

**Governing Body
Agenda for the meeting in public
Tuesday 10 May 2022 – 1030 to 1215**

Zoom Meeting

Chair: Huw Thomas

Timing		Item	Delivery
10.30am	1	Welcome, apologies for absence and Chair's introduction	Verbal
	2	Conflicts of Interest Register and declarations of any interests relating to this agenda- <i>to note</i> <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 8 March 2022 and matters arising <i>Chair</i>	Paper
10.40am	4	Bracknell Forest Place Presentation Focus on the Heathlands Development <i>Fiona Slevin-Brown</i>	Presentation on the day
11.10am	5	Accountable Officer's update – <i>to note</i> <i>Fiona Edwards</i>	Verbal
11.20am	6	Ockenden Review of Maternity Services – final findings and recommendations – <i>to note</i> <i>Sarah Bellars</i>	Paper
11.30am	7	Operational Update – <i>to note</i> Urgent Care – <i>Fiona Slevin-Brown</i> Elective Recovery – <i>Daryl Gasson</i> Primary Care Access – <i>Caroline Farrar</i>	Presentation
12.00am	8	Board Assurance Framework – <i>to note</i> 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 – <i>Lalitha Iyer</i> 2. Continue to focus on our staff and build a culture of inclusivity so that everyone feels heard, valued and empowered – <i>Emma Boswell</i>	Paper

Timing		Item	Delivery
		3. 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; - <i>Fiona Slevin-Brown</i> 4. Effectively manage our resources together with our system partners to successfully deliver the system operating plan;- <i>Rob Morgan</i> 5. Lead well and inspire each other as we transition successfully into a new organisation – <i>Sam Burrows/Sarah Bellars</i> <i>Chair</i>	
12.10	9	Questions from the public <i>Chair</i>	Verbal
1215	10	Close of meeting by the Chair	Verbal
		Items to <u>note</u> not for discussion	
		Place updates: 1. North East Hampshire and Farnham – <i>Daryl Gasson</i> 2. Surrey Heath – <i>Nicola Airey</i> 3. RBWM – <i>Caroline Farrar</i> 4. Bracknell Forest – <i>Fiona Slevin-Brown</i> 5. Slough – <i>Sangeeta Saran</i>	Paper

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

Directorate	Job Title	First Name	Last Name	Interest	Interest Description	Type of Interest	Actions agreed with line manager to mitigate risk		
495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Fiona	Slevin-Brown	Loyalty	Son works for FHFT in an administrative role	Declarations of Interest – Other	Non-Financial Personal	Indirect	Declaration of Col at all relevant meetings and appropriate steps taken to mitigate any risk
495 Frimley CCG Chief Clinical Office	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	Declaration of Interest to be declared at relevant meetings and risk mitigated through management of CCG decision making relating to this provider
NEHF Place Committee	PCN CD	Gareth	Robinson	Oakley Health Group	Managaing Partner of Oakley Health Group - GP Partnership	Declarations of Interest – Other	Financial	Direct	
NEHF Place Committee	PCN CD	Gareth	Robinson	Yateley Primary Care Network	Clinical Director	Declarations of Interest – Other	Financial	Direct	
NEHF Place Committee	PCN CD	Gareth	Robinson	Salus Medical Services	Director	Declarations of Interest – Other	Financial	Direct	
NEHF Place Committee	PCN CD	Gareth	Robinson	Yateley Integrated Care Team	Locality Lead	Declarations of Interest – Other	Financial	Direct	
NEHF Place Committee	PCN CD	Gareth	Robinson	NEHF Place PCN Clinical Director	Representative	Declarations of Interest – Other	Financial	Direct	
495 Frimley CCG Chief Clinical Office	Secondary Care Specialist (Governing Body)	Amanda	Wellesley	Queen Alexandra hospital	A&E consultant	Outside Employment			Managing in line of the COI policy
495 Frimley CCG Chief Clinical Office	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			Managing in line of the COI policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Claremont and Holyport practice	Partner in the practice	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	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
495 Frimley CCG Chief Clinical Office	Clinical Chair	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
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	East Berkshire Primary Care	Work on sessional basis for East Berkshire Primary Care	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Registered with a practice within the CCG boundary	Patient registered with practice	Declarations of Interest – Other	Non-Financial Personal	Direct	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Holy Trinity Primary School, Cookham	Governor at school	Declarations of Interest – Other	Indirect	Indirect	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Daryl	Gasson	Registered as a patient with a Frimley CCG GP Practice	Personal	Nil Declaration			
495 Frimley CCG Chief Clinical Office	495 Frimley CCG Nursing & Quality Directorate	Mary-Jane	Steijger			Declarations of Interest – Other	Non-Financial Personal	Indirect	
495 Frimley CCG Chief Clinical Office	Lay Member for Audit	Arthur	Ferry	Bliss, the national charity for premature and sick babies	Trustee	Nil Declaration			
495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Caroline	Farrar			Declarations of Interest – Other	Non-Financial Personal	Direct	Withdraw from any relevant commissioning discussions or decisions where a conflict may be perceived.
Governing Body	Accountable Officer	Fiona	Edwards	Care Quality Commission	Executive Reviewer	Declarations of Interest – Other	Non-Financial Professional	Indirect	Only review services in distant geographical areas
Governing Body	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	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.
495 Frimley CCG Chief Clinical Office	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	Low risk of a conflict not directly involved in any contractual negotiations
495 Frimley CCG Chief Clinical Office	Independent Member	Edward	Palfrey	Hampshire, Southampton & IOW CCG	Non Executive Director - Secondary Care Clinician	Declarations of Interest – Other	Financial	Direct	Declared
495 Frimley CCG Chief Clinical Office	Independent Member	Edward	Palfrey	Frimley ICS	Chair of ICS Quality Collaborative	Declarations of Interest – Other	Non-Financial Professional	Direct	Declared
495 Frimley CCG Chief Clinical Office	Independent Member	Edward	Palfrey	Daughter	Palliative Care Trainee KSS	Loyalty Interests			
495 Frimley CCG Chief Clinical Office	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			
495 Frimley CCG Chief Clinical Office	Lay Member for Patient & Public Involvement	Katherine	Atkinson	Safer Tourism Foundation	Chief Executive of the Safer Tourism Foundation	Outside Employment			No conflicts anticipated.
495 Frimley CCG Chief Clinical Office	Executive Director of Nursing & Quality	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
495 Frimley CCG Chief Clinical Office	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	Manage in accordance with policy
495 Frimley CCG Chief Clinical Office	Medical Director	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
495 Frimley CCG Chief Clinical Office	Medical Director	Lalitha	Iyer	Farnham Road GP Practice	GP Partner at the surgery	Declarations of Interest – Other	Financial	Direct	Will declare COI and will leave meetings if any relevant discussions take place

495 Frimley CCG Chief Clinical Office	Medical Director	Lalitha	Iyer	Farnham Road GP Practice	The practice is a Provider of care home services. 'Farnham Road Medical Group' has a contract to provide enhanced clinical services to one care home. The service provided is in line with the local enhanced care home service	Declarations of Interest – Other	Financial	Direct	Will declare COI and will leave meetings if any relevant discussions take place
495 Frimley CCG Chief Clinical Office	Medical Director	Lalitha	Iyer	Farnham Road GP Practice	Farnham Road Practice rents space to a community pharmacy, no profit share.	Declarations of Interest – Other	Financial	Direct	Will declare COI and will leave meetings if any relevant discussions take place
495 Frimley CCG Chief Clinical Office	Medical Director	Lalitha	Iyer	Globe Management Consultants	I am the Secretary of the company which is owned by my spouse. I have no shareholding in this company.	Declarations of Interest – Other	Non-Financial Professional	Indirect	This company has no dealings with the Health Sector/NHS/CCG
495 Frimley CCG Chief Clinical Office	Medical Director	Lalitha	Iyer	Magna Konserv	I am a Director of this company and have no financial interest or shareholding	Declarations of Interest – Other	Non-Financial Professional	Indirect	This company has no dealings with the Health Sector/NHS/CCG
495 Frimley CCG Chief Clinical Office	Medical Director	Lalitha	Iyer	Solutions for Health	I am a Medical Advisor on the Board of Solutions for Health	Declarations of Interest – Other	Non-Financial Professional	Direct	I will declare COI and will leave meetings if any relevant discussions take place
Non-Contracted Staff 495 Frimley CCG Chief Clinical Office	Other Executive Place Managing Director	Sam Tracey	Burrows Faraday-Drake			Nil Declaration			
495 Frimley CCG Finance Directorate	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	Declared at all meetings where decisions are taken with the organisation
Non-Contracted Staff 495 Frimley CCG Slough Place	Other Place Based Clinical Lead, Slough	Caroline James	Corrigan 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.	Nil Declaration Donations		Yes	
495 Frimley CCG Slough Place	Place Based Clinical Lead, Slough	James	O'Donnell	Slough Senior Citizens	Am a patron of this charity since 2016	Loyalty Interests			
Non-Contracted Staff NEHF Place Committee	Bracknell Forest Clinical Lead PCN CD	Annabel Gareth	Buxton Robinson	Oakley Health Group	GP Partner	Nil Declaration Declarations of Interest – Other	Financial	Direct	To declare
NEHF Place Committee	PCN CD	Gareth	Robinson	North East Hampshire and Farnham Place	Place Clinical Lead	Declarations of Interest – Other	Non-Financial Professional	Direct	Declare
NEHF Place Committee	PCN CD	Gareth	Robinson	North Hampshire Urgent Care	Clinical Guardian Auditor	Declarations of Interest – Other	Financial	Direct	declare
495 Frimley CCG Chair & Non Execs	Lay Member	Andrew	Lloyd	Registered with a GP practice within the Frimley CCG boundary	Registered with a GP practice within the Frimley CCG boundary	Declarations of Interest – Other	Non-Financial Personal	Indirect	Nothing needed currently but will maintain awareness of need to keep under review
495 Frimley CCG Chair & Non Execs	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 not be, involved in its business activities.	Declarations of Interest – Other	Financial	Direct	Awareness and careful monitoring.
495 Frimley CCG Chief Clinical Office	Executive Director of Development & Improvement	Emma	Boswell	Registered with a GP practice within the Frimley CCG boundary	Registered with a GP practice within the Frimley CCG boundary	Declarations of Interest – Other	Indirect	Indirect	Declared as potential Conflict and will note in relevant conversations
495 Frimley CCG Slough Place	Place Based Clinical Lead, Slough	James	O'Donnell	Farnham Road Medical Group	Salaried GP and Principle at Farnham Road Medical Group, 3 sessions per week.	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with the Conflicts of Interest policy
495 Frimley CCG Slough Place	Place Based Clinical Lead, Slough	James	O'Donnell	Medical Solutions	Deliver GP clinical advice electronically to cohorts of the UK population remotely. Have been doing this since 1999.	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with the Conflicts of Interest policy.
495 Frimley CCG Surrey Heath Place	Clinical Place Based Lead	John	Fraser	Surrey Heath Place PCN Clinical Director	Representative	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with the COI Policy
495 Frimley CCG Surrey Heath Place	Clinical Place Based Lead	John	Fraser	Gordon Road Pharmacy	Shareholding and other ownerships interests in Pharmacy	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy.
495 Frimley CCG Surrey Heath Place	Clinical Place Based Lead	John	Fraser	Gordon Road surgery provider organisation	Part owner for Gordon Road surgery	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with the COI Policy

Non-Contracted Staff 495 Frimley CCG Chief Clinical Office	ICS Programme Director, Frimley ICS Executive Place Managing Director	Sam Fiona	Burrows Slevin-Brown	East Berkshire Primary Care	Son works during his university holidays with EBPC	Nil Declaration Declarations of Interest – Other	Indirect	Indirect	Direct contract management and negotiations are handled by another member of the UEC team. Decisions on investments are made by the GB or Audit committee where conflicts of interest are noted and managed
495 Frimley CCG Chief Clinical Office	Executive Director of Development & Improvement	Emma	Boswell	Registered with a GP practice within the Frimley CCG boundary	Registered with a GP practice within the Frimley CCG boundary	Declarations of Interest – Other	Indirect	Indirect	Declared as potential conflict and will note in relevant conversations
495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Daryl	Gasson			Nil Declaration			

