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ANNUAL REPORT AND ACCOUNTS

JULY 2022 – MARCH 2023

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PERFORMANCE REPORT

1. FOREWORD

On 1st July 2023, NHS Frimley Integrated Care Board marks the first anniversary since its establishment.

We were created by Act of Parliament in the greatest round of changes for the health and social care sectors in many years. Following years of development and preparation, our closer working relationships with NHS, local authority and voluntary sector partners were formalised in new system structures, with statutory responsibilities.

Since we came into being we have been focussing on a number of key areas: continuing the excellent work by our predecessors (NHS Clinical Commissioning Groups); supporting and working with our providers to tackle the backlogs and waiting lists; establishing the broader structures within Frimley Health and Care Integrated Care System and; reviewing and refreshing our strategy and working on our priorities and our ambitions, so that together with local people we create healthier communities.

All this has been taking place against a challenging landscape of enormous demand for health services and a tightening financial situation. The latest wave of Covid-19 vaccinations is now under way, reminding us that we are still having to contend with the virus that turned all our lives on their heads over the past three years. The pressures on our services are relentless and our ability to fulfil our responsibilities has been severely challenged, yet our staff continue to amaze with their determination and resourcefulness.

Our new ways of working, the networks and partnerships that we're forging or reinforcing, will be critical to the long-term health and wellbeing of our population. Working together allows us to share our knowledge and insight so that we see the whole picture and we're not just treating the eventual health problems, we're looking at and addressing the causes too. Using digital tools and data analysis will enable us to examine the many factors impacting the health of our residents. By using this information we want to work with our communities to not only give people a tangibly better start in life but also to help everyone live well for longer.

With so much organisational change and structural upheaval taking place it is vital that we continue to remind ourselves of our reason for being – improving the health and wellbeing of our residents and reducing health inequalities. To that end we are keen to share examples of how working as NHS Frimley, within Frimley Health and Care, brings benefits to local people. You'll see some examples in this report and we look forward to bringing you many more as we develop.

One of the greatest challenges to us and to all NHS organisations is recruiting and retaining staff. We know that every vacancy we have has potential consequences for the services we commission and monitor and that's why we are determined to make NHS Frimley an attractive and desirable place to work. Our leadership and training programmes are second to none and we are proud of our commitment to supporting all staff to progress and develop.

Frimley Health and Care and its predecessors have continually been at or near the forefront of health and social care innovation and progress. We are determined to maintain this trend, always pushing forward and embracing new technologies and ways of working, creating the services that meet the needs of our communities, both now and into the future.

There are plenty of challenges ahead of us, including finance pressures, tackling waiting lists and increasing access to services, but we're confident in our system vision and strategy and the integrated working we need to succeed. Getting past our first 12 months in good shape gives us the foundation we need to build our plans on.

Thank you for your interest and your support for the work we're doing. We hope you continue to follow us as we move forward towards truly integrated health and social care.



Fiona Edwards
Chief Executive NHS Frimley



Dr Priya Singh
Chair, NHS Frimley

28 June 2023

2. PERFORMANCE OVERVIEW

The Performance Overview section of this Annual Report is designed to provide a short summary about NHS Frimley Integrated Care Board (ICB), including our purpose, key objectives, achievements, and any risks to achieving our objectives.

Our purpose

The ICB works together with other health and social care partners as part of the Frimley Health and Care Integrated Care System (ICS), to develop joined up services that deliver complete health amenities for local people, communities, and staff to improve the wellbeing of individuals, and to use our collective resources more effectively. The aim of the partnership is to help 'create healthier communities with everyone'.

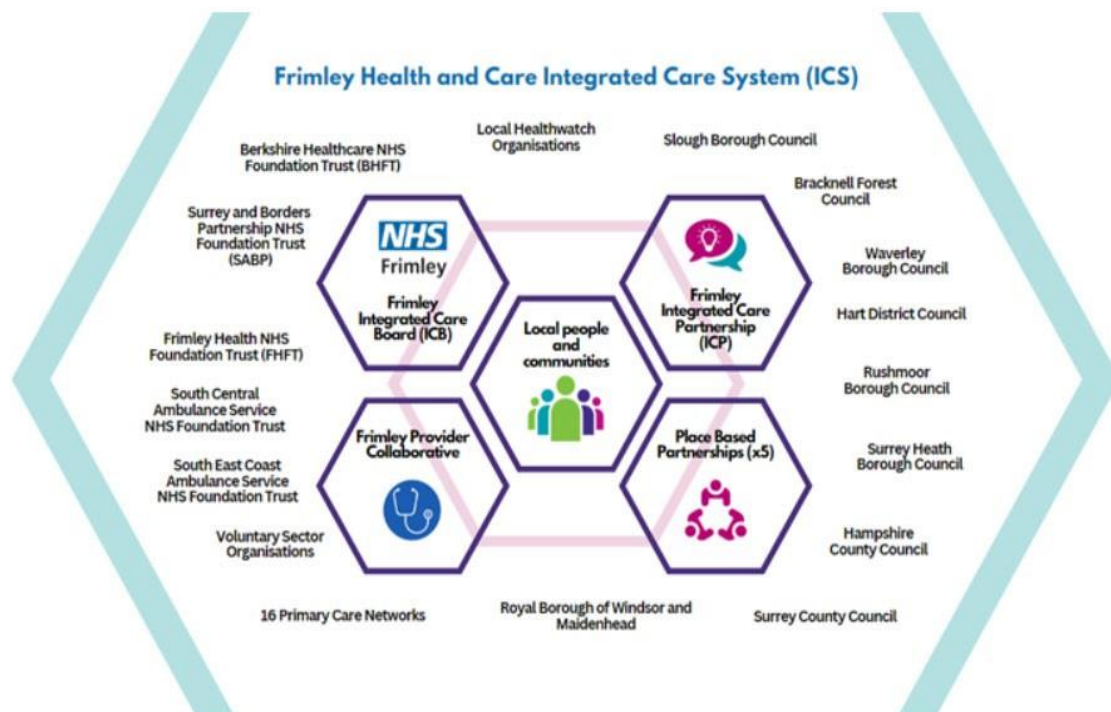


Figure 1: Frimley Health & Care Integrated Care System structure and partnerships

(Ref: <https://www.frimleyhealthandcare.org.uk/about-us/who-we-are/>)

Frimley ICS serves a population of over 800,000, registered with 71 GP practices across five places; Bracknell Forest; Royal Borough of Windsor and Maidenhead; Slough; North East Hampshire & Farnham; and Surrey Heath. Our places reflect the local authority landscape for our communities.

Working in partnership with colleagues from NHS England, NHS Trusts, Primary Care, Health & Wellbeing Boards, Public Health, Local Authorities, and the voluntary sector, we are committed to understanding and responding to the needs of local people in our communities, co-designing services and working together with people, places and communities as part of our ambitions.



Our activities

NHS Frimley commissions:

- Primary medical services (GPs);
- Out of hours primary medical services;
- Urgent and emergency care, including NHS 111, Accident and Emergency (A&E) and ambulance services;
- Elective (planned) hospital care, such as hip replacement surgery, hernia repairs and day surgery;
- Community health services
- Mental health services (including talking therapies);
- Services for people with learning disabilities and autism;
- Maternity and newborn services (excluding neonatal intensive care);
- Children and young people's health services, such as community child health, therapists, acute care, child and adolescent emotional health and wellbeing; and
- NHS continuing healthcare for people with ongoing healthcare needs.

Our organisational structure & ambitions

The ICB was formed on 1 July 2022 under the Health and Care Act 2022, replacing NHS Frimley Clinical Commissioning Group (CCG). Responsible for planning and delivering health and care services, The ICB will work collaboratively with partner organisations including the voluntary, community and social enterprise sector, people, and communities across the Frimley Health and Care Integrated Care System (ICS).

Frimley Health and Care is focused on the things that matter most, working with patients, local people, our staff, and partners to help us to all live healthier lives. We have split our plans into six key ambition areas to help us deliver the biggest impact for local communities.



Starting Well: We want all children get the best possible start in life, including:

- Engaging children and young people in a different way, working with education, and building on young people's creativity and energy
- Targeted support for children and families with the highest needs and those who are the hardest to reach
- supporting women to be healthy before pregnancy and have a safe birth
- Improved life choices and opportunities
- Increased happiness and decreased anxiety

Living well: We want all people to have the opportunity to live healthier lives, no matter where in our system they live. You will be able to have more years of healthy life because you have opportunities in education, work, accommodation, healthy lifestyle choices and increased wellbeing. Our ambition is to Improve the health and wellbeing of the poorest and sickest fastest.

People, places and communities: We will work with our residents, families, volunteers, and carers to agree how we collectively (as organisations and individuals and families) create healthier communities, supporting healthy choices and designing and delivering new ways of working to improve the health and wellbeing of our local population.

Our People: We want to be known as a great place to live, work, develop, make a positive difference. We want all our people to be physically and mentally healthy, fulfilled, effective and flexible in how they work and what they do. We want to attract our local population to careers in our health and care system.

Leadership and Cultures: We will work together to encourage co-design, collaboration, inspiration, and a chance to contribute. Improvement and adding value will underpin how we work across all our staff, public service partners, voluntary sector, and local businesses.

Outstanding Use of Resources: We will offer the best possible care, treatment, and support where it is most needed in the most affordable ways using the best available evidence. We will be known for working together to maximise the impact of the skills and capacities of our staff, making decisions based on good intelligence, our digital capabilities, our 'Frimley pound', our local buildings and facilities. We will shift resources to increase benefits.

You can read more about our strategy on our website here: [Plans \(frimleyhealthandcare.org.uk\)](https://frimleyhealthandcare.org.uk)

Our business model and environment

Throughout 2022-23 the ICB continued to manage itself through several business models which enabled it to retain ownership of statutory responsibilities while benefiting from economies of scale, working with partners across the system.

The continuity of geographical footprint for the Frimley system secured by Royal Assent on 28 April 2022 has enabled the ICB to build on strong foundations established by its predecessor, the CCG.

Integrated Teams

Adaptions to effective remote working established during the pandemic have continued, and the relationship between our in-house teams and shared support services provided by the NHS South, Central and West Commissioning Support unit (CSU) have continued to mature, with a review of these arrangements underway to strengthen our capability in the future.

Continuity has also allowed the ICB to continue to encourage greater integration between system teams, be that provider and partner teams that deliver services to local people and the teams that work together to enable us to deliver our ambitions.

Inclusivity

The ICB has renewed a commitment to equality, diversity, and inclusion. We are working with our communities and partners to tackle inequalities and supporting our workforce (for example establishing a Mirror Board which will create opportunities for a diverse succession pipeline to the Board and ensures diversity of thought in Board discussions) as an inclusive and compassionate employer. We have placed creating an inclusive and compassionate culture at the heart of the way we work. We have adopted and embedded the Frimley Leadership Behaviours as a commitment to building our culture:

The way we lead – Frimley Leaders...

Frimley Academy
Leadership, Culture and Improvement



Collaborative Commissioning and Health Needs assessment

Collaborative arrangements with neighbouring ICBs and local authority partners have continued and strengthened:

- NHS Hampshire and Isle of Wight – NHS continuing healthcare, Funded Nursing Care, Maternity, and children's health services for Hampshire residents.
- NHS Surrey Heartlands and Surrey County Council – Joint children's commissioning team.
- Surrey County Council, Hampshire County Council, Bracknell Forest Council, Slough Borough Council, Hart District Council, Waverley Borough Council and Surrey Heath Borough Council – a wide range of voluntary and non-statutory services.

We continue to collaborate with other ICBs across the South East Region and beyond where it makes sense for scale and pace and our residents.

Place Based Focus – five places

Within our ICB we have five Places which cover our geography and who work together with local communities and partners to meet the needs of local people. These five places are: Bracknell Forest, Northeast Hampshire and Farnham, Slough, Surrey Health and Royal Borough of Windsor and Maidenhead. Place based arrangements have developed their local leadership roles, considering a blend of system wide risks and local priorities. Initiatives progressed include community centred health and wellbeing approaches, implementation of local priorities around the integration of services, linking with local authorities on fuel poverty issues, and ensuring continuity of primary care provision during practice relocations.

NHS Frimley ICB priorities and objectives

NHS England set out their priorities for 2022-23 and it is within this context that financial plans were developed by the ICB and our system partners. The ten national priorities we were asked to focus on are as follows:

1. **Invest in our workforce** – with more people (for example, the additional roles in primary care, expansion of mental health and community services, and tackling substantive gaps in acute care) and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.
2. **Respond to COVID-19** ever more effectively - delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.
3. **Deliver significantly more elective care** to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
4. **Improve the responsiveness of urgent and emergency care (UEC)** and build community care capacity– keeping patients safe and offering the right care, at the right time, in the right setting. This needs to be supported by creating the equivalent of 5,000 additional beds, through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments (EDs) and minimising ambulance handover delays.
5. **Improve timely access to primary care** – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.
6. **Improve mental health services and services for people with a learning disability and/or autistic people** – maintaining continued growth in mental health investment to transform and expand community health services and improve access.
7. **Continue to develop our approach to population health management, prevent ill health and address health inequalities** – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.
8. **Exploit the potential of digital technologies to transform the delivery of care and patient outcomes** – achieving a core level of digitisation in every service across systems.
9. **Make the most effective use of our resources** – moving back to and beyond pre-pandemic levels of productivity when the context allows this.

10. **Establish ICBs and collaborative system working** – working together with local authorities and other partners across their ICS to develop a five-year strategic plan for their system and places.

Key Performance issues and risks

Operational performance – throughout the year demand for services has continued to be extremely high, with the residual impact of COVID-19, alongside the objective of delivering recovery against performance standards.

Financial Performance – the ICB, working with its ICS system partner, FHFT, has broken even against its financial allocation for the year. However, the risks which were identified during the planning process did materialise to a large extent, and the mitigations found were materially non-recurrent and included a “one-off” benefit from a sale of land by FHFT. The forward-looking financial landscape is extremely challenged and the system has accordingly adopted a robust approach to securing its ongoing financial sustainability.

Workforce – increased turnover of staff and departures from the workforce have been a further problem in a highly competitive labour market.

Performance Summary

There is a strong history of successful partnership working over several years in Frimley Health and Care ICS, this continues to be demonstrated through the number one ranking in the system oversight framework (as an ICS) – the only system to be consistently high performing for the second consecutive year.

Although it has been an extremely challenging year in terms of the level of demand and the aims to recover performance, we recognise the ongoing efforts of our staff, together with local people and our many partners, to respond to the needs of the local population.

The local healthcare environment continues to be highly complex, and the collaborative work across a wider range of stakeholders has continued to deliver resilience in the delivery of healthcare to the population of Frimley. The momentum of delivery has increased as our working arrangements become established and our system wide portfolio approaches (e.g., children and young people, mental health, local maternity system, urgent and emergency care, planned care etc) to managing change mature.

Alongside this system portfolio-based work, our local communities remain a high priority and so we will continue to work through our places with our people and partners to design, develop and deliver services that our localities need. We do this by ensuring that the objectives we set form the basis for the priorities we identify in

each local area, based on insights and data, with implementation and delivery having a local focus to enable the best results. Again, the key to this is in working together, so that we can share capacity and skills and operate with greater consistency with all our partners for the benefit of local people.

3. PERFORMANCE ANALYSIS

Introduction

Our 2022-23 priorities focused on the ten national priorities outlined in the Performance Overview section. These reflected an ongoing need to respond to the challenges posed by COVID-19, and also a need to recover performance where it had been impacted by the pandemic.

In May 2022 the Board received an operational update highlighting the situation across Urgent Care, Elective Recovery and Primary Care access and outlining the measures to be implemented to deliver on the priorities in these areas. The Board of the ICB has continued to receive regular operational and performance updates through out the year with a focus on urgent and emergency care and system flow.

In July 2022 this was followed by the ICBs financial plan for 2022/23, which although balanced included a significant level of risk. The Board of the ICB has continued to receive regular finance performance reports throughout the year.

Over the course of the year the ICB has engaged proactively with partner organisations across the ICS to develop a strategy collectively owned by the system. This is known as our 'Creating Healthier Communities' Strategy and has been developed together with the Frimley Integrated Care Partnership Assembly. This strategy was based on a refresh of the 2019 Frimley Health and Care System strategy, with joint work undertaken to ensure all organisations in the system had a voice in the overall strategy submitted to NHS England in December 2022.

Throughout the ICBs system wide portfolios there runs a common thread of reducing inequalities, population health management and digital integration. Using data to better understand health need in our communities and finding better ways to meet those needs facilitated by technology.

Risks and Mitigations

As outlined in the overview the risk profile of the organisation has material challenges with respect to operational performance, financial performance and workforce. The mitigations for these are discussed with respect to each portfolio below, however to highlight a number of key mitigations:

Operational Performance

- UEC work to improve demand, capacity and flow.
- Opening Heathlands Intermediate Care facility
- Planned Care review of pathways
- Maternity quality improvement programme

Financial Performance

- Partnership delivered services to maximise efficiency of services
- Local Transformation plan for mental health
- Planned Care initiatives to manage demand

Workforce

- Planned care initiatives to utilise independent sectors and manage demand
- Primary Care alternative routes to access primary care, increasing total number of appointments available and automating long term condition health checks.
- Maternity implementation of student away days, appointment of LMNS Education and Training lead.

Urgent and Emergency Care and Community

Early in the year the operational update regarding Urgent and Emergency Care (UEC) identified a range of challenges, with increasing demand and complexity of need across all access points and stretched capacity, three key workstreams were identified to address the situation:

- Improving key areas that impact UEC demand, capacity and flow;
- Supporting key cohorts and targeting health inequalities
- Optimising proactive opportunities to work differently.

These actions were supported early in the year by the opening of the Heathlands Intermediate care facility, the result of strong collaborative working between partners in Bracknell and across the ICS. Intermediate care beds are provided by Frimley Health Foundation Trust and forms part of the Bracknell Place based vision as part of the ICB Ageing well programme. The beds are complemented by community-based services provided by Berkshire Healthcare Foundation Trust, Bracknell Forest Council, and the Voluntary and Community sectors.

New services such as the Urgent Community 2-hour Response and Virtual Wards have also been established during 2022-23, run by multidisciplinary teams across traditional community services such as community nursing, physiotherapy, podiatry, speech & language therapy and rehabilitation services.

Children and Young People

Children and Young People is a core strategic priority for the ICB. A Children and Young People's Board has been established which is chaired by our ICB Board member who is Executive Childrens lead in Surrey County Council. The Frimley CNO is the ICB board lead with accountability for children. The senior team is responsible for the leadership and delivery of the portfolio, and has a strategic lead for SEND across the system and is our link to regional and national CYP programmes.

A four-month review of the Children and Young People's portfolio was conducted between February and June 2022. The review was highly participative, steered by Place and ICS leads, with the recommendations based on a range of interviews with key stakeholders. The review reported to Board in July 2022 and the output from the review formed the basis of the Children and Young People strategy for 2023 to 2028 with the following priorities and enablers.

Five strategic priorities...

- 1 Starting well
- 2 Transforming neurodiversity services
- 3 Transforming mental health
- 4 Supporting children with life long health needs
- 5 Improving SEND

... with six strategic enablers

- ✓ The voice of children and young people
- ✓ Systematic data, insight and digital health
- ✓ A thriving housing and third sector
- ✓ Strategic partnerships with education
- ✓ Workforce planning and development
- ✓ Supporting positive transition to adulthood

Enablers

- We have established a role for a person with lived experience to support our Youth Engagement Work via an apprenticeship scheme
- A series of webinars to provide taster sessions for potential youth board members with the first youth board sitting in May 2023
- Developed a strategic partnership with Barnados to support our approach to co production, youth engagement and establishing the voice of children and young people in the ICB
- We have promoted the work of the portfolio on national platforms including in partnership with Barnardo's at the Kings Fund Integrated Care event.
- Working with providers to fill gaps in services, for instance strengthening special school nursing provision to support our most vulnerable children to access education.
- Developed the ICB Childrens Board chaired by ICB Board member and Executive Leave for CYP in Surrey County Council, Rachael Wardel
- Proactively seeking opportunities to work with other sectors, such as housing associations through a partnership with the HACT
- Work has started with the AHSN to support us to evidence the impact of our work.
- Actively working with the CAMHS Academy

Life Long Conditions

- We have launched the Healthier Together App which is aimed at families to self care
- Healthier Together platform is seen as the first place to go for children's health
- Successful coms regarding Strep A enabled us to reassure families during this time over winter using Healthier Together App.
- Asthma transformation has progressed. We have evaluated asthma friendly schools.
- FHFT have had two diabetes peer reviews and we are working with the trust to respond to those.
- Partnered with BOB to undertake an end of life care review
- Supporting the creation of a transition pathway for children with palliative and end of life care needs

Mental Health

- Completed a review of children's crisis services which enabled us to develop an improved model for psychiatric liaison service
- We have significantly reduced the numbers of children waiting for a Tier 4 bed from our acute hospital
- 24/7 crisis response is completed across the whole of Frimley
- Actively taking opportunity to improve CAMHS services in NE Hants through the move of the CAMHS contract to SABP
- Enhanced provision of community counselling provision to support reduction in waiting times
- We have completed the Local Transformation Plan
- Key ADHD provider in NE Hants and Farnham has significantly reduced wait times for ADHD assessment in the area.

SEND and Neurodiversity

- Significant progress against health actions required through the WSOAs in the ICB
- Significant reduction of wait times in integrated therapies across E Berkshire
- Mobilisation of inspection preparation for Hampshire and Surrey Heartlands
- Creation of Frimley SEND steering group
- Neurodiversity network roadshows in place
- Key worker service commissioned and due to start June 2023
- Review in the DSR to strengthen the links across to children with SEND

Starting Well

- Through the prioritisation of resource both financial and people, a decision was made to pause the programme until March 23. Funding will be made available to enable the programme to restart with strengthened partnership with public health in the new financial year

Maternity

Frimley Maternity service achieved all 10 CNST safety standards for 22/23. Initial verbal feedback from the most recent CQC inspection was that staff were welcoming, there was good teamwork, well-run triage and effective use of the electronic patient record.

Our LMNS alongside the Trust, Regional teams and our buddy system BOB, implements the perinatal quality surveillance model (PQSM), sharing learning from SIs at our LMNS board meetings. As a single Trust LMNS we use national MSDS data to compare with similar Trusts and highlight areas where we are an outlier. For example perinatal postpartum haemorrhage dashboard review identified a quality improvement programme.

Our safety review meetings bring together the quadrumvirate with our LMNS SRO and safety leads to share open conversations about challenges and incidents. Education and training initiatives have included implementation of our student away days, a fantastic opportunity to listen to and thank our future midwives and human factor training, understanding what influences behaviour and the importance of culture. We

have recently appointed an LMNS Education and Training lead working to support existing practice development and education leads across professions.

Our Continuity of Carer (CoC) plan has been developed with a clear initiation trigger of 5% vacancy rate for two consecutive quarters. Our current midwifery and MSW vacancy rate is 10% against an establishment which is in line with Birth Rate plus. In the meantime, we continue to focus on the Continuity of Carer building blocks particularly an estate offer that supports team working. We have developed maternity hubs to offer breast feeding support, diabetes tests, covid vaccination and signposting, consultant appointments and Health Visiting. Our CoC plan prioritises areas with higher deprivation and ethnic diversity in the first phases of full CoC roll out.

Following on from the work on Saving Babies Lives Care Bundle v 2 (SBLCBv2) we are now reviewing requirements for v3. Our in-house smoking cessation service model is overseen by our multi-stakeholder steering group. The 'CTG club' provides a weekly opportunity to learn more and discuss cases and our Induction of Labour working group is improving workflow and information available to women. The LMNS has supported plans to implement uterine Doppler scanning. The MyFrimleyHealth app, Personalised Care app and our well established maternity website give women more information to support personalised decisions

The improvement on babies born in the right place at Frimley Park Hospital won recognition at an AHSN shared learning event. Engagement with local NNUs, education and introduction of a new proforma all contributed to improvements. In Q 4 22.23 we had no babies born in the wrong place. Our ATAIN (Avoiding Term Admissions to Neonatal Units) rates remain the lowest for the two ODN networks which Frimley sits across.

Frimley published our Perinatal Equity Plan in September 2023, following extensive data gathering and engagement. Our MVP led focus sessions with women in Slough and Rushmoor and our listening group with maternity staff from black, Asian and minority ethnic backgrounds highlighted issues and challenges as well as capturing suggestions for improvement. 'Growing a Healthier Slough', which offers women and families signposting, peer support and advice and our successful bid to become one of the 10 national 'Close Relative Marriage' high need areas will both form part of our equity plan implementation programme going in to 2023.

The Frimley ICS supports the Government's aim of achieving a smoke free generation. We have commenced the delivery of an In-House In-Patient and Maternity programme at Frimley Health Foundation Trust to deliver Tobacco Dependence Treatment Services (including opt out provision of behavioural support and pharmacotherapy) in line with the NHS LTP commitments, using funding from the SDF transformation allocation. This will build on the existing programme at Frimley Park Hospital and include Wexham Park Hospital with a view to extending the programme to other sites and services. For Maternity, a high level maternity model has been agreed with the initial pilot deployed in Slough. The inpatient service provides full coverage across the Trust, with all 4 Tobacco Dependency Advisor roles filled. We have developed a model for the inpatient service which provides continuity of care, from the specialist advice right through to the on-going provision of pharmacotherapy in the community after the patient has left hospital. Frimley Health Smokefree Steering

Groups established, and the purpose of the steering groups is to reduce the smoking prevalence across the ICS and implement the NHS LTP objectives relating to tobacco. The groups are responsible for driving the smokefree agenda across the ICS, provide and maintain oversight of the implementation of the Inpatient Tobacco Dependency programme and the maternity pathway, to ensure the provision of a resilient, sustainable programme that supports more people accessing secondary care to quit smoking. We are working collaboratively with Local Authority/Public Health partners to improve linkages and coherence of the tobacco control and stop smoking offer across the ICS patch. The services, which will generate thousands of interactions per year to support patients who smoke move away from tobacco products. Aligning work to the CORE20PLUS5 approach as the five clinical areas of focus are all impacted by smoking.

