legislation, including the Modern Slavery Act 2015. The 2022 updates to these contracts strengthen our position on Modern Slavery, extending requirements and the option to terminate for breaches of social and labour laws.

Policies and Procedures:

NHS Frimley has a number of internal policies that support our commitment to eradicating Modern Slavery. Our recruitment and selection processes are robust and support managers to adhere to safe and fair recruitment principles. NHS Frimley ICB complies fully with the NHS Employment Check Standards and the Disclosure & Barring Service (DBS) Code of practice to negate the likelihood of individuals being employed, contracted or commissioned by the ICB who have been trafficked or who are the victims of modern slavery. These include strict requirements in respect of immigration and identity checks, work permits, references and criminal records.

Our policies such as the Bullying and Harassment Policy, Grievance Policy and Procedure, Equality and Diversity Policy, and Freedom to Speak Up (Whistleblowing) Policy provide an additional platform for our employees to raise concerns about poor and inappropriate working practices.

Our Safeguarding Adults and Children policies also provide guidance in relation to managing potential cases of slavery and human trafficking for employees.

Training:

We invest in appropriate statutory and mandatory training on Modern Slavery for all staff to support their understanding and awareness.

Our procurement approach follows the Crown Commercial Service standard. When procuring goods and services, ICBs apply NHS Terms and Conditions (for non-clinical procurement) and the NHS Standard Contract (for clinical procurement). Both require suppliers to comply with relevant legislation.

During 2024/25 we will continue to raise awareness of the Modern Slavery Act 2015 internally and as part of all procurement processes.

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the current financial year ending 31 March 2025.

Fiona Edwards
Chief Executive

NHS Frimley

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Board Composition and updated Constitution		
Agenda Item	6.3	Date of meeting	17 September 2024
Exec Lead	Caroline Corrigan, Chief People Officer		

Purpose	To Approve	<input checked="" type="checkbox"/>
	To Ratify	<input type="checkbox"/>
	To Discuss	<input type="checkbox"/>
	To Note	<input type="checkbox"/>

Link to Strategic Objective	Strategic Objective 5
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Executive Summary

Amendments to the Constitution:

The ICB Board was established on 1 July 2022 and following two years of operation, it was agreed that the ICB Board should review its Non-Executive Membership.

At its meeting in private on 16th July 2024 the ICB Board considered a detailed proposal that set out the rationale for increasing the number of Non-Executive Members on the Board of NHS Frimley ICB. Following discussion, the ICB Board approved the addition of up to two additional full voting Non-Executive roles to support capacity, resilience and quoracy going forward, and approved the resulting amendments to the Constitution.

At the same time, NHS Frimley also took the opportunity to further amend its Constitution to align with the revised NHS Model Constitution recently issued by NHS England. In particular, the NHS Frimley Constitution was updated to include the requirement to appointment a Deputy Chair and Senior Independent Director; to express the maximum term of office for the Chair; to include references to procurement rules and Conflicts of Interest guidance to take account of the Provider Selection Regime; to remove clauses related to the establishment of ICBs and a small number of cross references to other legislations.

A final tracked change version of the Constitution and “Constitutional Change Application Template” was submitted to NHS England on 13 August 2024. NHS England approval for all changes to the NHS Frimley Constitution was received on 15 August 2024

A tracked changed version of the Constitution is in the reading room.

Action: The Board is now asked to approve the amended NHS Frimley Constitution for publication on the website.

Recommendation	The Board is asked to approve the NHS Frimley Constitution.
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Please provide details on the impact of following aspects

Risk and Assurance	
Equality and Quality Impact Assessment	
Patient and Stakeholder Engagement	

Financial Impact and Legal implications	
Please indicate which CQC Theme and Quality Statements this QIA supports. Interim guidance for assessing integrated care systems March 2023 (cqo.org.uk)	Governance, management & sustainability

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Senior Leadership Team	10 th September 2024	Approved

<p>ICB Strategic Objectives 2024-25:</p> <p>Strategic Objective 1: Starting Well</p> <ul style="list-style-type: none"> Developing a whole system transformation programme to support our offer to neurodiverse children to a needs led model, reducing the long waits for ADHD/Autism assessments. Strengthening the partnerships across our system to improve outcomes for children and young people with SEND through early help and peer support. Improving the options available for children needing residential care, and further develop and strengthen the processes and arrangements for joint funding with partner local authorities. <p>Strategic Objective 2: Living Well</p> <ul style="list-style-type: none"> Creation of the whole system clinical strategy to support shift of care to out of hospital settings and quantifiable effect on reducing hospital activity, making full advantage of virtual care and other 21st Century healthcare transformation opportunities and enable NHP build assumptions. Definition and achievement of Core20+5 interventions on reducing inequality of outcome for maternity, severe mental illness, respiratory, cancer and hypertension, as well as the Plus groups approved by the ICB Board in 2024 <p>Strategic Objective 3: People, Places & Communities</p> <ul style="list-style-type: none"> Definition of a new way of working and taking decisions together at Place with Local Authority partners and ICB teams, contributing to increased discharges and admission avoidance, facilitated by an improved utilisation of the Better Care Fund. Support and refinement of the VCSE at scale model which is being developed and implemented. Leadership and support of the co-design for ICP v2.0 <p>Strategic Objective 4: Our People</p> <ul style="list-style-type: none"> Finalise the implementation of the ICB restructure, realising a £4.5m improvement in the pay expenditure of the organisation and embed the OD activities required to make the operating model a success. Establish the DWP-DHSC Work Well programme as a funded pilot site and ensure that the financial support available is used to create high impact, personalised support for Frimley residents. <p>Strategic Objective 5: Leadership & Cultures</p>

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

Strategic Objective 6: Outstanding Use of Resources

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

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Quality Board Report		
Agenda Item	7.1	Date of meeting	17 September 2024
Exec Lead	Sarah Bellars, Chief Nursing Officer		

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	Strategic Objective 1: Starting Well
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary	
The Board is asked to <i>note</i> the Quality Board Report.	
Recommendation	To <i>note</i> the paper

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

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
System Quality Group meeting	15 August 2024	Noted.