Draft Minutes of Frimley Clinical Commissioning Group – Governing Body held in public on Tuesday 8 March 2022 between 1030 and 1137 1015 via Zoom

Present:	<p>Fiona Edwards – CCG Accountable Officer and ICS Chief Executive Designate 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</p> <p>Nicola Airey - Executive Place Managing Director, Surrey Heath Caroline Farrar - Executive Place Managing Director, Royal Borough of Windsor, and Maidenhead Daryl Gasson – Executive Place Managing Director, Northeast Hampshire, and Farnham</p> <p>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 Andrew Lloyd – Interim Lay Member for Surrey Heath and Chair of the PCCC Dr Ed Palfrey – Independent Member Dr Amanda Wellesley – Secondary Care Consultant</p> <p>Dr Annabel Buxton – Clinical Leader for Bracknell Forest Dr John Fraser – Clinical Leader for Surrey Heath Dr Jim O'Donnell – Clinical Leader for Slough Dr Gareth Robinson – Clinical Leader for North East Hampshire and Farnham</p>
In attendance:	<p>Mary-Jane Steijger- Head of Governance Joanne Green - Governance Manager (minutes)</p> <p>Beccie Van Oostrum – Primary Care Manager NEHF Melanie Bott -Oakley Practice in Yateley Tracey Faraday-Drake – Director of Children and Young People for Frimley ICS</p>
Apologies for absence:	<p>Fiona Slevin-Brown - Executive Place Managing Director, Bracknell Forest</p>
	<p><i>NB the Chair decided to take the agenda items in the order shown in these minutes which differs from the published agenda.</i></p>
1	<p>Welcome, apologies for absence and Chair's introduction</p>
	<p>The Chair welcomed everyone to the meeting and reminded the meeting this was a meeting of the Governing Body in public and not a public meeting and was the first public meeting held since November 2021, despite the continuing level 4 response. Time had been allocated at the end of today's meeting to respond to questions received in advance from members of the public. In the absence of any such questions, the Chair would, at his discretion, take questions from the public present today. Any questions asked via the chat function, would be monitored, and responded to, either today or afterwards.</p> <p>The meeting was deemed quorate.</p>
2	<p>Conflicts of Interest Register and declarations of any interests relating to this agenda</p>
	<p>The Conflicts of Interests Register was received and noted, with no further declarations being made</p>
3	<p>Minutes of the meeting held on 9 November 2021 and matters arising</p>

	<p>The minutes of the meeting held on 9 November 2021 were approved. There were no matters arising from the minutes</p>
4	<p>Patient Story – North East Hants and Farnham (NEHF)</p> <p>The NEHF Clinical Leader for NEHF introduced the story which focussed on the successful roll out of the Covid Oximetry @ Home Service in that Place.</p> <p>The Primary Care Manager spoke about the commissioner’s viewpoint and how the programme had been introduced very quickly in response to a national standard operating procedure during November 2020. She explained the service involved self-monitoring by patients of oxygen saturation levels to identify early deterioration and reduced oxygen levels. This enabled early admission into hospital where necessary and reduced morbidity and mortality, The detail of the pathway adopted by NEHF was explained and she advised members the service had been considered a huge success, ensuring flexibility to meet demand which had increased and decreased rapidly. Great patient feedback had been received and there was evidence, across the CCG, to show hospital admissions and deaths had been prevented due to the earlier interventions.</p> <p>The Practice Nurse from Oakley Health in Yateley spoke about implementation of the service in that area which had been challenging, particularly at the start of the pandemic and she praised the support provided, both by the CCG and the digital service. She advised the practice had received several thank you notes from grateful patients who had used the service, which made her feel very proud.</p> <p>Finally, a video was played featuring a patient who had used the service and explained her and her family’s experience and the huge difference the service had made to her personally while she had been very ill with Covid. She was particularly impressed with the way in which various elements of the NHS e.g., ambulance, GP and hospital had worked together to ensure that, wherever possible, patients remained in their homes.</p> <p>In conclusion, the Clinical Leader, and the Managing Director both expressed how proud they felt to be involved with this fantastic service and in response the Medical Director thanked NEHF for their hard work and passion in delivering this service.</p>
5	<p>Update from the Accountable Officer /Chief Executive Designate</p> <p>The Chief Executive Designate advised that work continued in the background to develop the Integrated Care Board (ICB) which would need to be in place by July 2022.</p> <p>She advised operational pressures continued to be challenging, with attendances at emergency departments across the CCG’s geography continuing to increase. Work continued to ensure members of the public were directed to the most appropriate service i.e., 111, GP practice, pharmacy etc. She also advised the Secretary of State for Health and Social Care was due to make a keynote speech later today It was anticipated the speech would highlight the need for people and families to take more responsibility for their own health and promotion of increased digitisation e.g., the NHS App becoming the “front door” for people to access NHS services. This aligned with minute eight below concerning the review of the Children’s and Young Person’s portfolio, which included a focus on mental health and wellbeing. She further advised staff were very conscious of the need to embrace current challenges and changes while continuing to work in a very pressurised environment.</p>
6	<p>System Operating Plan – 2022/23</p> <p>The Managing Director for Surrey Heath made a detailed presentation, concerning the above, which set out the NHS planning priorities for 2022/23 and the governance processes established by the CCG to meet national submission requirements.</p> <p>She advised the Frimley system’s elective plan was being supported with demand and capacity modelling commissioned by NHS England in the South East and provided by McKinsey and Company. The national requirement was limited in scope and depth, therefore, in addition to the national planning process, the system was developing a more comprehensive one-year plan and three-year view. This would support a refresh of strategic plans later in the year.</p>

	Members noted that in 2021/22 the system had received funding totalling £1,297m which for 2022/23 would increase to £1,307m with funding required to cover the costs of both the CCG/ICB and Frimley Health NHS Foundation Trust ensuring a consolidated position break even position was achieved. Allocation of funding would be overseen across the system with targeted workshops planned for mid-March and early April to work through the prioritisation of investments.
7	Operational update
	<p>The Managing Director for Royal Borough made a detailed presentation about the current situation in primary care which covered:</p> <ul style="list-style-type: none"> • Increasing demand across all channels • Clinical capacity stretched across routine, urgent, long term condition management and preventative service • General practice workforce and premises pressures • Public information being made available locally, detailing how GP practices were working differently and why and which service people should use when feeling unwell • The wide range of work being undertaken to improve access to general practice, including how e.g., increasing capacity, workforce, and skills mix, utilising digital solutions, developing at scale telephone system, promotion of self and proactive care, continued engagement with people, population health management, maturing primary care network development and an increase of appointments when demand was high
8	Children's and Young Person's (CYP) portfolio – update on review
	<p>The Director of Children and Young People for Frimley ICS advised that she had been seconded into this role and in response to a point made in the chat box, advised the services utilised by the CCG for children requiring treatment, including University of Southampton and Evelina (London) hospitals. Throughout the pandemic the CCG had attempted to bolster service provision for CYP, however, she accepted that waiting times continued to be too long. Members were aware that equality and diversity were at the centre of the ICS's work, in particular this review.</p> <p>Members noted the review provided an opportunity to take stock, understand challenges and opportunities and how to best organise future service provision to respond, make a difference and reduce health inequalities for CYP. A detailed four-step project plan, running over four months, was advised which should contribute towards the shaping and agreement of services within the remit of the ICS CYP portfolio, including how it would support and integrate with the five Places, its scope, methods, priorities, resource, and governance.</p>
9	Board Assurance Framework
	The Governing Body noted the assurance given in the documents submitted and were advised by the Director of Finance, the reasons for the increase to 16 (residual/current score) for the objective to " <i>Effectively manage our resources together with our system partners to successfully deliver the system operating plan</i> ", which was due to the declared budget surplus, as advised to the last meeting of Governing Body in February 2022.
10	Questions from the public
	The Managing Director for Surrey Heath responded to a question concerning how the planning process would support increased, personalised support for patients.
11	Place updates
	<p>The Governing Body received and noted the following updates:</p> <ol style="list-style-type: none"> a) North East Hampshire and Farnham b) Surrey Heath c) RBWM d) Slough
12	Close of meeting
	Meeting closed at 11:37 - Date of next meeting in public – Tuesday 10 May 2022.

FRIMLEY CCG GOVERNING BODY

Title of Paper	Ockenden Report		
Agenda Item	6	Date of meeting	10 May 2022
Exec Lead	Sarah Bellars		

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

Link to Strategic Objective	
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Executive Summary

In the summer of 2017, following a letter from bereaved families, raising concerns where babies and mothers died or potentially suffered significant harm whilst receiving maternity care at The Shrewsbury and Telford Hospital NHS Trust, the former Secretary of State for Health and Social Care, Jeremy Hunt, instructed NHS Improvement to commission a review assessing the quality of investigations relating to new-born, infant and maternal harm at the Trust.

Due to the size of the independent review, the first report, known as the Ockenden Report was published on the 10th of December 2020 having identifies emerging themes. Seven Immediate and Essential Actions were identified to help improve safety in maternity services across England.

In March 2022, Donna Ockenden, chair of the Independent Maternity Review, published a final report which builds upon the first report. Within the report, fifteen additional themes have been identified all of which must be shared across all maternity services in England as a matter of urgency to bring about positive and essential change.

Although this report focuses upon maternity services, many of the Immediate and Essential Actions could be applied to all provider services. Therefore, the CCG plans to adapt the NHS England Maternity Services Assessment and Assurance Tool to support a system review of services to ensure services are delivering safe, compassionate, and effective care not just to our maternity services but to all.

Recommendation	The committee is asked to note the report.
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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

Ockenden Report

1. Background

- 1.1. In the summer of 2017, following a letter from bereaved families, raising concerns where babies and mothers died or potentially suffered significant harm whilst receiving maternity care at The Shrewsbury and Telford Hospital NHS Trust, the former Secretary of State for Health and Social Care, Jeremy Hunt, instructed NHS Improvement to commission a review assessing the quality of investigations relating to new-born, infant and maternal harm at the Trust.
- 1.2. The first terms of reference for the review were written in 2017 for a review comprising of 23 families. Since the review commenced more families contacted the review team raising concerns about the maternity care and treatment they had received at the Trust. The terms of reference were amended in November 2019 to encompass over a thousand families.
- 1.3. Due to the size of the review the first independent report was published on the 10th of December 2020. Having undertaken the first 250 clinical reviews, the review team identified emerging themes. Recommendations were issued for all acute Trusts offering maternity care and the wider maternity community across England to be addressed as soon as possible.
- 1.4. There were seven immediate and essential actions (IEAs) within the Ockenden report:
 - Enhanced Safety
 - Listening to the Women and Families
 - Staff training and Working Together
 - Managing Complex Pregnancy
 - Risk assessment throughout pregnancy
 - Monitoring fetal wellbeing
 - Informed consent
- 1.5. There were a further twelve urgent clinical priorities which came under three key areas:
 - Workforce planning
 - Midwifery leadership
 - Implementation of NICE guidelines
- 1.6. NHS England produced a Maternity Services Assessment and Assurance Tool, with the aim of supporting providers to assess their current position against the seven Immediate and Essential Actions (IEAs) in the Ockenden Report and provide assurance of effective implementation to their boards, Local Maternity System and NHS England and NHS Improvement regional teams.
- 1.7. The Frimley ICS Quality Collaborative meeting has received quarterly updates on the Ockenden actions to gain assurance, to understand any gaps and to provide support where needed.
- 1.8. In April, at the Frimley ICS Quality Collaborative meeting, FHFT gave an update on their self-assessment using the NHS England tool to inform to which they reported green (completed or on track) for six out of the seven actions. The outstanding one was assessed as green/amber

as the Trust would like to complete a further note audit to ensure risk assessments are conducted. This audit is planned for May.