Primary Care

Mirroring the position across other services, demand for primary care increased across all channels, with a higher proportion of patients considering their condition to be urgent.

In addition to the demand increases, workforce pressures also apply in primary care, with fewer general practice staff in Frimley than similar areas, and a higher proportion that are over 55 and likely to be retiring soon.

Despite these challenges, significant progress has been made by:

- Routine Care: Increasing appointments available, automating long term condition health checks.
- Supporting high risk patients with COVID: Pulse Oximetry at Home
- Urgent Needs: Increased appointments for urgent needs (same day urgent care).
- Improving resilience: routes of accessing primary care such as telephony and websites, with at scale models.
- Home Visiting Services: to look after our housebound population.

Planned Care

The impact of the covid pandemic will be felt for a long time to come and will continue to present challenges. Frimley ICB, along with most other health and care systems across the country, are working at pace to address the backlog of routine elective and diagnostic procedures that were cancelled or delayed due to the pandemic. We know that many people are having to wait for planned and elective procedures, and we will continue to do all we can, working with colleagues in the local NHS to reduce waiting times and support people to stay well.

Managing risks relating to elective care waiting times were a key component for Frimley ICB during 2022-23 due to the ongoing impact of covid-19. Frimley ICB continues to work collaboratively with providers to ensure that the longest waiting patients were treated, whilst balancing treating the most clinically urgent patients.

As of April 2022, there was a total waiting list of 61,039 with 2,034 waiting over 52 weeks. By the end of the year in March 2023 additional demand and pressures on capacity had caused this to increase to a total wait list of 79,515 and 4,962 waiting over 52 weeks, despite significant efforts to recover elective performance as much as possible.

Measures implemented during 2022/23 to support delivery are:

- Managing demand – Clinical guidance on pathways for primary care clinicians, triage of referrals, increased uptake of advice and guidance services
- Increasing Capacity – Heatherwood expansion, Wexham extended hours of operation, utilisation of independent sector provision, implementation of community diagnostic centres.
- Transformation of services – Review of pathways, implementation of virtual clinics, waiting well programme.

4 KEY PERFORMANCE MEASURES

The 2022-23 financial year saw a shift for the NHS from a highly intense focus on pandemic response and maintenance of services, towards a new business as usual, with ongoing measures to mitigate the ongoing impact of COVID, alongside improving recovery.

The priorities during this period are outlined in the Performance Overview section of this report, and can be categorised as:

- Investment in workforce, with more people, new ways of working, and the strengthening of a compassionate and inclusive culture.
- Ongoing response to COVID-19, delivering the vaccination programme and meeting the needs of patients with COVID-19.
- Improvements to the responsiveness, access, and capacity of a wide range of services to deliver recovery of performance standards.
- Improving use of technology, both in terms of population health management to understand and address health needs, and in the use of digital technologies to transform operational delivery.
- Making effective use of resources, returning to pre-pandemic levels of productivity and beyond.
- Working collaboratively across systems to deliver on these priorities.

Planned & Emergency Care Performance oversight

At the time of publication Performance oversight measures for key planned and emergency care metrics are unavailable. At the beginning of June 2022 Frimley Health NHS Foundation Trust, as the biggest provider of Planned and Emergency care services to our population, began the implementation of their new Electronic Patient Record (EPR).

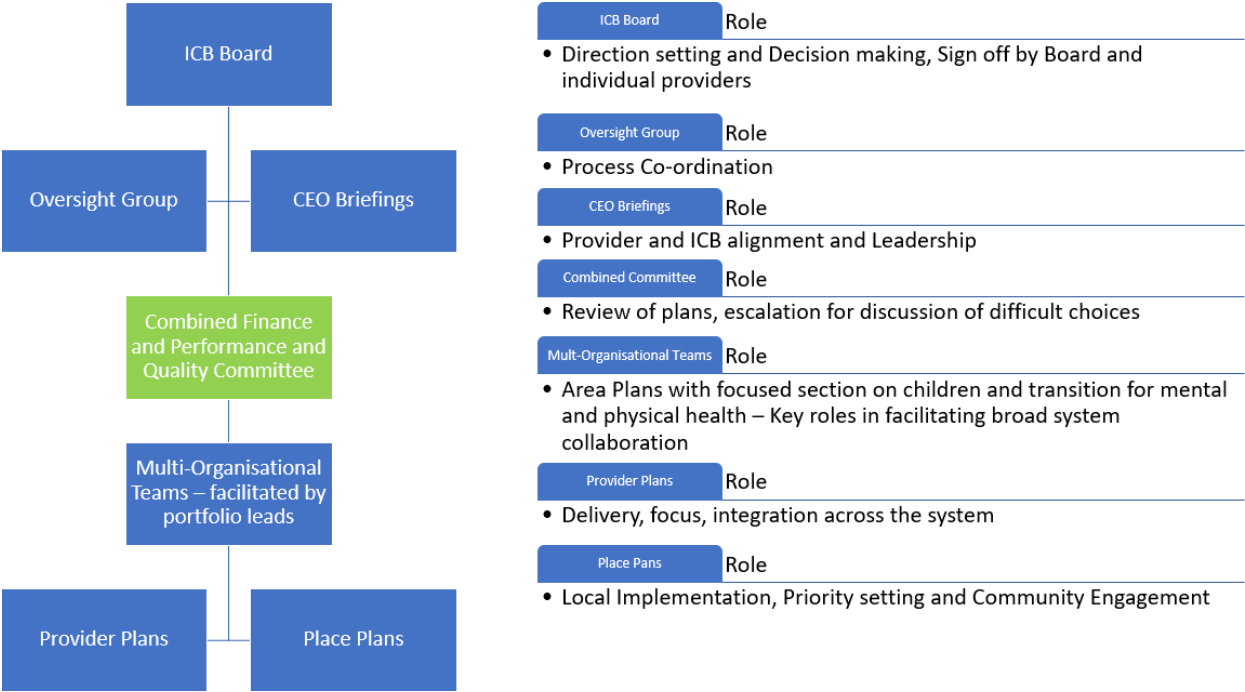
Epic EPR is the biggest change the Trust have ever undertaken. It will improve everyone's experience at Frimley Health – patients, staff, and visitors. Epic EPR is a single electronic system which replaces the 200-plus paper and computer systems previously used. All the information about our patients is now in one secure place. This is vital to improving patient care and will play a key role in delivering the six strategic ambitions of Frimley Health NHS Foundation Trusts strategy.

As a major change programme, FHFT agreed with system partners and its regulator that it would suspend the reporting of some mandatory information (such as performance and outcome measures) whilst the transition to the new EPR took place. As a result, there has been a period of disruption to the collation and reporting of some performance data, although this will be fully resolved for 2023/24






























Integration of system wide assurance, performance management, and implementation of priorities.

The ICB has agreed an approach to integrated governance across the system, addressing decision making and oversight, co-ordination and collaboration, system leadership and local priorities and community engagement.

The chart below shows the key to effective delivery will be the roles of the Combined Finance and Performance and Quality Committee (known as the Integrated Risk Board) in discussing difficult choices around prioritisation for the system, and of the multi-organisational teams, in setting robust area plans based on the direction set by the ICB Board, and in line with local community needs.



Summary of key performance metrics

Frimley ICB Dashboard						Frimley Health and Care			
									
						  			
ICB		Provider				Select all	Non SOF	SOF	
Group	MetricName	Frequency	Latest Period	Target	Value	V		A	
Cancer	Cancer two week waits	Month	01/10/22	93%	66.2%		Concern (Low)		Hit or Miss
	People waiting longer than 62 days	Weekly	18/12/22		6.55%		Common Cause		
Maternity	Neonatal deaths per 1,000 total live births	Annual	01/12/20		0.87				
	Number of stillbirths per 1,000 total births	Annual	01/12/20		2.06				
Planned Care	Diagnostic activity levels – Imaging	Month	01/07/22		0		Improvement (Low)		
	Diagnostic activity levels – Physiological measurement	Month	01/07/22		0		Improvement (Low)		
	Diagnostic activity levels – Endoscopy	Month	01/07/22		0		Improvement (Low)		
	RTT: Number of 52+ week RTT waits.	Month	01/06/22	0	3,314		Concern (High)		Fail
	RTT: Number of 104+ week RTT waits	Month	01/06/22	0	0		Common Cause		Hit or Miss
Quality	RTT: Number of 78+ week RTT waits	Month	01/06/22	0	241		Concern (High)		Fail
	Summary Hospital-Level Mortality Indicator (SHMI)	Rolling 12 months	01/07/22	1	1		Concern (High)		Pass
	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infections	Month	01/11/22		0		Improvement (Low)		
	Clostridium difficile infections	Month	01/11/22		5		Common Cause		
	E. coli blood stream infections	Month	01/11/22		12		Common Cause		
UEC	Category 1 Response Time - 90th Centile	Month	01/11/22	00:15:00	00:16:38		Concern (High)		Hit or Miss
	Category 2 Response Time - 90th Centile	Month	01/11/22	00:40:00	01:01:49		Concern (High)		Hit or Miss
	Category 3 Response Time - 90th Centile	Month	01/11/22	02:00:00	04:37:55		Common Cause		Hit or Miss
	Category 4 Response Time - 90th Centile	Month	01/11/22	03:00:00	06:05:58		Concern (High)		Hit or Miss

Adult Mental Health

Portfolio	Metric ID	Metric Description	Reporting Frequency	Target	Current Reporting Period	Previous five periods					Latest Data
Adult Mental Health	E.A.S.1	Estimated diagnosis rate for people with dementia	Monthly	67%	Oct-22	63.6%	63.4%	63.4%	63.4%	63.9%	64.7%
Adult Mental Health	E.A.S.3	IAPT Roll-Out Access Rate (rolling 3 month)	Rolling 3 month	6.25%	Oct-22	4.7%	4.3%	4.3%	3.6%	4.2%	4.5%
Adult Mental Health	E.H.12	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Monthly	880	Dec-22	409	374	445	561	583	532
Adult Mental Health	E.H.13	People with severe mental illness (SMI) receiving a full annual physical health check and follow up interventions	Monthly	70%	Dec-22	55.4%	55.3%	55.6%	54.7%	55.2%	55.8%
Adult Mental Health	E.H.15(L1)	Number of women accessing specialist perinatal mental health services	Monthly	944	Nov-22	470	404	485	500	520	540

Learning Disabilities & Autism

Portfolio	Metric ID	Metric Description	Reporting Frequency	Target	Current Reporting Period	Previous five periods					Latest Data
LD&A	E.k.1a	Reliance on inpatient care for people with a learning disability and/or autism - Care commissioned by CCG	Monthly	10	Dec-22	7	12	13	13	13	11
LD&A	E.k.1b	Reliance on inpatient care for people with a learning disability and/or autism - Care commissioned by NHS	Monthly	9	Dec-22	10	9	9	9	9	7
LD&A	E.k.1c	Reliance on inpatient care for people with a learning disability and/or autism - Care for children	Monthly	2	Dec-22	2	1	1	2	2	2
LD&A	E.K.3	Learning disability registers and annual health checks delivered to patients 14yrs+ by GPs	Monthly	50%	Dec-22	20.4%	27.2%	32.7%	40.2%	48.7%	54.2%

Children & Young People

- In November 22 Frimley ICB met the standard for the NHS Oversight Framework **metric for CYP Access for the first time.**
- In comparison to Q2, **there has been an improvement in wait times for CYP Integrated Therapies for East Berkshire at BHFT.**
- **There are 2,729 children registered on the Frimley Healthier Together app as at 31/01/23.**

5 SUMMARY OF FINANCIAL PERFORMANCE

Financial overview

On 28 April 2022, the Health and Care Act received royal assent and this confirmed the establishment of Integrated Care Boards in England. As a result of this NHS Frimley CCG was disestablished on 30 June 2022 and NHS Frimley Integrated Care Board (ICB) was subsequently formed on 1 July 2022, taking on the commissioning functions of the CCG. As a result of this transfer of functions, assets and liabilities of the CCG transferred to Frimley ICB.

Prior year comparative financial data is not available due to this period representing the first reporting period of the organisation.

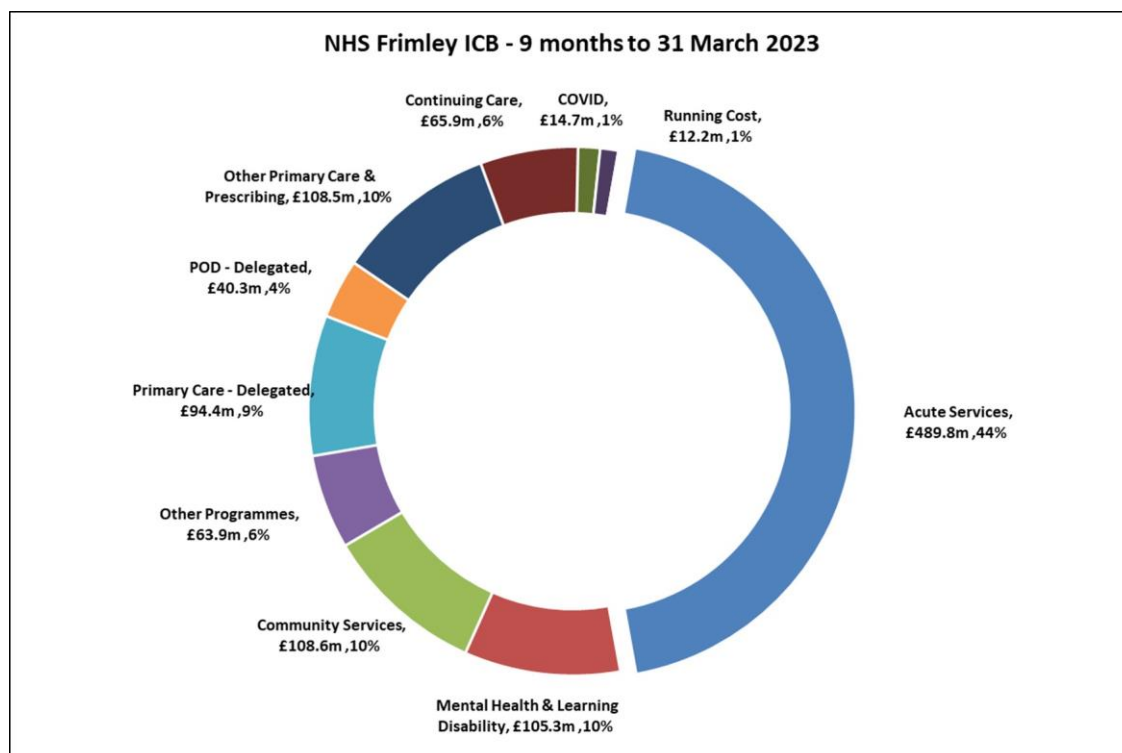
Integrated Care Boards are expected to manage expenditure within the resources allocated by NHS England and deliver a minimum of a break-even position in the financial year. This requires not only careful management of the finances but also strong internal control mechanisms to ensure the resources of the ICB are handled in a way which is up to public standards and can be sustained year on year.

Review of the financial year

The ICB closed its ledger as at 31 March 2023 with a small surplus of £24k. In the 9 months to 31 March 2023, the ICB spent £1,104m, which equates to approximately £1,337 for every person registered with our practices for the nine months to 31 March 2023.

The Frimley Integrated Care System (ICS), which for NHS financial purposes is comprised of Frimley ICB and Frimley Health Foundation Trust, has an overall surplus of £124k for the 2022-23 financial year. However, this position is materially underpinned by non-recurrent efficiencies, and also reflects a non-recurrent benefit of the proceeds of a land sale following a change in technical accounting guidance.

The chart below shows the breakdown of expenditure in the year across the main categories:



Approximately half of the ICB's expenditure, £489.8m, is for acute services. The ICB's main provider is Frimley Health NHS Foundation Trust (FHFT), with whom it spent £381.0m in the nine months to 31 March 2023. Other main providers of acute services for the Frimley population include Royal Berkshire NHS Foundation Trust £23.9m, Royal Surrey County Hospital Foundation Trust £11.0m and Ashford St Peters NHS Foundation Trust £8.1m for the nine months to 31 March 2023. The ICB also spent £17.1m with a range of London Trusts for specialist services. Acute expenditure also includes the cost of emergency ambulance services for the nine months to 31 March 2023 of £24.1m.

The majority of mental health services are provided by Berkshire Healthcare NHS Foundation Trust (nine months to 31 March 2023 £49.5m) and Surrey & Borders Partnership Foundation Trust (nine months to 31 March 2023 £28.3m).

Community services are provided mainly by Berkshire Healthcare NHS Foundation Trust (nine months to 31 March 2023 £33.8m) and Frimley Health NHS Foundation Trust (nine months to 31 March 2023 £14m).

Under full delegated responsibility for Primary Care (GP) commissioning, the ICB received an allocation of £96.4m from NHS England in the nine months to 31 March 2023. Most GP costs are funded through contracts held directly by NHS England and administered by Frimley ICB. The ICB also meets the cost of drugs prescribed by local GPs of £86.1m and pay for the GP 'out of hours' service at a cost of £4.1m.

From 1 July 2022, the ICB took on full delegated commissioning responsibilities for pharmaceutical, general ophthalmic and dental (POD) services. The ICB received an allocation of £45.9m from NHS England for the nine months to 31 March 2023, and

spent £5m on Optometry, £9.8m for Pharmacy, and £25.5m Dental in the 9 months to 31 March 2023.

The ICB collaborates with its local authority partners, holding Section 75 agreements under the Better Care Fund guidance with Bracknell Forest Council, Slough Borough Council, Surrey County Council, Royal Borough of Windsor & Maidenhead and Hampshire County Council which supports greater integration across health and social care services. In the nine months to 31 March 2023 the ICB spent £40.8m under the Better Care Funds in line with the minimum contribution requirement.

The ICB has spent a total of £14.7m on Covid related services, £12.8m of which went to Frimley Health NHS Foundation Trust.

The Integrated Care Board is required to increase spend in mental health by more than the ICB programme allocation base growth (prior to the application of the convergence adjustment). During the year 2022-23, the Integrated Care Board maintained this enhanced investment across core services and for some specific investments, including Improving Access to Psychological Therapies (IAPT) Services. Expenditure on mental health services for 2022-23 continued to be measured (on a full year basis) by the Mental Health Investment Standard (MHIS). For 2022/23 as ICBs became statutory bodies on 1 July 2022, the MHIS performance in 2022/23 consists of both Clinical Commissioning Group (CCG) spend in Quarter 1 2022/23 (Q1) and ICB spend in Quarters 2-4 2022/23 (Q2-Q4). and will continue to be subject to independent review.

For 2022/23, the Mental Health Investment Standard (MHIS) target of growing the mental health services by 5.45% resulting in a target spend of £109.6m. The ICB achieved a total spend of £109.9m and therefore achieved the target.

Running Costs

The ICB receives a separate allocation for the costs of running the organisation based on the size of the population and it must not overspend against this amount. In the nine months ended 31 March 23, it received and spent £12.2m.

Joint Capital resource use plan 2022-23

The ICB was required to submit a joint capital resource use plan for 2022-23 to NHS England on the 30 March 2022. This plan details the use of the capital resource limit for both the Provider, Frimley Hospitals Foundation Trust (FHFT), and Frimley ICB. The capital resource limit for FHFT for 2022-23 was £94m and £1.2m for Frimley ICB. The plan shows that the ICB fully utilised the resource in 22/23 and FHFT overspent on the operational capital by £1.2m but underspent on the National programme by £24.7m.

The table below shows a summary of the utilisation of the £95.3m of joint capital available to the Frimley system:

Organisation		Plan Months 1-12	Outturn months 1-12	Variance	Main categories of expenditure
FHFT	Operational Capital	60,767	61,990	(1,223)	Estates, digital and medical equipment Minor improvement grants for GP premises, GPIT and digital expenditure
Frimley ICB	Operational Capital	1,238	1,238	0	
Total Operational Capital		62,005	63,228	(1,223)	
FHFT	National Programmes (diagnostics, Front line digitisation, Mental Health, TIF)	33,275	8,550	24,725	National digital projects, funding for the TIF projects was not drawn down in year or utilised
Total System CDEL		95,280	71,778	23,502	

Financial plan 2023-24

NHS England issued planning guidance with updated allocations in January 2023. The per capita allocation for 2023/24 is £1,467 which includes the ICB additional growth in allocation (compared to £1,407 in 2022/23). The planning requirements for systems (ICBs and providers) are to apply a set of business rules in order to achieve an agreed control total of breakeven. The financial plan estimates the required savings for 2023/24 in excess of £100m across the entire system. The ICS must achieve this level of recurrent savings to maintain its future financial sustainability. The level of recurrent financial savings required are significant at over 5% of the system cost base and will require a number of challenging decisions to be made.

In recognition of this, the Frimley Health & Care Integrated Care System has set out a blueprint for the development of a multi-year system wide financial sustainability plan which sets out the framework by which the underlying system-wide deficit will be reduced, whilst supporting the delivery of the strategic objectives of the Frimley Integrated Care Partnership.

The financial sustainability plan is designed to ensure the long-term financial stability of our organisations across the system. This is a system wide approach, and all ICS Partners, including Berkshire Healthcare Foundation Trust and Surrey and Borders Partnership NHS Foundation Trust, have agreed to this plan through formal governance mechanisms. The strategy will focus on cost containment and reduction, managing / mitigating growth to ensure any increases in funding flow to reduce our system-wide deficit.

Partners will adopt a system-first approach to transforming services for the benefit of our population, regardless of organisational boundaries. We will focus on providing defined services and capacity to meet patient needs. Partners across the system have agreed that they will not engage in activities that aim primarily to transfer costs, with trust,

transparency and data sharing key to enable us to deliver efficiently and effectively.

The programme will focus on 5 key areas of work with system wide working groups overseeing the development, implementation and delivery of the opportunities identified.

Frimley Integrated Care System Financial Sustainability Plan

Frimley Health and Care




Allocative

(1) Managing Demand for Health Interventions



Technical

(2) Efficient Delivery of Health Intervention



Technical

(3) Organisational Internal Efficiency



Technical & Allocative

(4) Efficiency in Health Procurement



Allocative

(5) System Financial Opportunities

In recognition of the level of challenge that the system faces, weekly system wide reviews of all proposed resource commitments are now in place and a fortnightly financial sustainability group is being established to oversee delivery of the entire programme. Formal governance will be managed by the ICB Finance & Performance Committee.

Financial Statements

Further details about the ICB's expenditure in the nine months ended 31 March 23 are available in the published Financial Statements.

These statements have been prepared in accordance with the Directions issued by NHS England under the National Health Service Act 2006 and are audited by KPMG LLP. Our external audit fees for the nine month period to 31 March 2023 were £158k plus VAT (21-22: £150k plus VAT)

6 SUSTAINABLE DEVELOPMENT

Sustainability means spending public money well, with smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term. Spending money well and considering the social and environmental impacts is covered in the Public Services (Social Value) Act (2012).

The ICB is committed to environmental and social sustainability through our actions as a corporate body as well as a commissioner. This section covers the work undertaken across our five places and includes how the ICB is:

- **Optimising the use of medicines**
- **Sustainable models of care: Making sure people don't need to go into hospital**
- **Digital transformation: Creating sustainable digital solutions**
- **Improving how we use our buildings**



Optimising the use of medicines

There are real opportunities to reduce the carbon emissions related to the prescribing and use of medicines and medical products. The ICB has a dedicated team that work to optimise medicines, reduce waste, and look at alternative medicines that have a lower carbon footprint. Two key areas of success in 22/23 have been the reduction in the carbon footprint of inhaler prescribing and anaesthetic gas use.

Lowering of the carbon footprint of inhaler prescribing

The ICB's Medicines Optimisation Team joint working with specialist respiratory teams and Primary Care Networks (PCNs) has led to the development of guidance and support tools to aid clinicians and individuals in reaching shared decisions about inhalers and whether to use low carbon inhalers in preference to higher carbon options. All PCNs across the ICS are showing significant progress in moving to prescribing of lower carbon inhaler devices. The ICS as a

whole has moved from being in the highest decile for carbon footprint of salbutamol prescribing to the lowest (best) decile.

The work undertaken in Frimley has received national recognition and is cited as an example of good practice by the Royal College of Paediatrics and Child Health: <https://qicentral.rcpch.ac.uk/resources/systems-of-care/reducing-the-environmental-impact-of-inhaler-use-and-disposal-within-the-paediatric-department-at-wexham-park-hospital/> Roome C, Bush O, Steinbach I, Langran T, Patel S. Reducing the environmental impact of inhaler use and disposal within paediatrics and the local community. Archives of Disease in Childhood 2021;106:A41-A42 https://adc.bmj.com/content/106/Suppl_1/A41.2

Sustainable models of care: Making sure people don't need to go into hospital

Embedding net zero principles across all clinical services is a critical ambition for many NHS organisations. NHS Frimley continues to develop and improve how services provide care closer to home to support this ambition.

Integrated community health and care services

Heathlands is part of our joint vision with Bracknell Forest Council to create integrated community health and care services for our Bracknell Forest residents; services that are essential to local communities, are close to home, family and friends and services that we hope our residents feel familiar with and are seamless with the care they receive at home.