ICB Strategic Objectives 2024-25:

Strategic Objective 1: Starting Well

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

Strategic Objective 2: Living Well

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

Strategic Objective 3: People, Places & Communities

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

Strategic Objective 4: Our People

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

Strategic Objective 5: Leadership & Cultures

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

Strategic Objective 6: Outstanding Use of Resources

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

ICB Board Quality Update September 24

Overview

- Quality Updates
 - Child and Adolescent Mental Health Services (CAMHS) – North East Hampshire
 - Children's Strategy Review and Refresh
 - ICB review of intensive and assertive community treatment for people with severe mental health problems
 - Mpox
- CQC Compliance for system
- Allied Health Professionals Strategy
- Pharmacy & Medicines Optimisation Update

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.



Quality Updates

Child and Adolescent Mental Health Services (CAMHS) – North East Hampshire



In 2023 a project was launched to bring together community-based services across Hampshire.

This allowed Frimley ICB to listen to feedback from patient, family and service feedback, which highlighted that Children and Adolescent Mental Health (CAMHS) in North East Hampshire was fragmented.

Frimley ICB took a strategic decision to align services which focused on the quality of future service provision for children.

In February 2024 services successfully and safely transferred to Surrey and Borders NHS Partnership Trust (SABP). The feedback from parents, children and staff has so far been very positive (next slide).

Since February SABP, with the support of the ICB, have successfully recruited into key roles, established new models of delivery to enable them to see more children, and decreased the length of time children wait for their referral to be triaged and directed to the correct services.

There has been a significant reduction in complaints for this service since the transfer.

Frimley ICB will continue to work closely with Surrey and Borders Partnership to embed this change with a collective endeavour to improve mental health outcomes for the children of North East Hampshire.

NEH CAMHS Transfer Feedback



“The work you do does make a huge difference to a parent like myself in difficult times and I just wanted to say that I really appreciate it :) Thank you.” - Parent

*“The exposure response prevention – I changed a lot of my compulsions”
- Young Person*

“The sessions have been helping me” – Young Person about new group sessions

*“I am really grateful for the support you've not just given [YP] but the consideration you've had for [YP's sister] and myself.-
Parent*

“Thank you so much for taking the time to meet with me last week and listen to my concerns, it was so nice to meet you I feel very reassured after speaking with you” – Young Person

“I liked being with other people my age” –Young person

“Many thanks for taking the time to discuss my concerns in such a caring, helpful and sympathetic manor over the phone today. I will certainly take on-board and implement your suggestions.” - Parent

“Feeling less alone about my struggles and being around other people with similar feelings.”- Young Person

Children's Strategy Review and Refresh

- In 2022 Frimley ICB agreed the Children and Young People's strategy at our inaugural Frimley ICB Board as a new organisation.
- Significant progress has been made in delivering against the strategy and we recognise needs change with time.
- Frimley ICB intend to undertake a refresh of the strategy to mark the halfway point and to ensure that our priorities remain relevant and continue to meet the needs of our population.
- The Children and Young People's portfolio team will be seeking to engage with partners, children and their families to undertake this review.

Nottingham Healthcare NHSFT CQC review and Next steps

- Following the conviction of Valdo Calocane in January 2024 for the killings of Ian Coates, Grace O'Malley-Kumar and Barnaby Webber, the Secretary of State for Health and Social Care commissioned the CQC to carry out a rapid review of Nottinghamshire Healthcare NHS Foundation Trust (NHFT) under section 48 of the Health and Social Care Act 2008.
- [Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)
- The Government and NHSE have accepted the recommendations, with every provider of mental health services reviewing serious mental health care by the end of September 24.
- For the Frimley system this is Berkshire Healthcare Foundation Trust (BHFT) and Surrey and Borders Partnership (SABP).
- During the October System Quality meeting both BHFT and SABP will present their reviews.
- ICBs have been asked to complete reviews of intensive and community treatment for people with severe mental health problems.

ICB review of intensive and assertive community treatment for people with severe mental health problems

- ICBs across England have received a letter from the National Director for Mental Health, Learning Disabilities and Autism, and the Medical Director for Mental Health and Neurodiversity, from NHS England to work with system partners to review intensive and assertive community care which are critical to patient and public safety.
- The review is to be submitted to NHS England along with action plans and any potential gaps in service. The action plan should set out any short-term action with any potential longer-term actions.
- Frimley ICB is not the main commissioner of either BHFT or SABP, so will work with BOB and Surrey Heartlands ICBs respectively to complete the reviews..

ICB review of intensive and assertive community treatment for people with severe mental health problems

- NHS England will collate national trends and use it to inform future policy and understanding of resource requirements in this area, as well as communicate the outcomes to the Care Quality Commission (CQC) and Department of Health and Social Care.
- NHS England will also develop guidance on what good quality, safe care looks like for community mental health services and share best practice. This will include a review of patient safety and the fundamentals of good quality care e.g. care coordination, patient and family engagement, risk/safety management, treatment and effective discharge (including medication compliance and the application of the Mental Health Act including community treatment orders).
- Outcomes of these reviews will also feed into wider digital actions for mental health, given that implementing digital and data tools can help with risk management for everyone within community services.
- Frimley is committed to improving services and upon completing the review, the findings will be present to the ICB Board.

- Mpox previously known as monkeypox, is a viral illness caused by the monkeypox virus. There are two distinct clades of the virus: clade I (with subclades Ia and Ib) and clade II (with subclades IIa and IIb). In 2022–2023 a global outbreak of mpox was caused by the clade IIb strain.
- It is an infectious disease that can cause a painful rash, enlarged lymph nodes, fever, headache, muscle ache, back pain and low energy. Most people fully recover, but some get very sick.
- The World Health Organisation, has advised that Mpox continues to be a threat today, with an upsurge of Clade I mpox cases were reported from countries in Africa beyond the five Central African Region countries. As of August 2024, no cases of Clade I mpox have been detected in the UK, with the risk to the UK population from Clade I mpox remaining low.
- The ICB and Primary Care have been advised of guidance and best practice on how to deal with a possible case, with FHFT able to enact their High Consequence Infectious Disease (HCID) policy and procedures.
- The ICB has been working directly with Primary care to provide Advice support and some specialist personal protective equipment.