2. The Final Report

- 2.1. In March 2022, Donna Ockenden, chair of the Independent Maternity Review, published a final report which follows on from the first report which was published in December 2020. The final report covers the findings, conclusions, and essential actions of the independent review of maternity services. This Report builds upon the first report and all the original Local Actions for Learning and Immediate and Essential Actions retain their importance and must be progressed. Within the report, fifteen additional themes have been identified all of which must be shared across all maternity services in England as a matter of urgency to bring about positive and essential change.
- 2.2. The additional fifteen areas of Immediate and Essential Actions are:
- Workforce planning and sustainability
 - Safe staffing
 - Escalation and accountability
 - Clinical governance- leadership
 - Incident investigation and complaints
 - Learning from maternal deaths
 - Multidisciplinary training
 - Complex antenatal care
 - Preterm birth
 - Labour and birth
 - Obstetric anaesthesia
 - Postnatal Care
 - Bereavement care
 - Neonatal care
 - Supporting families
- 2.3. The report recognises that many of the issues highlighted were not unique to Shrewsbury and Telford Hospitals NHS Trust and have been highlighted in other local and national reports into maternity services in recent years.
- 2.4. Frimley Clinical Commissioning Group (CCG) and the Local Maternity System will be working with the maternity services to progress these additional themes and oversee the implementation. The CCG plan to adapt the NHS England Maternity Services Assessment and Assurance Tool to reflect the additional Immediate and Essential Actions.
- 2.5. Although this report focuses upon maternity services, many of the Immediate and Essential Actions could be applied to all provider services. Therefore, the CCG will undertake a review to ensure actions are applied across other organisations and services. The CCG adapted NHS England Maternity Services Assessment and Assurance Tool will be used as part of this review, taking the salient points of the actions that are most appropriate for services.

- 2.6. Frimley CCG is fully committed to ensuring the delivery of safe, compassionate, and effective care not just to our maternity services but to all. We will continue to work with service providers, the Local Maternity System and NHS England and Improvement to meet the requirements of the Ockenden Report - Final and utilise our existing governance processes to regularly seek assurance from and report on the progress of all organisations within the Integrated Care System.

Frimley Health and Care



Urgent and Emergency Care

May 2022





Current position in urgent and emergency care

Across the system we are seeing increasing demand in all areas



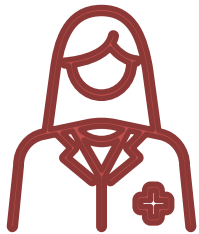
- Inability to meet significantly increased demand, with more patients considering their condition to be urgent
- System has been working in escalation for a prolonged period with minimal respite
- Resulting in challenges balancing elective recovery with non-elective and UEC pathways where beds are limited
- Impact on population and associated clinical risk materialising in multiple contexts e.g., ambulance, ED, MH
- Tension in balancing organisational accountabilities with integrated and system working

Capacity stretched across routine, urgent, long term condition management and preventative services



- Backlog of routine chronic disease management including diabetes, respiratory and heart disease
- Continuing to see presentations of undiagnosed illnesses following lockdowns
- Ongoing effort to offer preventative services (immunisations, LTC management and screening)
- Continuing to manage people on the waiting lists to access community and secondary care services

Other issues



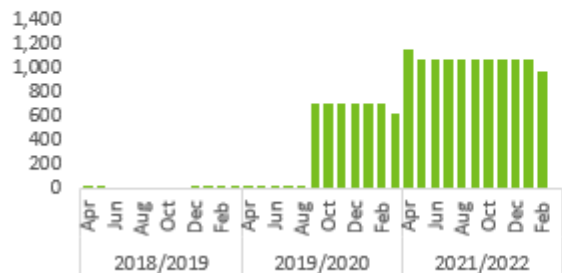
- Discharge and flow from all in-patient facilities is impacted by demand and capacity pressures
- Workforce capacity is stretched to maximum across all services with specific workforce challenges e.g. RMN, AHPs, Dom Care etc
- Absence of staff both Covid and non-Covid related
- Limited ability to flex or commission new capacity further to meet demand across all sectors
- Tension between response and transformational change
- Digital capability should allow for improved management of demand



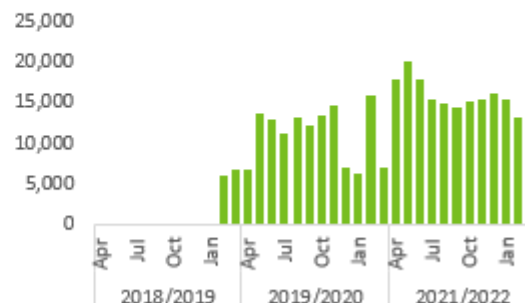
Data up to and Including : Feb22



GP TeleApts have increased by 168% compared to same reporting period in 2019/20



111 Calls have increased by 39% compared to the same reporting period in 2019/20

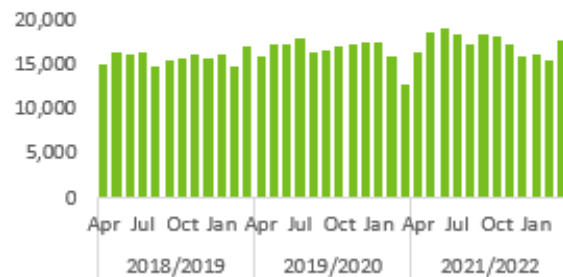


GP telephone appointments – The data shows a sharp increase of 168%. This suggests GP’s seeing fewer face-to-face appointments due to COVID restrictions and lockdown measures. (See next slide for further details.)

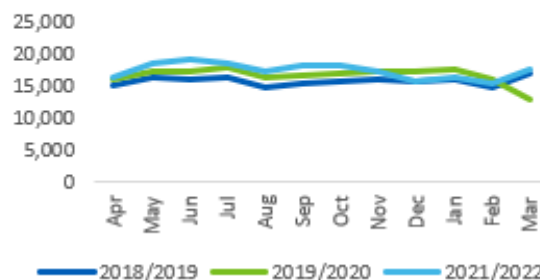
111 calls – This shows an increase of 39% when compared to the same reporting period of 2019/20.



A&E Ambulance Arrivals have decreased by 8% compared to the same reporting period in 2019/20



A&E Attendances (all) have increased by 7% compared to the same reporting period in 2019/20



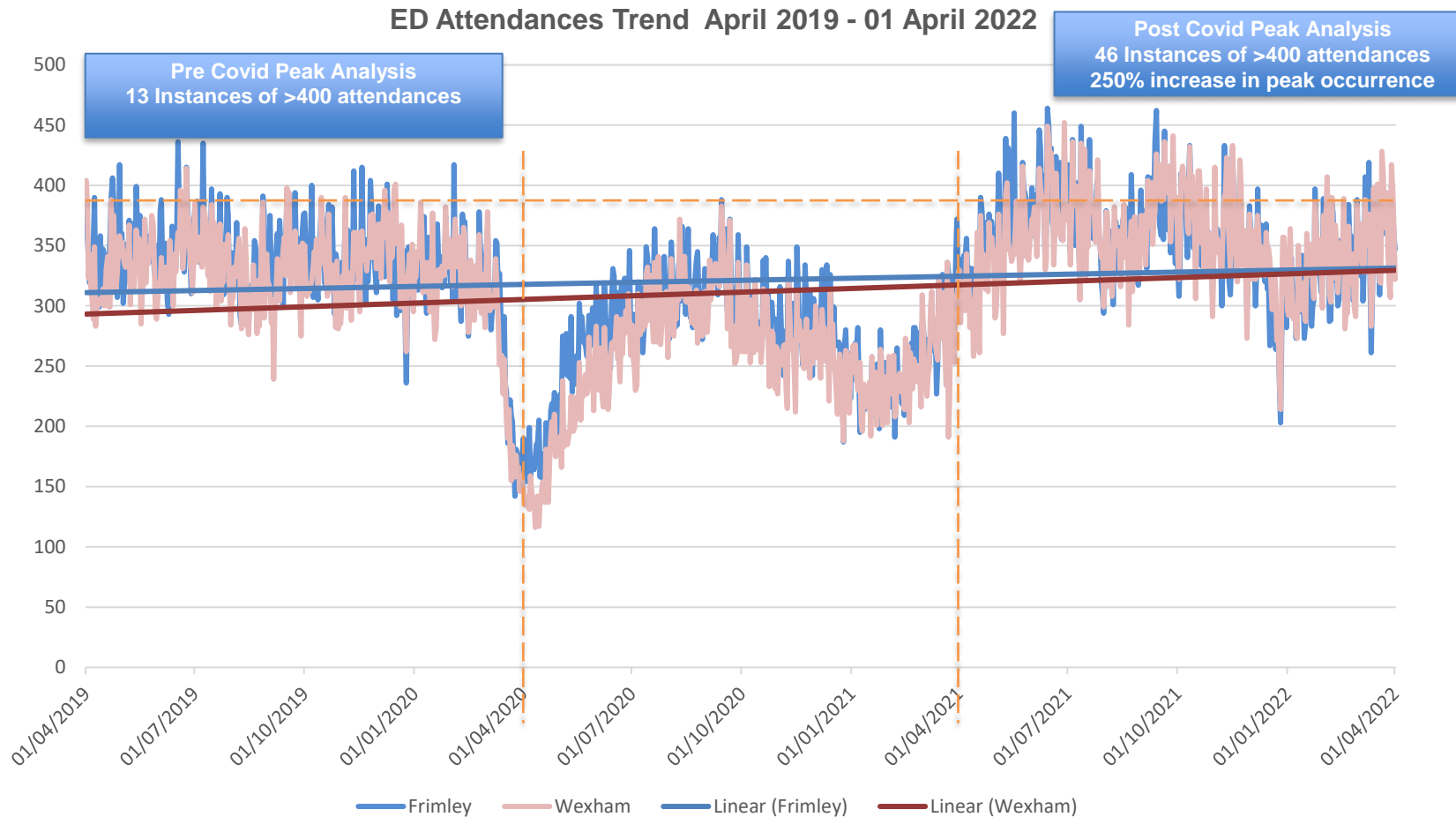
999 calls and ambulances – Increased number of calls to 999 but ambulance conveyances to A&E have decreased compared to 2019/20 and providers increase the use of ‘see and treat’ and alternative community services.

A&E all attendances - From mid April to November 2021 we have seen the highest levels of A&E attendance since before the pandemic. The main drivers for the increase in attendances has come from the 0-4 age band, with the primary reason for attendance being fever and difficulty breathing.

Please note : Not all data is able to be split by site (SCAS, One Medical, GP Telephone). One medical for Front door started in January 22, this will not have a year on year comparison. One Medical data is limited and CSU Analytical Team are working with the provider to get this data flowing through ECDS for extra detail.