Heathlands has 66 single en-suite rooms. Windsar Care has been appointed to provide residential care for those experiencing the challenges of dementia and Frimley Health Foundation Trust will manage a 20-bed intermediate care facility. The intermediate care facility and the residential service opened to the public in spring 2022.



The intermediate care beds are part of our wider ambition to support those living with frailty. Frimley Health Foundation Trust and community staff work closely together to provide joined up care to local residents. Heathlands provides a local alternative to hospital where people need support to get back on their feet following illness or injury. This may include being 'stepped up' from home to intermediate care or 'stepped down' from hospital to intermediate care, where people need extra support before going home.

These intermediate care beds help patients avoid being admitted to hospital and reduce hospital stays, in favour of being cared for in their local community by a dedicated team focused on helping them achieve their personal rehabilitation goals. Freeing up hospital beds, reducing length of hospital stay and transfers of care contribute positive benefits to the wider Frimley system releasing hospital

bed capacity for those that need it most.

New Health Centre Opens in the Heart of Britwell

The existing Avenue Medical Centre on Wentworth Avenue has moved to the new and modern General Practice facility in Britwell Community Centre.

The facility opened its doors to patients this year as a collaboration between NHS Frimley, SPINE Primary Care Network (PCN) and Slough Borough Council to support patients locally.

The new state of the art building provides a one-stop shop where residents will be able to access new health services alongside the traditional GP services, including:

- mental health and counselling services
- maternity
- health visitors and child health services
- physiotherapy
- community dermatology clinics
- phlebotomy (blood taking) clinics
- vaccination clinics
- blood pressure clinics
- drug monitoring clinics
- Community health services – which were provided at the Britwell Clinic on the other side of Wentworth Avenue

The new centre is accessible from 8am – 6.30pm Monday to Friday.

The library and council access point will remain at the Britwell Centre, as will facilities for The Recycled Teenagers Club and other community groups.

Same day urgent care

The aim of the same day urgent care programme is to provide primary and community integrated same day urgent care that is responsive and focused on meeting the needs of the local community. The model will offer clear and timely access to advice, assessment and where required appropriate intervention for individuals who require support to manage their urgent health needs.

The ambition for urgent same day services is to improve patient experience and outcomes centred around the needs of our population by adapting the current urgent and emergency care offer to improve access and service delivery efficiency. The Minor Injuries and Minor Illness project has engaged system partners to define future urgent care out of hospital services outcomes and principles, delivering system wide agreement to the future models of same day urgent care.

Our approach to improving patient care outcomes is to increase satisfaction by navigating patients to the right place, to see the right person, at the right time and to reduce patient confusion whilst improving access to same day primary and urgent care assessment and management. We are working with our analytics team to understand the right capacity of the same day model to support the urgent care demand requirements. For example, some people with more complex needs and long-term conditions have a greater need for continuity of care from the same

clinician or team of clinicians, whereas people who are generally well with an urgent health problem may be suitable for an appointment with any clinician.

Transformation in Slough

Our continued intention is to develop an Integrated Care Hub (ICH) in Slough. As part of the [ICS 5-year strategy](#), the system is investing in upgrading facilities close to where people need them. The aim is to enable staff to work in the most efficient way by utilising existing space where possible and appropriate, building new premises to meet current need and maximising the impact of digital capability to ensure people receive the best possible care in the right place and at the right time for them.

At this moment in time, the increased costs of development, due to increased inflation and economic uncertainty, have led to a national pause on the estates investment programme which includes the work on developing an ICH in Slough. During this time we are working with partners like Slough Borough Council to identify opportunities to work together to ensure that services are tailored to meet local need and to ensure that primary and community care services have sufficient and suitable capacity, in the right places, to implement new ways of working and meet future demand.

What is there already?

Priors Close



Same day access for primary and community services for Slough, particularly face to face primary care appointments, is a challenge to deliver without adequate premises capacity, and the impact this lack of space has on the system is significant.

The Priors Close site is a Local Authority (Slough Borough Council) owned premises, which is centrally located near to Upton Hospital.

The site works in collaboration with all practices in Slough and hosts same day service appointments when capacity is unavailable at local sites.

The site operates from Monday to Friday 09:00 – 18:00 with two Doctors offering 15-minute appointments, which are booked electronically via the referring practice. Another example is the new Urgent Primary Care Service in Maidenhead within the Royal Borough of Windsor and Maidenhead Place, where the primary care led minor illness services is piloting the addition of a community offer for minor injuries. This model maximising the radiology facilities at St Mark Hospital, forms a strong multiskilled team and enables provider collaboration between the out of hours service and primary care network through the commitment to improving patient experience. The pilot will evaluate the impact of a booked service for patients or an open access self-presenting model, consider the impact patient experience, testing new technology in digital telephony and reduce the environmental impact with patients being treated more locally.

Improving access to gastroenteritis medication for children

The ICB and ICS partners have introduced a new service improving access to gastroenteritis medication for children across all localities within the ICS. Gastroenteritis is among the leading causes for local people accessing urgent care and this service will support treatment closer to home as well as relieving pressure on urgent care services.

Treating simple urinary tract infections in community pharmacies

NHS Frimley launched a new service in community pharmacies during 22/23. This allows women with symptoms of simple UTI to visit or be referred to a local pharmacy to have a consultation with a pharmacist and receive advice and medication if needed. This is part of our strategy to make better use of the skills available in pharmacies and free up appointments in primary care.

Digital transformation: Creating sustainable digital solutions

The ICB has continued to work with system partners to harness new digital technology and systems to help transform how GPs deliver services and at the same time help reduce carbon emissions.

Digital Access to primary care

Other improvement areas include:

Training for practice receptionists and wider staff in holding 'positive conversations' and training for GPs and managers to support engagement with patients, carers and local communities are both underway.

Patient information has been created to help the public better understand the tools and technology available to support wellbeing. These are being produced and updated regularly - please visit www.frimleyhealthandcare.org.uk for more information.

A number of **new GP practice websites** have now launched, with more to follow throughout 2023. These have been developed to ensure a consistency of design that makes navigating GP websites much easier for our residents and supports people knowing the best source of support for their needs.

There is also a focus in 2023 on the development of **digital champions** to raise awareness of services available, develop further training and improve access to digital services.

Digital Buddies in Slough

Digital Buddies is a project to address the issue of digital exclusion amongst the residents in Slough. A lack of digital skills and access has a huge negative impact on a person's life, leading to poorer health outcomes and a lower life expectancy, increased loneliness, social isolation and with less access to jobs and education.

There are three parts to the programme - A digital buddy scheme, a drop-in centre and a series of group learning sessions. In the Digital Buddy scheme, each participant is assigned a "Buddy" who they can call anytime they are stuck or need assistance using their devices. The Digital buddy will have a specific objective to understand the barrier and limitations of their "Buddy" and help them to overcome these barriers while also introducing them to things on the Internet that will enrich their lives.

The structure of the group learning sessions will be separated into three different levels to support different groups of people each with their own specialised topics to help people advance through the levels and gain digital maturity and skills.

To date the classes which have been running for 2 weeks have had a total attendance of 59 residents which we only expect to grow as the weeks progress.

It's run by The Slough Hub (Voluntary Sector) they have hired trainers and got volunteer buddies to support the sessions we are just providing the funding and support/targeting cohort.

The sites that its running at so far are:

- Byron House, Langley
- YES, Queensmere

- Slough Museum, Trading Estate
- Kumar Surgery/Langley Health Centre
- Ujala Foundation

Supporting the management of long-term conditions

For a number of years we have continued to work with Healthy.io to enable smartphones to be used to support how patients record their urine tests. Increasing the number of tests taken by patients with diabetes is particularly important as early markers of kidney damage can be assessed using these specialist tests.

Patients who had not had a test in the previous 12 months were encouraged to test their urine at home and use their smartphone to submit test results. In one practice alone 109 patients were identified as not having had a test in the previous 12 months. Over half responded to the request, helping the practice focus on patients who were most at risk of chronic kidney disease.

Digital Weight Management Programme

The Digital Weight Management Programme for which Frimley was an early adopter site is now well embedded, working in collaboration with Local Authority offers of support. Our ICS at one point was the highest performing system in the South East in terms of uptake. The weight management services one pager and the ICS webpage developed for the system is being shared as an exemplar of good practice across the country. We have further updated the weight management services overview to include information on provision for people with learning disabilities and this information is now on our website for the public. This programme is more acceptable and accessible to some groups than others and forms part of a range of services for weight management to ensure equity. This also fits in with the work of several of our 'places' which have embarked on a whole systems approach to obesity work – which is progressing well.

Prescribing decision support software

This year saw the successful introduction of computer software that helps clinicians make safe and cost-effective prescribing decisions. In a single year the software created safety messages 122,186 times that then resulted in savings of over £400,000 in prescribing costs.

Lung Health Checks Slough Pilot

Slough PCNs have partnered with the Surrey Cancer Alliance to pilot a Targeted Lung Health Checks service, to identify early detection and treatment.

The Frimley ICS Cancer steering group is working closely with our respective Cancer Alliances.

The service is delivered by Alliance Healthcare who provide the screen including

diagnostic scans where appropriate within community setting eg ASDA in Slough. We have screened just under 3000 patients in one PCN and have already picked up some early cancers within this pilot.

Incidence of Lung Cancer is the highest in Slough especially in our most deprived wards and this pilot will really help us improve outcomes in our most vulnerable populations.

Use of technology - Therapeutic gaming apps

We have continued to work with BFB Labs to pilot a therapeutic digital intervention, the app is designed to support children aged between 7-12 years old who have difficulties with anxiety. The BFB is currently being piloted with three local Surrey Heath schools to understand how the NICE recommended app could support children to self-manage their worries.

Improving how we use our buildings

In January 2018 the ICS was awarded £28.4m to support the implementation of an Estates Investment Programme to develop local **Integrated Care Hubs (ICH) within the Frimley ICS footprint, with eight** projects identified across the Frimley area. In 2022, the Department of Health communicated a pause in the funding commitments, which still remains in place, but encourages systems to continue to develop the business cases.

These Integrated Care Hub are designed to ensure that primary and community care services have sufficient and suitable capacity, in the right places, to meet future demand. The aim is also to enable staff to work in the most efficient way by utilising the estate and digital capability to maximise impact.

We are working with our partners across health and care to design the clinical model and the space requirements, to provide an integrated care model designed around the needs of our population.

The integrated care model programme aims to:

- deliver a sustainable model of primary care by providing premises that are fit for purpose, with capacity for future growth. Premises must support the use of digital technology for consultations which increased enormously during the pandemic and now forms a real alternative to face to face consultations;
- allow for co-location of professional teams, supporting integration and delivering joined-up services designed to meet local need;
- create capacity and improve recruitment and retention of the extended clinical workforce, including new roles for clinical pharmacists, physiotherapists, mental health practitioners and extended nursing roles, and;
- provide greater patient choice by offering more appointments locally with a wider range of health and care professionals available to ensure more appropriate and timely intervention – the right person, in the right place at the right time.

Using our buildings more efficiently

Binfield Health and Community Centre, Bracknell Forest

Binfield and Warfield are situated within one of Bracknell Forest Council's Major Areas for Growth and are next to planned Strategic Development locations in the neighbouring Borough of Wokingham. This part of Bracknell Forest has seen significant housing development and as such there has been an impact on registered patient populations.

The ICB and Bracknell Forest Council have worked throughout 2022/2023 to redevelop the former Blue Mountain Golf club to build a new health and community centre. Binfield Surgery, the practice most affected by the increase in patient population in this area, relocated to the site when the building works complete in the Spring of 2023.

The new facility enables health and care services to be delivered locally, provide much needed, more efficient and fit-for-purpose, practice accommodation to house an extended and integrated multi-disciplinary workforce, deliver modern facilities that are designed to support new ways of working and create capacity to meet growth in future demand.

Aldershot Centre for Health

A project to ensure the available space within Aldershot Centre for Health is fully utilised has successfully delivered significant improvements within the building. The project, led by NHS Frimley but in partnership with current building occupants, aimed to relocate services back together, expand the occupation of space for several providers, provide estate for new services struggling to find space elsewhere and reduce the void (or vacant) space. In the Utilisation plan now agreed by key stakeholders all of these aspects of the project have been achieved.

Delivery of each phase of change is currently underway and isn't without its challenges. Thus far the project has delivered:

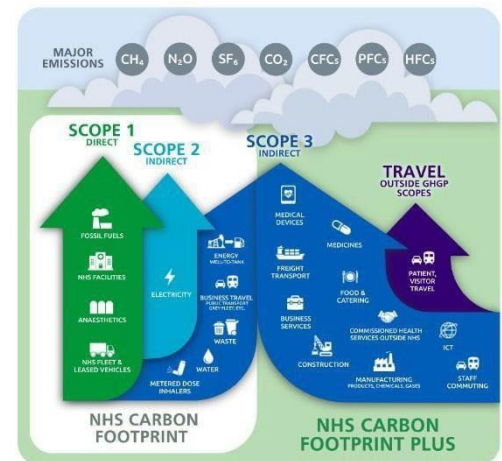
- Creation of a Midwifery hub
- Expansion of space occupied by GP practices
- Expansion of space occupied by GP federation
- Reduction of space occupied by NHS Frimley corporate teams
- Plans are in development for the occupation of the Void area on Level 4 to house a new Ophthalmology diagnostics area by Frimley Health Foundation Trust

The final stage of delivery will see the Sexual Health services relocated to an area more suitable for a confidential service and the expansion of the Outpatient facilities provided by Frimley Health Foundation Trust. By ensuring full utilisation of Aldershot Centre for Health we are making best use of our estate and we are reducing the financial liabilities of empty space to NHS Frimley.

Sustainable Development Summary

The newly formed ICB holds a wider view on how the system can help meet the NHS targets to deliver a net zero National Health Service:

- For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;
- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.



There are many opportunities to meet these targets including:

- our care: By developing a framework to evaluate carbon reduction in new models of care being considered and implemented as part of the NHS Long Term Plan;
- our medicines and supply chain: By working with our suppliers to ensure they meet or exceed our commitment on net zero emissions before the end of the decade;
- our innovation: By ensuring the digital transformation agenda aligns with our ambition to be a net zero health service, and actively seeking out future innovations that support this ambition;
- our hospitals: By supporting the construction of 40 new 'net zero hospitals' as part of the Government's Health Infrastructure Plan with a new Net Zero Carbon Hospital Standard;
- our heating and lighting: By completing a £50 million LED lighting replacement programme, which, expanded across the entire NHS, would improve patient comfort and save over £3 billion over three decades;
- our adaptation efforts: By building resilience and adaptation into the heart of our net zero agenda with the third Health and Social Care Sector Climate Change Adaptation Report and;
- our values and our governance: By supporting an update to the NHS Constitution to include the response to climate change, launching a new national programme for a greener NHS, and ensuring that every NHS organisation has a board-level net zero lead, demonstrating that this is a key responsibility for us all.

Reference to 'delivering a net zero national health service'

<https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf>

7. IMPROVING QUALITY

Local people have the right to high quality patient care as stated by the NHS Constitution and NHS Frimley continues to be responsible for ensuring continual quality improvement of all locally commissioned NHS services.

Quality care is the level of care we would expect our families and loved ones to experience, should they need it. Quality is what matters most to people who use our services and what motivates and unites everyone working in health and care. It is intrinsically linked to finance and performance as one of the three key pillars.

NHS Frimley has adopted the National Quality Board definition and vision of quality for those working in health and care systems. It uses Lord Darzi's definition of high-quality care as being safe, effective, and providing a positive experience, with a greater emphasis on population health and health inequalities.

Safe - delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports, and enables people to make safe choices and protects people from harm, neglect, abuse, and breaches of their human rights; and ensures improvements are made when problems occur.

Effective - informed by consistent and up-to-date high-quality training, guidelines, and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking, and clinical audit.

Positive Experience - responsive and personalised - shaped by what matters to people, their preferences, and strengths; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable. Caring - delivered with compassion, dignity, and mutual respect.

Well-led - driven by collective and compassionate leadership, which champions a shared vision, values, and learning; delivered by accountable organisations and systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn rather than blame.

Sustainable use of resources - focused on delivering optimum outcomes within financial envelopes, reducing impact on public health and the environment.



Quality Care is equitable - everybody should have access to high-quality care and outcomes, whatever their background or circumstances, and those working in health and care must be committed to understanding and reducing variation and inequalities.

System Quality Assurance and Oversight

The quality team have worked collaboratively with commissioned providers, particularly to manage the impact on business as usual activities. The Quality Team transitioned fully from seeking assurance via the model of Clinical Quality Review Group meetings, to being a partner at providers' internal Quality Committees.

Through the System Work Programmes such as LMNS, Urgent and Emergency Care, Emotional Wellbeing and Mental Health Delivery Board etc. quality is an integral partner in these workstreams. Operationally they provide a platform for quality improvement, risks and actions pertaining from national reports.

Frimley ICB has a well established System Quality Group which brings together the different parts of the health and care system to share information about safety, quality and system risks across the geography. It has the responsibility for ensuring the ICB is fulfilling its statutory duties and provides a system leadership role with regards to quality. The System Quality Group has an escalation and oversight function of provider assurance and system work programmes.

Frimley ICS COVID-19 Vaccination Programme

The Frimley COVID-19 vaccination programme continued to enact government-endorsed Joint Committee on Vaccination and Immunisation (JCVI) guidance throughout 2022-23, operating flexibly to respond to changing requirements, and providing localised vaccination sites. The programme was expanded to include oversight of the flu vaccination programme, which gave an opportunity to explore the co-administration of flu and COVID-19 vaccinations where possible.

As of 28th February 2023, Frimley ICS had delivered 1,940,410 vaccinations to local people, with 242,170 seasonal boosters. 75,542 vaccinations were co-administered with the Flu vaccine. This has been a huge and successful effort involving all parts of the system, including the NHS, Local Authorities, the Police, volunteer services, charities, and community groups.

Frimley is currently sitting at 65.6% uptake compared to the National percentage uptake of 61.7%.

Frimley is performing the best in region in vaccinating care home and residential home residents at 98.4% for Older Adults, and second in region for Non-Older Adults at 99.3%. These are for the seasonal booster vaccinations.

Ensuring good outreach, information, and support to all vulnerable and hard-to-reach groups within the community remains a key priority for our programme.

Frimley has focused on vaccine equalities this year and have supported several 'Making Every Contact Count' MECC projects run by Primary Care Networks (PCNs) across the system. Frimley have also commissioned engagement with two ethnic groups targeting the Eastern European and Black African and Caribbean communities.

Frimley has also focused on incorporating Childhood immunisation into the programme. Specifically focussing on MMR and Pre-School boosters in the Slough area. This has been supported by an outreach project targeting the most vulnerable and hard to reach households.

Infection Prevention and Control

The infection Prevention and Control (IPC) Team covers the ICS and has been focusing on a range of work including:

- Supporting Primary care with new buildings and refurbishments to further improve IPC compliance
- Designing and leading a renewed IPC Champions programme for primary and social care IPC champions.
- Participation in national campaigns whilst promoting engagement with primary and social care
- Training in IPC/Personal Protective Equipment (PPE) use for staff in care homes, supported living organisations, LD homes and primary care.
- Resuming a schedule of primary care audits with introduction of auditing into social care
- Supporting social care with IPC reviews of environments and processes and offering training to support the areas based on findings
- Creating an audit database for primary care
- Providing outbreak management support to social care organisations and primary care
- Responding to an increase of national outbreak incidence of infections such as Diphtheria, measles, Group A strep etc. due to the lack of exposure experienced as a result of the Covid-19 pandemic.
- Weekly IPC meetings with the ICB and Provider Directors of IPC and a system wider bimonthly meeting.

The IPC team continue to work across the ICS and share any learning and progress across the system.

Serious Incidents

Serious Incidents and Never Events are well-defined by the NHS England Serious Incident (SI) Framework and by the Never Events Policy and Framework. The ICB's serious incident management process allows providers to be held to account and seeks assurances over their investigation, in order to ensure learning from serious incidents and Never Events has taken place and mistakes are not repeated.

The ICB holds serious incident panels with our providers. This gives us an opportunity to identify any themes and discuss larger pieces of work aimed at minimising systemic risks.

Never events are considered to be red flags as they highlight potential weaknesses in how an organisation manages fundamental safety processes.

	Frimley ICB
Never Events 1 st July 2022 - 31 st March 2023	5

One commonality featured in the root cause analysis for Never events is human factors. Providers within the ICS have given assurance they are embedding the Just Culture methodology. Ongoing works continue with further Human factors and civility training.

Collaboration continues with the planning for the roll out of the new Patient Safety Incident Response framework (PSIRF) which will replace previous Serious Incident Framework in Autumn 2023.

Complaints

The ICB welcomes feedback via complaints, concerns, and compliments from members of the public as part of efforts to continually improve commissioned services and ultimately standards of care.

The ICB can provide advice to patients and/or carers about help available if they are unhappy with the NHS care they have received. This includes assisting in a discussion with the care provider at the time a concern is identified (whenever possible) and providing advice about independent advocacy services and the Parliamentary Health Service Ombudsman (PHSO) as appropriate.

The table below shows the number of complaints and concerns that have been received over the period of 1st April 2022 to the 31st March 2023:

July 2022 - March 2023	Frimley ICB
Complaints	63
Concerns	368

Clinical Feedback

During 2022-23 Frimley ICB continued to provide a platform for GP practices and other health professionals to report patient and process specific concerns across our local healthcare system. Through the clinical feedback process resolutions are sought and investigations opened into quality matters. The clinical feedback system is a valuable tool to respond to and monitor quality issues. It gives an opportunity for Frimley ICB to identify themes among concerns raised and to bring about positive changes to patient experience.

Learning Disabilities Mortality Review Programme (LeDeR)

The Learning Disabilities Mortality Review Programme (LeDeR) was established following a national Confidential Inquiry into Premature Deaths of People with learning disabilities, which reported that people with learning disabilities are more likely to die from causes of death that could have been avoided with good quality healthcare.

At system-level, the LeDeR Programme is managed by the ICB, with a LeDeR Steering Group meeting on a quarterly basis to review investigations, to act on lessons learnt and to facilitate improvements which can be shared across organisations.

The ICB has ensured that the vaccination of people with Learning Disabilities has remained a priority across the system (with reasonable adjustments and support put in place) and highlighted the need for vigilance for people showing atypical symptoms after vaccination. As discussed above, as of February 2023, Frimley ICS uptake of COVID booster vaccinations among people with learning disability was at 68.4% compared to the National uptake of 57.2%.

Mortality Review Group

The ICB convenes an ICS Mortality Review Group, meeting quarterly. This group is chaired by the Chief Nurse and includes executive and operational leads from all main providers, including Royal Berkshire NHS Foundation Trust. The group meets to share learning from provider mortality reviews, and initiatives / responses to key risk areas identified.

In preparation for the statutory requirement in April 2023 to have Community Medical Examiners, the group has overseen the development and implementation of a pilot scheme. The Medical Examiner's (ME) service has been established nationally following the Shipman enquiry to enable the systematic and independent scrutiny of all non-coronial deaths. As part of the national initiative, The ME office is now required to extend their service to encompass all non-coronial deaths in all settings. Since May 2022, there has been a gradual roll out of the pilot scheme to ensure GP practices mirror the process of the statutory function, to ensure Frimley ICB will be compliant from the 1st April 2023.

Essentials of Care

ReSPECT (Recommended Summary Plan for Emergency Care and Treatment), continues to be implemented with training in primary, secondary and voluntary sectors, including care homes as part of the Palliative and End Of Life Care (PEOLC) work. To support these conversations there has also been a refresh of the 'Advanced Care' for patients and 'Looking after someone at the end of their life'. The medicines optimisation team has continued to work on electronic end-of-life prescribing drug charts, and system Adult symptom control guidelines for PEOLC. The PEOLC Steering group sets its priorities for the forthcoming year following completion of the national Ambitions.

There is also a project on wound care and implementing the national guidelines working with the academic health science network. This is specially looking at lower limb wounds. The ICB has also been successful on a hydration bid with

NHSE this project is focusing on personalisation hydration plans. This work is in collaboration with 2 other ICBs.

Quality at Place

Within Frimley ICB, dedicated Place quality leads ensure high quality of care is brought closer to home. Whilst the ICB recognises there will be variation of approaches, there will be a continued focus on:

- empowering and educating people to make informed decisions about their health and to manage and take responsibility for their care
- developing services that place the person at the centre of the care process, and
- developing integrated services that deliver the right care, first time.

Place-Based quality lead roles were created to embed quality in everything that is done at Place. The roles have continued to evolve and are becoming firmly integrated within Place-Based teams at operational and strategic levels. The Place-Based quality leads continue to support the ICB to integrate health and social care, whilst working in partnership with regulatory and other partners to deliver system priorities, using intelligence to inform and prioritise quality improvement and escalation as appropriate. They continue to work to develop the quality assurance, quality improvement and quality monitoring, promoting best practice for services delivered at place. The Place Leads support in the development of quality impact assessments during service changes at place. This aims to support decision-making that reduces risk and improves patient safety as well as opportunities for shared learning across the ICS and improvement of equality and reduction in unwarranted variation.

Care Homes

Care Home quality leads have been working jointly with local care home providers and system partners both during the COVID-19 pandemic and beyond to enhance the health and wellbeing experiences for our local care home resident population.

Care home support forums initially introduced in March 2020, have successfully continued as a vessel for communication and engagement with local care homes providing information on the latest guidance changes as well as updates on local support, system priorities and training offers. An additional forum for Learning Disability providers within the ICB has been set up and has been well received. Post pandemic virtual training and education packages have continued on a wide range of topics for both older adults and learning disability care homes in the Frimley ICS area.