Collective Action Primary Care

- After failing to reach agreement with the Government over future funding for primary care, the British Medical Association (BMA) held a ballot of its members in late July with regard to holding what is referred to as 'collective action'. Members voted in favour and were encouraged to commence taking this action from 1 August.
- The collective action invites practices to implement one or more of 10 measures, all aimed at supporting the delivery of a safe service for patients. It is for practices to determine which measures they wish to implement, as well as when they do so. This action has no defined end point so it may be that some of the changes being implemented turn out to be permanent.
- The BMA has reminded participating practices not to breach their contract, so no matter which measures are adopted, practices must provide their core contracted primary care service. This means that practices will continue to be open between 8am and 6.30pm, Monday to Friday, providing primary care to their registered patients.
- NHS Frimley is liaising with practices to determine the scale and nature of the action across the area and to minimise disruption to patients. We are also working to reassure patients that their practices are open and that people should contact their practice in the usual way if they have concerns about their health.
- Minimal impact was seen during August, however we are expecting to see this increase during September.

Quality & CQC Outcomes

Ringmead Medical Group Practice

In July 2023 the Ring Mead Medical Group (RMGP) Acquired the Sandhurst Group Practice (SGP), SGP had been suffering resilience and Quality challenges prior to this acquisition.

On acquisition the RMGP found a significant number of quality and other issues that required addressing.

The CQC carried out an inspection and assessment in February 2024, following which they issued a Notice to Impose Conditions. The CQC identified breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment and Good governance. The report was published in August 2024.

RGMP have worked openly and collaboratively with the ICB Quality, Primary Care, Comms and Medicines teams in the development of action plans and have held Quality Risk Review meetings with the Practice and NHSE. RGMP has demonstrated significant improvement in this time and the ICB will continue until full assurance on quality improvement is evident.

There will be regular monthly submissions of quality monitoring and assurance information to the CQC.

The final report and enforcement banner has been published on the CQC website - [Ringmead Medical Group - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/ringmead-medical-group)

CQC Provider Compliance

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

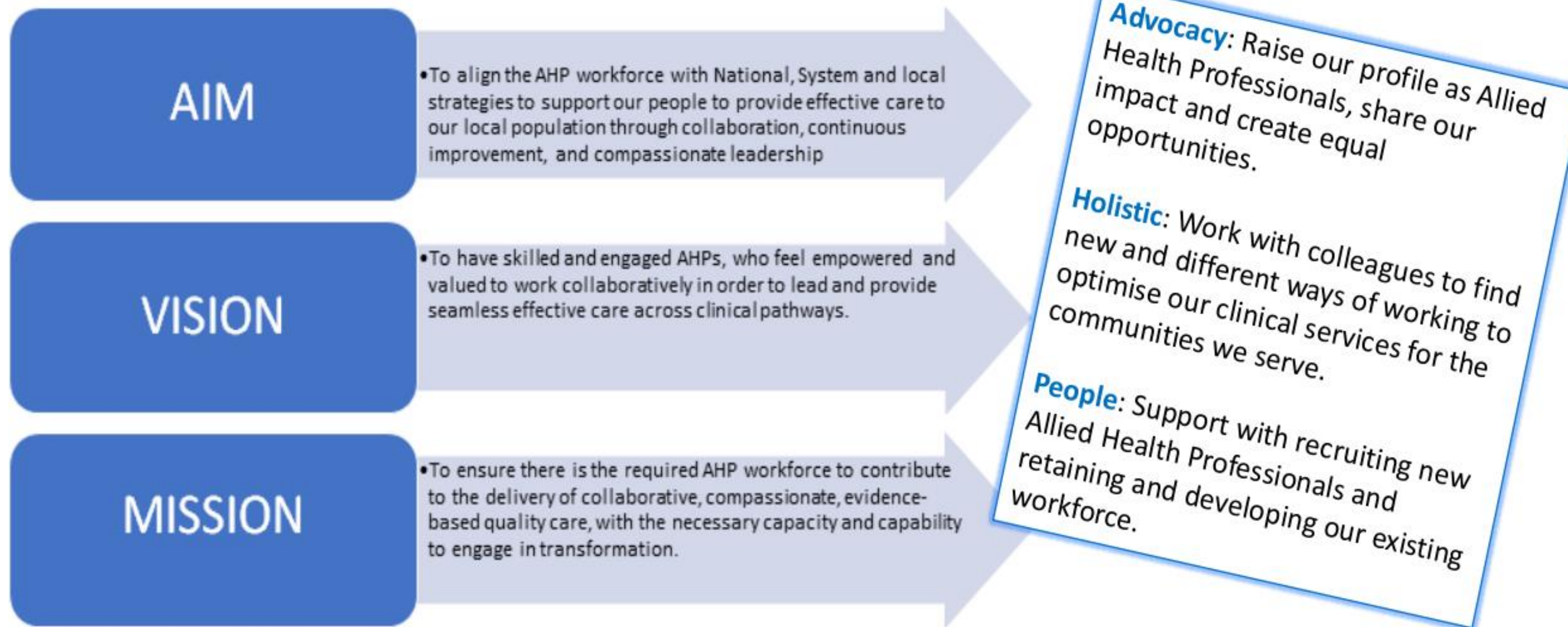
Provider	CQC Rating			
	Outstanding	Good	Requires Improvement	Inadequate
Primary Care	1	62	4	0

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

Allied Health Professionals Strategy



AHP Team Purpose & Vision





Supporting our AHP Workforce

To ensure a diverse, skilled, and sustainable AHP workforce with the support to grow and thrive in their careers.

Recruitment: Developing innovative recruitment strategies to attract AHPs, ensuring diversity and inclusivity of the workforce.

Retention: Cultivating a supportive workforce environment where all staff are offered professional development opportunities contributing to job satisfaction.

Staff Wellbeing: Prioritising the health and wellbeing of our AHP workforce.

Students: Fostering partnerships with educational institutions to provide enriching learning experiences to support our students and practice educators.

Optimising Patient Care

For AHPs to work collaboratively to develop integrated clinical pathways through new roles and ways of working to improve quality of care.

Integrated Working: Working in collaboration with other health and care professionals to streamline patient care and improve patient outcomes.

New Ways of Working: Embracing innovation, technology, and new methodologies to enhance efficiency and effectiveness.

Digital: Maximising digital solutions to improve communication, access to information, and patient engagement and resources.

Prevention: Promoting preventative health care measures to enable early intervention, focusing on education and personalised care.

Demonstrating our Impact

To showcase and evidence AHPs' unique contribution to the delivery of effective and efficient services.

Outcome Measures: Implementing robust measurement tools to track the impact of AHP interventions on patient outcomes.

Research: Supporting and conducting research to continuously improve AHP practice and contribute to evidence-based care, for now and the future.