Pressure on Urgent and Emergency Care services is significant and growing across our whole delivery system

Emergency Department demand peaks are occurring more frequently and to a higher volume than in the period prior to the COVID-19 pandemic



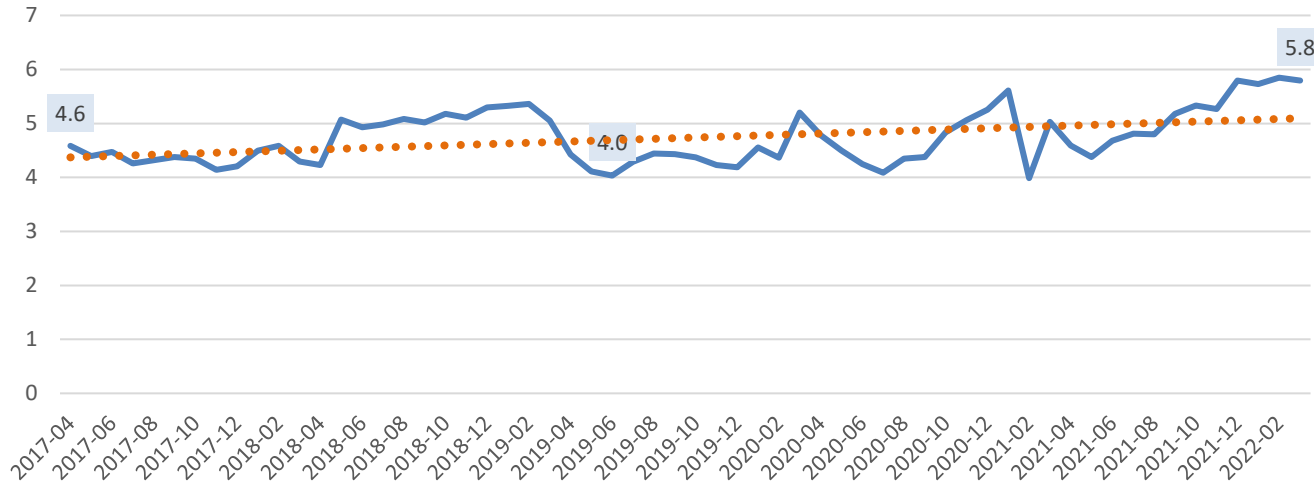
- ED demand growth has narrowly outpaced population growth over the last three years but is not significantly higher than 2018/19
- Trends only tell one part of the story however. Peak activity is occurring to a higher level and more frequently than the period prior to 2020.
- Our data show us that the complexity of patients presenting in ED is greater; leading to a longer amount of time required to assist them to the next appropriate setting of care
- The time spent by clinical teams treating these higher acuity patients causes operational challenges for the department as a whole and undermines service sustainability

Source: FHFT Analytics as of 6/4/22

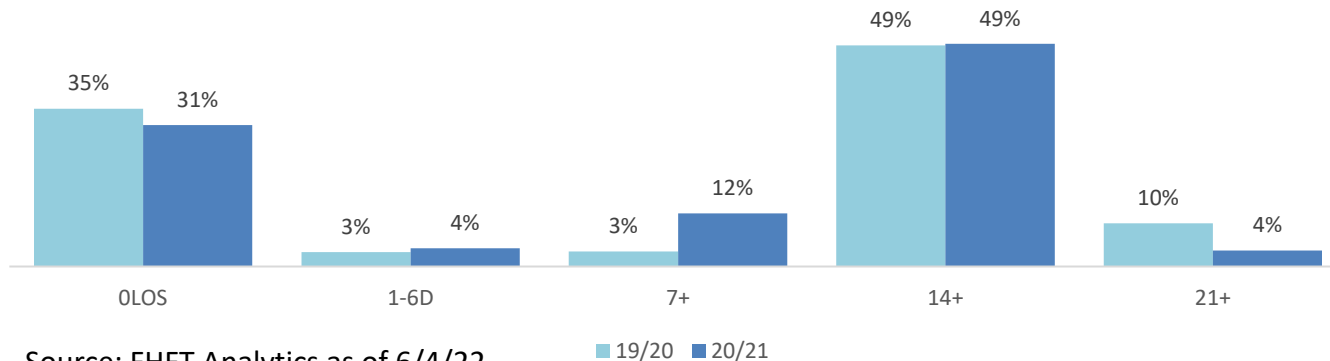
However current pressure is significantly greater than this small rise would indicate due to changes in complexity and capacity



Average Length of Stay Emergency Trend



Emergency LoS Bands Pre and Post Covid



Source: FHFT Analytics as of 6/4/22

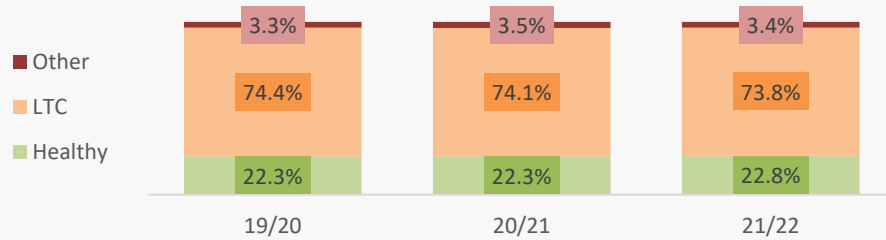
- Average length of stay for inpatient acute beds has increased by 28% over the last two years (4.5 to 5.8 days on average). This is the equivalent of losing over a quarter of inpatient bed capacity.
- Whilst there has been some impact on bed productivity arising from enhanced infection control procedures, this can only account for a small proportion of this increase.
- The distribution of patient lengths of stay indicates that this is being driven by a reduction in short stay spells.
- This reduction is a strong validation of the interventions which have been designed and implemented to help these types of patients stay out of hospital, e.g. our support service to Care Homes.
- The residual bed-based demand however is naturally more complex and more difficult to find an appropriate point of discharge for.
- The big increase overall has been in 7-14 day LoS.
- LoS opportunities at a specialty level and long LoS are more complex, for example in Geriatric medicine, 21+ LoS has increased (despite overall decrease in 21+ LoS as a proportion). Looking at total bed days we see a smaller number of patients staying longer
- Key drivers of some of these effects include challenges discharging patients resulting in longer length of stay as well as missed opportunities to discharge earlier due to a multitude of staffing and diagnostic constraints

UEC challenge driven by patient complexity, particularly in younger ages, rather than just a direct increase in demand



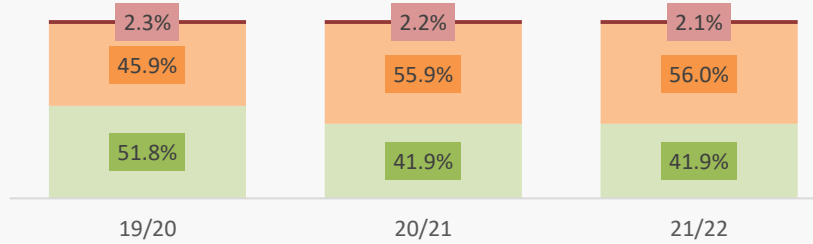
Over 65s

Proportion of ED attendances by segment



Under 65s

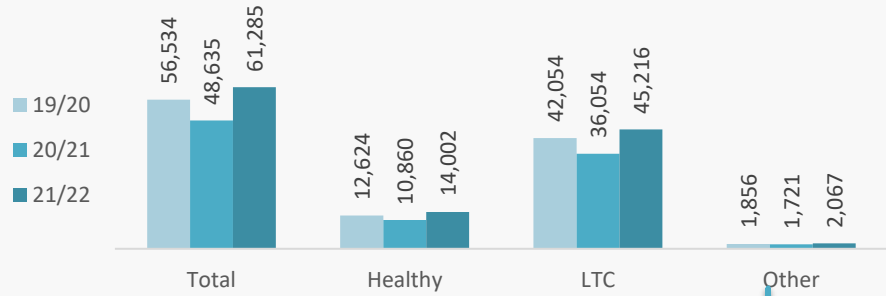
Proportion of ED attendances by segment



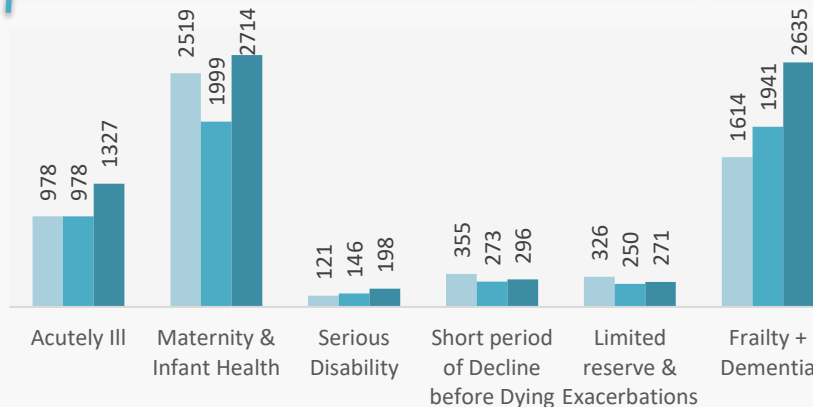
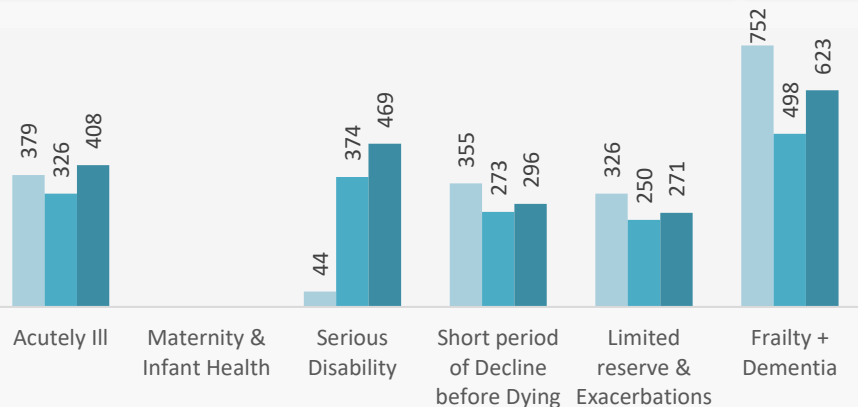
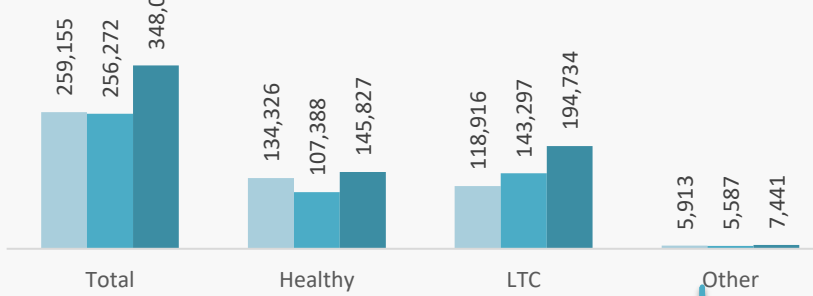
ED Attendances

- For over 65s, the proportion of attendances from each health segment has remained broadly stable but the overall numbers have been higher in 21/22 vs 19/20 for most segments
- For under 65s, the proportion of attendances from “healthy” patients has fallen from 51.8% to 41.9%, indicating patients attending ED are now more likely to have higher complexity of needs. The overall volume of attendances from long term condition patients has increased
- An important hypothesis therefore is that the underlying driver of system pressure is not solely volume of demand but population health complexity
- Proactive interventions which help keep complex patients well for longer in their usual residential setting would therefore have a greater and more immediate effect on mitigating system wide pressures than creating more capacity for patients of a lower acuity.

ED attendances by health segment



ED attendances by health segment



Source: FHFT Analytics as of 6/4/22

Urgent and Emergency Care - Key messages



Recap of what we know

- Across the system we are seeing increasing demand across all access points.
- Within the overall growth also lies an increase in complexity of patients which is compounding the pressure on capacity.
- Capacity stretched across routine, urgent, long term condition management and preventative services.
- Even with improvement initiatives played in, we are projecting a greater level of pressure in January 2023 than was observed in January 2022.