Care Home quality leads have enabled close partnership working with local authority colleagues and the development of strong local relationships and dual approach to improving and maintaining quality.

There have been a number of initiatives as part of the Enhanced Health in Care homes work on falls, contractures, and oral health. There has also been a pilot following coproduction between the partners and stakeholders on a Trusted Assessor model to support early discharge from hospital to a care home.

Safeguarding

2022-23 has seen ever-closer collaboration of safeguarding partnerships across the Frimley system. The successful production of the safeguarding strategy is based on a portfolio workstream model. The overall ICB ambitions to 'reduce inequalities for the communities we serve' is strongly reflected throughout this strategy. Reduction of inequality provides a solid ground for early detection of abuse and safeguarding individuals and communities from abuse, where individual voices and those of the communities are heard clearly and concerns acted upon.

Safeguarding Strategy Development 2022/23.

The latest reorganisation of health systems and introduction of ICBs and integrated care systems (ICS), alongside the publication of the Safeguarding Accountability and Assurance Framework (SAAF) 2022¹, allowed a timely assessment of Frimley ICS safeguarding health systems, their governance and strategic direction.

As set out in Working Together to Safeguard Children 2018, the three safeguarding partners (Local Authority, ICBs and Police) must together set out how they will work together with other agencies to safeguard and promote the welfare of children in their local area. Frimley ICB works with 7 safeguarding partnerships, each have published local safeguarding arrangements. (see below).

As set out in Working Together to Safeguard Children 2018, the safeguarding partners must publish a report at least once in every 12-month period. These reports have set out what they have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice:

Safeguarding Partnership	Partnership Arrangements website detailing partnership arrangements and published annual reports
Slough: Children and Adult	Slough Safeguarding Children Partnership - scsp (sloughsafeguardingpartnership.org.uk)
Bracknell Forest: Children and Adult	Bracknell Forest Safeguarding Board
Hampshire (NE hants): Children	Homepage - Hampshire SCP

Hampshire (NE Hants): Adult	Hampshire Safeguarding Adults Board Working together to safeguard adults at risk (hampshiresab.org.uk)
RBWM	The Royal Borough Windsor & Maidenhead Safeguarding Partnership website (rbwmsafeguardingpartnership.org.uk)
Surrey (Surrey Heath): Children	Homepage - Surrey Safeguarding Children Partnership (surreyscp.org.uk)
Surrey (Surrey Heath): Adult	Surrey Safeguarding Adults Board (surreysab.org.uk)

Working Together to Safeguard Children 2018 places a duty on ICBs for the provision of effective clinical, professional and strategic leadership in child safeguarding, via the quality assurance of safeguarding through contractual arrangements with all provider organisations and agencies, including from independent providers. Frimley ICB confirms the following of statutory assurance processes set out in the SAAF.

Over the last few years, safeguarding health teams across the ICB have been working towards a 'portfolio model.' Simply put, the recognition of portfolio working has been a natural progression; health safeguarding professionals from health systems work in the same subject areas and work in collaboration with each other including providing professional cover and feedback. Examples include Prevent, Children in Care, Domestic Abuse, Training, Exploitation.

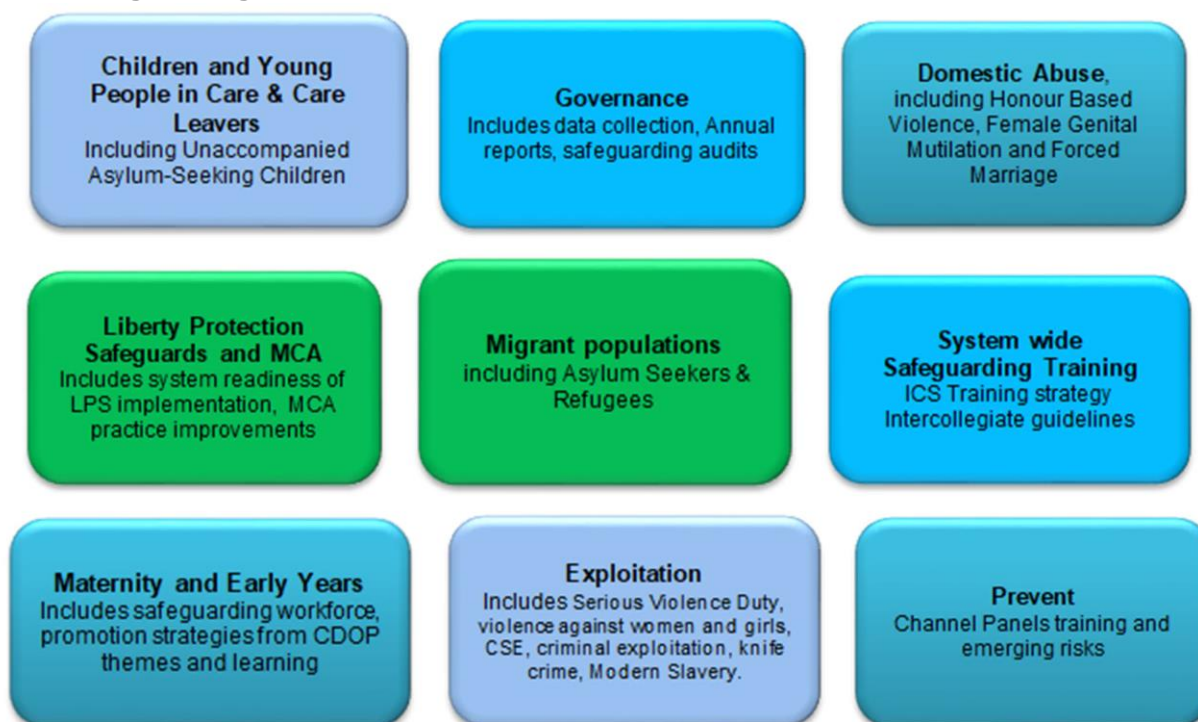
Nationally, the encouragement for health systems to work using the portfolio model reflects the close alliances between provider collaboratives that is required for successful integrated care systems. It is pleasing to report that close, supportive and shared cultures were in existence prior to 2022 and these have strengthened over time. Two coproduction workshop events were held during 2022 for the named and designated safeguarding professionals working across Frimley ICB. The identification of portfolio subject areas was agreed at these events with organisational representation assigned to each. The second meeting confirmed the priorities for action for each portfolio.

It was agreed that these portfolios demonstrated the core work of ICB and health systems safeguarding work which translates to this strategy. Portfolio workstream progress will form part of the quarterly and annual reporting cycle for the ICB and will include the following via reporting arrangements:

- Quarterly and Annual reports to Local Place Committees, the ICB Strategic Safeguarding Group, the ICB System Quality Group, to NHS England SE, to Safeguarding Partnerships including safeguarding children adults Boards.
- Maintenance of the SAAF statutory reporting process to Regional Chief Nurses, including any new statutory duty briefings and gap analysis for example: the new 'Serious Violence Duty 2022' and 'Domestic Abuse Act 2021' to collaborate.

- Assurance that appropriate SAAF programmes will be explicitly contained with the Joint Forward Plan for example children in care ambitions for health and wellbeing, implementation of Serious violence duties including ambitions to reduce domestic abuse.
- Hearing the voices of children and young people, especially children in care, care leavers and young carers.
- Successful preparations and implementation of the Liberty Protection Safeguards (LPS) Responsible Bodies.
- Support for safeguarding workforce developments locally and within the Southeast.

Safeguarding Portfolios



Portfolio Priorities:

Members of each portfolio group have identified the following priorities which form the work of this safeguarding strategy. Over the next 3 years, progress will be noted on a 6 monthly basis.

Portfolio	Workstream priorities
Governance	Work towards production of an ICS wide annual safeguarding report Agree consistent safeguarding data collections across the ICS Agree annual safeguarding audits Safeguarding supervision
Children and Young People in Care (CYPIC) and Care Leavers	CAMHS & Mental health offer for CYPIC and Care Leavers Unaccompanied Asylum seekers; health provision Equity of health offer Medical Office Job description reviews
Domestic Abuse (DA)	Training offer Health organisations staff DA Policy

	<p>Best practise guidelines for health incorporating new guidance from the Domestic Abuse Act and Serious Violence Duty</p> <p>Review FGM Pathway and current activity.</p> <p>Work with Community Safety Partnerships to influence strategic plans for violence against women and girls.</p>
Migrant populations including Asylum Seekers & Refugees	<p>Health safeguarding teams to be part of multiagency response to new asylum-seeking accommodations</p> <p>Escalate any acute or thematic safeguarding issues appropriately.</p> <p>Develop best practice principles in line with equity or access for health services for our whole population</p> <p>Respond in a timely and appropriate fashion to new migrant policy and developments.</p>
System Wide Safeguarding Training	<p>Incorporate training offer across the ICS</p> <p>Develop training passports</p> <p>ICS wide training Library</p>
Prevent	<p>Appropriate health representation at all Strategic boards and channel panels and report activity in quarterly and annual reports.</p> <p>Assist in multiagency risk decision making</p> <p>Work collaboratively with health system partners to represent organisations and disseminate information, implement new actions.</p>
Maternity and Early Years	<p>Safeguarding workforce, share innovations for recruitment and support for practitioners in post</p> <p>Promotion strategies from CDOP themes and learning including safe sleeping initiatives and water safety.</p> <p>Maternity safeguarding priorities.</p>
Liberty Protection Safeguards (LPS) and Mental Capacity Act (MCA)	<p>Health systems readiness of LPS implementation</p> <p>Improvements to MCA practice improvements</p>
Exploitation	<p>Working with community safety partnerships to implement the Serious Violence Duty to reduce serious crime and prevent escalations including knife crime</p> <p>Exploitation pathways/toolkits/assessments</p> <p>Respond and support data collection initiatives arising from the Serious Violence Duty.</p> <p>Raising awareness in the community</p> <p>Training for health organisations</p>

Quarterly ICB safeguarding reports demonstrate the progress of these portfolios alongside other significant safeguarding workstreams. These include latest statutory changes, updates on adult and child serious case reviews and domestic homicide reviews and child death overview reports. It is important to note that this strategy remains flexible and the ability to add any serious local and/or national safeguarding incidents which lead to an immediate change of practice or safeguarding development. Should this be the case, the strategy will be amended accordingly.

Medicines Safety

Over the past 12 months, the ICS Medicines Safety Programme has become established with several strategic aims to reduce medication related harm to our population and improve patient outcomes through the safe use of medicines.

A five year strategy has been developed by the ICS Medicines Safety Group to target national and local priorities. The strategy focuses on 4 domains illustrated below.

Patients and the Public	Health and Social Care staff
<p>Increase public awareness of the importance of using medication safely.</p> <p>Improve shared decision making around the use of medication.</p> <p>Improve medication information for patients and the public, and access to quality medication information.</p> <p>Encourage and support patients and their carers/families to raise any concerns about their medication.</p>	<p>Raise awareness among health and social care staff that medication safety is everyone's responsibility.</p> <p>Support health and social care staff to obtain the skills to be 'medication safety wise'.</p> <p>Improve reporting and learning from medication errors.</p> <p>Improve communication and facilitate new ways of connecting staff to share and spread best practice.</p> <p>Promote 'just culture' to health and social care staff, a culture of fairness, openness and learning.</p>
Medicines	Systems and Practice
<p>Reduce the risk of avoidable harm from high-risk medicines.</p> <ul style="list-style-type: none"> • Anticoagulants • Opioids • Valproate • Insulin • Methotrexate • NSAIDs • Clozapine <p>Reduce the risks of harm associated with polypharmacy.</p> <p>Reduce the risk of harm associated with medicines subject to safety guidance from NHSE/I, MHRA, NICE, NPPG, HSIB and other organisational alerts.</p> <p>Reduce the risk of harm from those medicines commonly reported in local incidents across the ICS organisations</p>	<p>Introduce systems to help reduce harm related to the prescribing, dispensing and administration of medication.</p> <p>Improve medicines safety at transitions of care utilising the latest digital solutions.</p> <p>Use LFPSE / local incident data, audit and prescribing data to identify, prioritise and address local medicines risks.</p> <p>Enable safer administration of medicines in care homes.</p> <p>Establish a robust system wide governance and assurance process around the safe use of medicines.</p>

In response to a national safety alert, the ICS Medicines Safety Group have developed a risk assessment for the safe prescribing and use of potassium permanganate concentrate.

As a result of sharing information on local medication related incidents, the medicines optimisation team are working collaboratively with one of our mental health trusts, Surrey and Borders Partnership NHS Foundation Trust, to improve the prescribing and administration of long-acting anti-psychotic injections in Primary Care. Work has begun on how the programme can utilise Patient Safety Partners and help increase public awareness of the importance of using medication safely.

The medicines optimisation team supported local practices with training and guidelines to support some key medicines safety priorities: anticoagulants, methotrexate, medications that can cause dependence and National Patient Safety Alert Steroid Emergency Cards. These priorities have all brought about positive progress in prescribing patterns.

Workforce development

The medicines optimisation team has developed and delivered over 100 training sessions over the year for different groups of staff, for example practice clinical staff, Care Home Staff, PCN Pharmacists, Pharmacy Technicians, GP Trainees, Nurses, Paramedics and Prescription Managers. This has improved the safety of medicines use and supported new professionals working in primary care and care homes.

This year has also seen the start of a number of projects to improve recruitment and retention of pharmacy team members across the system. Work has been undertaken to engage with local schools and universities to promote pharmacy careers. Work has also begun to develop clear career pathways from early years through to advanced practice. These will involve cross-sector training to make our workforce more flexible as well having a shared understanding of how to get best use of medicines for all our communities.

There is a focus also on the inauguration of an Integrated Care System Wide Pharmacy Workforce group that will bring a number of diverse stakeholders together to begin the necessary work of creating an agile, sustainable, and prosperous pharmacy workforce for the entire system.

Community Pharmacy

Frimley ICS has recently appointed a Community Pharmacy Clinical Lead who will be leading on the integration of community pharmacy into the wider Frimley Health and care system. They will support the implementation, integration, and assurance of community pharmacy clinical services.

Work has begun on developing a community pharmacy strategy, to raise the profile of community pharmacy and make better use of the skills of the pharmacy teams, to deliver more clinical services to support the needs of the local population.

A key focus area is to improve the use of the DMS referral service (Discharge Medicines Service) which supports early discharge and the safe transfer of care from secondary care to primary care and reduces unnecessary hospital readmissions due to avoidable medicines related incidents.

There is also work underway, looking at piloting a minor illness/ conditions service from community pharmacy, which will transfer the management of minor conditions to community pharmacies, thereby freeing up GP capacity to focus on higher acuity cases, increasing access to primary care for the Frimley population.

Medicines Optimisation in Care Homes (MOCH)

The MOCH Team continued to support care homes and health care professionals through the pandemic by providing guidance and support on safe use of medicines. This has been in the form of written guidance, training webinars, phone calls, a quarterly newsletter, supporting with incidents or concerns and answering queries. The team has led the roll out of a digital solution (EMIS proxy) which streamlines prescription ordering and reduces workload at both care homes and GP practices.

They have attended multi-disciplinary team meetings to provide expert pharmaceutical advice and support with medication review of complex patients and also developed a structured medication review (SMR) referral pathway. The team also provide various education and training sessions to PCN staff, GPs included, to develop local workforce capability including training on tackling SMRs and sessions discussing specific case studies e.g., polypharmacy and frailty.

This year the MOCH team have also began the implementation of the Medicines safety culture in care homes project'. This innovative and exciting project aims to improve medicines safety, incident reporting and learning from incidents in care homes. The majority of care homes in the Frimley system have recently nominated their medicines safety champions to lead on medicines safety as part of this project. They will receive training on how to use a suite of medicines safety resources and promote good practice in their care homes.

In an aim to improve patient outcomes from medicines by supporting medicines adherence, the MOCH team have also started to pilot the 'Supporting medicines adherence toolkit'. The toolkit, which is supported by stakeholders across the Frimley system, aims to ensure people taking multiple medicines are supported in a person-centred way. Training and education on the appropriate use of multi-compartment aids and how to use the toolkit resources will be provided to health and social care professionals involved. This collaborative quality improvement project will also help health and social care work even closer, in an integrated way, to support patients with their medicines.

MOCH pharmacy technicians have also been supporting care home providers with medicines management issues and areas where improvement might be needed. Offering a range of quality audits, resources and training, the MOCH technicians have supported a significant number of care home providers to improve processes and how they manage medicines for residents in their care.

8. ENGAGEMENT WITH PEOPLE AND COMMUNITIES

Involving local people and communities in the work that we do is essential to our success as an organisation. Patients, communities, and local people not only have the right to participate in plans and decisions around their own health and care, but they should also be able to play a role in shaping the services available. For services to be truly effective we need to raise awareness among our residents of the choices available to them, to allow them to make informed decisions and get the treatment they need, when they need it.

Working in partnership with patients, carers, families and local people within their own communities, brings a different perspective to our understanding and can challenge our view of how we think services are received and should be delivered in the future.

Through our experiences of working with local people in recent years, we know that collaboration and developing trusting relationships with our communities leads to better decisions and better results. We are committed to keeping the patient and public voice at the heart of everything we do.

By supporting projects and approaches that are community focused we can continue to co-design an approach that tackles broader inequalities that affect our health. Equality, diversity and inclusion underpins all of our work and is at the heart of who we are and what we do, and NHS Frimley is committed to ensuring that all voices are heard both internally and externally. The impact of the pandemic and the cost of living crisis has been felt by everyone and it is important that we understand the difficulties people are facing whether they be related to health, housing, finances or family. Our ambition is to work together with local people, voluntary sector, health, care and local government to deliver change as part of our local communities.

One size doesn't fit all so a blended approach will ensure that there are a range of ways that people will be able to get involved.



Image from 'Working in partnership with people and communities: statutory guidance', published by NHS England, 7th July 2022

Our legal duties and principles of engagement

This section of the annual report provides an overview of the consultation and engagement activities that have taken place from July 2022 to March 2023 and is supported by our online engagement resources available on our website here: [Get Involved | Frimley Health and Care](#)

We are committed to being an organisation that delivers the best possible health and wellbeing outcomes for people who live within our local communities. This means adapting to new ways of working, ensuring a local focus but with the additional benefits of support, sharing good practice and learning across our system. We know from experience that engagement with patients, carers and our local communities can result in:

- Better outcomes and patient experience;
- Improved services - gathering and using patient experiences can help design, commission (buy) and deliver services more effectively;
- Reduced demand - informing and engaging people can increase self-care, improve take-up rates for healthy options, and reduce inappropriate service use;
- Deliver change - involving people in discussions and decisions about service changes can make it easier to manage risks and deliver difficult change successfully.

We are continuing to drive a real culture change across the health and social care system, to put engagement and co-production at the heart of everything that we do, helping residents to actively participate in design and delivery of services – now and in the future.

NHS England, in partnership with a wide range of stakeholders and patient and public representatives, has developed the following ten principles that NHS Frimley has adopted:

- Put the voices of people and communities at the centre of decision-making
- Start engagement early and feedback how engagement has influenced activities and decisions
- Understand our community's needs, experience and aspirations for health and care
- Build relationships with excluded groups, especially those affected by inequalities
- Work with Healthwatch and the VCSE sector as key partners
- Provide clear and accessible public information about vision, plans and progress
- Use community development approaches that empower people and communities
- Use co-production, insight and engagement to achieve accountable health and care services

- Co-produce services and tackle system priorities in partnership with people and communities
- Learn from what works and build on the assets of all ICS partners

Equality, diversity and inclusion underpins all of our work and is at the heart of who we are and what we do. The ICB is committed to ensuring that all voices are heard both internally and externally. To reinforce the importance and positive impact of working with people and communities, NHS England, ICBs and trusts all have legal duties to make arrangements to involve the public in their decision-making about NHS services. New statutory guidance was published in July 2022 that sets out expectations around working in partnership with people and communities.

- The main duties on NHS bodies to make arrangements to involve the public are set out under section 13Q of the National Health Services Act for NHS England, section 14Z45 of the Health and Care Act 2022 for ICBs, and section 242 (for NHS trusts and NHS foundation trusts) of the National Health Service Act 2006.
- These public involvement duties have applied to commissioners and providers for many years and are largely unchanged. However, a significant change in the Health and Care Act 2022 is that the description of people to be involved has been extended from ‘individuals to whom the services are being or may be provided’ to **also include ‘their carers and representatives (if any)’**.
- NHS England, ICBs, NHS trusts and NHS foundation trusts are also subject to the new ‘triple aim’ duty in the Health and Care Act 2022 (sections 13NA, 14Z43, 26A and 63A respectively). This requires these bodies to have regard to the **‘triple aim’ of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources**. Effective working with people and communities is essential to understand local populations and deliver this triple aim.
- The Equality Act 2010 **prohibits unlawful discrimination in the provision of services on the grounds of protected characteristics**. These are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. The Equality Act 2010 also requires public sector organisations to have ‘due regard’ to the need to: eliminate unlawful discrimination, advance equality of opportunity between people who share a protected characteristic and those who do not and foster good relations between people who share a protected characteristic and those who do not. This is known as the ‘public sector equality duty’ (section 149 of the Equality Act 2010).
- NHS England and ICBs are also under a separate statutory duty to have regard to **the need to reduce health inequalities of access to health services and the outcomes achieved** (sections 13G and 14Z35 of the National Health Services Act 2006, respectively).
- Finally, the Public Services (Social Value) Act 2012 requires people who commission public services to think about **how they can also secure wider social, economic and environmental benefits**.

Organisational change and system development

During 22/23 we have been focusing on the communications and engagement requirements to effectively represent and support NHS Frimley ICB as part of the wider Frimley Health and Care System. We have been ensuring that partners and stakeholders understand the changes and are aware of the new constructs that make up the Integrated Care System, to set us up effectively to involve our communities and local people in our work.

It has been important to us to ensure we maintain the high standards we set ourselves as previous organisations to involve local people and communities and to prioritise effective, regular and meaningful engagement as a key way to ensure we provide effective services.

Developing our 'People and Communities Strategy'

Integrated Care Boards (ICB's) are the statutory NHS organisations which work with partners across the Integrated Care System (ICS) in collaboration with local people and communities, to improve health outcomes for everyone. ICB's are expected to have a system-wide strategy for engaging with people and communities.

Between April-June 2022, the draft strategy for Frimley was developed. Across three virtual events in May over 50 people took part in conversations about our approach to working in partnership with people and communities. These events and supporting conversations involved a strong range of voices, including local people, NHS partner organisations, Local Authorities, community development specialists, voluntary sector representatives and Healthwatch. These sessions highlighted three clear themes that we must acknowledge and act upon during the first 12 months as an Integrated Care Board. The first was a clear steer for **equality and inclusion** to be an initial priority in delivery, the second was the need for continued **partnership working and shared leadership**. Finally, a challenge to really see us 'step back up' and to **reconnect with local people and communities** in a new way, post pandemic restrictions.

Our strategy has formed the basis for how we conduct our communications and engagement work and will be further refined over the coming year. The strategy remains in draft as we finalise our system-wide strategy and will be endorsed by the Integrated Care Partnership in the coming months and then embedded in system working.

For more information about this work please visit:

<https://insight.frimleyhealthandcare.org.uk/peopleandcommunities>

Engagement across the Frimley Health and Care System



Working in partnership, our intention is to implement the ambitions of the Frimley Health and Care Integrated Care System for the benefit of the communities we serve and our staff.

Our shared ambitions are:

- **Starting Well:** We want all children to get the best possible start in life.
- **Living Well:** We want people from across all our communities to have the opportunity to live healthier lives.
- **People, Places and Communities:** We will ensure the voices of our residents, families and carers shape the ways we create healthier communities.
- **Our People:** We want to be known as a great place to work and live, and to make a positive difference.
- **Leadership and Cultures:** We will work together to build kind, inclusive and collaborative cultures which harness the rich diversity of people from across the system.
- **Outstanding use of resources:** We will offer the best possible care and support where it is most needed, in the most affordable ways.

The ambitions were developed through high levels of engagement and they reflect local needs, issues and priorities, are rooted in evidence and aim to tackle health inequalities and the wider determinants of health and wellbeing for our population.

All of our engagement activity is based around the above ambitions and is focused on supporting one or more of the above goals. We continue to work with our local residents, families, volunteers and carers to agree how we collectively (as organisations, individuals and families) create healthier communities, supporting healthy choices and designing and delivering new ways of working to improve the health and wellbeing of our local population.