Quality Improvement: Promoting continuous quality improvement processes to ensure high standards of care.

Promotion: Effectively communicating the value of AHP contributions to patients, colleagues, and stakeholders.

Leadership & Culture

To build and strengthen AHP leadership at all levels through an inclusive and compassionate culture.

Equality, Diversity, and Inclusion: Championing EDI initiatives to create a diverse and inclusive workplace where everyone feels valued, respected and empowered to contribute and thrive.

Compassionate Leadership: Encouraging leadership styles that prioritise empathy, understanding, and support for both patients and staff.

Reducing Inequalities: Addressing health and care inequities by actively working to reduce barriers to access and care.

Sustainability Agenda: Adopting and promoting sustainable practices to minimise our environmental impact.

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Integrated Performance Report (Public)		
Agenda Item	7.2	Date of meeting	17 September 2024
Exec Lead	Rich Chapman, Chief Finance Officer		

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	Strategic Objective 6: Outstanding Use of Resources
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary	
<p>The report sets out a further iteration of Performance and Finance system oversight reporting, bringing these areas together. Quality and Workforce are now reported separately. The paper was reviewed by the Finance and Performance Committee at its meeting on 5 September.</p> <p>The executive summary can be found in the main body of the report in PowerPoint.</p> <p>The Board is asked to <u>note</u> the performance challenges faced by all areas across our system.</p>	
Recommendation	To <u>note</u> the paper

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

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Finance and Performance Committee	5 September 2024	Noted

ICB Strategic Objectives 2024-25:

Strategic Objective 1: Starting Well

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

Strategic Objective 2: Living Well

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

Strategic Objective 3: People, Places & Communities

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

Strategic Objective 4: Our People

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

Strategic Objective 5: Leadership & Cultures

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Strategic Objective 6: Outstanding Use of Resources

- Financial sustainability – break-even runrate by end of 25/26.
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Integrated Finance and Performance Report

Month 4

Finance

The **Frimley System position is (£1.5m) adverse against the year-to-date plan at M04**. The ICB is on plan and Frimley Health FT are £1.5m adverse.

The **ICB position** includes **underspends in CHC and Community**, which are offset by **pressures in out of area and independent sector** activity.

FHFT will be reporting an **in-month deficit of £3.0m which is £0.7m favourable to plan**. Year to date the deficit is 18.9m which is £1.5m adverse to plan .

The **System forecast remains on plan at (£25m) deficit**, however the plan relies upon the delivery of planned efficiency and material **over performance of ERF**, which could be **impacted by further Industrial Action**.

The **ICB has achieved all four of the BPPC targets**. FHFT has failed to meet any of the four BPPC targets and cite reverting to a Non-PO, No Pay policy causing issues along with several high value invoices affecting results.

Key risks to the ICB position relate to the achievement of **efficiencies** and ongoing contract agreements. **FHFT** carry risk around achievement of **efficiencies**, their **contract negotiations** and the receipt of **ERF revenue** through elective performance and **Industrial Action**.

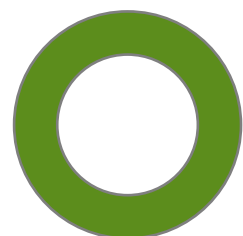
Integrated Finance and Performance Report

Appendix 1 – Performance Oversight

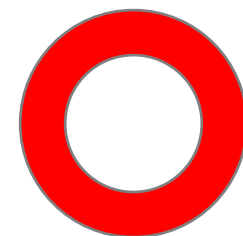
New Status Icon Key – as used in the Performance Exec Summary

Outer Ring = Position to Target

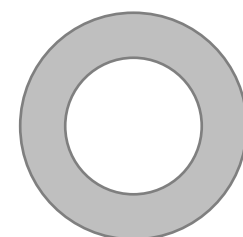
Outer Ring colour communicates the current value is:



At or above target



Below target



No target defined, comparison shown where available



Inner icon communicates the latest trend:



Improving trend



Declining trend



Stable, no clear trend

Inner Icon = Trend (MoM or YoY)

P = identifies data that is also published publicly

DQ = Data Quality Issue

Integrated Finance and Performance Report – Executive Summary

Primary Care Development



	Measure	Status	Actual	Comparison / Target	Trend	Main Risk and Action
P	Same day/next day Appointments – 1-day standard achievement		83% Jun 24	79% YoY 2023-24		<ul style="list-style-type: none"> Continued implementation of the primary care transformation programme, including PCARP, Pharmacy First, MGPAM and PNG segmentation. <p>National Target: TBC</p> <p>Main risks:</p> <ul style="list-style-type: none"> Unpredictable impact from Collective Action from August with working direction from BMA Unwarranted variation, with a small number of practices not adopting MGPAM or PNG segmentation.
P	Appointment within 14 days of booking – 14-day standard achievement...		90% Jun 24	90% YoY 2023-24		<ul style="list-style-type: none"> Continued implementation of the primary care transformation programme, including PCARP, Pharmacy First, MGPAM and PNG segmentation. <p>National Target: 85% - 90%</p> <p>Main risks:</p> <ul style="list-style-type: none"> Unpredictable impact from Collective Action from August with working direction from BMA Unwarranted variation, with a small number of practices not adopting MGPAM or PNG segmentation
P	Face to Face Appointments		52% Jun 24	65% England Average		<ul style="list-style-type: none"> Focus on same day access to support urgent care demand may have resulted in models with greater reliance on remote care, supported through the adoption of segmentation of patient needs <p>Main risks:</p> <ul style="list-style-type: none"> Unpredictable impact from Collective Action from August with working direction from BMA Impact of focus on urgent same day care through intelligent patient needs segmentation Managing patient expectations in the current context



Integrated Finance and Performance Report – Executive Summary

Delivery and Emergency Planning Resilience and Response (EPRR)



Measure	Status	Actual	Comparison / Target	Trend	Main Risk and Action
P Seen in 4 hrs (ED All types)		73% As of Jul	78%		Note: Target has changed from 76% to 78% by March 2025. Main Risk: Demand will outstrip capacity. Main Action: Working Group to move Aldershot UCC to co-locate UTC with Frimley Park ED .
P Cancer: 62-day combined referral to treatment standard		72% As of June	85%		

