

**Governing Body
Agenda for the meeting in public
Tuesday 8 March 2022 – 1030 to 1215**

Microsoft Teams Meeting

Chair: Huw Thomas

Quoracy requirements: no less than 50% Members present, and:

- *at least three (3) Place Based Clinical Leaders, and*
- *at least one (1) of the Executive Members present, and*
- *at least one (1) non-executive member present and*
- *either the Chair or Deputy Chair present)*

Timing		Item	Delivery
1030	1	Welcome, apologies for absence and Chair's introduction	Verbal
	2	Conflicts of Interest Register and declarations of any interests relating to this agenda- to note <i>(see matrix below for suggested management of any COIs declared)</i> <i>Chair</i>	Paper
	3	To approve Minutes of the last meeting held on 9 November 2021 and matters arising <i>Chair</i>	Paper
1040	4	Patient Story – NEHF	Presentation
	5	Focus on NEHF	Presentation
1100	6	Accountable Officer's update – to note <i>Fiona Edwards</i>	Verbal
1110	7	Operational update – to note <i>Lalitha Iyer / Sarah Bellars/ Fiona Slevin-Brown / Caroline Farrar</i>	Presentation
1125	8	System Operating Plan – 2022/23 – to note <i>Nicola Airey/ Rob Morgan</i>	Paper
1140	9	Children's and Young Person's portfolio – update on review	Presentation

Timing		Item	Delivery
		<i>Tracey Faraday-Drake</i>	
1155	10	<p>Board Assurance Framework – to note</p> <p>(a) Positively focus on levelling up models of care so that we can improve health outcomes, address inequalities and deliver greater inclusion across the system – <i>Lalitha Iyer</i></p> <p>(b) Continue to focus on our staff and build a culture of inclusivity so that everyone feels heard, valued and empowered – <i>Emma Boswell</i></p> <p>(c) Working with partners and local communities to support the recovery of health and care services, with a particular focus on addressing health inequalities and the impact of the pandemic;</p> <p>(d) Effectively manage our resources together with our system partners to successfully deliver the system operating plan; (<i>to follow</i>)</p> <p>(e) Lead well and inspire each other as we transition successfully into a new organisation – <i>Sam Burrows/Sarah Bellars</i></p> <p><i>Chair</i></p>	Paper
1200	11	<p>Questions from the public</p> <p><i>Chair</i></p>	Verbal
		Items to note not for discussion (<i>placed in the Reading Room</i>)	
	12	<p>Place updates:</p> <p>a) North East Hampshire and Farnham – <i>Daryl Gasson (to follow)</i></p> <p>b) Surrey Heath – <i>Nicola Airey</i></p> <p>c) RBWM – <i>Caroline Farrar</i></p> <p>d) Bracknell Forest – <i>Fiona Slevin-Brown</i></p> <p>e) Slough – <i>Tracey Faraday-Drake(to follow)</i></p>	Paper
1215	13	Meeting close	
	14	Date of next meeting in public – 10 May 2022	

MANAGEMENT OF CONFLICTS OF INTEREST				
Example item	Interest declared			
	Financial	Non-financial professional	Non-financial personal	Indirect
Needs assessment	Fully participate	Fully participate	Fully participate	Fully participate
Review health outcomes	Fully participate	Fully participate	Fully participate	Fully participate
Design services	Discuss and vote	Discuss and vote	Discuss and vote	Discuss and vote
Decide priorities	Discuss but cannot vote	Discuss and vote	Discuss and vote	Discuss and vote
Review commissioning proposals	Remain but cannot speak or vote	Remain but cannot speak or vote	Remain but cannot speak or vote	Discuss and vote
Performance management	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Review prioritised business cases	Leave the room	Remain but cannot speak or vote	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Procurement/contracting	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote

Job title	Firstname	Lastname	Description of interest	Interest Description (Abbreviated)	Type of interest			Date Incurred	Actions taken to mitigate risk
Executive Place Managing Director	Fiona	Slevin-Brown	Loyalty	Son works for FHFT in an administrative role	Declarations of Interest – Other	Non-Financial Personal	Indirect	22/04/2021	Declaration of Col at all relevant meetings and appropriate steps taken to mitigate any risk
Executive Place Managing Director	Fiona	Slevin-Brown	Loyalty	Son works for the East Berkshire Out of Hours Primary Care Provider - EBPC	Declarations of Interest – Other	Non-Financial Personal	Indirect	22/04/2021	Declaration of Interest to be declared at relevant meetings and risk mitigated through management of CCG decision making relating to this provider
PCN CD	Gareth	Robinson	Oakley Health Group	Managaing Partner of Oakley Health Group - GP Partnership	Declarations of Interest – Other	Financial	Direct	01/04/2021	
PCN CD	Gareth	Robinson	Yateley Primary Care Network	Clinical Director	Declarations of Interest – Other	Financial	Direct	01/04/2021	
PCN CD	Gareth	Robinson	Salus Medical Services	Director	Declarations of Interest – Other	Financial	Direct	01/04/2021	
PCN CD	Gareth	Robinson	Yateley Integrated Care Team	Locality Lead	Declarations of Interest – Other	Financial	Direct	01/04/2021	
PCN CD	Gareth	Robinson	NEHF Place PCN Clinical Director	Representative	Declarations of Interest – Other	Financial	Direct	01/04/2021	
Secondary Care Specialist (Governing Body)	Amanda	Wellesley	Queen Alexandra hospital	A&E consultant	Outside Employment			01/04/2021	Alert people to the possible conflict
Secondary Care Specialist (Governing Body)	Amanda	Wellesley	Western Sussex hospitals NHs	I was an A&E Consultant and chief of service for medicine from 2001 to dec 2020	Outside Employment			02/04/2021	Again only potential conflicts
Clinical Chair	Huw	Thomas	Claremont and Holport practice	Partner in the practice	Declarations of Interest – Other	Financial	Direct	01/04/2021	Will be managed in accordance with policy
Clinical Chair	Huw	Thomas	Maidenhead Primary Care Network	Practice is a member of Maidenhead PCN	Declarations of Interest – Other	Financial	Direct	01/04/2021	Will be managed in accordance with policy
Clinical Chair	Huw	Thomas	Frimley Health NHS Foundation Trust	Spouse employed by Trust as Clinical Nurse Specialist	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Will be managed in accordance with policy
Clinical Chair	Huw	Thomas	East Berkshire Primary Care	Work on sessional basis for East Berkshire Primary Care	Declarations of Interest – Other	Financial	Direct	01/04/2021	Will be managed in accordance with policy
Clinical Chair	Huw	Thomas	Rosemead Surgery	Patient registered with practice	Declarations of Interest – Other	Non-Financial Personal	Direct	02/04/2021	Will be managed in accordance with policy
Clinical Chair	Huw	Thomas	Holy Trinity Primary School, Cookham	Governor at school	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Will be managed in accordance with policy