Join the Conversation

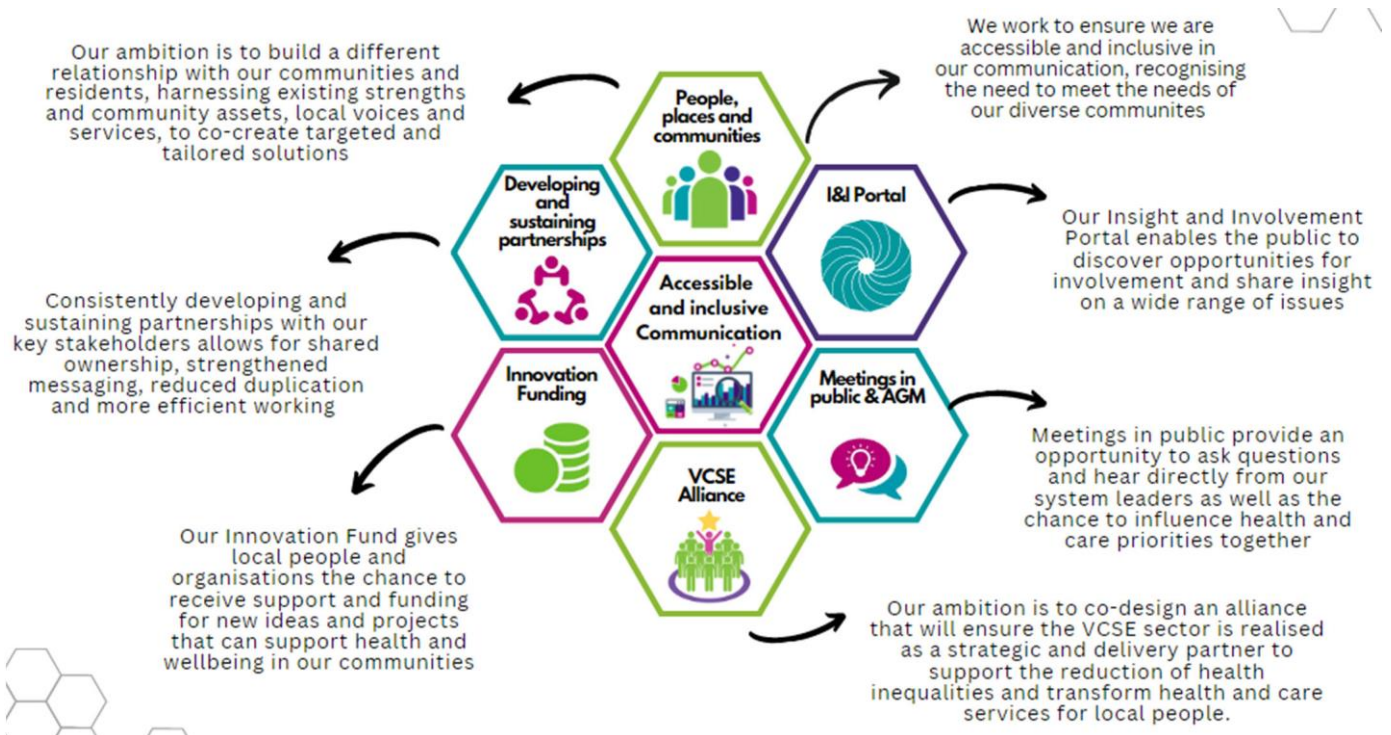
We have a number of ways in which people can engage with us, because we understand that everyone is different and what suits one of our residents will not necessarily work for another.



These different channels come together under our Join the Conversation programme. The simple brand reflects our belief as an ICB that our population is involved in what we do, and that any individual, group or organisation can play a part.

Over the years we and our predecessors have increased the involvement of our population in our activities. The pandemic affected our interaction with local people, but we are still able to engage with them, and where and when possible we are meeting with people once again.

There are a wide range of ways that people can get involved and share their views:



The Insights & Engagement Portal

As part of a wide-reaching engagement programme we use our Insight and Involvement Portal and continue to develop our online Community Panel.

The portal:

- Offers local people the opportunity to explore a wide range of projects and work where we are seeking their input and involvement
- Improves access with a variety of tools including surveys, quick polls, Q&As, maps, document sharing and ideas boards
- is a space to share experiences, hear from others, build networks and share feedback
- allows sign up to our Community Panel to take part in regular surveys and hear about other opportunities to support us in creating healthier communities.

Our Community Panel is now embedded within the new portal. Set up in 2019 and still growing, our online Panel of over 1,500 people support us to better understand our local communities. Panel members may also be invited to take part in project work, focus groups and face to face opportunities. This year we have also been successful in securing additional funding from NHS England to further develop the panel.

Over the course of 2023 we are particularly keen to:

- Support the Integrated Care Partnership and other stakeholders in the system and increase the use of the community panel to engage with people and communities on services that impact on their health and wellbeing
- Test how the community panel can best reach the most excluded and/or vulnerable groups, for example ethnic minority groups, people who are rough sleeping, homeless or insecurely housed, people with a diagnosis of dementia and/or their carers, Gypsies and travellers
- Use the community panel as part of the wider engagement and consultation process in relation to major service change and reconfiguration of services
- Support other insight and intelligence gathering across the system such as population health management data or redesigning outpatients.

More information about the panel, including examples of previous surveys, can be found on the portal: <https://insight.frimleyhealthandcare.org.uk/communitypanel>

Working with our partners



Healthwatch are the independent national champion for people who use health and social care services. They are there to find out what matters to people and help make sure their views shape the support they need. There is a local Healthwatch in every area of England working to find out what people like about services, and what could be improved, and they share these views with those with the power to make change happen. Healthwatch also help people find the information they need about services in their area.

Nationally and locally, they have the power to make sure that those in charge of health and social care services hear people's voices. As well as seeking the public's views themselves, they also encourage health and social care services to involve people in decisions that affect them.

NHS Frimley works closely with our local Healthwatch organisations to better understand what they are hearing and how we can make changes as a result. We also hold regular network meetings with all of our local Healthwatch to share feedback and learn from each other. We will also regularly commission Healthwatch to undertake

independent work on our behalf, particularly when we want to ensure independence and capture anonymous or impartial feedback.

Voluntary & Community Sector

NHS Frimley also works closely with the Voluntary sector in a range of different ways. The vast majority of small charities and voluntary groups are supported by their local Council for Voluntary Services (CVS). We meet regularly with CVS colleagues to understand shared priorities, share ideas and develop new ways of working. We also commission a wide range of voluntary sector organisations to provide services for the local population. As we move through 2023, we will also be working closely with voluntary sector colleagues to develop a Voluntary Sector Alliance to strengthen these relationships and improve our ability to work in partnership as the ICS develops.

Empowering our communities



Empowering our Communities is a collaborative initiative by the Royal Borough of Windsor and Maidenhead and NHS Frimley to ensure residents voices are heard and strengthened. This initiative brings together three methods of community engagement; World Cafes, Community

Information Champions, and the Innovation Fund Project. This enables community led self-sustainable change generated by residents whilst building resilience and improving social capital.

Through this triangulated method, World Cafés present a listening process to identify what matters to communities utilising an asset-based community development (ABCD), co-productive and bottom-up approach. Themes from World Café's offer seed funding for community led initiatives and enable peer support. Finally, capacity building of community champions provides ambassadors of support and engagement. RBWM residents are leading the way in building thriving communities and connected lives and are building momentum.

This year there have been 15 World Café's. After each World Café, evaluation and outcome reports are produced. Details can be found here: [World Cafes | RBWM Together](#).

There have been two successful rounds of the Innovation Fund, with 17 successful projects receiving funding. Projects must focus on 1 of the 4 areas below in line with the 4 key priorities within the RBWM'S Health & Wellbeing Strategy 2021- 2025:

- Improving access to services to better people's health
- Social isolation & loneliness
- Health prevention to reduce risk factors
- Reduce mental or physical health inequalities

More information can be found here:

[RBWM Innovation Fund Project | RBWMTTogether.](#)

The initiative received a runner up Patient Experience Network National Award in September 2022 for the 'Engaging and Championing the Public' category.

The initiative provides a blueprint for organisations, a true collaborative initiative between the local authority, health and the community sector demonstrating an exemplar of practice.

Delivering a robust and impactful winter communications campaign

The winter communications plan 2022-2023 was designed through consultation with the ICS Urgent and Emergency Care Board, partners and through engagement insight with the local community. The plan was linked to a number of key individual communications and engagement campaigns.

Our Know Where To Go, Frimley Healthier Together, access to health services, home from hospital and self care and prevention campaigns all delivered bespoke messages, linked directly to the system Urgent and Emergency Care winter priorities, under the following themes:

1. **Access** - addressing barriers that are deterring patients accessing the NHS across a range of conditions to establish and embed a culture of early presentation and diagnosis. For example, cancer, maternity services, primary care and mental health.
2. **Vaccinations** (Flu and Covid-19 booster) - maximising uptake of the Covid-19 booster and flu vaccination by targeting cohorts and myth busting.
3. **System Pressures** - managing pressures and safety by changing how patients access NHS services inc. 111, minor injuries, pharmacy, Frimley Healthier Together and virtual wards.
4. **Prevention** - living well, self care and prevention. Living with long term conditions (such as hypertension and respiratory conditions), heat your home/cost of living, self care week, bank holiday preparedness.

The structure of the winter communications and engagement plan mirrored that of the national winter plan, while ensuring it met the local need of our communities.

Frimley ICS is committed to supporting the national messaging, working with partners in the system and across the South East to ensure consistent, timely and relevant messaging.

Feedback from regional assurance process stated that we had achieved “... **exemplar communications delivery across winter campaigns**”.

A number of communication methods and channels were used in the successful delivery of the winter plan. These included:

- Campaign toolkits - a range of resources for staff, stakeholders, community groups and partners (e.g. slides, social media content, press releases, newsletter stories, audio/visual content etc)
- Use of a range of communication methods (e.g radio, resident newsletters, GP websites, social media, school communications)
- Utilising appropriate stakeholder and community engagement opportunities such as local forums, community events, working with community representatives and faith leaders to support campaigns, test and develop tailored messaging
- Use of physical assets to support campaigns (e.g. posters, leaflets, outdoor advertising, digital advertising on platforms such as Google, social media, Spotify, Next Door, etc)

For the duration of the winter plan, October 2022-March 2023, the combined campaigns reached over **2,546,190** impressions on social media platforms, increasing unique visitors to the websites Frimley Healthier Together and Frimley Health and Care ICS website.

Through using Google Ads during a national increase in cases of scarlet fever in children, we were able to quickly direct more than **9,000** people to relevant and local information on the Frimley Healthier Together website.

During January-March a mental health campaign was run first for adults and then for children and young adults. On social media the campaign received over **501,000** impressions, and **6,083** clicks through to the ICS website mental wellbeing pages. The mental wellbeing page on the ICS website has risen from the 51st most viewed page before the campaign started to the 7th most viewed page. Healthy Surrey and Talk Plus have reported that user numbers have been higher this winter than last winter, BHFT Talking Therapies reported a **10% increase** in webpage traffic, an increase in external web referrals and traffic from the Frimley ICS website has doubled compared to the same period last year.

Primary Care Access Campaign



We know that access to primary care has been a huge cause of concern and discussion for local people. We also know staff are feeling undervalued and want to explain the new ways Primary Care works and the new staff members available to see. The campaign which ran from Jan-March 2023 had the following aims:

- Challenge patient perceptions and expectations that primary care is not open and reassure patients that primary care is open, available and here to care for you.
- Increase awareness of various roles within primary care.
- To inform patients of how these alternative professionals can support with care.
- To help patients understand how they can access primary care services in different ways (online, telephone, face to face), at different times (enhanced access/out of hours) and the differences from routine and on the day need.
- Influence patient behaviours by redirecting to appropriate members of the primary care team.

We used real local staff members to front the campaign. We also targeted our communities with translated assets in Urdu, Punjabi and Polish to meet the needs of our diverse communities.

The case studies appeared across 25 high footfall out of home sites such as bus stops and supermarket advertising boards with estimated weekly impacts of upwards of **1.2million views**.

Outputs from paid for social media ads (7 different ads over 8 week period)

Total Reach (paid) 634,000 (organic) 3,100

Total Impressions (paid) 1,633,491 (organic) 5,900

Total Clicks (paid) 12,481 average time on page 2mins which is a great indicator of the interest in the content we developed.

The topic of accessing your local GP practice is controversial and received many comments during the life of the campaign. We received a mix of positive, neutral and negative. We gathered insight from these interactions to help us refine our information and tweak the language we used, developed an FAQ which was used as a response to comments, and we reached out to our 'top rater' to have a conversation to understand and hear more about the access barriers.

Public meetings

We have remained committed to ensuring our public meetings are held online, learning how best to run the sessions to be as welcoming and inclusive as possible in this format.

During 2022-2023 we have held our ICB Board meetings in public virtually, as well as our Primary Care Commissioning Committee meetings in public virtually. These were promoted using our website and our social media accounts and we have seen higher numbers of external attendees than when the meetings were held face-to-face in the past. We record the meetings which are then available to watch on the website at people's convenience.

NHS Frimley website and social media

We launched the new NHS Frimley ICB website in July 2022 and have started the development of the Frimley Health and Care ICS website into the main public facing resource for the system. The ICB site holds statutory information and key meeting information. The Frimley Health and Care site showcases projects, highlighting the impact of local community involvement, and signposting engagement opportunities. We use the website to inform the public of our plans to engage, raise awareness of any consultation activity and also to provide opportunities to become involved. The website is updated regularly so we can report on the outcomes of all consultations and what we have done as a result of our activity.

The current websites are:

www.frimley.icb.nhs.uk/

www.frimleyhealthandcare.org.uk/

Our social media accounts have grown as a result of a renewed focus and a more strategic approach to the way in which we use them. From simply using Twitter and Facebook before, we now have a presence on Instagram and LinkedIn as well.

We have also switched to a different account management tool which better suits our needs and enables us to improve how we use our social media accounts to reflect and promote the work of the ICS and partners.

Our messages, including content, imagery and the quantity and timing of posts, are more carefully planned and targeted and we have seen a greater level of response as a result.

We have also used paid campaigns as and when we need to reach a greater audience or to target specific sectors of our population.

Engagement summary

Effective communications and engagement with our population and our partners is an essential factor in making up who we are as an organisation. By collaborating with those we serve and our health and care colleagues, we combine our talents, knowledge and experience to improve the health of everyone in our communities.

Put simply, we want every person across Frimley to live their lives to their fullest potential. To create this degree of change requires a radically different relationship between organisations and local people. It will not, and cannot, be achieved by simply continuing to do what we have always done. It will require us to create new ways of working, to work flexibly, to invest in models of delivery, and to be brave enough to actively target resources to where we can make the biggest difference for local people.

Working together enables us to think differently. We have an opportunity to be brave, bold and transformational, to make the biggest collective impact for our local people by Creating Healthier Communities. We want to focus on harnessing individuals' and communities' strengths, together with services, to co-design and co-produce solutions to health and wellbeing, ultimately reducing health inequalities for all.

What we're aiming for: Meaningful, consistent and timely involvement with local people and communities. Ensuring equality, diversity and inclusion is at the heart of thinking, planning and delivery.

Why we believe in this: Working in partnership with patients, carers, families and local people within their own communities brings a different perspective to our understanding and can challenge our view of how we think services are received and should be delivered in the future.

9. REDUCING HEALTH INEQUALITY

Equality, diversity and inclusion underpins all our work and is at the heart of who we are and what we do. Our commitment is driven by the principles enshrined in the NHS Constitution and goes beyond the legal requirements of legislation such as the Human Rights Act 1998, the Equality Act 2010 and the Health and Social Care Act 2012 (section 14T).



These include:

- Give 'due regard' to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- 'Have regard' to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

NHS Frimley plays key roles in addressing equality and health inequalities for our local population: as commissioners, as employers and as local and national system leaders, in creating high quality care for all.

NHS Frimley has two separate key duties, one on equality and one on health inequalities. Both require informed consideration by decision makers, but it is important to appreciate that they are two distinct duties.

The specific duties of the Equality Act 2010 require public bodies such as NHS Frimley to have due regard to the aims of the Public Sector Equality Duty (PSED) in exercising their functions, such as when making decisions and when setting policies. In addition, they require public bodies to set specific measurable equality objectives every four years.

As a statutory public body, we must ensure we meet these legal obligations and, by publishing annual equality information, demonstrate how the organisation has used the PSED as part of the process of decision making in relation to service delivery, provision of information and communication and engagement.

The overall aim of the PSED is to make sure that NHS Frimley take equality into account as part of their decision making process. It is not possible to consider equality issues retrospectively and comply with the PSED.

This section shows the following:

- Our commitment to EDI through setting **Strategic Equality Objectives**.
- How we **organise ourselves to deliver** the equality objectives.
- **Impact of COVID-19** and our approach in addressing inequalities and vaccine hesitancy.

Our Equality and Diversity Objectives

Our equality objectives are closely aligned to NHS Frimley's vision, values and corporate objectives, as well as its statutory and regulatory obligations, and align to the ambitious five ICS equality objectives which have been developed. More information can be found on our website

<https://www.frimley.icb.nhs.uk/about-us/equality-diversity-and-inclusion>

Our ambition

As an NHS organisation we aim to:

- Ensure staff fully understand equality, diversity and inclusion issues;
- Feel empowered to challenge prejudice and make reasonable adjustments in their own work areas;
- Include equality and diversity training for all staff;
- Ask managers to promote the cultural and behavioural changes to ensure equality, diversity and inclusion is demonstrated in all aspects of our work;
- Provide an environment for our staff which is free from unlawful discrimination; and
- Work with staff and use anonymous questionnaires to ascertain staff opinions.

Our objectives

- To create an environment where staff feel valued, respected and included;
- To improve staff awareness, understanding and implementation of EDI including their legal obligations;
- To provide equality of opportunity in our employment practices;
- To provide learning and development opportunities for staff; and
- To continually improve what we do based on equality.

How we organise ourselves to deliver the equality objectives

The ICB has an established EDI working group to keep under review the ICB's progress in meeting its equality responsibilities; to provide assurance that these are being managed effectively and in accordance with statutory, regulatory and relevant guidance; and to make recommendations to the senior leadership Team for remediation if required. The Group meets on a monthly basis and has broad membership from across the ICB including programme leads by place, staff network(s) and staff side. The meetings are Chaired by the EDI System Lead, and reports to the Senior Leadership team.

Good progress has been made on the equality objectives including:

- The integration of EDI into all aspects of the ICB as a whole organisation agenda.
- Development of an Equality Advocates Programme
- Ongoing commitment to strengthen working relationships across the ICS to help them achieve best practice for their staff and service users.
- Development of 4 staff equality networks ;Black , Asian & Minority Ethnic (BAME), Disability, LGBT, Carers.
- Development of an EDI Professionals Network
- The establishment and support offer for staff equality networks within the ICB and across the ICS.

Frimley ICS EDI Ambitions

The following ICS ambitions were developed following engagement with key stakeholders in the Frimley System.



For more information on our EDI work please see our [EDI Annual report](#)

Adults CORE20PLUS5

Tackling health inequalities are at the heart of our ICS strategy and CORE20PLUS5, covers key aspects and different lenses on health inequalities. This is an opportunity to accelerate and augment implementation of the Core20PLUS5 approach, to improve health outcomes. We are leveraging our ICS Strategy as an established delivery vehicle for the implementation of both our locally identified priorities and those which would meet the CORE20PLUS5 ask. Using our system shared care record enables us to proactively manage patients and target interventions where we see the greatest inequalities. There is significant engagement and momentum around the CORE20PLUS5 strategic approach as a mechanism for reducing health inequalities. The strategy itself defines a Core20Plus target population, as well as 5 clinical priority areas (plus

smoking cessation) within this population that we want to improve. Core20 is based on Index of Multiple Deprivation, and in our ICS, we have opted to focus on deciles 1-4, which accounts for 20% of our ICS population rather than deciles 1-2. This is because our system is less deprived than other parts of the country.

For each PLUS group we are ensuring that the gap in unmet need is identified and there is action we can actually take, that is measurable, to improve their outcomes. We are currently working with partners across the system to finalise our plus groups, using both data and experience of our staff and patients to inform these groups. We aim to work iteratively with Plus groups, where the focus may change over time but in a structured way.. We are aiming to drive focused action, and using evaluation to evidence impact we are having, recognising that some of the full effects on health inequalities may take years to realise, but short-term outcomes can be measured to demonstrate impact. Health is about more than healthcare alone, and that to be implemented effectively, we are working in partnership with residents, local government and wider stakeholders to reduce health inequalities through addressing the wider social determinants of health.

Impact of the COVID-19 pandemic

The impact and challenges of COVID-19 has been felt by everyone and has been unprecedented. It is important that NHS Frimley understand the difficulties people, families and communities are facing whether they be related to health (including mental health), housing, finances or bereavement. Staff from Black, Asian and Minority Ethnic (BAME) backgrounds are crucial to the NHS and care sectors, making up over one- fifth of the workforce.

The health and care services have responded with the support of both staff and communities. However, there needs to be recognition that the emerging data and themes associated with the pandemic magnified existing health inequalities, and it has had a disproportionate adverse impact on some groups of staff and communities who have been hit particularly hard. For example:

- The Kings Fund highlighted the disproportionate impact of COVID-19 both in terms of prevalence, mortality and also in the context of NHS staff who have died from the pandemic, at the time 64% who had died were from an ethnic minority background.
- While people from BAME backgrounds are more likely to be affected by COVID- 19, there are not always the same proportion in terms of impact. People of Black ethnicity are four times as likely to die from COVID-19 compared to people of White ethnicity.

NHS Frimley took a proactive approach in improving access to vaccines and addressing vaccine hesitancy, as well as providing pulse oximeters, for all groups of people and to share lessons.

Focus on improving access and outcomes for people with Learning Disabilities

Utilising a wealth of population health data, NHS Frimley has been able to understand health inequalities for people with a learning disability, and this in turn has helped us focus our efforts to improve the uptake and quality of health checks; support for weight, diet and exercise; prescribing; epilepsy and collaborative working.

Working directly with the Surrey Heath Primary Care Network and partners, NHS Frimley has seen early achievements including (1) a bespoke database for practices to enable them to more easily access vital patient information; (2) which has enabled them to develop a process to more accurately review antipsychotic medications; (3) the ability to share regular cancer screening data to ensure equality of access.

As part of the COVID-19 vaccination programme, we have ensured that people with learning disability, living in their own homes, are able to access the vaccination service closer to home with suitable adjustments, and home visits are ongoing. Working in collaboration with Surrey County Council NHS Frimley has helped support the needle desensitisation service and ensured it has been offered to those who need it – with many able to have vaccinations in less stressful locations such as GP surgeries and in some cases in the person's homes.

Building stronger relationships with our community

In the last year we have built up excellent relations with our Nepali Community to ensure uptake of the COVID-19 vaccination. Working with Surrey Minority Ethnic Forum and local Nepali networks information and updates have been shared via Nepali community champions and Ghurkha Radio. Additional work with our large Gypsy Roma Traveller community in Ash Vale has ensured access to vaccination via the outreach service, Lakeside Vaccination Centre and mobile units. Excellent relations have been built up via the PCNs Care Co-ordinator and Practice Manager, with the community now accessing health services at practice more than previously.

Health Inequalities

Following on from the successful BAME programme in Slough, working to try and reduce disproportionate impact on our communities of COVID-19, we are continuing to build on the insights and learning by establishing a local Health Inequalities approach with partners and representatives across the sector. The group is identifying health inequalities with greater insights and analysis of our population health and using this to deliver improvements in physical and mental health outcomes, promoting wellbeing and reducing or mitigating these inequalities. This group also supports the delivery of the ICS ambitions around Living Well.

Community Champions #OneSlough and the support of NHS charities

During the pandemic the #OneSlough Community Champions network was established to enable residents and communities across Slough to keep up to date with latest, trusted information about COVID-19. It provided trusted and reliable advice and guidance direct from the Public Health team to communities across Slough. It was supported with interactive online sessions initially once a week but adapted to review frequency depending on changes to guidance, COVID-19 climate and feedback from communities.

Through a bid for support from NHS charities funding they have been able to recruit to a Community Champions Coordinator role to develop and sustain this network beyond COVID-19 and use to engage and share on promoting wider health and wellbeing into communities.

There are now over 2000 people who have registered as community champions and they have continued to regularly tune in to attend presentations and Q&A sessions with guest speakers, alongside COVID-19 updates. Recent examples are the work of #OneSlough volunteers, hypertension and blood pressure monitoring, as well as changes happening in primary care services.

Reducing health inequality in summary

As demand for health and care becomes more complex, it is essential that our services are people based. We have worked across diverse stakeholder groups and through our clinical leaders to establish a culture of continual learning. We know that our clinicians feel engaged in the conversations and approach we are taking to address health inequalities and inequities. We will continue to work with a broader partnership of organisations to tackle inequalities effectively together.

10. HEALTH AND WELLBEING STRATEGY

NHS Frimley Integrated Care Board (ICB) has taken an active role on the Health and Wellbeing Boards for Slough, Bracknell Forest, Royal Borough of Windsor and Maidenhead, Hampshire, and Surrey County Councils – as shown in the diagram below:



Statutory Health and Wellbeing Boards (H&WBB) bring together partners from local government, the NHS, other public services, and the voluntary and community sector. The Boards aim to ensure that organisations plan and work together to improve the health and wellbeing of local residents.

The 2019 Healthier Communities Strategy was reviewed between the newly established Integrated Care Partnership Assembly. Partners were engaged with to review and consider collective priorities. The strategy was refreshed and presented at various Health and Wellbeing Boards as well as at the relevant respective Places in the Frimley System. For example, presentations were made on the Hampshire H&WBB as [seen here](#).

The main two ambitions of the strategy align with all Health and Wellbeing Board Strategies; 1) Reducing Health Inequalities for all of our residents who experience unwarranted variation in their outcomes or experience (2) Increasing Healthy Life

Expectancy for our whole population, ensuring an improvement not just in length of life but in the quality of those years as well.

The six Strategic Ambitions of the strategy, which were established in 2019, have, in the main, been retained 1) Starting Well 2) Living Well 3) People, Places & Communities 4) Our People 5) Leadership and Cultures 6) Outstanding Use of Resources. Each of the Strategic Ambitions will focus on a discrete number of headline priorities in the 3-5 years ahead.

In addition to Health and Wellbeing Boards, closer working can be seen in the ICB's Place Committees which continue to align their meetings with local councils. The aim in many areas is to meet together to conduct shared business. These new collaborative working arrangements have in turn helped to create stronger connections with the Health and Wellbeing Boards to ensure we collectively build the most appropriate services for local people and benefit from a combined understanding, connection and expertise of all partners involved.

This section covers the work undertaken across all our places and includes 'case studies' and 'real stories' to help bring our work to life and for the public to see the impact the ICB is making by working with our partners across health, social care, communities and the voluntary sector.