Urgent and Emergency Care

P Seen in 4 hrs (ED All types)		73% as of Jul	78%		<ol style="list-style-type: none"> 1.Continue to embed and monitor UCC models with redirection plans from Front Doors 2.Working Group to move Aldershot UCC to Frimley Park ED 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.
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Integrated Finance and Performance Report – Portfolio Summary

Planned Care

P	Diagnostic patients (6 week waits)		85% <i>Jun 24</i>	95%		<p>Marginal increases towards achieving the standard in June-24 (+1% from the last F&P report). Most of the modalities continue to show decreases in breaches, with ultrasounds still performing at around 94% within 6 weeks. Audiology assessments have increased from c70% within 6 weeks to c80% following on from the decline reported in the last F&P report.</p>
P	Cancer: 28-day FDS RTT (FHFT)		80% <i>Jun 24</i>	77%		<p>Achievement has remained at or above the target (77%) since Dec-23. The latest data available (Jun-24) shows 80% achievement (though not recovered to the position in March-24, 84%). The number of patients diagnosed has generally been increasing since the end of last calendar year (Dec-23).</p>
P	Cancer: 62-day Combined RTT (FHFT)		72% <i>Jun 24</i>	85%		<p>Generally remaining under target at around 71% per month. The latest figures from weekly data show around 163 patients waiting more than 62 days, which is 21 fewer than the August plan (184).</p>

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Workforce Report		
Agenda Item	7.3	Date of meeting	17 September 2024
Exec Lead	Caroline Corrigan Chief People Officer		

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	Strategic Objective 4: Our People
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input checked="" type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary	
<p>The attached report, which is the first one to be developed, pulls together a range of workforce metrics and insight, that will enable the Frimley Integrated Care Board (ICB) to gain an understanding of the workforce challenges and potential opportunities.</p> <p>The attached Workforce Report will continue to develop over the coming months as more data and metrics become available. The aspiration is to provide the Board, in the future, with a comprehensive range of metrics that will also include, where available, both health and social care.</p> <p>Slide 2 provides an executive summary.</p>	
Recommendation	The ICB Board is requested to review and discuss the Workforce Report.

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

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

ICB Strategic Objectives 2024-25:

Strategic Objective 1: Starting Well

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

Strategic Objective 2: Living Well

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

Strategic Objective 3: People, Places & Communities

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

Strategic Objective 4: Our People

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

Strategic Objective 5: Leadership & Cultures

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

Strategic Objective 6: Outstanding Use of Resources

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

Workforce Report

September's Board Meeting

FHFT:- overview

- At the end of M04 FHFT's Established Headcount and FTE are below Plan, which has been consistently below Plan since M01.
- FHFT – vacancy rates in Doctors has risen to 10.2% from 5.8% in M01.
- FHFT – nursing vacancies have steadily declined to 8% from a high of 13.5% M06 23/24.
- FHFT achieved significant reductions in agency expenditure in 2023/24, spending £17.2M less compared to 2022/23 (a 36.5% reduction).

WorkWell

- Department for Work and Pensions (DWP) and Department for Health and Social Care (DHSC) funded package to support disabled people and people with health conditions to start, stay and succeed in work.

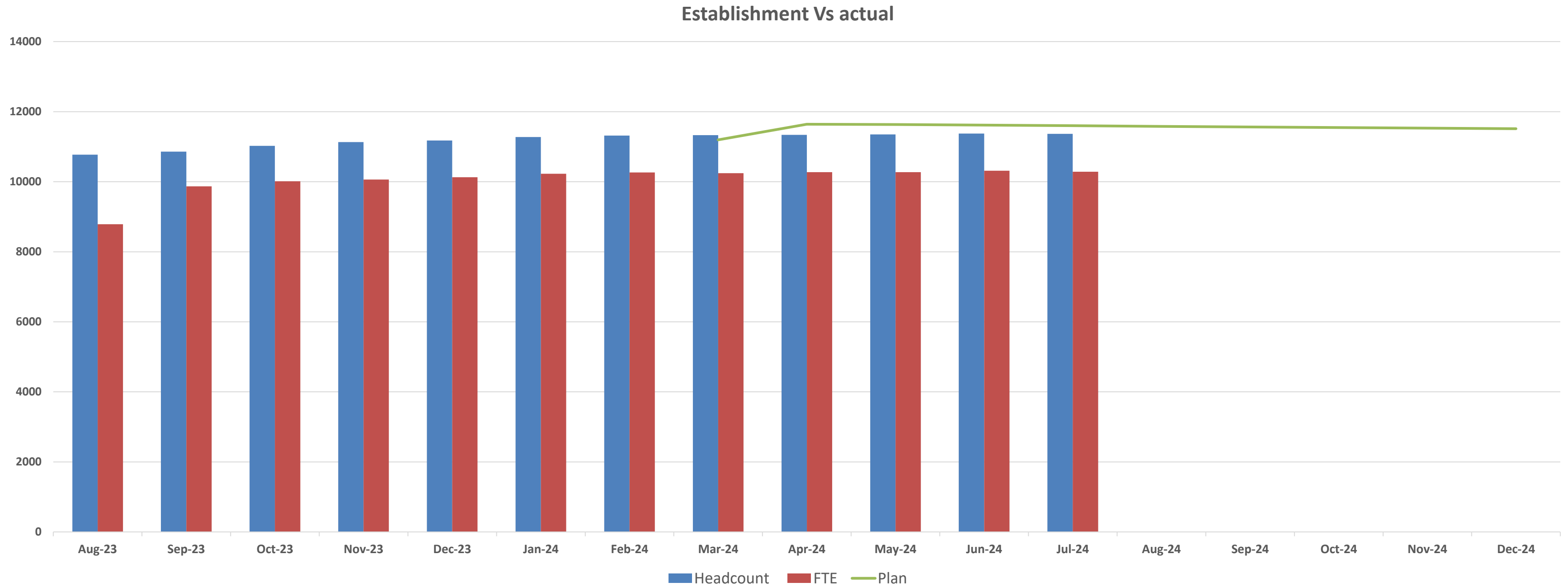
Equality, Diversity and Inclusion

- The 'Tackling Microaggressions to create an Inclusive Culture' toolkit has been developed to share best practice on identifying, constructively challenging and reducing microaggressions
- Good progress has been made against the 6 High Impact Actions

Workforce Metrics – FHFT – Establishment VS Actual



This graph illustrates the number of staff both in Headcount and Full Time Equivalent, for all staff groups in Frimley Health FT. The plan is taken from the 24/25 Operational Planning submission.