Clinical Place Based Lead	John	Fraser	Gp	Work as Gp in Camberley Surrey	Outside Employment			01/04/2021	Open transparency, removal from decisions when appropriate
Clinical Place Based Lead	John	Fraser	Gordon Road pharmacy Pharmacy	part owner in pharmacy	Shareholdings and other ownership interests			01/04/2021	Open transparency, removal from decisions when appropriate
Clinical Place Based Lead	John	Fraser	part owner of Gordon Road surgery provider organisation	Provides pain and MSK services	Shareholdings and other ownership interests			01/04/2021	
Executive Place Managing Director	Daryl	Gasson			Nil Declaration			26/04/2021	
Executive Director of Development & Improvement	Emma	Boswell			Nil Declaration			26/04/2021	
Head of Governance	Mary-Jane	Steijger	Registered as a patient with Farnham Park Health Group	Personal	Declarations of Interest – Other	Non-Financial Personal	Indirect	01/04/2021	
Lay Member for Audit	Arthur	Ferry			Nil Declaration			04/05/2021	
Executive Place Managing Director	Caroline	Farrar	Bliss, the national charity for premature and sick babies	Trustee	Declarations of Interest – Other	Non-Financial Personal	Direct	01/04/2021	Withdraw from any relevant commissioning discussions or decisions where a conflict may be perceived.
Accountable Officer	Fiona	Edwards	Care Quality Commission	Executive Reviewer	Declarations of Interest – Other	Non-Financial Professional	Indirect	19/04/2021	Only review services in distant geographical areas
Accountable Officer	Fiona	Edwards	Surrey and Borders Partnership NHS Foundation Trust	Employed by this organisation so that my salary and terms and conditions are processed via this Trust	Declarations of Interest – Other	Financial	Direct	19/04/2021	Formal full time secondment so that I do not take part in any of the Trust's business and there is full separation from the role I am seconded from. Declaration of interest to ensure i am not directly involved in any transactions between the CCG/ICS and Surrey and Borders NHS Foundation Trust.
Director of Communications & Engagement	Sharon	Ward			Nil Declaration			18/05/2021	

Executive Place Managing Director	Nicola	Airey	Ambulance provider (SECAMB)	Son student paramedic at Bright University (second year) with placements provided by SECAMB who are one of the ambulance providers for the Frimley system.	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Low risk of a conflict not directly involved in any contractual negotiations
Independent Member	Edward	Palfrey	Hampshire, Southampton & IOW CCG	Non Executive Director - Secondary Care Clinician	Declarations of Interest – Other	Financial	Direct	01/04/2021	Declared
Independent Member	Edward	Palfrey	Frimley ICS	Chair of ICS Quality Collaborative	Declarations of Interest – Other	Non-Financial Professional	Direct	01/04/2021	Declared
Independent Member	Edward	Palfrey	Daughter	Palliative Care Trainee KSS	Loyalty Interests			01/04/2021	
Lay Member for Patient & Public Involvement	Katherine	Atkinson	Voluntary Action South West Surrey	Volunteer role as Trustee of VASWS, which has in the past received funding from the CCG.	Loyalty Interests			01/04/2021	
Lay Member for Patient & Public Involvement	Katherine	Atkinson	Safer Tourism Foundation	Chief Executive of the Safer Tourism Foundation	Outside Employment			01/04/2021	No conflicts anticipated.
Executive Director of Nursing & Quality	Sarah	Bellars	FHFT	Son and Daughter in Law work for FHFT	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Seek the advice of other senior members of the executive and Non-executive team if there is a potential conflict
Clinical Chair	Huw	Thomas	Royal Borough of Windsor and Maidenhead	Practice provide opiate substitute prescribing services for the Royal Borough of Windsor and Maidenhead	Declarations of Interest – Other	Financial	Direct	01/04/2021	Manage in accordance with policy
Other	Jane	Hogg			Nil Declaration			14/06/2021	
Other	Sam	Burrows			Nil Declaration			16/06/2021	
Executive Place Managing Director	Tracey	Faraday-Drake			Nil Declaration			21/06/2021	
Chief Finance Officer	Robert	Morgan	East Berkshire Primary Care Out Of Hours	Wife works 10 hours per week as call handler	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Declared at all meetings where decisions are taken with the organisation
Other	Caroline	Corrigan			Nil Declaration			05/07/2021	

Place Based Clinical Lead, Slough	James	O'Donnell	Farnham Road Practice	Partner & Principal	Outside Employment			01/04/2021	Declaration. All GPs have this issue. It is clear this form is inappropriate to cover such circumstance. It has been designed and authorised by a non-clinician.
Place Based Clinical Lead, Slough	James	O'Donnell	HealthHeroSolutions	Deliver GP clinical advice electronically to cohorts of the UK population remotely. have been doing this since 1999!	Outside Employment			01/04/2021	Open declaration of these interests, only relevant should we ever decide to procure remote clinical triage services from this organisation.
Place Based Clinical Lead, Slough	James	O'Donnell	Thames Hospice	I donate my salary as a GP to the Thames Hospice on a monthly basis, as I believe very strongly in the clinical value of their non-taxpayer charitable service status to our registered patients who are on the EoLC pathway. This is relevant as we procure a number of services from them.	Donations		Yes	01/04/2021	
Place Based Clinical Lead, Slough	James	O'Donnell	Slough Senior Citizens	Am a patron of this charity since 2016	Loyalty Interests			01/04/2021	
Bracknell Forest Clinical Lead	Annabel	Buxton			Nil Declaration			30/08/2021	
PCN CD	Gareth	Robinson	Oakley Health Group	GP Partner	Declarations of Interest – Other	Financial	Direct	01/04/2021	To declare
PCN CD	Gareth	Robinson	North East Hampshire and Farnham Place	Place Clinical Lead	Declarations of Interest – Other	Non-Financial Professional	Direct	01/10/2021	Declare
PCN CD	Gareth	Robinson	North Hampshire Urgent Care	Clinical Guardian Auditor	Declarations of Interest – Other	Financial	Direct	01/04/2021	declare
Lay Member for Frimley Integrated Care System	Andrew	Lloyd	Registered as a patient with the Lightwater Practice	Registered as a patient with the Lightwater Practice	Declarations of Interest – Other	Non-Financial Personal	Indirect	01/10/2021	Nothing needed currently but will maintain awareness of need to keep under review

Lay Member for Frimley Integrated Care System	Andrew	Lloyd	Surrey and Borders Partnership FT	My salary as Non Executive Chair of the Frimley ICS is paid through this organisation's payroll service. This arrangement is for administrative convenience as the Frimley ICS is a partnership and not an organisation currently so does not have any direct employees. I am though in every other respect independent of the organisation and am not, and would no be, involved in its business activities.	Declarations of Interest – Other	Financial	Direct	01/04/2021	Awareness and careful monitoring.
Executive Director of Development & Improvement	Emma	Boswell	Jenner House Surgery	Registered Patient at Jenner House Surgery	Declarations of Interest – Other	Indirect	Indirect	24/01/2022	Declared as potential Conflict and will note in relevant conversations

**Draft Minutes of Frimley Clinical Commissioning Group – Governing Body held in public on
Tuesday 9 November 2021 between 1030 and 1200 via Zoom**