Our response

Improving key areas that impact UEC demand, capacity and flow

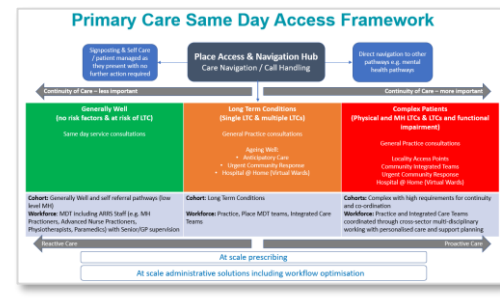
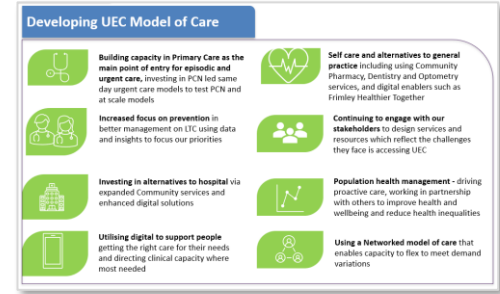
- Improving access to primary care
- Building capacity in alternatives to A&E e.g., primary and community care urgent care response
- Investing in GP streaming in both A&Es
- Investment via Better Care Fund and transition funding in reablement and discharge to access capacity
- Expansion of virtual wards

Supporting key cohorts and targeting health inequalities

- Residents living with deprivation and poorer wider determinants of health)
- Under served communities
- Residents living with frailty or disabilities
- People with mental health needs
- People at high risk of health deterioration and tipping into crisis

Optimising proactive opportunities work differently

- Improving long term condition management across the system
- Population health management to identify high risk patients and other proactive opportunities to utilise segmentation methodologies
- Primary and secondary prevention



Communications based on insight



Following on from the insight gathered from the IPSOS Mori survey from 2021, local insight work has been carried out across the Frimley Health and Care ICS to test, check and target our communication and engagement work.

What did we do?

- Digital access survey - designed alongside patient representatives, live between October and November 2021. Final [results dashboard](#) available.
- Healthwatch website and phone survey - report shared and used to support new Practice website development
- A survey shared in early 2022 focussed on effectiveness of communications developed to date. Over 200 responses received.
- Various health inequality work across the system – such as North Farnham Health Inequalities partnership survey

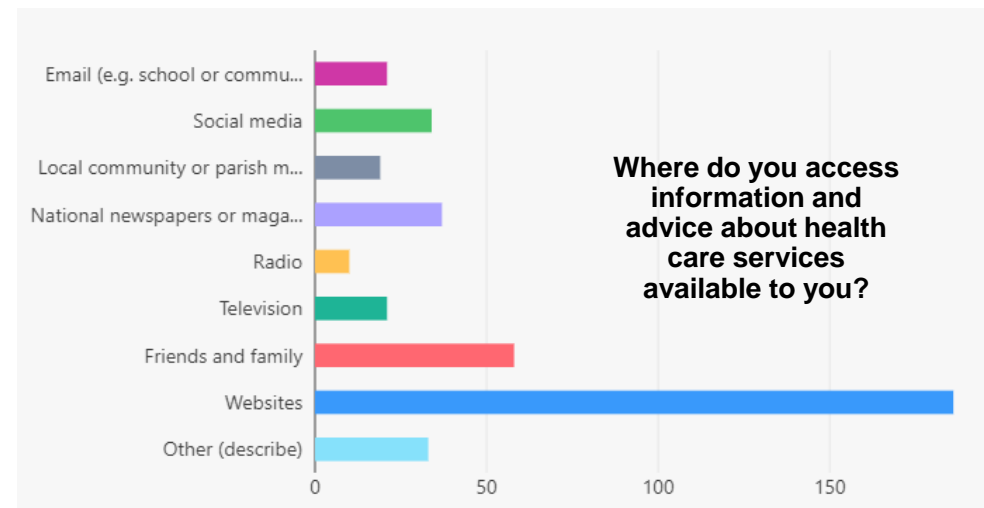
What have we learnt?

- The majority of respondents use the internet to find information about health and care and feel that their health and wellbeing needs are being met.
- Overwhelmingly the general population asked us to make things easier for them. There is a genuine interest to use the digital options available but they must be user friendly and offer the user the desired outcome.
- Key themes gathered included: many positive experiences of accessing digital services including e-consult and video consultations, overwhelming choice of access routes and perception of inconsistency in offer, concerns around security, confusion around triage and need to speak to reception staff, GP websites difficult to navigate

What are the next steps?

Focus groups have taken in April to better understand these insights. This included more in-depth conversations with specific groups/communities that have been identified as less responsive to digital engagement and/or higher users of urgent and emergency care services. Focus groups included: young men (18-30), parents of young children, people with long term conditions and people with English as a second language.

- The results of the focus groups and next steps will be available in May.



A system-wide communications and engagement strategy



We know people can be confused about the services available to them and which would best suit their health needs. Working with partners across the Frimley Health and Care ICS, a communications and engagement strategy was produced to ensure consistent, educational and timely communications material was created and shared widely into our communities.

A range of resources have been created to help increase public understanding and support patient choice. These include:

- Posters
- Articles for websites, newsletters and magazines
- Social media
- Presentations for events
- Digital displays
- Pull-up banners
- Printed booklets, leaflets and postcards
- Videos and animations
- New signage at A&Es at both Frimley Park and Wexham Park (coming soon)

Resources available here:

www.frimleyhealthandcare.org.uk/working-here/communication-resources-for-system-partners/



Frimley Healthier Together

It can be extremely stressful when a child is unwell.

The NHS Frimley Healthier Together website provides information to help recognise what might be wrong, where to seek help if required, what you should do to keep your child comfortable and how long a child's symptoms may last.

To increase awareness of this website, an extensive campaign has been underway since Summer 2021. Examples of where messages have been shared:

- Comms have been sent to schools Advertising in Primary Times magazine
- Radio ads with Asian Star
- Digital advertising in Slough near the Primark and soft play centre in the Observatory shopping centre
- Camberley shopping centre- advertising on the doors of the ground floor car park of Main Square Shopping Centre lifts
- Digital display boards in the leisure centre in Camberley
- A0 double-sided display board in the Lexicon, Bracknell
- Facebook and Instagram paid for posts – focussing on coughs/colds, mental health and covid-19
- We are also looking into:
 - Jump in and other trampoline parks about pull up banners
 - cinema advertising
 - Videos featuring clinicians with a focus on coughs/colds and mental health
 - leisure centres – Windsor, Bracknell and others locally to have pull up banners

Frimley Health and Care



Worried about your child's cough, cold or fever? **NHS**

It's like having a mini doctor at home

Visit our website frimley-healthiertgether.nhs.uk



Elective Recovery Plan

May 2022



Frimley Health and Care



Dr Lalitha Iyer
Medical Director
Frimley CCG



Liz Howells
Director of System
Planned Care
Frimley Health FT



Daryl Gasson,
NEHF Managing Director
Frimley CCG

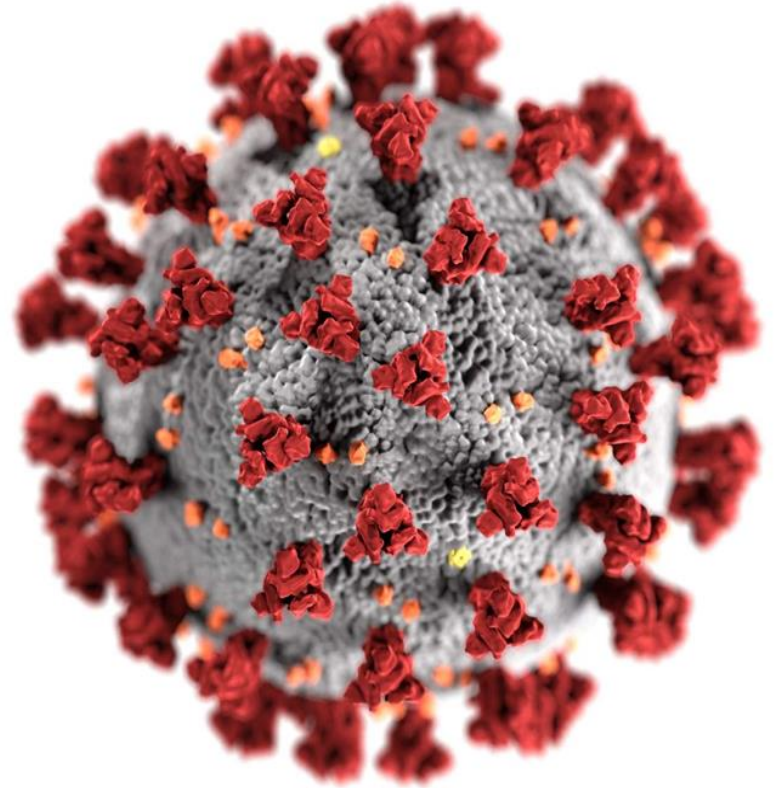
Content

- Background
- Current Situation
- Elective Recovery Plan



Background

- Pre-covid Frimley had short waiting times
- During the peak of the pandemic only very urgent cases were undertaken
- Although covid admissions have reduced acute hospitals have been overwhelmed with emergency demand
- Elective activity has not yet returned to pre-covid levels
- Elective demand is back at historical levels
- Waiting lists continue to grow





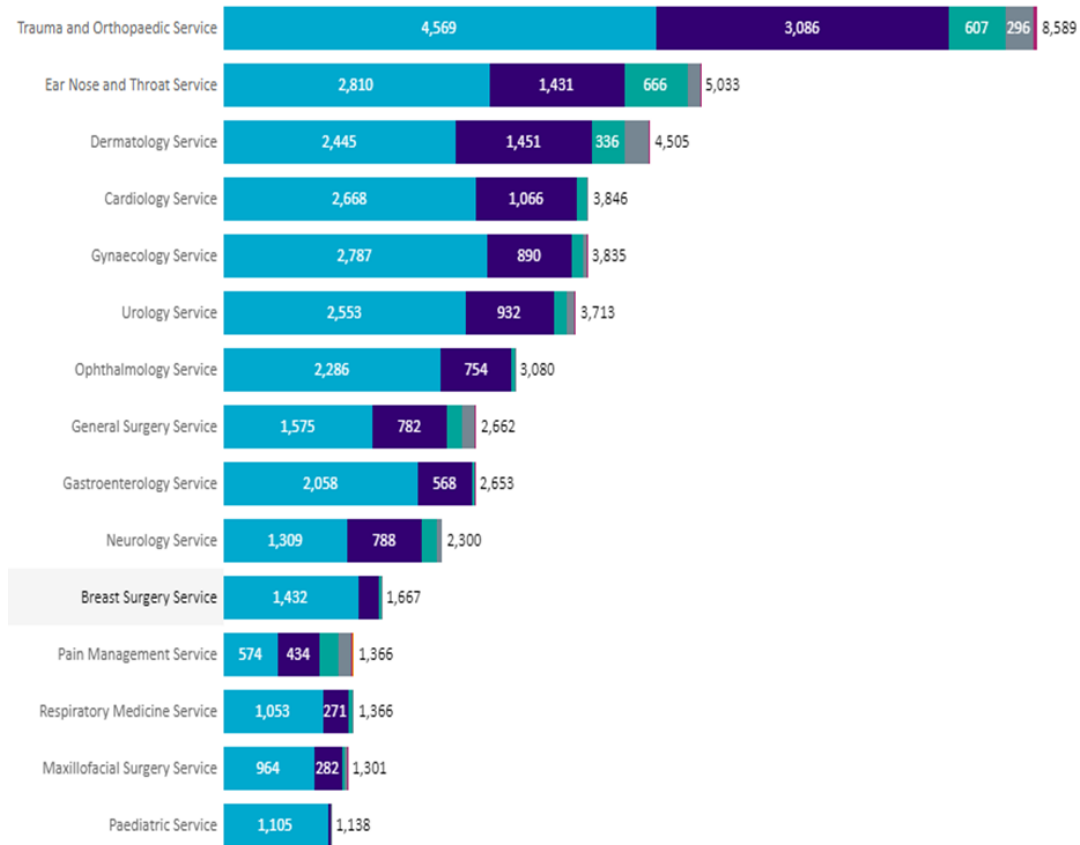
Current Situation

Measure	April 2022	Feb 2020
Total Waiting List	59,381	37,902
52+ week waiters	1,888	0
104+ week waiters	1	0