Bracknell Forest

North East Hampshire and Farnham

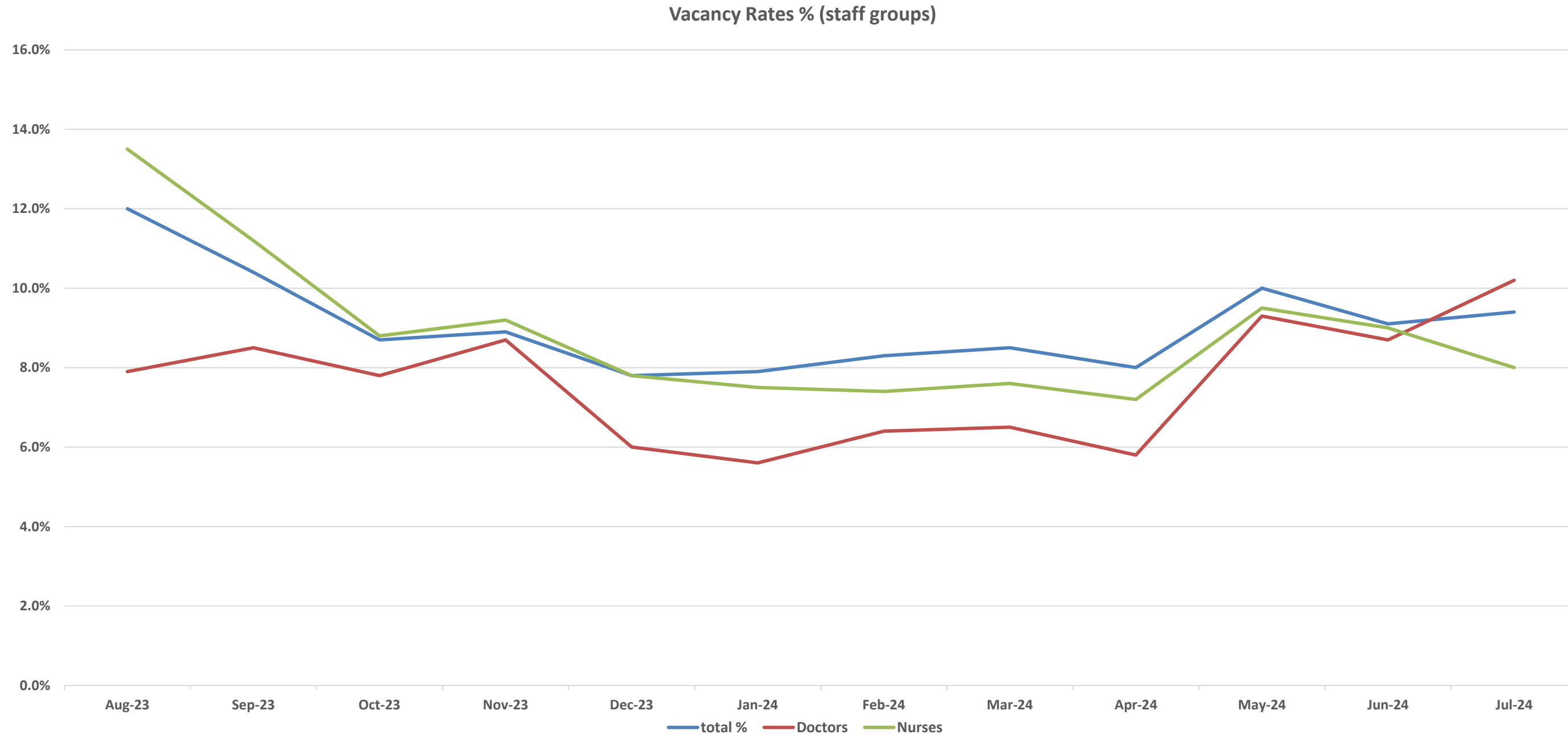
Royal Borough of Windsor and Maidenhead

Slough

Surrey Heath

All data is for management information purposes and is not for wider circulation or publication

Workforce Metrics – FHFT – Vacancy rates



- FHFT during the first four months of 2024/25 spent £4.6M less on agency compared to the same period last year (i.e. £8.1M 2024/25 YTD M4 compared to £12.7M for the same period in 2023/24).
- M4 YTD agency as a percentage of total pay bill was 3.7% against the 2024/25 national ceiling of 3.2% for FHFT. Medical agency continues to present an area of opportunity and requires targeting in 2024/25 as alone it equates to 2.0% of the total pay bill.
- FHFT during the first four months of 2024/25 spent £2.4M less on bank compared to the same period last year (i.e. £23.5M 2024/25 YTD M4 compared to £25.9M for the same period in 2023/24).
- M4 bank as a percentage of total pay bill was 10.6% which is above the regional average of 8.4%, thus presenting opportunities for further reductions in 2024/25. Registered nursing bank as percentage of the total pay bill is 3.5% and medical bank is 3.3%. Both areas present opportunities for both rate (price) and usage (volume) reductions.
- Since June 2024 FHFT has implemented far stricter controls on temporary staffing processes, which will lead to additional cost savings on agency and bank usage, combined with improved oversight within substantive recruitment and retention.

Temporary Staffing

- The SE Temporary Staffing (SE-TS) Collaborative Programme encompasses six systems and is now focussed on delivering against three core projects centred on: Agency, Bank, and Medical.
- A regionwide step-down plan for agenda for change (AfC) rates has been implemented and FHFT are working towards these caps and ceilings. In June 2024 only 55% of FHFT's filled agency hours were below the ceilings in the AfC regional agency rate card, and this demonstrates scope for further rate reductions. The SE-TS Team are working with FHFT and the agency Managed Service Provider to accelerate the rate reductions.
- Similar regionwide rate step-down plans will be introduced for medical agency and bank in September 2024 and agenda for change bank in October 2024. These will bring benefits to the whole region and enable Frimley to step-down its higher-end agency and bank rates more swiftly. The SE-TS Team is working closely with FHFT and the outsourced managed service provider (MSP) to drive the step-downs of rates within Medical too.
- Since June 2024 FHFT has implemented far stricter controls on the recruitment and hiring processes, which will lead to additional cost savings on agency and bank usage and improved oversight within substantive recruitment. Measures specific to temporary staffing include:
 - Approval from budget owners will be required for any temporary staffing shift before it can be sent to bank;
 - Retrospective temporary staffing requests will be limited to senior staff only to ensure accurate reporting, planning, and payroll, as well as fairness for all staff;
 - Staff who owe more than 25 hours to the Trust cannot work a bank shift and budget owners are able to overrule this violation only when appropriate;
 - Only budget owners will be able to action agency requests and create additional duties for the future;
 - Additional controls over shift finalisation with a Standard Operating Process to explain how to manage shifts and rosters, as well as getting approvals from budget owners;
 - Staff not being able to approve shifts for staff more senior than them – this will have to be approved by a next level manager;
 - A new Waiting List Initiative (WLI) process to enable tighter control over the WLI rate utilisation, supported by system changes. This has removed manual processes and strengthened authorisation. Standalone WLI units have been created to enable tighter control of WLI rate applicability, and tighter controls for WLI shifts. This will enable a full audit trail within the system of authorisation of individual WLI shifts.