Present:	<p>Fiona Edwards – Accountable Officer Dr Huw Thomas – Clinical Chair and Clinical Leader for Royal Borough of Windsor and Maidenhead</p> <p>Sarah Bellars - Executive Director of Quality and Nursing Dr Lalitha Iyer - Executive Medical Director Rob Morgan - Executive Director of Finance Emma Boswell - Executive Director of Development and Improvement Nicola Airey - Executive Place Managing Director, Surrey Heath Tracey Faraday-Drake – Executive Place Managing Director, Slough Caroline Farrar - Executive Place Managing Director, Royal Borough of Windsor and Maidenhead Fiona Slevin-Brown - Executive Place Managing Director, Bracknell Forest Kathy Atkinson – Lay member for PPE and Lay Member for NEHF Arthur Ferry – Lay member for Governance and Audit and Lay Member for Royal Borough of Windsor and Maidenhead and Slough Dr Ed Palfrey – Independent Member Dr Amanda Wellesley – Secondary Care Consultant Andrew Lloyd- Interim Lay Member for Surrey Heath and Chair of the PCCC Annabel Buxton- Clinical Lead for Bracknell Forest Daryl Gason- Executive Place Managing Director, North East Hampshire and Farnham Ellie Davies- Head of Communications and Engagement Sam Burrows, ICS Programme Director (deputising for Jane Hogg, Transformation Director, Frimley ICS) Dr Jim O'Donnell – Clinical Leader for Slough</p>
In attendance :	<p>Sharon Ward – Director of Communications Caroline Corrigan – National Director of People Strategy, Nursing Directorate</p> <p>Tom Allinson - Corporate Governance Officer Mary-Jane Steijger - Head of Governance Jill Jaratina – Governance Manager (Secretariat) Olly Hemans – Communications Manager</p> <p>Jo Greengrass- Director of Quality and Nursing (for item 4) Sarah Bissell- Director of Communications, Thames Hospice (for item 4) James Hill- Community Nurse Specialist, Thames Hospice (for item 4)</p>
Apologies for Absence:	<p>Jane Hogg- Transformation Director, Frimley ICS Gareth Robinson – Clinical Leader for North East Hampshire and Farnham Dr Emma Whitehouse – Clinical Leader for Surrey Heath Tracey Faraday-Drake – Executive Place Managing Director Dr John Fraser – Clinical Leader for Surrey Heath</p>

1	Welcome, apologies for absence and Chair's introduction
	<p>The Chair welcomed everyone to the meeting and made formal introductions as follows:</p> <ul style="list-style-type: none"> Jill Jaratina, Interim Governance Manager would be supporting the Head of Governance and

	<p>taking the minutes.</p> <ul style="list-style-type: none"> • Jo Greengrass, Director of Quality and Nursing (for item 4) • Sarah Bissell, Director of Communications, Thames Hospice (for item 4) • James Hill, Community Nurse Specialist, Thames Hospice (for item 4) • The two members of the public <p>Apologies for absence were noted as above.</p>
2	Conflicts of Interest Register and declarations of any interests relating to this agenda
	The Conflicts of Interests Register was received and noted, with no further declarations notified at the meeting.
3	Minutes of the last meeting held on 14 September 2021 and matters arising
	The minutes of the meeting held on 14 September 2021 were approved. There were no matters arising.
4	Patient Story
	<p>Sarah Bissell gave a background of Thames hospice, described the services provided and the organisations that link with the hospice. The hospice had increased its capacity from 28 to 29 inpatient beds and was seeing increased demand including the waiting lists. The Palliative Care Response and Inpatient teams were undertaking some joint work to specialise in cafes and services that meet patient needs in terms of their journey in palliative care, providing education, information, emotional and medical care at the right point. Sarah Bissell pointed that it was important that people use the hospice as early as possible in their journey.</p> <p>While the Community Palliative Team mostly serves people at home, the Rapid Response teams continued to be as busy as they were during the pandemic when patients could not be hospitalised. The Counselling and Pastoral teams also continued to see increase in demand. The hospice had secured a grant and this would enable them to reach beyond their borders in terms of counselling and pastoral care including bereavement support which was desperately needed. A wellbeing service would provide complimentary therapy and the rehabilitation centre would focus on physiotherapy. These services were planned to start around December 2021/January 2022.</p> <p>James Hill shared a story of a 17-year-old who was initially cared for at home by a Palliative Care Response Team before admission at the hospice as an inpatient under the End-of-Life Care Team. Governing Body members were advised that Thames Hospice had submitted an urgent CQC change of registration request so that they could extend their care to 16-year-olds plus and they had been successful. James Hill detailed the patient's journey, the end-of-life care that was provided for the young adult and how the hospice had fulfilled the patient's wishes such as arranging special moments which included a blessing ceremony and arranging contact and a subsequent visit with the patient's favourite artist. The hospice took extra care and placed additional measures to keep the visitors, patients and staff safe as coronavirus and lockdown restrictions were in place during this time.</p> <p>Kathy Atkinson acknowledged the difficulties hospices encounter in accessing funding and pointed that this challenge is not often recognised by the public.</p> <p>Members welcomed the heartening story and commended the hospice for going the extra mile. The Accountable Officer (AO) congratulated the hospice for winning the grant, emphasised the importance of seeking counselling and bereavement services earlier and pointed that it was important for Frimley CCG to link with the hospice for some mental health and suicide prevention work as it would benefit the communities to normalise conversations about deaths and loss. Dr Jim O'Donnell asked for the hospice to re-engage with GPs for end-of-life care.</p> <p>The Governing Body members thanked the representatives from Thames hospice for sharing the patient story and for the compassionate care they provided to the young adult.</p>
5	Accountable Officer's update

The Accountable Officer highlighted that it was important to recognise how extreme the conditions for health and social care were across the CCG and Integrated Care System (ICS) and this was in line with the rest of the country. The CCG was performing well in terms of the vaccinations programme and seeing more people in primary care and emergency departments as compared to pre-pandemic times. The CCG was seeing winter pressures and changes in behaviours due to multi factorial drivers, such as increased bereavement, loss and anxiety. Significant work involving Local Authorities and Clinical Leaders to develop dialogue with communities had commenced to meet the challenges the best way possible.

The Health & Social Care bill was scheduled to become law in April 2022. A new Independent Chair Designate for Frimley Integrated Care Board (ICB), Dr Priya Singh had been appointed to the role. Fiona Edwards the Accountable Officer for the Frimley CCG thanked Andrew Lloyd in his capacity as the incumbent Independent Chair of the Frimley ICS for his support to the incoming Chair Designate and also for his valued support to her and more broadly to the Frimley system during his time as the Independent Chair.

The Governing Body received the Accountable Officer's update.

6 Operational update

Fiona Slevin-Brown updated the meeting on the latest position on the pressures being experienced across the local health system, the drivers and the actions being taken.

Activity in primary care had increased and COVID infection rates had increased in the acute Trusts. Winter and seasonal infections were increasing and more infections were expected in children. The CCG continued to see increased health needs around the communities which have historically experienced some inequalities and in the increased COVID numbers after the half term holiday; increased Emergency Department attendances - including children; staff sickness; ambulance handover delays and cancellations of surgeries. The system was taking a number of actions to help to respond to the increases in demand i.e the winter plan, investing in additional capacity in primary care and Urgent Care Centres.

Caroline Corrigan provided a summary of the work underway to support staff in their different roles and settings which includes increased support for health and well-being via the Hubs; collaborative working between system partners, recruitment and retention, in particular working with Local Authorities to identify gaps and setting up teams from across the Health and Social Care. The CCG was working on a personal approach and considering what would make roles more attractive. International recruitment had been successful and some learning from this would be used to attract other disciplines such as mental health nursing. The work around additional roles in primary care continued to progress, overall, on the recovery piece, the plans for workforce had been rag rated green across the board but more needed to be done to attract more support workers for the Health and Social Care system. The CCG was encouraging staff to take their annual leave to mitigate the risk of burnout.

Caroline Corrigan advised that the Frimley System was doing well in recruiting trainees and apprenticeships and various recruitment approaches would be considered. The Frimley ICS Board had received a presentation from Social Care colleagues which described their workforce plans and encouraged the health sector to consider where they could work differently. The Get-It-Right-First Time (GIRFT) reviews presented an opportunity for the Frimley System to explore workforce transformation opportunities.