Frimley Health and Care



Waiting List By Specialty





System Comparison – March 2022

	Total WL	52+	104+
<i>Frimley</i>	<i>58,500</i>	<i>1,676</i>	<i>3</i>
Berkshire	145,612	8,827	38
Hampshire	141,418	4,622	64
Kent	160,903	4,568	53
Surrey	96,136	1,298	5
Sussex	155,667	6,908	95



Elective Recovery Plan - National

- NHS have set some ambitious targets over the next 3 years
 - Activity increase of 10% per year compared to pre-covid levels
 - Eliminate 104+ week waiters by June 2022
 - Eliminate 78+ week waiters by March 2023
 - Eliminate 52 week waiters by March 25



Frimley Elective Recovery Plan



Frimley Health and Care



Frimley Elective Recovery Plan



Elective Recovery Plan

<p style="text-align: center;">Increasing capacity</p> <p>Growing our workforce R&R plans, skills reviews & new roles, bank improvements, reducing absence</p> <p>Supporting our workforce Support, flexible working, engagement, Frimley Excellence programme, workforce optimisation tools, shared workforce, work with ISPs</p> <p>Using digital technology and data to free up capacity AI in radiology, cell pathology digitisation, image sharing digital roadmap with network, automation in RPI in waiting list management, data driven performance and improvement using system insights platform and national platforms and programmes, virtual post op wards, join ICEPP?</p> <p>Safely adapting IPC measures Separation of green pathways (HH +7), increasing bed base, admission avoidance, reducing LOS</p> <p>Making effective use of independent sector capacity Increase from current 4 providers (to 130%), Support process for identification and transfer, Elective Care Boards of providers? Insourcing, outsourcing, workforce joint approach</p> <p>Returning and improving productivity levels Theatres, outpatients, endoscopy, radiology - booking, turnaround, intrasession utilisation, DNAs, winter resilience</p> <p>Adding capacity Heatherwood Hospital expansion, extended theatre day, weekend operating, WII, two additional daycase theatres (support for RAAC plank work), to 120% diagnostics from April 2022, OP rooms</p>	<p style="text-align: center;">Prioritising Treatment</p> <p>Clinical prioritisation Implement new national waiting list management policy and revised prioritisation frameworks once published, clinical prioritisation committee, 3 monthly and 52+ reviews, harm review process WII analysis to ensure accessible an inclusive recovery (age, deprivation, ethnicity, specialty), actions plans to tackle identified inequalities, covering access, experience and outcomes and including not presented, DNAs, cancellations, unplanned admissions</p> <p>Managing long waits Weekly reviews of over 90 weeks PTL (moving of 40+ weeks), P2 PTL, 62+ days cancer PTL Targeted specialty plans, increasing patient choice of treatment provider waiting list management oversight, system elective activity co-ordination process. Waiting list validation programme, data migration, Epic implementation Continue to report Waiting List Minimum Data Set, improve WL data quality EBI implementation and review Participate in national network for long waiters</p> <p>Urgent referrals for cancer Targeted lung health check service implementation in Slough and the prostate bus FDS pathway improvement programme - colorectal, Skin, gynae, UGI, breast Expanded diagnostics and treatment capacity including chemotherapy services review</p>
<p style="text-align: center;">Transforming Elective Care</p> <p>Expanding our CDCs Plan now being updated, revised planning guidance awaited (March 22) and change to only 1 CDC supported. Primary care diagnostics recovery (Spirometry/EKG)</p> <p>Increasing capacity through surgical (elective) hubs Transforming practices at Heatherwood Hospital, HVLIC, superlists, one stop urology and gynaecology</p> <p>Improving patient pathways to reduce avoidable delays Pathway end to end redesigns (cardiology, pain, MSK, dermatology, ophthalmology) including self care aspects</p> <p>Improving access to specialist advice Implement teledermatology pathway, Impact Fund?</p> <p>Making outpatient care more personalised Reducing avoidable secondary care referrals (GP triage and referral criteria requirements, primary care specialist services)</p> <p>AKG (maintain at 16%+), Virtual (25%), PIFU (5% of OPATT by March 2023) to reduce follow ups (by 25% by March 2023) and increase firsts, earlier discharge. Cancer personalised follow up roll out Use of MyFrimleyHealth app for patient led appointments</p> <p>Improving daycase rates Targeted ureas in orthopaedics, ENT, General surgery, gynaecology</p>	<p style="text-align: center;">Better information & support for patients</p> <p>Targeted support for patients Ongoing adoption of NHS guidance on good communication with patients Roll out of My Planned Care Website condition specific information Waiting Well Programme (population information, targeted messaging, wrap around care) supported through Connected Care Mitigation for digital exclusion Two stage decision-making (consent) - EL by April 2023 All admitted by April 2024</p> <p>Supporting patients to prepare for surgery (and other treatments) Waiting Well Programme resources, pre-op digital transformation Access to resources through My Planned Care with All support leaflets by June 2022, use of MyFrimleyHealth App Peri-operative care co-ordination team - April 2023 supported by digital innovation and Epic</p>

Frimley Health and Care



Frimley Elective Recovery Plan – McKinsey Analysis

Background

Meeting national activity targets could reduce backlog by 24/25, assuming 9-10% ROTT rate

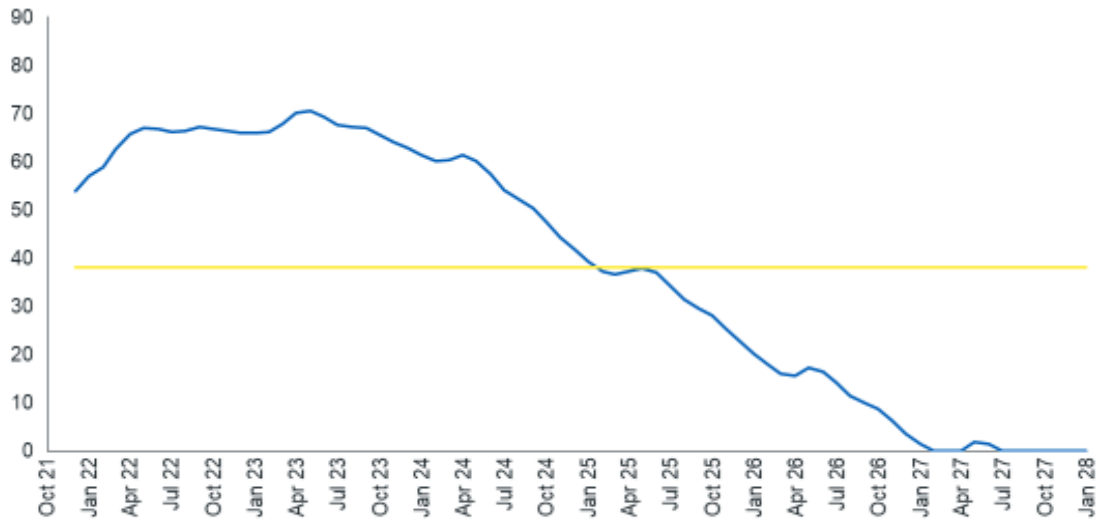
PRELIMINARY

Overall waitlist forecast¹

Waitlist size, k

- Frimley Waitlist Feb 2020 (pre-covid)
- Total waitlist - 50% hidden referral return
- Total waitlist - 25% hidden referral return
- Total waitlist - 10% hidden referral return

All scenarios assume 1.72% baseline new referral growth, ROTT rate set to 10% in y1, 9.5% in y2, 9% in y3



1. NHS provider waitlists combined

2. Assume national pathway completion targets are achieved (110% vs 19/20 in 22/23, 130% in 24/25)

Source: NHS RTT data

Commentary

The overall shape of the waitlist is most sensitive to ROTT rate assumption

Historical analysis suggests a ROTT rate of 17.7% in Frimley, one of the highest across the region. This has been adjusted to 10% in y1, 9.5% in y2 and 9% in y3 based on pre-covid adjustment and trust level data

Backlog modelled for three scenarios (10%, 25% and 50%) of hidden referrals to return into the system over the course of next 2 years, with Frimley assumption of 10% bounceback

Under the 10% bounce back assumption, the waitlist would be reduced to sustainable levels by 2025 if activity targets met

ROTT rate and new referral rates should be monitored closely, as high ROTT rate could result in excess capacity



Frimley – Year One Plans

Reducing demand

- Referral management
- Clinical guidance & pathways on DXS
- Triage
- Advice & Guidance
- EBI
- Training & education

Increasing capacity

- Heatherwood Expansion
- Wexham extended day
- WLI
- Insourcing & Outsourcing
- Independent sector provision
- Community Diagnostics Centres
- Efficiency

Transformation

- Pathways
- PIFU
- Virtual clinics
- Pre-operative pathways
- Understanding & tackling inequalities
- Waiting Well programme
- New roles

The current situation in general practice



Overall the situation in general practice mirrors that across the rest of the system

- There is increased demand across all channels, with more patients considering their condition to be urgent
- Clinical capacity is stretched across routine, urgent, long term condition management and preventative services in general practice
- Practices continue to see presentations of undiagnosed illnesses following lockdowns
- Practices continue to manage people on the waiting lists to access community and secondary care services

Workforce pressures remain challenging

- Covid-related sickness absence has been significant in recent weeks, but is beginning to decrease
- Recruitment and retention in general practice remains a challenge:
 - Frimley CCG has fewer general practice staff than England and a higher proportion than England that are over 55 and likely to be retiring soon
 - Primary Care Networks report that their recruitment to the Additional Roles Reimbursement Scheme (new workforce in general practice) is difficult in a competitive employment market and we did not meet our recruitment targets in 2021/22 – this scheme is intended to act as a mitigating factor for the decreasing number of GPs