This section describes the following topic areas:

- **People, Places & Communities (formally known as the Community Deal)**
- **Supporting the mental health and emotional wellbeing - adults**
- **Supporting the mental health and emotional wellbeing of Children and Young People**
- **Restoration - Supporting people to stay well at home**
- **Working with communities to support the COVID-19 vaccination programme**

The 2019 Healthier Communities Strategy was reviewed in 2022 and the People, Places & Communities ICS strategic ambition, formally known as the Community Deal, was formed to build new relationships with local people and communities, recognising that public organisations don't have the resources to solve everything and for those individuals who are able to, we must take more responsibility to look after ourselves and each other so that we can live in healthy and thriving communities.

By working in close partnership, we will be able to create more opportunities for shared ownership across different work programmes to better reduce health inequalities.

This concept has been deployed in different ways across the five places and within their neighbourhoods to have a different conversation with their residents and communities. Examples of the achievements include:

- Development of community champions and #OneSlough hosting a Community Based Assets workshop focus on poverty, children and young people and loneliness.

- Royal Borough Windsor and Maidenhead creating #RBWMTtogether with residents engaged in identifying solutions through asset-based community development methods.
- Bracknell Forest Thriving Communities programme focusses on collaboration: creating better outcomes through better partnerships and will deliver improved health and wellbeing outcomes and reductions in health inequalities.
- Surrey Heath aims are aligned with the Health and Wellbeing Strategy to enable empowered and thriving communities, and to ensure a cross-cutting approach on co-production, promoting independence and sustainability.
- In North East Hants and Farnham three multi-agency Healthier Communities workstreams have been established in partnership focusing on Hypertension, Mental Health, and Physical Activity with the aim to reduce health inequalities and increase life expectancy.

The Personalisation programme is incorporated within the People, Places and Communities ambition as a key enabler to achieve better health outcomes for our population. Key Principles which are to be embedded in everyday practices across the ICS include:

- Having The Right Conversation – All staff have the right communication listening and negotiation skills to respond to people’s individual needs.
- Digitisation - Effective use of digitisation having one assessment and a single integrated personalised care and support plan accessible to all involved.
- Co-Production - The voice of people with lived experience as partners at the earliest stages of service design, development, and evaluation.
- Collaborative Working – New partnerships different models of contracting and commissioning, and different methods for measuring patient outcomes.

Across the ICB the following has been achieved:

- Personalised Care Support Plans (PCSP) December 2022 – 20,359 patients had an agreed PCSP with health and wellbeing outcomes in Maternity, Primary Care, End of Life and Community support.
- Personal Health Budgets (PHBs) December 2022 – 1,660 patients had a PHB in Continuing Healthcare, Paediatric care, Wheelchairs and Carers breaks.
- Social Prescriber Link Workers referrals A total of 17,374 referrals had been made at the end of December 2022.

Supporting the mental health and emotional wellbeing of adults

This year new Mental Health practitioners have been employed through the funding Additional Roles Reimbursement Scheme (ARRS). They are experienced and registered mental health practitioners who will provide triage, assessment and mental health advice in a timely way, working as part of the GP surgery Multi Disciplinary Team. The roles provide an opportunity to support primary care and alleviate suffering and distress in a timely way for patients. The roles enhance patient journeys and create better joint working across primary care and adult secondary care mental health systems and will make it easier for patients to obtain the help they need. Bracknell Forest was the first place to have full coverage of these roles across all PCNs. Furthermore, extra staff are currently being recruited which will make a real difference to the residences of Bracknell Forest in accessing specialist mental health support through general practice.

These new Mental Health practitioners will also bolster the development of the Happiness Hub a service unique to Bracknell Forest. Bracknell Forest Council have redesigned their Bracknell Forest Community Network and we are working together as partners to integrate mental health services in Bracknell. The Happiness Hub is a collaboration of NHS, Third Sector and council services with strong engagement from people who use services. It helps local people navigate their way through the variety of mental health services and matches people to the service that will be of most benefit.

Bracknell Forest teams have used analysis of demographic data and strategic mapping of mental health services to better understand the population. To start with they focused on a cohort with high medication use but who weren't using other types of talking therapies which could improve their mental health. They are working with partners to help support this cohort in accessing psychological therapies to aid their recovery. Ongoing work with population health data analysis is being used in the integration work mentioned above.

Partnership work with Learning Disability Services has included supporting the development of the Bracknell Forest Council Learning Disability and Autism spectrum disorder Partnership Board. The Board is made up of a group of people who are committed to working together to make the lives of people with a Learning Disability and Autism in Bracknell Forest better. The membership includes a wide range of organisations and people with learning disabilities and autistic people. The Board makes sure the right services are in place, it creates an environment to discuss and make recommendations and plans as well as passing on information so people in the community know what's happening.

Another piece of work due before the close of the year is recruiting a Learning Disability & Autism Support Manager. This post will be responsible for providing professional expertise focusing on delivering the outcomes for the autism and learning disabilities programmes of work regarding flu & COVID vaccination uptake and making sure as many people as possible have access to support.

New integrated models of care to support adults at risk of admission to secondary mental health services:

The new Mental Health Integrated Care Service model has now expanded to cover the whole of the ICB. The team includes Mental Health Practitioners, a pharmacist, Community Connectors employed by Catalyst, an Assistant Psychologist and is currently developing a model to include those with lived experiences to focus on drug and alcohol and Gypsy Roma Traveller communities as identified by local clinicians. The service supports adults experiencing a wide and potentially complex range of mental health difficulties and who have historically fallen between available services.

"I really can't thank you enough for what you have done, even on our last session I was told that you are only a phone call away if I felt I needed more sessions just call. This made me feel reassured as talking to people was a big step for me and helped me no end..."


Suicide prevention

We have worked closely with Surrey County Council's Public Health lead for suicide prevention to increase our knowledge and understanding of the suspected/suicides in

Surrey Heath and are developing a dashboard to ensure we are well-informed of these and any possible patterns that we can identify and target. Currently working in partnership with the hospital psychiatric liaison team to improve the timeliness of post-discharge information reaching practices, in order to mitigate risks of those attending Accident and Emergency Departments – unfortunately this learning resulted from a suicide earlier this year, but we are using the learning to make changes for our population.


Other Mental Health service improvements

- Planned roll out of the Mental Health Integrated Community Service across all Primary Care Networks in Slough
- Safe Haven is a Crisis Alternative community care service for adults living in East Berkshire. This service will be operating from Slough.
- Mapping exercise being done to explore/improve voluntary community sector services that can support Slough residents with acute mental health needs.
- Berkshire East Wellbeing Service- The wellbeing service is available for anyone 18+ registered to a GP in East Berkshire with low level needs driven by a social or environmental determinant that is affecting their mental wellbeing. Recent evaluation of this service has shown good uptake figures from Slough.
- In North East Hampshire and Farnham, a partnership priority focused on raising awareness of the Talking Therapy Services. A survey amongst multi-agency professionals was carried out to establish the awareness of current offers amongst different partner groups. The Frimley Insights tool was shared with Talkplus (talking therapy provider) analysts to support targeted work to increase access by populations showing health inequalities. A mental health communications campaign for services to self-refer to shows an increase in web traffic to talking therapy sites. Referrals to Talkplus are now increasing with levels currently back to pre-pandemic levels.

Frimley Health and Care


Mental Health communications

- Postcards being worked up currently to highlight available mental health resources in the community
- To be available at all GP practices and key community venues – libraries, warm hubs, food banks, etc. Will be available on request for any partners who would like some
- Adapted to Place (and broken down to Farnham/NEH) to ensure the information is localised to providers available in that area
- QR codes to the local Talking Therapy provider and to the Frimley MH webpage
- Awaiting feedback from our Independent Mental Health Network on draft designs before printing



Bracknell Forest 

It's ok to ask for help if you are struggling with your mental health.

Don't wait to get support, NHS services are free, confidential and here for you.

You can talk to someone by visiting **NHS 111** online <https://111.nhs.uk> or by calling 111. You can also self refer yourself online by visiting talkingtherapy.nhs.uk

Scan the QR code below or visit <https://talkingtherapy.nhs.uk>

Mental Health Matters



Safe Haven, 51 High Street, Slough, SL1 1RL
01753 675 882
Open 9am - 5pm - Tue - Sat

If you would like support with your mental wellbeing by Berkshire Health's Wellbeing service, <https://www.berkshirehealthcare.nhs.uk/about-us/mental-health-and-wellbeing/wellbeing-service>

They provide support with housing, employment and financial struggles, domestic homelessness, and more. You can also visit the Frimley Health and Care website for a full list of mental wellbeing services in your local area.

You will also find services for parents, carers and young people

Scan the QR code below or visit <https://www.berkshirehealthcare.nhs.uk/about-us/mental-health-and-wellbeing/wellbeing-service>

ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR

Supporting the mental health and emotional wellbeing of Children and Young People

Focus remains on improving the access and available support for children and young people and their mental health. This has built on work in the previous year and will continue into the next. More still needs to be done but significant steps have been made to ensure when a request for support is made that there is something available quickly and appropriate to the need.

Bracknell Forest

During 2022/23, we refreshed our Local Children's and Young People's Plan which has been co-produced with partners and Children and Young People (CYP). This will be implemented and progress monitored over the coming years. Within the year, we delivered a range of initiatives, including Youthline and the Umbrella Project.

Youthline is a registered charity which provides a CYP Counselling Service, accredited free individual face to face counselling for young people aged 12 years old and over in Bracknell Forest and the surrounding area. The service is staffed by trainee and volunteer therapists and therapy usually lasts for 6 to 12 sessions. Last year, this service had contact with almost 8000 children.

During 2022/23, the ADHD Foundation neurodiversity charity has been working in partnership with Bracknell Forest Borough Council and Frimley ICB to pilot its annual Umbrella Project in Bracknell Forest. This enhanced the work of the Bracknell Forest Neurodiversity Transformation Pilot, enabling learning to be shared across Frimley, as well as promoting a more inclusive environment and championing diversity. The aims of the project were to:

- Bring local people together around a common project that showcases the area's inclusive approach.
- Encourage neurodiverse children and young people, and the communities in which they live, to recognise their strengths and talents.
- Provide opportunities for pupils and teachers to learn more about neurodiversity.
- Promote empathy.
- Allow the town to be part of a significant and high-profile national event, as Umbrella Project installations take place at iconic locations around the country at the same time.

Eighteen settings have taken part or are currently taking part in the Umbrella Project across Bracknell Forest, including a Child Development Centre, arts centre, primary and secondary schools. Each setting received a box of 25 brightly coloured umbrellas to display. Staff also gained access to two training webinar sessions with a focus on neurodiversity, including strategies to support neurodiverse children and assembly resources to use with the children and families.

Children and Young Peoples Portfolio Frimley

The last year has seen the development of the Children and Young Peoples (CYP) Portfolio across all 5 Places and its endorsement from the inaugural ICB in July 2022, signals a strong commitment by NHS Frimley ICB to prioritise and support our ambition

to create the very best health outcomes for children and young people across our communities. We have a small team of experts working on this portfolio and work together in partnership with our 5 Places Leads. We have developed strong links across to other portfolio areas such as mental health, urgent & emergency care, health inequalities and the Learning Disabilities and Autism programmes.

The programme works very closely with stakeholders, including co-producing developments with people who use services and their families, local authorities, education, and the voluntary and community sector. The portfolio has a vision to harness service innovation and digital capabilities using best practice and evidence-based approaches to inform and shape its work.

The CYP portfolio also aligns with the Core20PLUS5 framework for children, a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level, helping to address health inequalities locally.

Surrey Mindworks

The new Children and Young People's Emotional Wellbeing and Mental Health Service, recently renamed as Surrey Mindworks, went live in 2021. The service supports Children and Young People across Surrey, including Surrey Heath and Farnham. It has a focus on the importance of early intervention and is working closely with schools to provide a more robust offer, particularly in areas that don't have a Mental Health Support Team. The service continues to see an increased demand for support, and the strengthened approach to partnership working in the alliance of providers is working hard to meet this demand.

Mental Health Support Teams in Schools

The Surrey Heath Mental Health Support Team has recently expanded into additional schools, following completion of the Education Mental Health Practitioners' (EMPH) qualification. Activity in Surrey Heath shows a high level of need, but also a good level of engagement with the schools, pupils and parents.

Schools Link programme

Surrey Heath was successful in being accepted to the national Link Programme, funded by NHS England and delivered by the Anna Freud Centre. Bringing together education and mental health professionals to improve joint working and communication with the aim to ensure children and young people get the help and support they need, when they need it. Over two workshops held in spring, schools and mental health professionals in Surrey Heath came together virtually to discuss children and young people's mental health, share experiences and most importantly, make links with each other. The workshops consisted of education professionals, representatives from children and young people's mental health services (then known as CAMHS/MHST), educational psychology, primary care, voluntary sector and the Police. Following the workshop, we created a central online platform for schools to use as a way of communicating with each other and a central portal to access information and documents.

Children and Young People

Following the increase of children and young people attending and being admitted to

our acute hospital, a weekly discharge team was established to support hospital staff who were struggling with the complexity of some patient groups. The meetings acted as a great support mechanism for the hospital and provided an opportunity for staff from social care, CAMHS, hospital and commissioners to have a holistic discussion around individuals and work together to find the most appropriate route for them out of hospital in a more time-focussed way. It also highlighted some key themes and gaps in provision (disordered eating, neurodevelopmental support, self harm, parental support) that are now being feedback into service development and future redesign with our local providers. Additionally it has strengthened and improved relationships between providers and with CCG staff, demonstrating our commitment to working in partnership to support partners and our young people.

Restoration - Supporting older people to stay well at home

Every Integrated Care System was asked to draw up plans with partners to ensure all hospitals maximised their capacity to do as many non-urgent operations as possible. In response to this the ICB working in partnership with its social care partners offered additional support to enable older people to stay well at home. Examples are given here:

Bracknell Forest - Across Bracknell Forest there are several charities offering care, support and information to older people focussed on wellbeing, prevention of deterioration and retaining independence at home. They also are supporting carers with information to ensure a positive experience.

Two national Age UK reports undertaken since COVID-19 spoke of the considerable impact the pandemic has had to the physical and social wellbeing of older people. In understanding this, alongside local insights and consultation with Frimley ICS, Public Health and the Local Authority, saw the forming of an alliance incorporating 7 charities that seeks to challenge the negative impact of the virus. Enabled by 12-months of funding, the consortium has been able to form an offer in which older people can be digitally enabled, assisted to build confidence to go back out into the community by skilled volunteers, offered telephone support and signposting to informal carers, and can access their local day centre for bespoke social activity. Considerable insight is being developed and shared by partners which will be used to build upon the legacy of the initial funding.

Slough place has actively worked with Wexham Park Hospital to assist in the discharge home of its residents. Working with our GP's we have been able to identify residents with mild or moderate frailty who have not seen their GP for over six months and offered them to work with the integrated care team on an anticipatory care plan. This is aimed at working with residents to prevent deterioration in their health and wellbeing. Slough has successfully trailed a pilot aimed at admission avoidance, for residents who were at risk of admission to hospital, by providing an Occupational Therapist to visit them at home to provide targeted care support and equipment to keep them at home.

Real stories A 90-year-old Bracknell Forest resident fell and fractured her hip. In hospital she contracted COVID-19 that prolonged her hospital stay. She lived on her own, was fiercely independent but frightened of falling again preventing her leaving the house. Her daughter was helpful but what was important to her, was walking to the shops herself and meeting people face-to-face. A social prescriber trained in using the community map worked with her at home to identify local groups that would help her improve her strength and balance whilst at the same time provided the company she wanted. She enrolled in a local sitting Tai Chi class and Age UK befriending service.

Working with local councils to encourage physical activity

Surrey Heath Borough Council are leading the Whole Systems Approach to Obesity programme, which was launched with a face-to-face Obesity Summit for stakeholders to share health data and local population survey results. This has helped to inform stakeholders approach to identifying local issues and solutions to meet the needs of our diverse communities. (similar whole system approach now across NHS Frimley)

Diabetes Walks for Health, led by Surrey Heath Borough Council and supported by the ICB and partners including Camberley Health Centre and our community diabetes nurse specialist. This initiative runs every Monday morning at a local Surrey Heath Park and aims to help Type 2 diabetics improve their condition through meeting with peers and discussing healthy living with health professionals.

Hampshire County Council in partnership with Rushmoor District partners have led on whole systems approach to obesity and commissioning physical activity provider, Energise Me. Insights were gathered and reported in January 2023 about the Nepali population locally, their attitudes and access to health and wellbeing in the Rushmoor area.

North East Hampshire Healthier Communities Programme prioritised physical activity to work in partnership, forming a multiagency group to improve access to inactive and at risk groups. Public Health funding for community walks co-ordinator has been approved and will be managed by the group's organisers.

We CAN do it – Rushmoor physical activity campaign - because it has been a



long, tough few years for many people, both physically and mentally, it can be difficult to encourage people to get out and about again and taking part in physical activity.

Rushmoor Borough Council, which covers the Aldershot and Farnborough areas, has launched a campaign aimed at promoting existing facilities, clubs and societies to reinvigorate the local community.

Living with long term conditions

Diabetes

GP practices in Surrey Heath continue to be part of the new ground-breaking pilot which provides a low-calorie diet programme for people who are overweight and living with type 2 diabetes. The pilot supports people to improve their diabetes control, reduce diabetes-related medication and even achieve remission (no longer have diabetes).

All GP Practices in Surrey Heath have made a referral to the programme and outcomes for patients will be formally evaluated, however patient feedback is encouraging and we are delighted to share a case study of a Surrey Heath resident – see links below:

- <https://xylahealthandwellbeing.com/case-study/low-calorie-diet/timothys-low-calorie-diet-journey/>
- <https://player.vimeo.com/video/561388522>

We have employed two Frimley ICS diabetes engagement officers. Working across Frimley ICS, they have focussed on supporting practices to increase referrals, uptake and retention to the Healthier You: National Diabetes Prevention Programme. For any patients who are pre-diabetic, this programme is designed to empower them to take charge of their health and wellbeing and prevent them developing Type 2 diabetes. The engagement officers are currently working with all practices in Surrey Heath and in the first practice they contacted and successfully referred over 70 patients to the National Diabetes Prevention Programme.

Hypertension

Hypertension remains a high priority for the ICB and is now an ICS wide programme currently running to address need, which includes:

- Supporting practices to enable them to text patients with hypertension who have not had a blood pressure check over the past 18 months.
- Work with Community Pharmacists to roll-out Hypertension Service that is part of national community pharmacy contract.
- Public Health commissioned health check team to enable mobilisation of BP checks and promote Know your numbers campaign
- Vaccine centres - all patients to have opportunistic BP measurement offered. Community Groups and engagement various BP measurement avenues in the communities.
- Communication Campaign socialising our plan to all community groups e.g. clinician talking to our community champions meetings to promoting Know your Numbers amongst all community groups and social channels.
- In North East Hampshire and Farnham, the Healthier Communities Partnerships aimed for a target of reaching over 1000 new diagnoses of hypertension during 22/23. Partnerships targeted working-age males, smokers, those with obesity, living in areas of deprivation and ethnic minority groups. These priority groups were set either due to a high percentage not having had a blood pressure test recorded in last 5 years or being considered a higher risk due to modifiable risk factors. The project is expected to far exceed targets. Between October 2022 to December 2023 a total number of 869 people received new diagnoses.

CVD Prevention – Hypertension

We have established a system wide CVD Prevention Board, and we have been very focused on prevention, improving detection, monitoring, and treatment of hypertension. Local leadership has been integral in making a difference to how hypertension and its causes are tackled, in which responsibility for action is distributed beyond just health partners. The ICS Living Well Strategic Ambition has inspired a wider range of partners to join this collective action and to consider how they can collaborate to tackle high blood pressure within their area of scope.

Over the course of the system wide sprint between 31st July 22 and 28th February 23, we have seen overall a 4.6% average improvement across all of the indicators. The largest improvements have been in BP recording. Our latest data shows 14 practices within our ICS, having achieved the target for hypertension of 80%.

Last year, one of our practices in Slough, achieved one of the highest rates of BP recording in the ICS. Not only did they end the year above system average, but they also hit 80% before winter pressures began. This was achieved by significant use of automation/ digital technology, using batch messaging to collect BP results remotely. This good practice is being shared across our networks and we are encouraging other practices to adopt similar. We are also developing different community hypertension pilots, including: making blood pressure monitors available in targeted community locations, for potentially vulnerable or isolated people to use; a 'blood pressure bus' of trained professionals have visited specific areas to test people and give advice, begin treatment as required and enter test results into patient records; GPs identifying patients potentially at risk and offering the use of blood pressure monitors; piloting a system where remote blood pressure readings are entered directly into the patient's clinical record.

Throughout the Summer of 2022 the Blood Pressure Bus visited 16 locations across Frimley and reached over 1200 people in areas of deprivation. Checks included: Pulse, BMI and Smoking so really applying those 'Make Every Contact Count' principle. To support system-wide action on hypertension, a package of materials was developed to promote awareness, with downloadable resources available on our website, as well as comms toolkits for our partners. There's advice and guidance for local people, to help them understand the risks of high BP and how they can make small changes to reduce them. BP checks and wider NHS Health Checks have been taking place at a range of community venues, including vaccination centres and job centres.

We continue to strengthen our relationships with our Community Pharmacies to support the detection, as they are uniquely placed to reach people, who are often, not well supported by existing services, and experience health inequalities. Referrals to the Community Pharmacy is improving. In Slough, which is our most deprived place, the reach of health checks has been increased, by working closely with their community champions programme. There are around 40 volunteers from diverse backgrounds, speaking 14 languages to support the programme.

Working with communities to support the COVID-19 vaccination programme

Uptake of the COVID-19 vaccine in **Slough** has been lower than other NHS Frimley areas and the national average and we have been working closely with partners in Slough to address this. Work that has taken place to reduce hesitancy and improve uptake includes:

Vaccination Bus – working in partnership with Solutions for Health the mobile bus in Slough was able to provide an outreach vaccination service targeted to areas of the borough with communities and harder to reach groups where take up was lower and to those who would not otherwise visit the vaccination centres. This proactive outreach approach was successful in providing easier access to vaccinations and boosters across Slough.

- Vaccination up take was also supported through targeted Enhanced Call and recall by GP practices, based on the successes achieved by one practice with the highest uptake in Slough. The focus being on those people aged 12-49 who have not had their first vaccination.
- Webinar for school aged children and their parents.
- Combining home vaccinations with health checks to maximise primary care workforce when carrying out the 15 minute observation period.

Slough: working with community champions

Slough suffers from a lower uptake of immunisations across a range of vaccines including Influenza, Measles, Mumps and Rubella (MMR) and Human Papillomavirus (HPV). Research suggests that vaccine myths remain prevalent in Slough. For some parts of the community, cultural reasons present a challenge to vaccination uptake.

Back in September 2020, the OneSlough partnership, led by Slough Borough Council, the Slough CVS (Council for Voluntary Services) and the then East Berkshire CCG established a network of 'Community Champions'. Their role is to support the COVID-19 response in communities that have been disproportionately hit by the virus. By the end of 2020, there were 600 community champions.

At the beginning of December 2020, the champions' role developed to become 'vaccine champions' to ensure as many residents as possible are vaccinated, whilst at the same time helping dispel any vaccine myths and disinformation. Since then, the partnership has provided training and information sessions to the champions on how to talk about the vaccine and mitigate the impact of disinformation, produced tailored social media resources and created a bespoke local FAQ guide on the vaccine (which is given to everyone receiving a rapid COVID-19 test in the borough).

The partnership has also trained some champions as volunteers at vaccination centres themselves to support logistics and community engagement on the ground. Virtual information supported by champions and delivered by public health and ICB experts, for example with the University of the Third Age cover vaccine hesitancy.

Sessions like this are being offered to all local community groups.

Oximetry at Home

Pulse oximetry is the monitoring of a person's blood oxygen levels, which is normally done by a simple device that clips onto a fingertip. It has long been recognised as an easy and effective way of detecting potentially serious health conditions and during the pandemic it has become a vital tool in protecting people infected with COVID-19.

Each ICB is required to put in place arrangements to support those with COVID-19 to monitor their blood oxygen levels themselves at home.

Patients, or those caring for them, report the oxygen levels to their GP practice, where staff respond accordingly, escalating the response in line with any deterioration in a patient's condition.

Patients over 65, or under 65 and in an at-risk group, within the NHS Frimley area have access to COVID-19 Oximetry @ Home, with access through referral by GPs, the Out of Hospital service and the COVID-19 hot site.

Oximetry at home has been very well received by patients who appreciate being able to have active support within their own homes and are reassured that any deterioration in their conditions will be detected and acted upon.

Summary

The Integrated Care Board has much stronger links to the local councils with the Integrated Care Partnership acting as a joint committee of health and social care; and three members of the ICB Board will be selected one from each sector:

- Surrey and Hampshire County Council;
- Slough, Bracknell Forest and Royal Borough of Windsor and Maidenhead unitary councils; and
- Borough and district councils.

Each of our five places will continue to work in partnership with our local authority partners – aligning health and care priorities to create stronger connections to ensure we collectively build the most appropriate services for local people.

11. SOCIAL MATTERS, HUMAN RIGHTS, ANTI-CORRUPTION AND ANTI- BRIBERY

The ICB is committed to making progress on all social and environmental matters, human rights and their associated regulations & guidance. The ICB is responsible for planning, commissioning and designing many of the health services needed by the population in its own area. It makes decisions about health services based on the feedback received from patients and carers, which ensures the services we commission and re-design are the ones local residents inform us that they need and are able to access.