The Executive Director of Quality and Nursing presented the update on the vaccine programme and pointed out that Frimley CCG had been rated highly by the regional and national teams for its achievement in giving the COVID vaccinations to 16/17-year-olds. The Frimley System was nearly meeting the required 75% target at the time of the meeting. The primary care teams were acknowledged for the role they played in the success of the vaccination programme and for their engagement with the patients. The Executive Director of Quality and Nursing highlighted the areas of challenge and how these were being addressed. The Frimley System was working relentlessly to address areas of inequalities particularly amongst some groups of pregnant women and housebound

patients through a number of campaigns.

Caroline Farrar highlighted the current challenges in the GP Practices across the system because of the increase in demand for both urgent and routine appointments. Primary care continued to see undiagnosed conditions and backlogs due to the lockdown and increased levels of health anxieties. Efforts to provide preventative services were ongoing to minimise the deterioration in health conditions and primary services continued to manage patients on waiting lists. Sickness and absence had increased due to COVID, reduced workforce capacity remained an ongoing risk. Caroline Farrar detailed the programme of work for improving the access to primary care services including work on population health management which would develop a more proactive approach to care and reduce health inequalities.

Emma Boswell described the programme of work around the communications and engagement with Partners and communities in supporting the pressure demands. She pointed that a range of communication activities had already been in place to help communities to understand how to access the right services and this work would be ongoing. There were a number of key activities within the programme to support primary care work i.e., for assisting surgeries with communications for patients so that they understand the different parts of the system and roles, delivering messages about the pressures in primary care to the patients and explaining why primary care services were now operating differently.

Emma Boswell urged the Governing Body members and attendees to share information about the resources provided by the CCG and to encourage friends and families to join the Communities Insight Panel which helps the CCG to understand the experiences patients have with the services. The Communications team was looking at some further work in relation to reducing inequalities as it was still not hearing from some of the vulnerable groups. A community panel had been set up and this would be a key programme of work going forward. The CCG was expected to have a system wide Communications and Engagement strategy by April 2022.

Lalitha Iyer provided an update on the key changes relating to the Covid Oximetry at Home pathway and advised that Frimley CCG had been running this project for the past year and this would be an ongoing programme across the five places. The COVID Oximetry at Home Pathway was available to those with diagnosed COVID-19, people aged 65 years or older and under 65's at higher risk from COVID-19, or where clinical judgement applies considering individual risk factors such as pregnancy, learning disability, caring responsibilities and/or deprivation.

NHSE/I had mandated that pregnant women being referred to a COVID Oximetry at home service should also be asked to contact their maternity team for specific advice around pregnancy. In addition, a fully self-managed lighter touch pathway should be made available to any adult aged 18 – 64 that tested positive for COVID and not double vaccinated. It had been identified nationally that groups such as travellers and the homeless were at higher risk because they have less access to services. The CCG was working on protecting people who are at high risk especially the unvaccinated and text messages had been sent out to inform them of how to look after themselves if they got the COVID infection, how to access the pulse oximetry and information on the covid recovery website containing infographic on normal saturations.

The Governing Body NOTED the Operational update.

7 2021/22 H2 Planning Guidance and Financial Allocations

Nicola Airey updated the Governing Body on the planning guidance and financial allocations and indicated that the operational pressures were impacting on the financial planning for the second half of the year. The CCG now had a strong system approach to planning which would maintain some sight across the organisational and system plans and a strong team of people was working together, making the process smoother and more joined up. The second half of the year would continue to see a good performance against the NHSE/I key matrices despite the system pressures. The CCG had discussed the mitigations of the key risks and pinch points with Partners. The next deadline for the submission of the planning guidance was 16 November and this submission would comprise of the final planning

	<p>elements of activity and performance and a narrative template of the elective recovery.</p> <p>The Governing Body noted the 2021/22 H2 Planning Guidance and Financial Allocations</p>
8	<p>Financial update</p> <p>The Director of Finance advised that the update for month six was broadly similar to previous updates. The CCG had a £4.7m deficit comprising of £2.5m costs not yet re-imbursed by NHSE/I and £2,2m for elective recovery that was yet to be received. The CCG had achieved its financial obligations in the first half of the year and expected the same outcome in the second half therefore expecting a break-even. The CCG was also working on meeting the Mental Health Investment Standards.</p> <p>The Governing Body noted the Finance update.</p>
9	<p>Engaging with our communities – an overview of key programmes</p> <p>Emma Boswell provided an update on the CCG's current approach to communications and engagement and the next steps. She pointed that the CCG has a duty and more importantly is committed to involving the communities in the planning and decision making regarding their health and the ICS has some new implementation guidance which sets out 10 principles around this engagement work.</p> <p>The CCG needed to think of new and innovative ways of communicating and engaging with partners and communities so that messages about activities across the system are shared successfully. As communication is the key element in supporting communities and services, the Comms team was working with partners, Primary Care Networks (PCNs) and local media to share information and good news stories and to co-produce and co-design a way of working. Emma Boswell stressed the importance of engagement in every part of, and level of the system. Various initiatives were ongoing in the Integrated Care System i.e. Innovative fund for the communities, Wellbeing Champions in Slough and Wellbeing circles in RBWM. The challenge was to build on these ambitions and clearly articulate the system wide strategy and vision which would be developed together with the communities and partners.</p> <p>In response to a question about the development of the Communications Strategy, Emma Boswell advised that one of the key elements that would underpin this work was the establishment of a small co-design group drawn from amongst a broad range of partners and communities and also Healthwatch. The Governing Body would be updated on progress with the development of Communication Plans and a Communication Strategy at a future meeting.</p> <p>Fiona Slevin-Brown was keen for the Communications Team to work in partnership with the Local Authorities to build on their expertise in engaging with communities.</p> <p>Emma Boswell agreed with Jim O'Donnell's observation that the CCG was sometimes reticent about talking about voluntary opportunities for the Communications and Engagement work even though volunteers had been an important part of the COVID vaccination programme and there was an opportunity for the CCG to do more in that space.</p> <p>The Governing Body noted the report on the Engaging with our communities – an overview of key programmes report.</p>
10	<p>EPRR Assurance</p> <p>Fiona Slevin-Brown advised that a rigorous and thorough Emergency Preparedness, Resilience and Response (EPRR) assurance process had been undertaken for 2021 with minimal actions to follow up. Both Frimley CCG and its Providers would be fully compliant with the National Core Standards for 2021 by January 2022.</p> <p>The Governing Body noted the annual Emergency Preparedness, Resilience and Response (EPRR) and assurance process.</p>
11	<p>PLACE updates</p> <p>The following place reports were noted;</p>

	<ul style="list-style-type: none"> • North East Hampshire and Farnham • Surrey Heath • RBWM • Bracknell Forest • Slough
1 2	Board Assurance Framework
	The Governing Body noted the assurance given in the Governing Body Assurance Framework documents. No strategic risk had been given a score above 12.
1 3	Questions from the public
	There were questions from members of the public.
1 4	Meeting close
	The meeting closed at 1206hrs
1 5	Date of next meeting in public – 11 January 2021 from 1030 to 1215hrs

FRIMLEY CCG GOVERNING BODY

Title of Paper	2021/22 H2 Planning Guidance and Financial Allocations		
Agenda Item	7	Date of meeting	
Exec Lead	Nicola Airey, Executive Managing Director Surrey Heath		