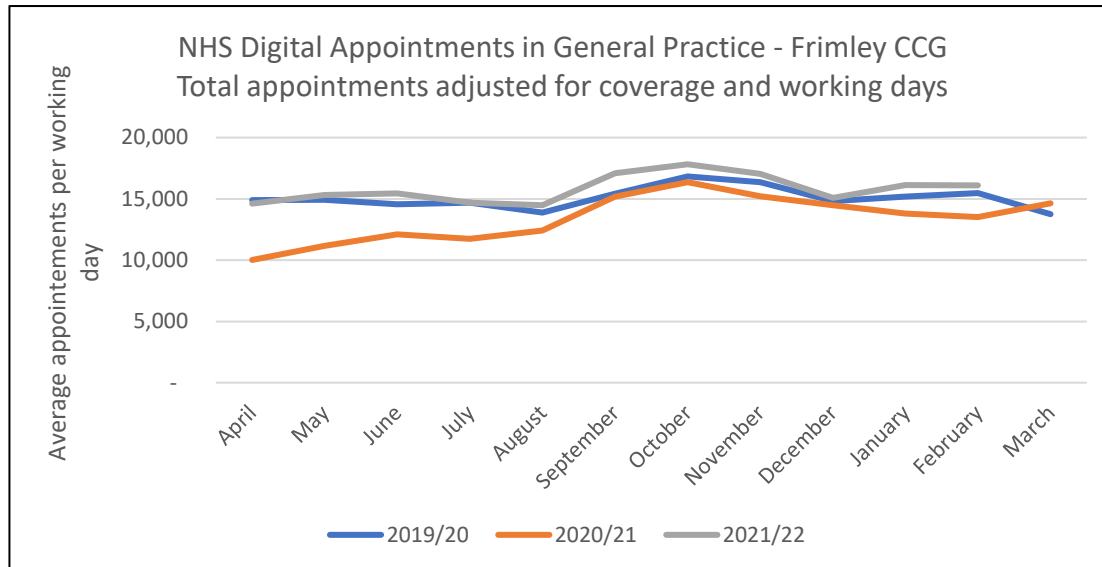


Progress

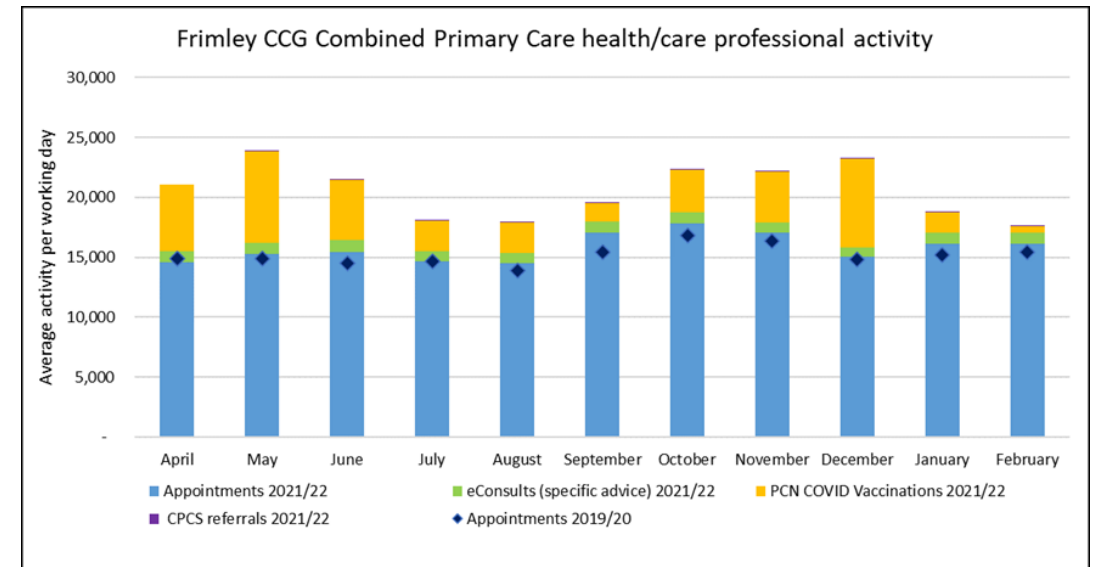
Despite the pressures, general practice continues to support our whole community

- The proportion of physical health checks completed for people with a severe mental illness increased from 35.8% in 2020/21 to 56.4% in 2021/22
- The proportion of physical health checks completed for people with learning disabilities increased from 75% in 2020/21 to 79.1% in 2021/22

The number of appointments provided is consistently higher than in the same period two years ago



The total activity is also consistently higher



What we're doing to improve access



Increasing capacity – 53,086 additional appointments were provided from October 21 to February 22



Self care and alternatives to general practice including using Community Pharmacy services, digital enablers such as Frimley Healthier Together & BP@home



Increasing workforce capacity & skills mix including support from non-clinical roles where appropriate for patients' needs



Continuing to engage and communicate with our residents including supporting PCNs and practices to improve their communication with patients



Releasing premises capacity through digitising notes and utilising wider community space



Population health management to drive proactive care, working in partnership with others to improve health and wellbeing and reduce health inequalities

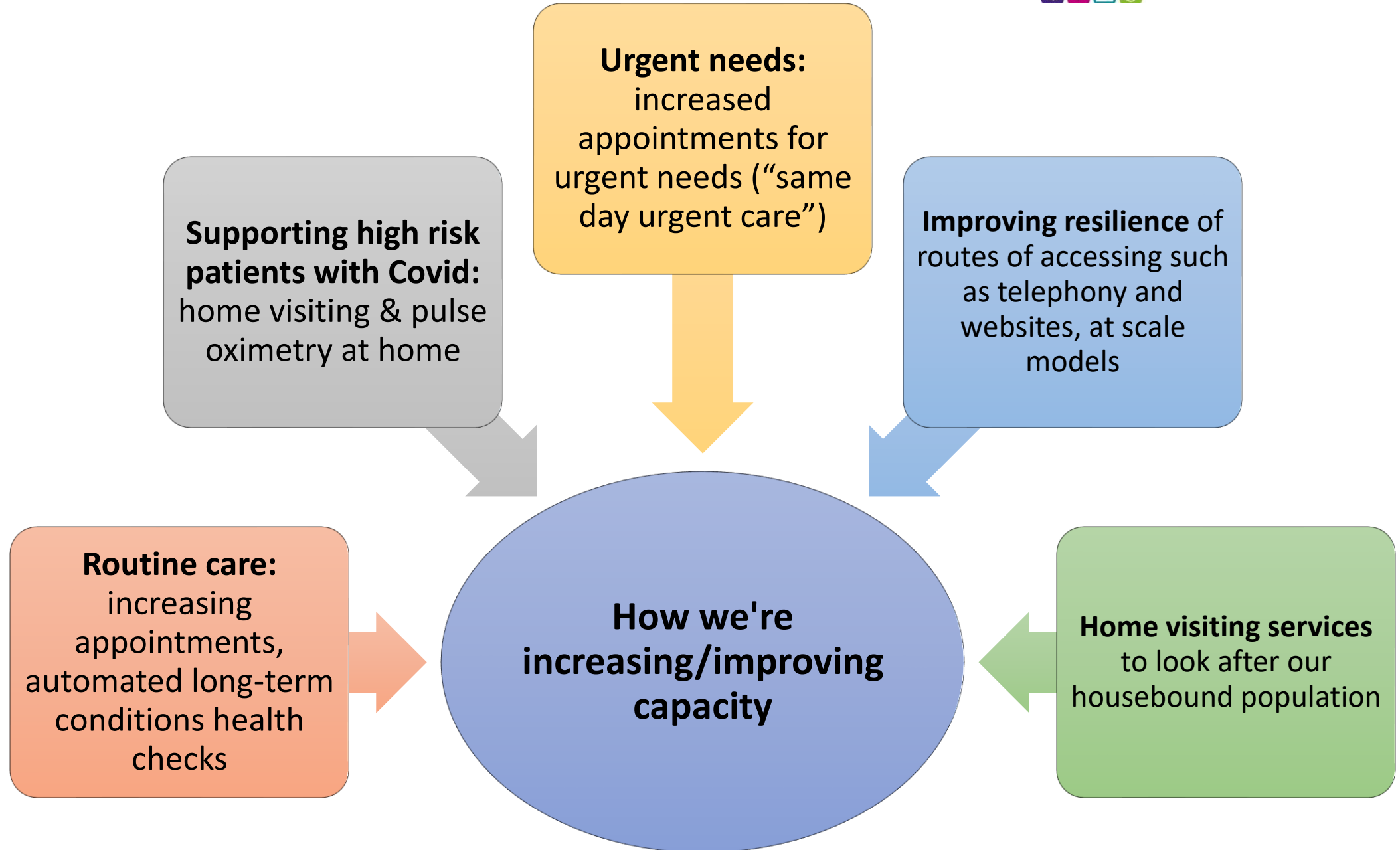


Utilising digital and improving telephone systems to support people getting the right care for their needs and directing clinical capacity where most needed



Maturing PCN development to develop “at scale” models of care based on local population needs

How we're increasing capacity



Engagement

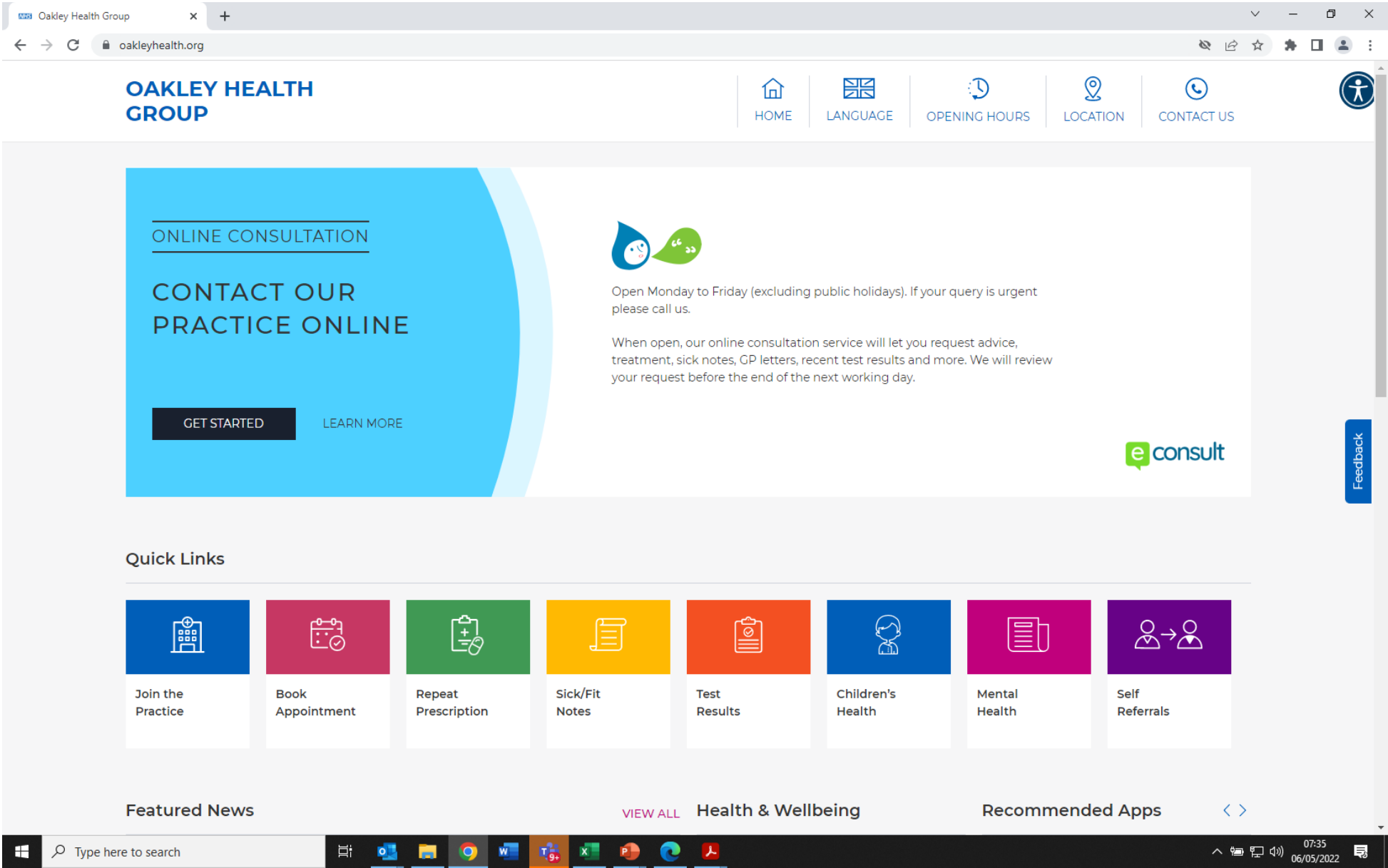
- Digital access survey – designed alongside patient representatives, live between October and November 2021. Widely shared through our communications colleagues in partner organisations, local councils of voluntary services, our community panel and community Covid-19 response networks.
- Over 600 responses. Overwhelmingly the general population asked us to **make things easier for them**. There is a genuine interest to use the digital options available, but they must be user friendly and offer the user the desired outcome.
- Key themes included: many positive experiences of accessing digital services including e-consult and video consultations, overwhelming choice of access routes and perception of inconsistency in offer, concerns around security, confusion around triage and need to speak to reception staff, GP websites difficult to navigate



Improving practice websites

New websites with clearer navigation and a wide range of self-serve options to reduce demand on telephone systems and reduce admin queries needing practice staff support to resolve – closer to a more commercial model that patients are used to in other sectors

Practice website feedback survey - ongoing feedback from local people as new websites launch



New animation series

A new series of short animations have been created and will be launched this month.

The animations focus on the following themes:

- the role of receptionists
- online consultations
- access to other health professionals , such as physiotherapists
- children and young people's mental health support
- Healthier Together website and app
- social prescribing
- the role of clinical pharmacists

The animation series will be part of a larger primary care access campaign to help support greater understanding of the new ways of working for health and care in the community.