Temporary Staffing

- Messaging regarding the controls and system changes have been issued and reinforced with training, end-user guidance and SOPs, along with considerable technical changes to the Allocate rostering system to implement the controls.
- The trust continues to deliver savings through the agency Managed Service Provision (MSP), realising month-on-month unit cost reductions. There has been a review of controls and processes within the use of agency which will further drive the spend down, ensuring staffing levels are maintained and safe. The trust is working with the MSP and Programme Team to implement the South East Collaborative Rate Card and to drive fill at cap, whilst working to the goal of eradicating use of unqualified workers.
- The medical MSP is now beginning to making traction. The trust is also reviewing the bank fill and understanding the demand versus need.
- The agency expenditure limit for 2024/25 is £24.9M which will require a 17.3% reduction (i.e. -£5.2M) on 2023/24 spend to achieve it and currently FHFT is on-track to meet this.
- Medical agency spend accounts for 2.0% 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 SE-TS Team, medical agency by fully embedding the MSP, anticipating further savings in 2024/25.
- In 2024/25 a drive to contain and then reduce bank expenditure (which has increased by £10M, or 14.4%, in 2023/24 compared to the previous year) is being implemented as described above.
- Assurance needs to be sought from FHFT regarding the need to fully implement the Doctors' Managed Service Provision (MSP), to drive further agency spend reductions, the need to continue to contain overall bank expenditure and to drive rate reduction in AfC agency in line with the SE-TS rate card in 2024/25.

- Department for Work and Pensions (DWP) and Department for Health and Social Care (DHSC) funded package to support disabled people and people with health conditions to start, stay and succeed in work.
- NHS Frimley submitted a WorkWell application, which was developed and co-designed with delivery partners across the System via a series of place based working groups, with many being led by key partners who have a strong understanding of the geography and demography of the System.
- The WorkWell bid application was successful and NHS Frimley has been selected as one of the 15 pilot areas of England to roll out the plan, which will be developed and delivered in partnership across the System.
- The Programme will run, and be funded, until March 2026 and deliver against the Frimley WorkWell Vision (slide 9).
- Programme Management resource is in place and supporting a number of workstreams including, Delivery Plans and Q1 Budget submissions.
- An Accelerated Solutions Event took place on the 22nd August, where the detailed operating model and design was developed in partnership with key stakeholders from across the Frimley System.

Our vision is to deliver person-centred service to support people back to work and can relate to the following principles



As an individual...

The Frimley system...

I know where to go to for support.

Clear and accessible communications campaign to highlight the WorkWell service.

I can access advice when I need it.

Single Point of Access service, equipped to meet diverse communication needs to signpost people to the WorkWell service.

I feel heard, believed, and understood.

Individual conversations with WorkWell Health Coach to listen to and identify needs.

I have solutions that will help me to stay well and thrive.

Co-design a personalised, holistic wellbeing plan with a WorkWell Health Coach Access to clinical advice, mental health support, occupational therapists. Work with employer to explore job re-design, flexible or remote working. Include Easy Guides and templates for businesses who do not have access to occupational health services.

I can connect with and learn from other people who have similar experiences to me.

Develop facilitated and inclusive peer support sessions. Offer mentoring training to people who have benefited from the programme and are ready to support others.

I feel valued, safe to be myself, and I am thriving at work.

Engagement with employers to enable a wellbeing culture which proactively addresses health inequalities.

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

All data is for management information purposes and is not for wider circulation or publication

Equality, Diversity and Inclusion - High Impact Actions



#	Hight Impact Action	Update
HIA1	Chief executives, chairs and board members will have specific and measurable EDI objectives to which they will be individually and collectively accountable	All ICB Board and Chair have EDI objectives and is monitored through appraisals
HIA2	All organisations must embed fair and inclusive recruitment processes and talent management strategies that targets under-representation and lack of diversity	Inclusive recruitment toolkit launched and has been used as part of org change process
HIA3	Every organisation should develop and deliver an improvement plan to eliminate pay gaps.	We monitor gender pay gap anyway and we now have the baseline data on ethnicity pay gaps which is being reviewed. We are setting up an EDI Compliance sub group to the EDI Committee to ensure we can track and monitor our progress.
HIA4	Every organisation should develop and deliver an improvement plan to address health inequalities within their workforce	Benchmarking against the Health and Wellbeing Framework has been completed. Health and wellbeing has been part of the appraisal process since 2020 but we need to continue to increase compliance with appraisal to support staff experiencing wellbeing conversations.
HIA5	NHS organisations must develop and deliver a comprehensive induction, onboarding and development programme for internationally recruited staff.	Our international recruits have access to our learning and development offer, including leadership development opportunities. The Equality and Diversity Manager has been trained in delivering Cultural awareness training. A train the trainer model will be adopted to scale this.
HIA6	NHS Organisations will create an environment which eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occurs.	Micro aggressions toolkit launched and being implemented in the ICB

Tackling Microaggressions

The ‘Tackling Microaggressions to create an Inclusive Culture’ toolkit has been developed to share best practice on identifying, constructively challenging and reducing microaggressions. It is designed to be used as a guide against your own internal processes to ensure you are following best practice and minimising microaggressions, bias, bullying, harassment and violence. It aims to help meet the equality, diversity and inclusion ambitions across the Integrated Care Board and wider Integrated Care System.