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	Priority 1: Effectively manage our resources
	To Ratify	<input type="checkbox"/>		Priority 2: Improve health outcomes, address inequalities
	To Discuss	<input type="checkbox"/>		Priority 4: Support the recovery of health and care services
	To Note	<input checked="" type="checkbox"/>		

Executive Summary	
<p>This paper details the NHS planning priorities for 2022/23 and the governance process that has been established to meet national submission requirements.</p> <p>The system's elective plan is being supported through a piece of demand and capacity modelling work that has been commissioned by NHSE in the South East and provided by McKinsey and Company.</p> <p>The national requirement is limited in scope and depth, therefore, in addition to the national planning process, the Frimley system is developing a more comprehensive 1 year plan and 3 year view. This will support the refresh of strategic plans later in the year.</p> <p>In 2021/22 Frimley ICB received funding totalling £1,297m. For 2022/23 this increases to £1,307m with funding required to cover the costs of both the CCG/ICB & Frimley Health NHS Foundation ensuring that a consolidated position breaks even.</p> <p>Allocation of funding will be overseen across the system with targeted workshops planned for mid-March and early April to work through the prioritisation of investments.</p>	
Recommendation	The Governing Body is asked to NOTE the national planning priorities, governance and local system approach to planning for 2022/23

Please provide details on the impact of following aspects	
Risk and Assurance	Financial and operational risks have been identified as part of the planning process and will be managed through the existing risk management processes and reported to the ICS and CCG Boards
Equality and Quality Impact Assessment	An EQIA will be completed as part of the planning process
Patient and Stakeholder Engagement	This will form part of any service change arrangements. A public facing narrative for 2022/23 plans will be produced
Financial Impact and Legal implications	The ICS/CCG is being involved in the budget setting process for the new services. It is anticipated that this will include some risks that will require mitigation.

Frimley Health and Care



System Operating Plan 2022/23

Frimley CCG Governing Body Meeting
8th March 2022





Frimley ICS – System Planning approach

- **Leadership and Governance:** Coordination across Portfolio and Partner leads, convened by Nicola Airey on behalf of partners, to coordinate the Operating Plan submission, strengthening cross-system alignment and continuing to be guided by our Recovery activities and principles.
- The planning process is being led and coordinated by a **System Planning Oversight Group**. This provides a forum for alignment and coordination across the system and enables clear **connectivity between the workforce, activity, financial and narrative aspects** of the System Plan and enables testing with wider system colleagues – including the impact upon, interdependencies with and requirements from system partners.
- Our internal process covers all subject areas, satisfying the requirement for a **more comprehensive local plan**, including recognition of the need to **segue into 3-year planning**.
- We have a **centralised and aligned ICS activity and resource model** kept in alignment with organisational plans, modelling to support rapid options appraisal of interdependencies and impact assessment of projects.



National priorities for 2022/23

1. **Invest in our workforce** – with more people and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.
2. **Respond to COVID-19 ever more effectively** – delivering the NHS COVID vaccination programme and meeting the needs of patients with COVID-19.
3. **Deliver significantly more elective care** to tackle the elective backlog, reduce long waits and improve performance against the cancer waiting times standards.
4. **Improve the responsiveness of urgent and emergency care and build community care capacity** – keeping patients safe and offering the right care, at the right time, in the right setting. Create the equivalent of 5,000 additional beds in particular through expansion of virtual ward models, and includes eliminating 12 hr waits in EDs and minimising handover delays,
5. **Improve timely access to primary care** – maximising the impact of the investment in primary medical care and PCNs to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.
6. **Improve mental health services and services for people with a learning disability and/or autistic people.** Maintain continued growth in mental health investment to transform and expand community health services and improve access.
7. **Continue to develop our approach to population health management, prevent ill-health and address health inequalities** using data & analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.
8. **Exploit the potential of digital technologies** to transform the delivery of care and patient outcomes – achieving a core level of digitisation in every service across systems.
9. **Make the most effective use of our resources** – moving back to and beyond pre-pandemic levels of productivity when the context allows.
10. **Establish ICBs and collaborative system working** – working together with local authorities and other partners across ICSs to develop a five-year strategic plan for their system and places.
11. **Additional local priority around maternity services**

Climate change

- Continue to embed the response to climate change into core NHS business.
- All trusts and ICBs in England are expected to have a board-level Net Zero lead and a Green Plan and are asked to deliver carbon reductions against this throughout 2022/23.



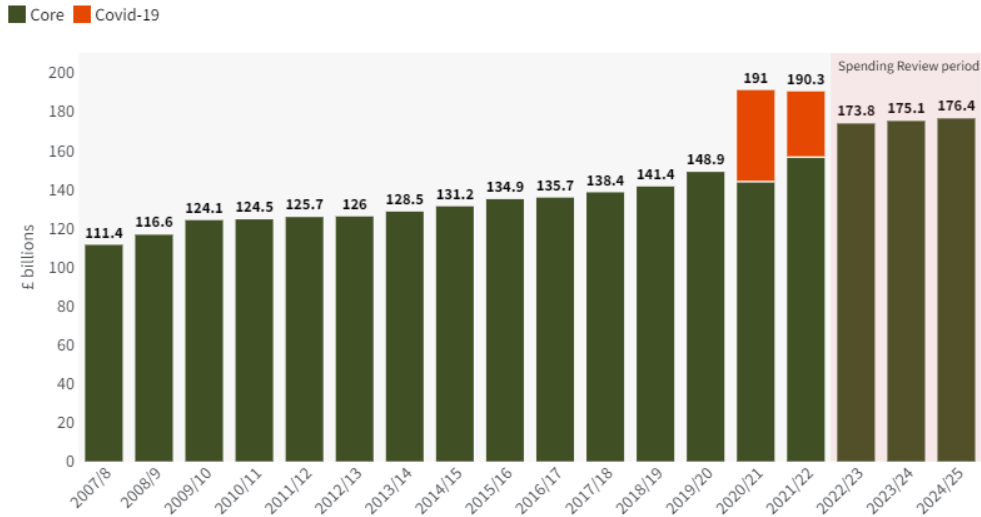
Limited areas covered in National templates / narrative

The list below outlines all sections covered in the 2022/23 priorities and operational planning guidance and specifically indicates those which require a narrative response using the template provided for this submission:

Priorities of 2022-23 priorities and operational planning guidance	Narrative Required
Health Inequalities - Maintain focus on preventing ill-health and tackling health inequalities.	Y
A. Invest in our workforce – with more people and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.	Y
B. Respond to COVID-19 ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.	N
C. Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.	
C1. Maximise elective activity and reduce long waits, taking full advantage of opportunities to transform the delivery of services	Y
C2. Complete recovery, improve performance against cancer waiting times standards.	Y
C3. Diagnostics	Y
C4. Deliver improvements in maternity care	N
D. Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity	
D1. Urgent and emergency care	Y
D2. Transform and build community services capacity to deliver more care at home and improve hospital discharge	Y
E. Improve timely access to primary care – expanding capacity and increasing the number of appointments available.	N
F. Grow and improve mental health services and services for people with a learning disability and/or autistic people.	N
G. Continue to develop our approach to population health management, prevent ill-health and address health inequalities.	N
H. Exploit the potential of digital technologies to transform the delivery of care and patient outcomes.	N
I. Make the most effective use of our resources.	N
J. Establish ICBs and collaborative system working.	N



NHS 2021 Spending Review (SR21)



Source: [The King's Fund analysis of HM Treasury data](#) • 2019/20 spending includes £620 million of Covid-19 related NHS spending, which was funded from within existing budgets that year.