The ICB is also committed to reducing the level of fraud, bribery and corruption within the NHS to an absolute minimum and maintaining it at that level. By doing this, valuable resources can then be used where they should be, delivering better patient care.

This section covers the following:

- **Social Matters, Human Rights**

Asylum Seekers and Refugee Support

Homelessness

- **Anti-corruption and bribery**

Counter Fraud Specialists

Fraudsters and COVID-19

Cyber Fraud



Social Matters, Human Rights Respecting diversity, promoting equality and ensuring human rights helps to make sure that everyone using health and social care services receives good quality care. We also have legal duties to consider equality and human rights in our work.

Asylum Seekers and Refugee Support

Slough has been host to one of a number of hotels in the Thames Valley who have provided accommodation for new asylum seekers arriving in the UK whilst applications are processed and onward dispersal accommodation is organised. With East Berkshire Primary Care Out of Hours service we have been registering patients on arrival and providing testing, health checks and vaccinations. Slough also has many asylum seekers and refugees living in the Borough. Aware that these groups have additional barriers and challenges to access local health and support services we have been working together with voluntary sector partners to help with navigating services.



Homelessness

We continue to reach out to support our homeless population to build on the work our GP services undertook through the pandemic. We are also looking at the impact of mental health issues and have been working to secure funding through NHSE for a new project in Slough, Windsor and Maidenhead to co-ordinated efforts to ensure that rough sleepers have better access to NHS mental health support – joining up care with existing outreach, accommodation, drug and alcohol and physical healthcare services.

Anti-Fraud, Bribery and Corruption

The ICB has a zero-tolerance policy of any fraud, bribery or corruption and aims to eliminate all such activity as far as possible.

The NHS Counter Fraud Authority (NHSCFA) is a Special Health Authority, established on 1 November 2017 and charged with identifying, investigating and preventing fraud within the NHS and the wider health group. The NHSCFA is independent from other NHS bodies and is directly accountable to the [Department of Health and Social Care](#).



As part of its role, NHSCFA is required to provide annual assurance to the [Cabinet Office](#) of how the NHS is identifying and mitigating the risk of fraud, bribery and corruption. In order to do this, all NHS funded services are required to provide assurance against the NHSCFA Requirements of the Government Functional Standard GovS 013: Counter fraud (GFS).

The ICB's Counter-Fraud Specialist (CFS) is active in the prevention and deterrence of fraud, bribery and corruption through its attendance at the Audit Risk and Assurance Committee, involvement in policy-setting, awareness training and sharing of information through the ICB website and attendance at meetings.

To align with, and meet the requirements of, the 12 GFS components, the CFS delivers a programme of work. The 12 components of the GFS are:

- Component 1A – Accountable individual – Executive Board
- Component 1B – Accountable individual – Non-Executive, Fraud Champion, Lay Member
- Component 2 – Counter Fraud, Bribery and Corruption Strategy
- Component 3 – Fraud, Bribery and Corruption Risk Assessment
- Component 4 – Policy and Response Plan
- Component 5 – Annual action plan
- Component 6 – Outcome based metrics
- Component 7 – Reporting routes for staff, contractors and members of the public
- Component 8 – Report identified loss
- Component 9 – Access to trained investigators
- Component 10 – Undertake detection activity
- Component 11 – Access to, and completion of, training
- Component 12 – Policies and registers for gifts and hospitality and COI

In 2022/23 the Frimley ICB submitted a fully compliant Functional Standard Return receiving an overall green rating.

Counter Fraud Specialists

Every NHS organisation is required to appoint the services of a Counter Fraud Specialist (CFS). The CFS is a professionally accredited criminal investigator, who will undertake a range of duties to minimise the impact of fraud on the organisation. The CFS will investigate allegations of fraud and, where evidence of criminal offences exists, can refer the case to solicitors for consideration of further criminal action. The CFS will also liaise with HR and other professional bodies if a suspected breach of conduct is identified.

In 2022/23 there have been a number of key risks affecting the ICB but most significant was the increased risk of a cyber-attack.

A recent National Cyber Security Centre (NCSC) threat report highlighted “Seven Russian cyber criminals were sanctioned by the UK and the US in the first wave of new coordinated action against international cyber-crime.

The individuals were associated with the development or deployment of ransomware strains, which were used to target the UK and US.

The new campaign of concerted action follows a large-scale, ongoing investigation by the National Crime Agency which identified 149 British victims of ransomware strains known as Conti and Ryuk. The ransomware was responsible for extorting at least an estimated £27 million.

Ransomware is the most acute cyber threat the UK faces and attacks can have devastating consequences on an organisation’s operations, finances and their reputation.



Organisations should take immediate steps to help mitigate ransomware attacks by following [the NCSC's guidance](#).

In response to this advice, the ICB reminded staff to:

- Make sure passwords are strong and unique, and that any which are not are changed immediately. This applied to all desktops, laptops and other mobile devices.
- Be vigilant for phishing emails. Think before clicking on a link which could download malware or ransomware, sabotage systems or result in data theft.

Further information can be found here: <https://www.ncsc.gov.uk/section/information-for/public-sector>

Cyber Fraud

The NHS Counter Fraud Authority website has been updated to include fraud prevention guidance on financially motivated cybercrime which results in fraud <https://cfa.nhs.uk/fraud-prevention/reference-guide/cyber-enabled-fraud/cyber-security>. Cybercrime continues to rise in scale and complexity at an alarming pace, and affects businesses and individuals alike, costing the UK billions of pounds. The aim of the cyber criminals is to obtain personal and sensitive data for financial gain. Staff bulletins covered advice on 'How to Protect Yourself From Fraud':

- Don't use public Wi-Fi when working remotely. Work offline and connect to a secure network later.
- Do not open email attachments from unknown senders or click on suspicious links, as these could be infected with malware
- Update your devices as out of date software, applications and operating systems contain weaknesses
- Never leave equipment unattended and never allow anyone else to access your device for personal use such as internet browsing.

12. Emergency Preparedness Resilience and Response (EPRR) /Incident Coordination Centre (ICC) / Systems Resilience Annual Report: April 2022-June 2022

The EPRR/System Operations Centre (SOC)/System Resilience Team are made up of a unique set of highly trained individuals led by the Accountable Emergency Officer and Director of EPRR/Systems Resilience, who are able to step up to manage any type of incident at any time of the day or night plus oversee the day to day management and resilience of the Frimley System, sharing and collating all relevant information pathways across our health and multi-agency partners.

The team now works using a cyclical process throughout the year to provide NHS Frimley Integrated Care Board (ICB) with a robust and effective EPRR/SOC and Systems Resilience workplan, to accomplish full compliance with the annual EPRR assurance process and to ensure that our legal duties are met.

Over the past two years, the Frimley EPRR/SOC/Systems Resilience Team has not only responded to the Covid 19 Pandemic but to array of incidents affecting the Frimley System. Over the period July 2022 – March 2023, these include managing the health response for:

Month	Incident or Event
July 2022	Heatwave, Hankley Common Wildfire, Wexham Park Hospital (WPH) Critical Incident, Monkeypox, Farnborough International Air Show, Commonwealth Games Baton Relay
August 2022	Frimley Health Foundation Trust (FHFT) Critical Incident, Adastra Cyber Attack affecting 111, Out of Hours providers and the Urgent Care Centre
September 2022	Operation London Bridge. The funeral of the late Her Majesty The Queen.
October 2022	FHFT Critical Incident
November 2022	GP Telephony outage, Diphtheria outbreak, Avian Influenza, supporting Immigration Hotels, FHFT Critical Incidents, SE Coast Ambulance Service (SECAMB) Business Continuity Incidents, Industrial Action for Nurses and the ambulance services
December 2022	FHFT and Integrated Care System (ICS) Critical Incidents, South Central Ambulance Service (SCAS) Critical Incident, SECAMB Critical and Business Continuity Incidents, Avian Influenza, Strep A Outbreak, Industrial Action for Nurses, Ambulance Services
January 2023	Oxygen Shortage, Influenza A outbreaks, Industrial Action for Nurses, Ambulance Services, Physiotherapists and Teachers, Meningitis response
February 2023	Industrial Action as above.
March 2023	Critical Incident Declared by FHFT due to an IT outage. Industrial Action by Junior Doctors 11 th -15 th March

Until July 1st 2022 Frimley Clinical Commissioning Group was classified as Category 2 Responder by the Civil Contingencies Act (CCA) 2004, this changed in July 2022. In preparation for this and the Royal Assent of the Health & Care Bill, the EPRR/SOC/Systems Resilience Team started to update how we would maintain an effective response to a Major,

Critical or Business Continuity Incident, mitigating their effects and ensuring that critical services are maintained.

On July 1st, we became an Integrated Care Board and thus a “Category 1 Responder” and therefore having to discharge the full legal duties of an NHS Body under Category 1 Responder status.

The ICB's response, irrespective of the nature of incident, would remain one that is proportionate, coordinated with health and multi-agency partners and which is managed through an effective Command, Control, Coordination and Communications structure.

On Call

The EPRR/Systems Resilience Team also manage the NHS Frimley Director and Manager On Call Rota ensuring a 24 hour, seven days a week on-call system is in place.

The on call teams have all received National Command Training (Principles in Health Command) and bespoke training on the risks that affect Frimley, how we interface with our health and multi-agency partners and how we manage system surge and escalation. They also receive Cyber Security training, Business Continuity training, and Strategic/Tactical Coordination Group training.

On Call Directors and Managers are also invited to take part in any planned exercises run by health or the multi-agency partners when they are on call to expand and enhance their skills and knowledge and to work alongside those that they may have to respond with, in the event of an incident.

On Call Directors and Managers take part in quarterly on call updates where they share their experiences and identify any training needs. Any queries can also be answered by the EPRR/Systems Resilience Team.

The On Call Teams are supported by a series of documents, checklists, plans and procedures all saved on a newly developed MS Team On Call Page. Key documents are the newly designed On Call Handbook and On Call Directory.

On call updates for the relevant On Call Director and Manager with supporting emails are in place every Monday and Friday, enabling a full oversight off the whole system after the weekend and on a Friday.

Plans and Checklists

Following the earlier, administrative, review of all ICB plans, protocols and checklists, a fuller review took place in December 2022 to February 2023. All plans have been checked by their respective owners, and uploaded onto the On-Call Microsoft Teams page, and onto ResilienceDirect the national information sharing platform. They have also been added to the staff intranet.

Completion and testing/exercising of these plans is part of the Annual EPRR Assurance Process.

A number of new plans and checklists have been created this year, in order to meet our EPRR Core Standards, and in response to specific incidents. These are: Frimley ICB Outbreak Management Plan (jointly written with IPC/Quality staff); Mass Countermeasures deployment checklist; Infectious Disease response checklist; Power Outage checklist; Industrial Action

checklist.

All checklists are shared with other ICBs as appropriate, to allow for joint working on specific areas and to share best practice.

EPRR Assurance

On an annual basis we are required to self-assess against the NHS England EPRR Core Standards, including Business Continuity Management and this assessment forms part of our formal EPRR Assurance processes. This process is also completed by our commissioned Providers, overseen by the EPRR/Systems Resilience Team.

Each year there is a defined set of core standards relating to a deep dive on one particular topic. This year it was Evacuation and Shelter.

Reports on the outcome of this process go to the 3 Local Health Resilience Partnerships (LHRPs), the Frimley Executives, the ICB Board and the Urgent and Emergency Care and Planned Care Board. A full report is submitted to NHS England South East.

In 2022 Frimley ICB are fully compliant with all the EPRR Core Standards. The HCRG Care Group was fully compliant. FHFT were substantially compliant with one outstanding core standard.

Each year we are able to share and receive good practice.

EPRR/SOC/Systems Resilience Work Plan

To support the many work strands that the EPRR/SOC/Systems Resilience team do, a formal work plan has been created with each work stream have task owners and leads. They have a RAG status aligned to them to record progress throughout the year.

Each section of the work plan links to the National EPRR Core Standards that NHS Frimley ICB have to maintain full compliance with.

Business Continuity Management (BCM)

It is a legal requirement for NHS Frimley ICB to have robust BCM processes in place BCM makes up a number of EPRR assurance core standards. We have in place:

- An NHS Frimley Business Continuity Plan with supporting Action Cards (when managing a Business Continuity Incident);
- Nominated Business Continuity Champions (BCCs) across the ICB;
- An NHS Frimley Business Impact Analyses for each work stream;
- A BMC/Cyber Security exercise in February and March 2023;
- BCM training on ESR and one to one training with BCCs;

We will undertake and complete internal and external BCM audits for NHS Frimley in 2023. These were completed in 2022.

Training and Exercising

A new training and exercising schedule has been created, bringing together courses offered by the ICB, its Local Resilience Forum (LRF) partners across Thames Valley, Surrey and

Hampshire/Isle of Wight, and courses brought in from external trainers. This schedule allows the On-Call cadre and the EPRR/SOC/Systems Resilience team to take ownership of their own learning and development. This schedule has also been updated to include course dates for 2023.

Following the successful attendance at a Regional-facilitated Principles in Health Command (PiHC) trainer's course, the Director – EPRR and Systems Resilience and EPRR Manager have delivered the PiHC course to all of the On-Call staff. This includes all On-Call Directors and all On-Call Managers, plus subject matter experts from EPRR/Systems Resilience/SOC and the Communications On-Call staff, with 1:1 sessions arranged as new staff join these rotas. In addition, staff from various ICB teams have been sent on LRF facilitated courses including Strategic /Tactical Coordinating Group and Communications courses.

2022-2023 has been a busy period for exercising. The ICB has taken part in or facilitated the below exercises:

Month	Exercise	Organisers
July 2022	Toucan – in hours communications cascade	NHS England National Resilience Team
October 2022	Nova/Nova – Controls of Major Accident Hazards (COMAH) exercise	Surrey Local Resilience Forum
October 2022	Toucan – out of hours communications cascade	NHS England National Resilience Team
November 2022	Neon Mist – Chemical, Biological, Radiological, Nuclear & Explosives (CBRNe) exercise	Hampshire and Isle of Wight Local Resilience Forum
November 2022	Lemur – Prolonged Power Outage	Surrey Local Resilience Forum
November 2022	Arctic Willow – 3 day exercise covering Winter Pressures and other issues	UKHSA and NHS England – Facilitated by ICB
December 2022	Lemur – Prolonged Power Outage	Thames Valley Local Resilience Forum
February 2023 – March 2023	Gates – Business Continuity and Cyber tabletop	NHS Frimley ICB

Interface with the South East Regional EPRR Team and the 5 other ICS EPRR Leads

To ensure a consistent and united approach, Frimley introduced an ICS EPRR Leads forum across the South East.

Here we share good practice and have the ability to influence working together in a way that benefits us all, stopping duplication and aligning processes in a collaborative manner. As an example, we have been able to share the concept of “checklists” to support plans/procedures and enable our EPRR/SOC/Systems Resilience Team and Directors/Managers on Call. A simple but very effective way of managing certain incidents/events.

This forum now feeds into the SE Regional EPRR team to enable a collegiate way of working.

Interface with the 3 Local Health Resilience Partnerships (LHRPs) and 3 Local Resilience Forums (LRFs)

Frimley ICB continues to interface with 3 LHRP and LRFs. LHRPs are strategic emergency planning meetings bringing together all the NHS organisations from across the Thames Valley, Surrey, and Hampshire/Isle of Wight systems. The LHRPs produce an annual strategy and work plan for a three year period;

We also interface with 3 LRFs from across the Thames Valley, Surrey, and Hampshire/Isle of Wight systems. These are made up of all our multi-agency partners, and allow for sector-wide work on joint planning, training, and exercising;

In June, the Director of EPRR and Systems Resilience was a guest speaker at the Thames Valley LRF Conference talking about Casualty Tracking for the UK which she is leading on;

We participate in training and exercising events with the LRFs which are used to test response plans relating to our local, regional, and national risks and this enable us to work alongside, and forge good working relationships with our multi-agency partners;

Having the unique role of working with 3 LHRPs and 3 LRFs we are able to influence a more joined up approach by sharing good practice and stopping duplication;

Within each LHRP and LRF, NHS Frimley ICB administratively own a number of risks. These risks are then used as the area the EPRR/SOC/Systems Resilience Team will focus upon. Though some of these risks are different within each LHRP/LRF, the team as a whole can provide expertise on the work required;

Across all three LRF areas, the Frimley ICB also works to localise the National Security Risk Assessment (NSRA) into the three Community Risk Registers. The EPRR Manager leads on the NSRA work across all three LRFs and is the Health lead for Surrey.

System Operations Centre (SOC) / Incident Coordination Centre (ICC) / Vaccination Programme

The Frimley ICS Incident Coordination Centre (ICC) was set up in March 2020 and functioned as the Frimley ICS information sharing platform for over two years during the Covid 19 response. In June 2022, at a request from NHS England and in preparation for our transition from a CCG to an Integrated Care Board (ICB), Frimley ICS ICC transitioned from an ICC into a System Operations Centre (SOC). This now includes more Business-As-Usual workstreams plus the new ways of working and the new normality after Covid. Frimley SOC is stood up to become an ICC if required during any incident.

This move to a SOC enabled us to mirror the functions/roles and responsibilities of the Regional Operations Centre (ROC), and to ensure that the Frimley SOC became part of the new normal way of working to support system resilience and response.

An example of the SOC being stood up to an ICC was for the passing of HM The Queen in September 2022. The team was actioned to work 7 days per week to assist with the planning and undertaking in the local area of Her Majesty's funeral arrangements.

Our continual response to the COVID-19 pandemic and other incidents that have occurred and are still occurring, has been in line with our statutory Emergency Preparedness Resilience and Response duties.

The System Operations Centre also continues to manage the operational aspect of the Vaccination Programme in conjunction with the Frimley Vaccination Project Management Office.

The System Operations Centre has a requirement to maintain an electronic audit trail of all information in and out of the SOC.

The System Operations Centre is also responsible for receiving information from and reporting into the relevant Strategic Coordination Groups and Tactical Operations Groups of the Local Resilience Fora.

It remains a core expectation of all ICBs that they retain an information sharing portal interfacing with NHS England SE Regional Teams and the Frimley Systems partners.

In December 2022 ICB's were tasked by NHSE with setting up System Control Centres (SCC). These teams are made up of a range of staff, primarily within the Urgent and Emergency Care workstream. Members of these teams include a single point of contact, a daily Director, a Duty Manager and Clinical Experts. The SOC has absorbed the task of being the single point of contact for the SCC.

The System Operations Centre has been flexed up and down when required to reflect SCC demand to include 7 days a week working.

It also works closely with FHFT Trust Operations Centre (TOC).

Systems Resilience

NHS Frimley ICB provides resilience oversight across all of the system providers/partners and updates regional teams and system executives daily. This is achieved through:

- Daily System Resilience calls. Resilience Calls are held on Mondays, Wednesdays, and Fridays as standard, with further escalation calls stood up as required to address increasing risks or specific areas of pressure. These calls are now whole-system in nature, in order to reduce duplication and ensure a system-wide view of system pressures;
- Gold and Silver calls are able to be stood up during times of heightened pressure. These have been reviewed with new ToR and agendas agreed to ensure Gold and Silver calls are appropriately focused for maximum efficiency and to ensure that robust command and control processes are adhered to;
- The Frimley ICS Surge and Escalation Protocol has been reviewed in line with the NHSE National Escalation Framework and the SE Regional Operational Pressures Escalation Levels (OPEL) Framework. This was a detailed review and was carried out with full system partner input and consultation, agreeing system wide OPEL triggers and actions. Additional work has also been completed to identify the triggers for System OPEL 4 declaration, System wide Critical Incidents / Business Continuity Incidents, and Stand Down – this work is now being linked to a SE Region wide approach with a defined set of metrics/triggers;
- Planning and assurance continue for Bank Holiday periods, Winter, and key areas of identified or anticipated high system pressures. These plans take a whole system approach to identifying services available, risks and mitigations over any set time period and have proven useful additions to standing plans and procedures by system tactical and strategic managers. Identifying that pressures normally peak the week after the Bank Holiday, planning has expanded to cover actions to release capacity on the week leading up to the Bank Holiday and actions to maximise flow to absorb forecast increases in patient activity, the week after a Bank Holiday.

Risk

The EPRR/SOC/Systems Resilience Team also coordinate risk management using the 4 Risk system.

These EPRR risks are those that are deemed relevant for the ICB and the ICS which would affect the whole organisation and the system. The red rated 15 and above risks shown below formed part of the Corporate Risk Register.

Risk	Rating	Rating after mitigation
Cyber Security & Out of Hours IT Support		
Mass Casualties Incident		
Industrial Action		
Multiple Critical Incidents		
Events and Ceremonial Events in Windsor such as State Visits and Operation London Bridge		
Staff Resilience & Wellbeing		
Pandemic Infectious Disease		
National Threat Level raise to Critical		
Energy Crisis		
Fuel Shortages		
Severe Weather		
Key National Guidance being out of date		
RAAC planks at FPH		

RAAC Planks

This red rated risk is one of the key strategic risks for the ICB and the infrastructure issues facing the Frimley Park Hospital site due to RAAC Planks (described in more detail below) form part of the estate strategy and are a key driver for transformational change.

Frimley Park Hospital has been built using Reinforced Autoclaved Aerated Concrete (RAAC) planks in many of its roofing areas. 2/3 of the site is affected by RAAC. For example all theatres are affected, and one theatre closed for one year reduces activity by several thousand cases. A significant failure in one area of the hospital could have a major or critical impact on the whole hospital, for example if access to theatres or intensive care is unavailable, the emergency department (300-450 daily attendances) would have to be closed.

Because RAAC is present in corridors, a major incident would prevent safe travel around the hospital and service provision. There is extensive ongoing and emergency remedial work in place, but this can cause significant loss of capacity and activity.

Any roof collapse due to the RAAC plank failure will be a major incident with the hospital having to be evacuated.

SMART Triage Evacuation Packs are in place at FPH supplied by NHS England South East. A major RAAC safety incident would significantly test public confidence in Frimley Park Hospital.

This is being tested in an exercise in June 2023 with the SE Regional EPRR team and all ICBs across the South East alongside health and multi-agency partners.

Work is on-going to support the proposals for a long-term solution to the RAAC planks issue.

Key Initiatives

Over the past year the EPRR/SOC/Systems Resilience Team have created some key initiatives recognised and seen as good practice by our health and multi-agency partners across the South East. As example of these are:

- A series of Checklists and Action Cards to support actions decision making;
- MS Teams On Call Page to support Frimley Directors and Managers on Call access to key documents 24/7;
- Quarterly On Call Updates to share experience, best practice, and receive formal updates on developments;
- Creation of specific SOC checklists to aid the out of hours management of key procedures that may need coordination, for example mutual aid for critical care, ambulance diverts and the management of a critical incident. These have proved to be invaluable for our on call teams;
- The continuation of Business Continuity Champions for each place and each main workstream in order to attain to our statutory Business Continuity responsibilities as an ICB;
- Having nominated link officers to the three LRFs/LHRPS across the Frimley system;
- Close working and coordination with neighbouring ICBs, in order to reduce duplication of work and ensure appropriate representation at meetings;
- Creation of a Memorandum of Understanding with neighbouring ICBs to allow for pre-agreed representation when Frimley is unable to service meetings/responses;
- Localised training packages, to complement the national training pack, so On-Call staff have a greater appreciation of their specific roles;
- Creation and dissemination of a Common Operating Picture (COP) during response, to ensure that senior leaders and partners have a good understanding of the nature of NHS Frimley's response;
- Introduction of a defined Mutual Aid processes from our multi-agency partners to Frimley Health Foundation Trust in times of crisis;
- Introduction of the Royal Berkshire Fire & Rescue Service Safe & Well Technicians to FHFT to support patient discharges and well-being checks post discharge;
- The introduction of the Single Health Resilience Early Warning Dashboard (SHREWD) across the whole Frimley ICS. This is the recommended platform by the SE Regional Urgent & Emergency Care (UEC) team which aims to facilitate system wide visibility of real-time pressure in the urgent and emergency care pathway, that enables users to focus on where support is needed to improve flow.

Fiona Edwards

Accountable Officer

28 June 2023

ACCOUNTABILITY REPORT

Corporate Governance Report

13. GOVERNANCE REPORT

This section of the report contains information about our who we are, the way we work as an Integrated Care Board (ICB) and some of our legal responsibilities.

Who we are

NHS Frimley Integrated Care Board (the ICB) covers a population of approximately 800,000 people registered at 71 GP practices across five Places. These are: North East Hampshire and Farnham; Surrey Heath; Royal Borough of Windsor, Ascot and Maidenhead; Bracknell Forest; and Slough.

Frimley ICB is part of our wider Frimley Health and Care ICS. The diagram below shows all our partners that we work with to improve health and wellbeing and reduce inequalities.