NHS Frimley Integrated Care Board

Annual Report and Accounts 2023-2024

Reflecting on the year gone by

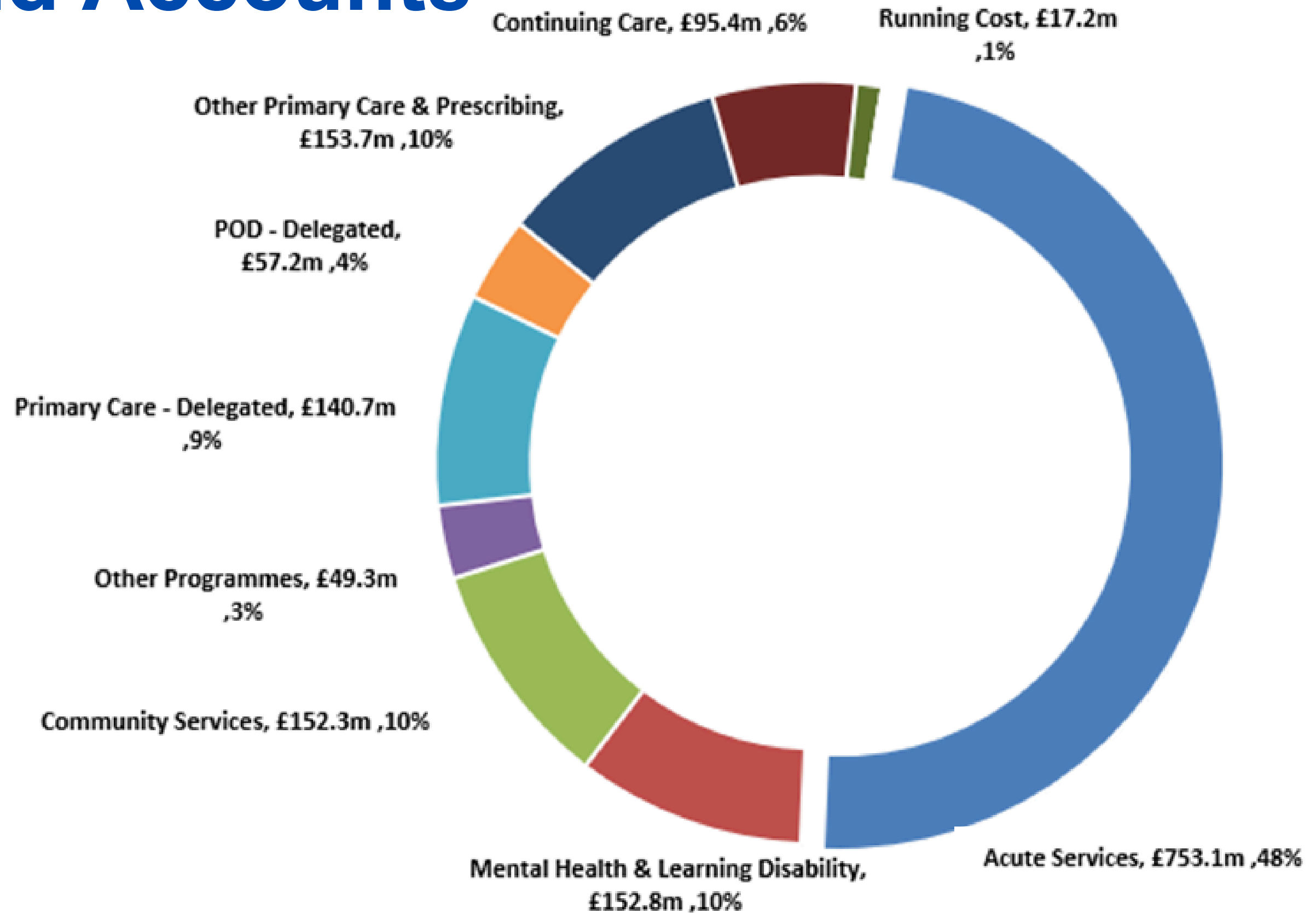
- Continued to support our communities by:
 - increasing access to services through programmes such as Pharmacy First, urgent care centres and increased appointments for primary care.
 - unrelenting focus on reducing health inequalities through our Core 20 plus 5 programme.
 - Leading the country through digital innovations which support programmes such as virtual wards, remote monitoring and supporting long term conditions.
- Yet we have faced challenges:
 - Increased and sustained pressure on all health and social care services
 - Challenging financial picture with reduction in ICB allocation

Annual Report and Accounts

Total expenditure:
£1,571.6m

Spend per person:
£1,868

Financial deficit:
£14.7m



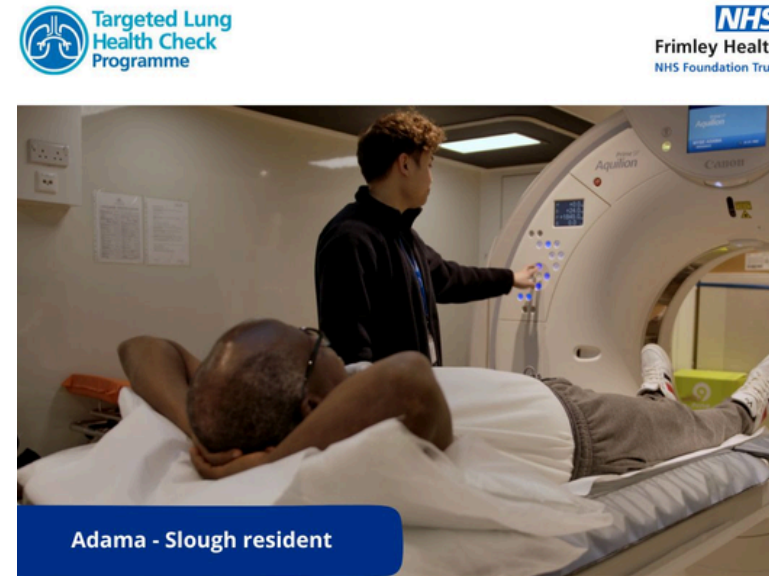
Key highlights for 2023-2024



Multi-generational household pilot



Know you numbers - hypertension campaign



Targeted Lung Health Checks



Innovation Funds



Urgent Care Centres



Fuel Poverty Summit



Successful campaigns for primary care access and vaccination programme



More information can
be found in our
[Annual Report and
Accounts 2023-2024](#)
on our website.



www.frimley.icb.nhs.uk