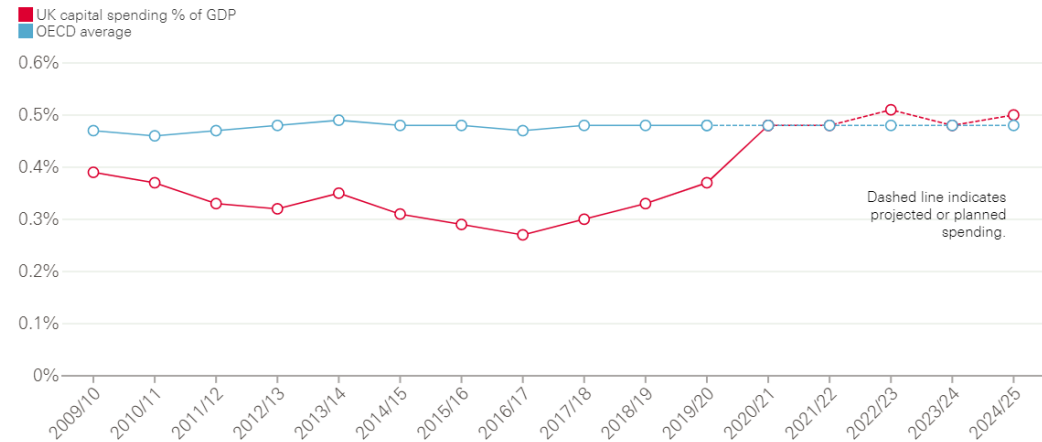
TheKingsFund

COVID funding reducing significantly in 22/23 and beyond

Funding settlement

- The 2021 Spending Review (SR21) provided the NHS with a three-year revenue and capital settlement covering 2022/23 to 2024/25.
- The government committed to spend an additional £8 billion to support tackling the elective backlog over the next three years, from 2022/23 to 2024/25. This allows the NHS to prioritise £2.3bn in 2022/23 to support elective recovery.
- SR21 also confirmed that the NHS will receive total capital resources of £23.8bn over the next three years, including £4.2bn of funding to support the building of 40 new hospitals and to upgrade more than 70 hospitals; £2.3bn to transform diagnostic services; £2.1bn for innovative use of digital technology; and £1.5bn to support elective recovery.

UK health capital spending is set to be in line with the OECD average
Capital spending as share of GDP: UK and OECD (%)



The Health Foundation © 2021

Sources: Authors' calculations on Autumn Budget and Spending Review 2021 and OECD Health Database.

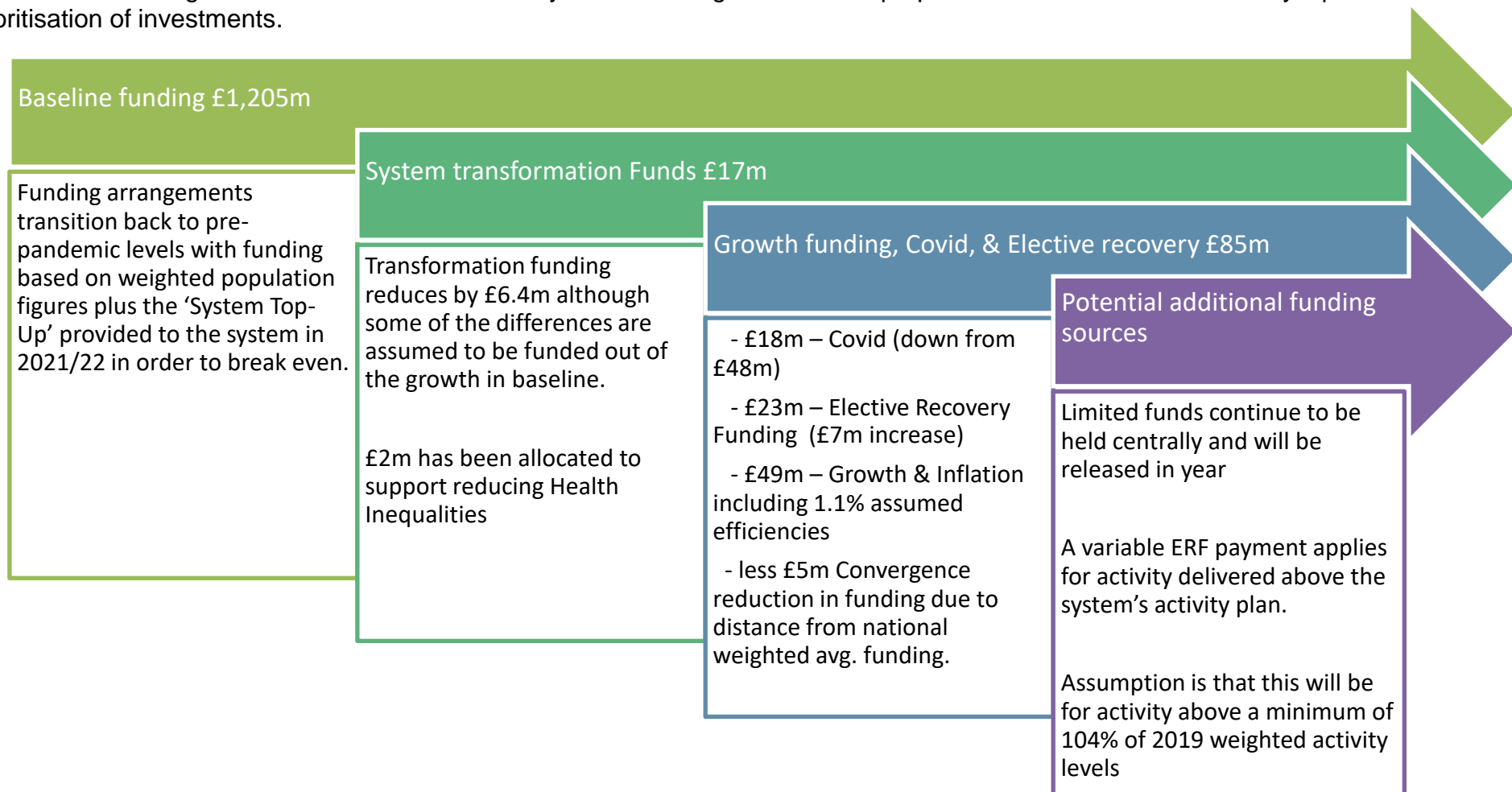
Capital spending has lagged behind OECD but set to catch up – albeit effects of underfunding will manifest itself



Frimley ICB 2022/23 Revenue allocation elements

In 2021/22 Frimley ICB received funding totalling £1,297m. For 2022/23 this increases to £1,307m with funding required to cover the costs of both the CCG/ICB & Frimley Health NHS Foundation ensuring that a consolidated position breaks even.

Allocation of funding will be overseen across the system with targeted workshops planned for mid-March and early April to work through the prioritisation of investments.