MEET THE TEAM:





Your GP practice is working differently

The pandemic is not over. GP practices are open and have been throughout, however to protect everyone, they must maintain safe infection control and minimise unnecessary physical contact. Since lockdown restrictions eased we have been experiencing unprecedented demand on our services.

How are practices working now?



Appointments may be triaged to provide appropriate clinical care. This helps keep you safe and makes sure the people with the greatest need are seen first. We will see everyone in person who needs to be seen that way.

Why do receptionists ask personal questions?



GP reception staff are a vital part of the health care team and ask questions to direct you to the best support. They are skilled in assisting with triage and treat all information confidentially.

What is triage?

You will be assessed to decide who needs:

- to be seen in person
- a phone consultation
- a video consultation
- help from a community pharmacy.



Some calls are closed at this stage when needs have been met through the triage call or digital consultation.

I wanted to see my GP, so why am I seeing someone else?

Many GP practices now include a range of professionals (e.g. advanced nurse practitioners, physiotherapists, mental health workers and link workers amongst others) who can diagnose and treat health conditions. This ensures that you see the right person at the right time more quickly.



Please be patient

Our health services are under enormous pressure, but we are open and here if needed. You can help us and help yourself by making sure you get the right care, in the right place, at the right time appropriate for your needs. Please continue to be kind to our staff, socially distance where possible and wear a face mask in healthcare settings.

What about emergencies

Always dial 999 in a life-threatening emergency. If you need help with minor injuries at any time or urgent care when your GP practice or community pharmacy is closed visit 111.nhs.uk or dial 111 if you do not have internet access.



Where else can I get help?



To find out where to go when you're feeling unwell visit: <https://www.frimleyhealthandcare.org.uk/knowwheretogo>.

For children/parents, visit: <https://frimley-healthiertogether.nhs.uk>

Visit www.nhs.uk for advice on common symptoms and a list of local services or speak to your community pharmacist first for advice on minor illnesses.

We need your help



Know where to go when feeling unwell

Download the NHS App to:

- view your Covid-19 vaccination details
- order repeat prescriptions
- book appointments
- get health advice
- view your health record and more



Self Care

Be prepared to care for yourself with a well-stocked medicine cabinet and plenty of rest if you have:

- an upset tummy
- pain or headache
- sore throat (but if for two weeks or more contact your GP)

For health advice, visit www.nhs.uk

For self care advice, visit www.frimleyhealthandcare.org.uk and search "stay well"

Not sure what to do when your child is unwell? If you are worried about a child, visit the Frimley Healthier Together website: frimley-healthiertogether.nhs.uk



Pharmacists

are qualified healthcare professionals, who can offer clinical advice and over-the-counter medicines. Ask for help with:

- minor aches and pains, burns and scalds, head lice, etc
- bites and stings
- queries about medication dosage, type or suitability plus urgent requests
- medication related to hospital discharge
- repeat prescriptions



GP surgery

Visit your GP surgery website and click on eConsult to:

- get help for a condition that has not improved after seeking help from your pharmacy
- to report urgent conditions that are not life threatening
- to report a deteriorating chronic condition

Please continue to use usual routes, including online patient access, to order repeat prescriptions. If you do not have access to the internet, you can continue to phone your surgery



111 Visit 111.nhs.uk or call NHS 111

when the situation is not life threatening and:

- if you think you need to go to hospital
- if you don't know the most suitable place to go or call
- if you don't have a GP to call or if your GP practice is closed
- if you need advice or reassurance about what to do

Available 24 hours a day, every day. If needed, an NHS advisor will help you to be seen quickly and safely.



Minor injuries

A minor injury service is only for conditions such as the following:

- sprains and strains
- suspected broken limbs
- minor head injuries
- cuts and grazes
- minor scalds and burns
- skin infections

Whether you're booked into the minor injury service via your GP, NHS 111 or you decide to walk-in, the service is available 7 days a week, from 8am-8pm.

The minor injury service is located at Bracknell Urgent Care Centre.



999 Emergency department or call 999

Only for very serious or life-threatening situations. This can include:

- loss of consciousness
- an acute confused state
- fits that are not stopping
- chest pain
- breathing difficulties
- severe bleeding that cannot be stopped
- severe allergic reactions
- severe burns or scalds

Call 999 immediately if you or someone else is having a heart attack or stroke.

Also call 999 if you think someone has had a major trauma, such as after a serious road traffic accident, a stabbing, a shooting, a fall from height, or a serious head injury.

If you are unsure, call NHS 111 or go on-line at 111.nhs.uk



For urgent help for your mental health, use the [NHS 111 online service](http://111.nhs.uk), or call 111 if you are unable to get help online.

If you've injured yourself, taken an overdose or are in an emergency and believe that your life is at risk, please dial 999. www.nhs.uk/oneyou/every-mind-matters provides NHS-approved expert advice and practical tips to help you look after your mental health and wellbeing.

You can also text **Shout 85258**. Shout is a free, confidential, 24/7 text messaging support service for anyone who is struggling to cope.

For mental health services local to you, please visit [Mental health services \(frimleyccg.nhs.uk\)](http://Mental health services (frimleyccg.nhs.uk))

Not sure what to do when your child is unwell? If you are worried about a child, visit the Frimley Healthier Together website: frimley-healthiertogether.nhs.uk



Healthier Together
Supporting the health of babies, children and young people through prevention

For more information visit
www.frimleyhealthandcare.org.uk

FRIMLEY CCG GOVERNING BODY

Title of Paper	Governing Body Assurance Framework		
Agenda Item	8	Date of meeting	10 May 2022
Exec Lead	Sarah Bellars, Executive Director of Quality and Nursing		

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

Link to Strategic Objective	ALL
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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>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</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 and Health Inequalities Analysis Toolkit (EHIA) 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 – forms part of the presentation from each Place to the Governing Body meeting in public. 2) Clinical Leads have been appointed to champion health equality in NEHF and Slough. Slough leading with the questionnaire on non-clinical impact of deprivation to truly understand issues for our population who are in deciles 2 and 3. 3) Equality and Diversity Working Group continues to meet regularly with reach across the CCG. Last meeting in April 2022. 4) Clinical policy review (population health view on priorities statements) – papers going to the Governing Body meeting in private on 10 May 2022.

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



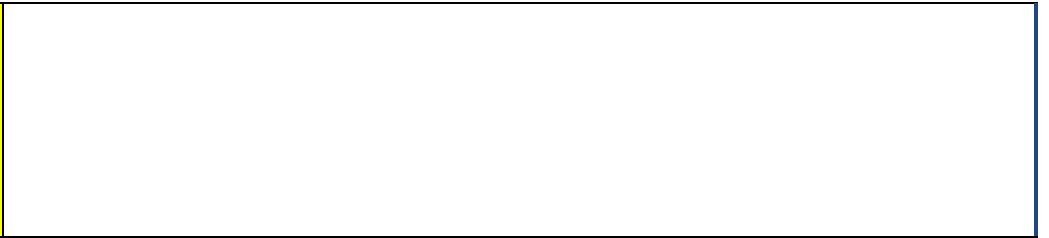
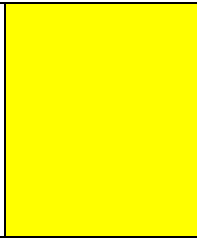
ID	Strategic Objective	Lead	Monitoring Committee
3	Continue to focus on our staff and build a culture of inclusivity so that everyone feels heard, valued and empowered	Emma Boswell	Governing Body
Risk Description		Initial rating Likelihood/impact	CONTROLS
<p>If we do not show through action our commitment 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 – soft go live 4th May 2022 4) Staff Partnership Forum established and meeting monthly 5) BAME and Carers Network established. Disability and LGBTQ+ inaugural network meetings this month May 22. 6) Internal Staff Briefings, communications and staff engagement infrastructure and series of engagement and learning events 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 and being refreshed through staff consultation into our Agile Commitments
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) May 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 organisation needs • 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>6</p>	<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) – establishment of two new staff networks this month Disability and LGBTQ+ 2) Soft launch of opening up of agile office space in line with Implementing our Agile Working Model – launches May 2022 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 and formal transfer mechanisms enacted and series of staff engagement events taking place 5) Implementation of aims, ambitions and interventions of the Frimley Academy to support leadership, culture and improvement across the ICS
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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 proactively address inequalities and optimise recovery. 3) Weekly Operational Planning and 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 Ambition and 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, and 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 local Primary and Community based 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		6	

impact of pressures challenges on our recovery plans and our communities.

- 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
1	Effectively manage our resources together with our system partners to successfully deliver the system operating plan	Rob Morgan	Governing Body
Risk Description		Initial rating Likelihood/impact	CONTROLS
<p>If the System funding is not utilised fully in year due to uncertainty around boundary decisions, lack of available clinical staff for recruitment within providers and governance then there is a risk that the CCG/System would not be able to utilise all its funding which could result in an unplanned surplus above plan, or returning funding to NHSE/I and transformation will not be implemented in year – Note this is the risk from 21/22. A new risk for 22/23 will be reported at next meeting</p>		4 x 4 = 16	<ol style="list-style-type: none"> 1) Monthly Non ISFE reporting to NHS England 2) Weekly finance meeting with Frimley Health Foundation Trust 3) Biweekly Strategic Finance meeting with ICS providers to move forward the financial strategy and financial framework 4) Regular ICS finance reviews with SE Region Director of Finance 5) System Quality, Delivery and Finance Meetings
Specific or Associated ISSUES		Current rating	Source of ASSURANCE
<ul style="list-style-type: none"> • There are ongoing discussions regarding the policy for which Provider organisations are included in the system control total. • In 20/21 and 21/22 Frimley Health Foundation Trust were the only Provider in the Frimley Health and Care ICS Control Total. • As the NHS recovers its services it is considered essential for the Frimley ICS that Surrey and Borders Partnership Foundation Trust and Berkshire Healthcare Foundation Trust are allocated through a % into the system financial control total in order that transformation of services is given the best chance to succeed. • In light of declared surplus at month 9, residual/current risk increased to 16 		4x4 = 16	<ol style="list-style-type: none"> 1) Regular finance reports to ICS Partnership Board 2) Regular finance reports to CCG Governing Body 3) Regular finance reports to Quality, Performance and Finance Committee 4) Internal Audit 5) External Audit
MITIGATING ACTION (S) March 2022		Target rating	NEXT REPORTED ACTIONS
<ol style="list-style-type: none"> 1) Year end draft surplus of ~£5m reported. 2) Plan submitted for 22/23 highlighting a deficit associated with inflation, unavoidable COVID costs and capital charges 		3 x 3 = 9	<ol style="list-style-type: none"> 1) Region Review of 22/23 Plans 2) Year end external audit of 21/22 final position 3) Understand impact and requirements of the 3 month period between 1 April and 30 June 2022

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	
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.		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	
Delay in the Health and Social Care Bill passing through Parliament will have an impact on: <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. 2) All Governing Body members remain in post until 30 June 2022. 3) All statutory functions and committees continuing unchanged until end June 2022. 	
MITIGATING ACTION (S) May 2022		Target rating	NEXT REPORTED ACTIONS	
<ol style="list-style-type: none"> 1) Health and Social Care Bill received Royal assent on 28 April 2022. 2) All five Chief Officer appointments made in April 2022 (designates until 1 July) 3) Two non executive directors appointed (designates) 4) A final draft of the ICB constitution has now been completed and submitted to NHS England for review. 5) Design discussions for the Integrated Care Partnership (ICP) are now also complete. 		5 5 x 1	<ol style="list-style-type: none"> 1) Appointment process for ICB partner members to conclude in May 2022. 2) Completion of the final version of the Frimley ICB Constitution 3) Creation of the final SORD, SFIs and Function & Decision Map 4) Completion of the Frimley ICB Governance Handbook 5) A plan for "Day One" to ensure a safe and successful launch on 1st July 6) The implementation of financial, systems and asset transfers as required 7) A plan for the transfer of IT assets, IT and records management 	