Timelines



Feb 2022		March 2022					April 2022				Jun 2022
w/c 28/02	08/03	10/03	16/03	17/03 12:00	22/03	08/04 (tbc)	19/04	28/04 12:00	28/04	23/06	
Functional Mental Health Workforce templates issued and HEE e-collection portal open	1st (internal system) draft <ul style="list-style-type: none"> • Activity and Performance • Workforce • Narrative • Finance: System and Provider 	System Planning Workshop (Virtual)	Sign-off of 2nd draft for submission <ul style="list-style-type: none"> • Activity and Performance • Workforce • Narrative • Finance: System and Provider 	DRAFT Submission deadline <ul style="list-style-type: none"> • Activity and performance • Workforce (Acute, Ambulance, Community, mental health, primary care and specialist trusts) • Narrative (Health Inequalities; Workforce; Elective Recovery (including Outpatients, Cancer and Diagnostics); Community Services and UEC) • Finance: System and Provider 	ICS Partnership Board (agree overall approach, key points and principles/assumptions)	System Planning Workshop (Face to Face)	ICS Partnership Board (likely to be shadow ICB Board at that point – the aim will be to sign-off a 'close to final' version)	Submission of final plan <ul style="list-style-type: none"> • Activity and Performance • Workforce • Narrative • Finance: System and Provider 	Submission of MH workforce (draft plans)	Submission of MH workforce (final plans)	

Key Points: **Planning submission Key Milestones;** **Internal System deadlines;** **Other**

Meeting Frequency: System Planning Oversight Group (SPOG) - weekly (Monday)

Template submissions



Summary of NHSE requirements / submissions

Planning element	Method of submission	Template location	DRAFT Submission deadline	FINAL Submission deadline
Activity and performance	SDCS (https://datacollection.sdcs.digital.nhs.uk/)	Downloaded from SDCS (https://datacollection.sdcs.digital.nhs.uk/)	Thursday 17 March 2022 (noon)	Thursday 28 April 2022 (noon)
Workforce	SDCS (https://datacollection.sdcs.digital.nhs.uk/)	Downloaded from SDCS (https://datacollection.sdcs.digital.nhs.uk/)	Thursday 17 March 2022 (noon)	Thursday 28 April 2022 (noon)
Narrative	Email to england.planning-south@nhs.net	Regional Planning FutureNHS collaboration platform*	Thursday 17 March 2022 (noon)	Thursday 28 April 2022 (noon)
Finance: System and provider	Provider Financial Monitoring System (PFMS)	Provider Financial Monitoring System (PFMS)	Thursday 17 March 2022 (noon)	Thursday 28 April 2022 (noon)
Mental Health Workforce	HEE eCollections portal	HEE eCollections portal	Thursday 28 April 2022 (noon)	Thursday 23 June 2022 (noon)
Mental Health Workforce Narrative	Details to follow	Details to follow	Thursday 28 April 2022 (noon)	Thursday 23 June 2022 (noon)

FRIMLEY CCG GOVERNING BODY

Title of Paper	Governing Body Assurance Framework		
Agenda Item	10	Date of meeting	
Exec Lead	Sarah Bellars, Executive Director of Quality and Nursing		

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

Executive Summary	
<p>In September 2021 the Governing Body approved the objectives and strategic risks to cover the final six months of the CCG being a statutory organisation.</p> <p>Board Assurance statement: One strategic risk has been given a residual/current score of 16 due to the declared surplus at month 9.(to be confirmed)</p> <p>1. Risk - If we do not take decisive and continuous action to improve health outcomes and deliver greater inclusion for our local communities then, if unchecked, could potentially lead to a widening of the health gap and worsening health outcomes for people living in the most disadvantaged areas. Current Risk Score 12.</p> <p>2. Risk - If we do not coordinate our approach with system partners and use insights and intelligence in how we recover health and social care then we will not effectively address the health impact of Covid on our communities. Current Risk Score 12.</p> <p>3. Risk - If we do not show through action our commitment to supporting our staff and having a culture of inclusivity then we will not be able to attract and develop a diverse workforce that reflects the communities we service. Current Risk Score 12.</p> <p>4. Risk - With the ongoing impact of Covid on the financial regime and allocation for the system; in addition to being able to finalise a workable financial framework for the ICS, means that the system will not be able to successfully deliver its operating plan and the CCG may not meet its statutory duties. Current Risk Score 16 (to be confirmed)</p> <p>5. Risk - If the CCG is unable to maintain robust CCG governance arrangements while developing new ICS governance then this may lead to poor decisions, increasing the likelihood of challenge and reputational damage. Current Risk Score 10.</p>	
Recommendation	The Governing Body is asked to note the assurance given in the Governing Body Assurance Framework documents.

Please provide details on the impact of following aspects	
Risk and Assurance	As set out in the document
Equality and Quality Impact Assessment	None noted
Patient and Stakeholder Engagement	None noted
Financial Impact and Legal implications	None noted

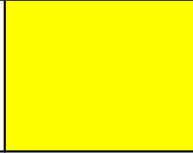
ID	Strategic Objective	Lead	Monitoring Committee
1	Positively focus on levelling up models of care so that we can improve health outcomes, address inequalities and deliver greater inclusion across the system	Lalitha Iyer	Governing Body
Risk Description		Initial rating Likelihood/impact	CONTROLS
If we do not take decisive and continuous action to improve health outcomes and deliver greater inclusion for our local communities then, if unchecked, could potentially lead to a widening of the health gap and worsening health outcomes for people living in the most disadvantaged areas.		20	<ol style="list-style-type: none"> 1) Population health approach and health inequality lens in all ICS work streams. 2) Equality Impact Assessment within each business case. 3) Anticipatory Care programme – proactive management. 4) ICS ambitions. 5) EDI Director in ICS and EDI lead in CCG in post.
Specific or Associated ISSUES		Current rating	Source of ASSURANCE
<ul style="list-style-type: none"> • Language barriers • Reduced access to services (travellers, homeless) • Lack of awareness of usual services (refugees, asylum seekers) • Digital exclusion • Awareness of interpreting and language services in primary care (Primary Care Commissioning Committee meeting 2 November 2021) • Significant system pressures impact on delivery and recovery. 		12	<ol style="list-style-type: none"> 1) Reports to ICS Programme Board 2) Quality, Performance and Finance Committee to oversee the alignment and updates of Clinical policies. 3) Equality and Diversity Working Group to support the CCG to meet compliance requirements. 4) Access to NHS England regional expertise, finance and support to facilitate settlement of the refugees and asylum seekers.
MITIGATING ACTION (S) February 2022		Target rating	NEXT REPORTED ACTIONS
<ul style="list-style-type: none"> - Health and social care partnership working in each place; - Slough Place – updated the structure for the place based committee with shared objectives with Slough Borough Council; and establishment of Health Inequalities Board. - Work in progress with Rushmoor Borough Council and North East Hampshire and Farnham. - Extended the contracts for interpreting and language services in primary care with communication plan. - Out reach services including vaccination into vulnerable communities (eg vaccine bus). 		8	<ol style="list-style-type: none"> 1) Health inequalities – subject for a GB - focused presentation from each place. 2) Clinical Leads to be appointed to champion health equality in NEHF and Slough. 3) Equality and Diversity Working Group to meet in November 2021. 4) Clinical policy review (population health view on priorities statements) – papers going to Quality Performance and Finance Committee 30 November 2021.

- Outreach services including vaccination into poorly served communities (e.g vaccine bus)



ID	Strategic Objective	Lead	Monitoring Committee
2	Working with partners and local communities to support the recovery of health and care services, with a particular focus on addressing health inequalities and the impact of the pandemic	Fiona Slevin-Brown	Governing Body
Risk Description		Initial rating Likelihood/impact	CONTROLS
<p>If we do not coordinate our approach with system partners and use insights and intelligence in how we recover health and social care then we will not effectively address the health impact of Covid on our communities.</p>		16	<ol style="list-style-type: none"> 1) Weekly Recovery reports with cross system insights produced weekly. 2) ICS Recovery Insights programme continues to provide pathway and portfolio specific insights on the impact of Covid on our population and informs the actions taken across the ICS to address proactively inequalities and optimise recovery. 3) Weekly Operational Delivery and monthly Quality Delivery and Finance Group meetings oversee delivery of recovery priorities and the successful achievement of our ambition, complemented by the System Portfolio Programmes. 4) System Escalation, DoN and Executive Quality and Clinical Leadership calls review the quality and safety impact of partner and whole system responses, including feedback from and into the Incident Coordination mechanism. Any major concerns are escalated to the ICS Leadership including Local Authority, Health partners, chaired by ICS Lead/CCG Accountable Officer. 5) System health inequalities work which underpins our wider System ambition includes explicit consideration of the impact of the pandemic on our Communities 6) At a local level the Place Committees oversee the recovery of health and social care services.
Specific or Associated ISSUES		Current rating	Source of ASSURANCE
<ul style="list-style-type: none"> • Maintaining focus on recovery whilst responding to ongoing pressures across the system • Capacity of the leadership and management teams to deliver our recovery ambitions in the context of multiple and conflicting priorities 		12	<ol style="list-style-type: none"> 1) ICS leadership forum such as Quality Delivery and Finance Group and System Operational planning as well as the individual programme and portfolio forum oversee the delivery of our recovery and transformation programmes alongside and aligned to our System response 2) Additional resources have been brought into support Elective Recovery workstreams .
MITIGATING ACTION (S)		Target rating	NEXT REPORTED ACTIONS
1) Oversight at Quality, Delivery and Finance Group, and System Quality meetings ensures balance of attention on impact of pressures challenges on our recovery plans and our communities.		6	

2) Operational Planning – includes detailed actions to deliver sufficient system capacity and mitigations in managing unplanned demand to protect and support delivery of our Elective recovery work.



ID	Strategic Objective	Lead	Monitoring Committee
3	Continue to focus on our staff and build a culture of inclusivity so that everyone feels heard, valued and empowered	Emma Boswell	Governing Body
Risk Description		Initial rating Likelihood/impact	CONTROLS
<p>If we do not show through action our commitment to supporting our staff and having a culture of inclusivity then we will not be able to attract and develop a diverse workforce that reflects the communities we service.</p>		20	<ol style="list-style-type: none"> 1) Wellbeing Champion Network and plan in place – wellbeing events taking place 2) Line Managers Forum established 3) Implementing our Agile Model programme in place – resource being recruited too support delivery 4) Staff Partnership Forum established and meeting monthly 5) BAME Network, investment in support for the inclusion agenda and series of inclusion events being delivered 6) Internal Staff Briefings, communications and staff engagement infrastructure 7) CCG membership of ICS People Board and work programme 8) Frimley Academy Board Membership and associated work programme and interventions 9) CCG HR policies and recruitment processes have been reviewed and adopted 10) HR Operational Transition Group and ICS Transition Governance Oversight arrangements 11) Organisational Development, facilitation and coaching resources in place and supporting individuals and teams across the CCG 12) Staff Pledges in place
Specific or Associated ISSUES		Current rating	Source of ASSURANCE
<ul style="list-style-type: none"> • The impact on all staff of the transition to Statutory ICB/ICS architecture • Managing capacity of the team to deliver programme of staff support and inclusion activities through period of change 		12	<ol style="list-style-type: none"> 1) Regular reports to Remuneration Committee on actions, risks and issues 2) Staff feedback mechanisms e.g. Staff Survey, team briefs 3) CCG appraisal and objective framework in place which includes specific focus on inclusion 4) HR policies complete and accessible to all staff 5) Contracts in place for people support functions for the organisation (e.g. employee assistance programme)
MITIGATING ACTION (S) February 2022		Target rating	NEXT REPORTED ACTIONS
<ul style="list-style-type: none"> • Supporting the wellbeing of our staff, working with our Wellbeing Champions, to ensure a wide range of accessible support that meets individuals, teams and 		6	<ol style="list-style-type: none"> 1) Programme of EDI events focusing on culture of inclusion continue (e.g. Race Equality Week, LGBTQ+ History Month) 2) Delivery of the next phase of Implementing our Agile Working Model –

<p>organisation needs</p> <ul style="list-style-type: none"> • Continued access to training and development that supports our people to at their best at work and respond to the changing health and care landscape around them • Deliver Implementing our Agile Model – a significant OD Intervention creating an agile culture of successful delivery • Working together with our staff networks to build our culture of inclusion - agreeing actions to be taken that creates change 		<p>series of staff engagement events planned for Feb 2022</p> <ol style="list-style-type: none"> 3) Roll out of framework for all staff to have a Wellbeing and career aspiration conversation – including piloting of Scope for Growth Tool 4) Delivery of next planned actions to support staff at all levels through CCG to Statutory ICB/ICS - including communications plan 5) Refresh of the aims, ambitions and interventions of the Frimley Academy to support leadership, culture and improvement across the ICS 6) Respond to consultation outcome of Mandatory Vaccination as Condition of Deployment
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ID	Strategic Objective	Lead (s)	Monitoring Committee
5	Lead well and inspire each other as we transition successfully into a new organisation	Sarah Bellars/ Sam Burrows	Governing Body
Risk Description		Initial rating Likelihood/impact	CONTROLS
<p>If the CCG is unable to maintain robust CCG governance arrangements while developing new ICS governance then this may lead to poor decisions, increasing the likelihood of challenge and reputational damage.</p>		15 5 x 3	<ol style="list-style-type: none"> 1) A continual core team focus on meeting the governance requirements of the CCG prior to any planned transition. 2) Specific ICS allocated leadership and delivery resource to focus on developing new ICS governance requirements in partnership with the CCG and other system partners. This approach will enable a core CCG team to continue focus on delivering current legislative and constitutional requirements to a high standard. 3) Change and Transition Programme Board and workstream governance arrangements in place.
Specific or Associated ISSUES		Current rating	Source of ASSURANCE
<p>Delay in the Health and Social Care Bill passing through Parliament will have an impact on:</p> <ul style="list-style-type: none"> The CCG's ability to maintain core functions and GB integrity during the delayed transition to ICB on 1 July 2022; CCG's finance systems, ledgers and bank accounts that need to be retained for a three-month period only in 2022/23; and Capacity of finance team to run year end processes for both 2021/22 and for the first three months of 2022/23. 		10 5 x 2	<ol style="list-style-type: none"> 1) Regular reports to the ICS Partnership Board, CCG Governing Body, Remuneration Committee and Executive throughout this process which enable adequate scrutiny and oversight by lay, clinical and executive colleagues to ensure any risks are sufficiently well mitigated in a proportionate manner.
MITIGATING ACTION (S) February 2022		Target rating	NEXT REPORTED ACTIONS
<ol style="list-style-type: none"> 1) ICS agreed the proposed Board Membership as set out in the draft ICB Constitution. 2) Shadow ICB to come into effect on 1 April 2022. 3) CCG to continue will business as usual between April – June 2022. 4) Partner Member appointment process approved through the ICS Partnership Board 15 February 2022. 		5 5 x 1	<ol style="list-style-type: none"> 1) Appointment process (Nomination and Selection) to commence for Partner Members in March 2022. 2) Shadow ICB Board meeting 1 April 2022.

5) Submission of second draft ICB Constitution to NHSE 15
February 2022.

DRAFT