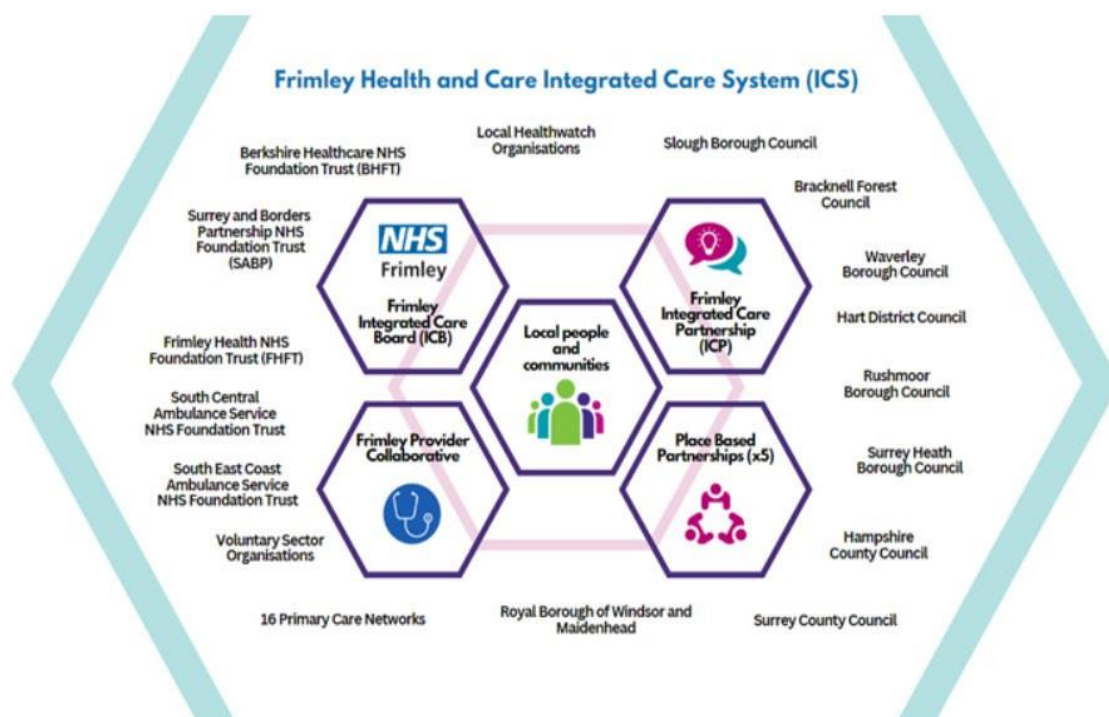


Figure 2: Frimley Health & Care Integrated Care System structure and partnerships

(Ref: <https://www.frimleyhealthandcare.org.uk/about-us/who-we-are/>)

In addition, the following practices are part of our ICB:

North East Hampshire and Farnham Place (19 practices)	
Practice Name	Address
Alexander House Surgery	2 Salisbury Road, Farnborough, Hampshire, GU14 7AW
Branksomewood Healthcare Centre	Branksomewood Road, Fleet, Hampshire, GU51 4JX
Crondall New Surgery	Redlands Lane, Crondall, Farnham, Surrey GU10 5RF
Downing Street Group Practice	4 Downing Street, Farnham, Surrey, GU9 7PA
Farnham Dene Medical Practice	Farnham Centre for Health, Hale Road, Farnham, Surrey, GU9 9QS
Farnham Park Health Group	Farnham Centre for Health, Hale Road, Farnham, Surrey, GU9 9QS
Fleet Medical Centre	Church Road, Fleet, Hampshire, GU51 4PE
Giffard Drive Surgery	68 Giffard Drive, Farnborough, Hampshire, GU14 8QB
Holly Tree Practice	42 Boundstone Road, Wrecclesham, Farnham, Surrey, GU10 4TG
Jenner House Surgery	159 Cove Road, Farnborough, Hampshire, GU14 0HQ
Mayfield Medical Centre	Croyde Close, Farnborough, Hampshire, GU14 8UE
North Camp Surgery	2 Queens Road, Farnborough, Hampshire, GU14 6DH
Oakley Health Group	51 Frogmore Rd, Blackwater, Camberley, Surrey, GU17 0DB
Princes Gardens Surgery	2A High Street, Aldershot, Hampshire, GU11 1BJ
Richmond Surgery	Richmond Close, Fleet, Hampshire GU52 7US
The Cambridge Practice	Aldershot Centre for Health, Hospital Hill, Aldershot, Hampshire, GU11 1AY
The Border Practice	Blackwater Way, Aldershot, Hampshire, GU12 4DN
Voyager Family Health	Farnborough Centre for Health, Apollo Rise, Southwood Business Park, Farnborough, Hampshire, GU14 0NP

Practice Name	Address
Wellington Practice	Aldershot Centre for Health, Hospital Hill, Aldershot, GU11 1AY

Bracknell Forest Place (9 practices)

Practice Name	Address
Binfield Surgery	Terrace Road North, Binfield, Berkshire, RG42 5JG
Crown Wood Medical Practice	4A Crown Road, Bracknell, Berkshire, RG12 0TH
Easthampstead Surgery	23 Rectory Lane, Bracknell, Berkshire, RG12 7BB
The Evergreen Practice	Skimped Hill Health Centre, Skimped Hill Lane, Bracknell, RG12 1LH
Forest Health Group	Ringmead, Birch Hill, Bracknell, RG12 7PG
Great Hollands Practice	Great Hollands Square, Bracknell, Berkshire, RG12 8WY
Ringmead Medical Practice	Birch Hill Medical Centre, Leppington, Bracknell, RG12 7WW
The Sandhurst Group Practice	1 Cambridge Road, Owlsmoor, Sandhurst, Berkshire, GU47 0UB
The Waterfield Practice	Ralphs Ride, Harmanswater, Bracknell, RG12 9LH

Royal Borough of Windsor and Maidenhead (20 practices)

Practice Name	Address
Ascot Medical Centre	Brook House, Brook Avenue, SL5 7GB
Cookham Medical Centre	Lower Road, Cookham Rise, Maidenhead, Berkshire, SL6 9HX
Cordwallis Road Surgery	1 Cordwallis Road, Maidenhead, Berkshire, SL6 7DQ
Claremont and Holypport Practice	2 Cookham Road, Maidenhead, Berkshire, SL6 8AN
Clarence Medical Centre	Vansittart Road, Windsor, Berkshire, SL4 5AS
Datchet Health Centre	Green Lane, Datchet, Berkshire, SL3 9EX
Green Meadows Surgery	Brook House, Brook Avenue, Ascot, SL5 7GB
Kings Corner Surgery	Kings Road, Sunninghill, Ascot, Berkshire, SL5 0AE
Lee House Surgery	84 Osborne Road, Windsor, SL4 3EW
Linden Medical Centre	9a Linden Avenue, Maidenhead, Berkshire, SL6 6JJ
Magnolia House Surgery	15 Station Road, Sunningdale, Berkshire, SL5 0QJ
Redwood House Surgery	Cannon Lane, Maidenhead, Berkshire, SL6 3PH
Rosemead Surgery	8a Ray Park Avenue, Maidenhead, SL6 8DS
Ross Road Medical Centre	85 Ross Road, Maidenhead, Berkshire, SL6 2SR
Runnymede Medical Practice	Newton Court Medical Centre, Burfield Road, Old Windsor, Berkshire, SL4 2QF

Practice Name	Address
Sheet Street Surgery	21 Sheet Street, Windsor, Berkshire, SL4 1BZ
South Meadow Surgery	3 Church Close, High Street, Eton, Berkshire, SL4 6AP
The Cedars Surgery	8 Cookham Road, Maidenhead, Berkshire, SL6 8AJ
The Symons Medical Centre	25 All Saints Avenue, Maidenhead, Berkshire, SL6 6EL
Woodlands Park Surgery	15 Woodlands Park Road, Maidenhead, Berkshire, SL6 3NW

Slough Place (16 practices)

Practice Name	Address
Bharani Medical Centre	16-18 Lansdowne Avenue, Slough, SL1 3SJ
Cippenham Surgery	261 Bath Road, Slough, Berkshire, SL1 5PP
Crosby House Surgery	91 Stoke Poges Lane, Slough, SL1 3NY
Dr Sharma's Surgery	The Surgery, 240 Wexham Road, Slough, SL2 5JP
Farnham Road Practice	301 Farnham Road, Slough, Berkshire, SL2 1HD
Herschel Medical Centre	45 Osborne Street, Slough, Berkshire, SL1 1TT
Kumar Medical Centre	59 Grasmere Avenue, Slough, Berkshire, SL2 5JE
Langley Health Centre	Common Road, Langley, Slough, Berkshire, SL3 8LE
Manor Park Medical Centre	2 Lerwick Drive, Slough, Berkshire, SL1 3XU
Ragstone Road Surgery	40 Ragstone Road, Chalvey, SL1 2PY
Shreeji Medical Centre	22 Whitby Road, Slough, Berkshire, SL1 3DQ
The Avenue Medical Centre	Wentworth Avenue, Britwell Estate, Slough, Berkshire, SL2 2DG
The Chapel Medical Centre	Upton Hospital, Albert Street, Slough, SL1 2BJ
The Orchard Surgery	Willow Parade, 276 High Street, Langley, Slough, SL3 8HD
Upton Medical Partnership	The Village Medical Centre, 45 Mercian Way, Cippenham, SL1 5ND

Surrey Heath Place (7 practices)

Practice Name	Address
Bartlett Group	Frimley Green Medical Centre, 1 Beech Road, Frimley Green, Surrey, GU16 6QQ
Camberley Health Centre	159 Frimley Road, Camberley, Surrey, GU15 2QA
Lightwater Surgery	39 All Saints Road, Lightwater, Surrey, GU18 5SQ
Park House Surgery	Park Street, Bagshot, Surrey, GU19 5AQ
Park Road Group Practice	143 Park Road, Camberley, GU15 2NN
Station Road Surgery	4 Station Road, Frimley, Surrey, GU16 7HG

Membership Report

Our Integrated Care Board

The ICB was formed on 1 July 2022 under the Health and Care Act 2022, replacing NHS Frimley Clinical Commissioning Group. It is the principle decision-making body in the commissioning and contracting of high-quality healthcare for our local community. It comprises of clinical, non-executive and executive directors with a variety of backgrounds, with a wide range of skills and experience. These include members overseeing elements of governance and patient and public engagement.

The ICB is comprised of the following seventeen voting members of the Board: the Chair; the Chief Executive Officer; five Chief Officers; two Non-Executive Members; two Primary Care Partner Members; three Local Authority Partner Members; three NHS Provider Partner Members. In addition to the voting members, there is also non-voting membership comprised of the following roles: the Director of Partnerships and Engagement and the Equality, Diversity and Inclusion System Lead.

The five Places which make up the ICB are comprised of (i) Bracknell Forest (ii) North East Hampshire and Farnham (NEHF) (iii) Surrey Heath (iv) Slough (v) Royal Borough of Windsor and Maidenhead (RBWM). Each of the five Places has a Place Convenor who form part of the Senior Leadership Team to manage the place-based delivery plans. Stakeholders and local authority colleagues work alongside each of the leadership teams, meeting regularly together at their local Place Committees.

Details of the five Places can be found on the website

<https://www.frimley.icb.nhs.uk/about-us>

The Frimley ICB makes decisions on matters that are common to the five Places taking into account the needs of local people.

There were nine meetings of the Frimley ICB in Q2-Q4 2022-23. Five of these were held as meetings in public, and the remaining four were held in private

seminar mode. All meetings were quorate with the exception of the seminar meeting which took place on 21 March 2023.

David Radbourne, Regional Director of Strategy and Transformation at NHS England South East received a standing invitation to attend both Public and Private Board meetings.

The voting membership of the Frimley ICB Board are set out below:

Membership in Q2-Q4 2022-23	
<u>Voting Members</u>	
<u>Non-Executive Members</u>	
Dr Priya Singh, Chair	1 July 2022 – 31 March 2023
Ilona Blue, Non-Executive Member and Chair of the Audit and Risk Assurance Committee	1 July 2022 – 31 March 2023
Paul Farmer, Non-Executive Member and Chair of the Remuneration Committee	1 July 2022 – 31 March 2023
<u>Executive Members</u>	
Fiona Edwards, Chief Executive Officer	1 July 2022 – 31 March 2023
Richard Chapman, Chief Finance Officer	1 July 2022 – 31 March 2023
Sarah Bellars, Chief Nursing Officer	1 July 2022 – 31 March 2023
Dr Lalitha Iyer, Chief Medical Officer	1 July 2022 – 31 March 2023
Caroline Corrigan, Chief People Officer	1 July 2022 – 31 March 2023
Sam Burrows, Chief Transformation & Digital Officer	1 July 2022 – 31 March 2023
<u>NHS Provider Partner Members</u>	
Neil Dardis, Frimley Health Foundation Trust	1 July 2022 – 31 March 2023
Alex Gild, Berkshire Health Foundation Trust	1 July 2022 – 31 March 2023
Graham Wareham, Surrey and Borders Partnership Foundation Trust	1 July 2022 – 31 March 2023
<u>Local Authority Partner Members</u>	
Karen Edwards, Rushmoor Borough Council	1 July 2022 – 31 March 2023
Duncan Sharkey, Royal Borough of Windsor and Maidenhead	1 July 2022 – 9 September 2022
Grainne Siggins, Bracknell Forest Council	8 February 2023 – 31 March 2023
Rachael Wardell, Surrey County Council	1 July 2022 – 31 March 2023
<u>Primary Care Partner Members</u>	
Dr Prash Patel, Magnolia House Surgery	1 July 2022 – 31 March 2023
Dr Huw Thomas, Claremont & Holyport Surgery	1 July 2022 – 31 March 2023
<u>Non-Voting Members</u>	
Emma Boswell, Director for Partnerships and Engagement	1 July 2022 – 31 March 2023
Safina Nadeem, Equality, Diversity and Inclusion System Lead	1 July 2022 – 31 March 2023

For details of **declared conflicts of interest** published on our website please click here on the Civica Declare link. <https://nhsfrimleyccg.mydeclarations.co.uk/home>

Table showing ICB Board Attendance for Q2-Q4 2022-23:

Name	1 July 2022	19 July 2022	20 Sept 2022	18 Oct 2022	15 Nov 2022	20 Dec 2022	17 Jan 2023	21 Feb 2023	21 Mar 2023	Total
Voting Members										
Dr Priya Singh	✓	✓	✓	✓	✓	✓	✓	✓	✓	9/9
Fiona Edwards	✓	✓	✓	✓	✓	✓	✓	✓	✓	9/9
Richard Chapman	✓	✓	✓	✓	✓	✓	✓	✓	✓	9/9
Sarah Bellars	A	✓	✓	✓	✓	✓	A	✓	✓	7/9
Sam Burrows	✓	✓	✓	✓	✓	✓	✓	✓	✓	9/9
Caroline Corrigan	✓	A	✓	✓	✓	✓	✓	✓	✓	8/9
Lalitha Iyer	✓	✓	✓	✓	✓	✓	✓	A	A	7/9
Ilona Blue	✓	✓	✓	✓	✓	A	✓	✓	✓	8/9
Paul Farmer	A	✓	✓	A	A	✓	✓	✓	✓	6/9
Dr Huw Thomas	✓	✓	✓	A	✓	✓	✓	✓	✓	8/9
Dr Prash Patel	✓	✓	✓	✓	✓	✓	A	✓	✓	8/9
Neil Dardis	A	✓	✓	✓	A	✓	✓	✓	A	6/9
Alex Gild	A	✓	✓	A	✓	✓	✓	✓	A	6/9
Graham Wareham	A	✓	✓	✓	✓	✓	✓	✓	A	7/9
Karen Edwards	✓	✓	✓	✓	A	✓	✓	✓	✓	8/9
Rachael Wardell	A	✓	✓	A	✓	✓	A	✓	A	5/9
Duncan Sharkey	✓	✓								2/2
Grainne Siggins								✓	A	1/2
Non-Voting Members										
Safina Nadeem	✓	✓	✓	✓	✓	A	A	A	A	5/9
Emma Boswell			✓	✓	✓	A	✓	✓	✓	6/7

✓ Attended A Absent

13.1 Frimley Integrated Care Board Governance Structure

System Decision Making: The ICB Board, Committees of the Board and System Working Groups

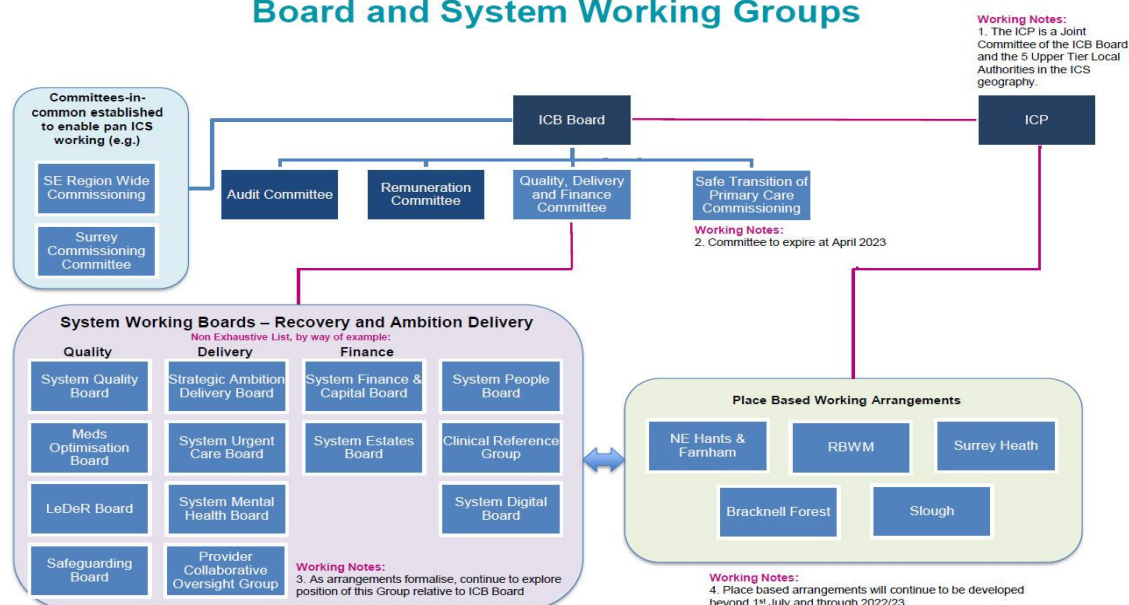


Diagram 1

At its establishment on 1 July 2022 the Frimley ICB approved an initial governance structure (shown as Diagram 1 above) that was comprised of four subcommittees. Namely, two statutory subcommittees, the Audit Risk and Assurance Committee and the Remuneration Committee and two further subcommittees the Quality, Delivery and Finance Committee and the Safe Transition of Primary Care.

At its inaugural meeting the members of the Board agreed the 1 July 2022 governance architecture should be reviewed to ensure that the subcommittee structure effectively met the needs of the new organisation. At its next meeting on 20 September 2022 the Board agreed the proposal to adopt revised governance architecture for the organisation (see Diagram 2 below).

The Board agreed that the responsibilities of the existing single Quality, Delivery and Finance Committee should be split and instead two new subcommittees formed:

- Finance and Performance Committee
- System Quality Committee

The revised governance architecture also proposed a relationship between these two sub-committees via a quarterly meeting of both as a single Integrated Risk Committee. This new Integrated Risk Committee would enable appropriate assurance on delivering strategy, use of resources and quality of services, in addition to safeguarding against silo working.

Furthermore, it was proposed that the existing Safe Transition of Primary Care Committee – a sub-committee of the Board should be transitioned to become a System Board.

The Safe Transition of Primary Care Committee met as a subcommittee of the ICB Board in July and September 2022. The first meeting of the newly formed System Quality Committee took place in November 2022. The first meeting of the Finance and Performance Committee took place in December 2022. During the course of 2022-2023 the remit and membership of the Integrated Risk Committee was reviewed and agreed – and the first meeting is planned to take place in April 2023.

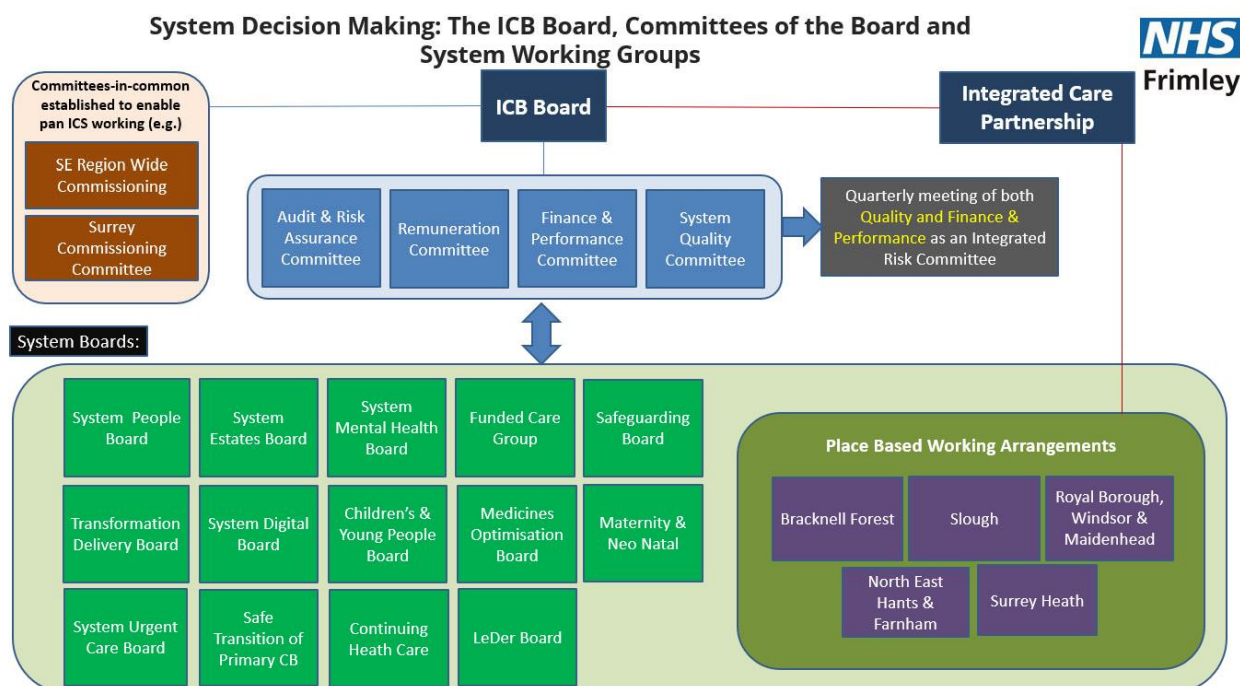


Diagram 2

Sub-Committees of the Board

Audit and Risk Assurance Committee July 2022 – March 2023

The role of the Frimley ICB Audit and Risk Assurance Committee is to provide assurance to the Board that the organisation is operating effectively and meeting its respective statutory and strategic objectives.

The Committee considers the reports and opinions from a variety of sources, including internal and external audit and Counter-Fraud Services. It acts as the senior assurance committee to the Integrated Care Board. It has a crucial role to play in scrutinising the risks and controls affecting every aspect of the ICB, as well as maintaining its focus on finance and financial management.

Key pieces of work included reviewing and agreeing the Q1 2022-23 Annual Reports for the former NHS Frimley Clinical Commissioning Group. The Committee also received regular assurance on progress with the establishment of risk management arrangements for the ICB.

Between July 2022 and March 2023 the NHS Frimley Audit and Risk Assurance Committee met on five occasions. All meetings were quorate in line with its Terms of Reference which stipulates that two voting members, including the Chair are required for quoracy. The Chief Finance Officer and the Director of Partnerships and Engagement are non-voting attendees at the meeting. The voting members and their attendance is listed in the table below:

Table showing ICB Audit and Risk Assurance Committee Attendance 2022/23:

Name	25 July 2022	22 Sept 2022	8 Nov 2022	10 Jan 2023	9 Mar 2023	Total
Voting members:						
Ilona Blue	✓	✓	✓	✓	✓	5/5
Paul Farmer	✓	✓	✓	✓	✓	5/5

✓ Attended

Sub-Committees of the Board Remuneration Committee July 2022 – March 2023

The Frimley ICB Remuneration Committee oversees and monitors the Pay Policy for the organisation – it is responsible for the adoption of any pay frameworks for ICB employees, including senior managers, board members and non-executive members (excluding the Chair). The Remuneration Committee approved the remuneration for the Chief Executive Officer, the Chief Officers and the Senior Leadership Team for the newly formed organisation and received assurances on the national process for agreeing severance payments that resulted from the CCG to ICB transition.

The Frimley ICB Remuneration Committee met on four occasions in 2022-23. All meetings were quorate with a minimum of three voting members present.

A more detailed breakdown of the work of the Frimley ICB Remuneration Committee can be found within the Remuneration Report.

The voting members and their attendance is listed in the following table:

Table showing ICB RemCom Attendance 2022/23:

Name	1 July 2022	26 Sept 2022	12 Dec 2022	13 Mar 2023	Total
Voting members:					
Ilona Blue	✓	✓	✓	✓	4/4
Paul Farmer	✓	✓	✓	✓	4/4
Dr Priya Singh	✓	✓	✓	✓	4/4

✓ Attended

Sub-Committees of the Integrated Care Board

Safe Transition of Primary Care Committee July 2022 – September 2022

On April 1 2016, CCGs assumed responsibility for commissioning local primary care services. The continued delegation of this role from NHS England to NHS Frimley ICB is extremely important development for the effective planning of healthcare services provided to the local population. As the commissioner for local primary care the ICB works closely with practices within its footprint on planning the services provided to local people.

The Safe Transition of Primary Care Committee operates as a bi-monthly meeting in private. In accordance with its Terms of Reference, the Safe Transition of Primary Care Committee extends standing invitations to representatives from Health Watch, Local Medical Committees, and local Health and Wellbeing Boards in addition to managerial representatives from the Finance, Quality, and Primary Care teams. Caroline Farrar is the Chair of the Safe Transition of Primary Care Committee.

All meetings of the Safe Transition of Primary Care Committee in 2022-2023 were quorate. The Committee met on two occasions as a sub-committee of the ICB Board in July and September 2022 before transitioning to a System Board: this decision was made by the ICB Board at its meeting on 20 September 2022 when the governance architecture shown above in Diagram 2 was agreed.

Table showing ICB Safe Transition of Primary Care Committee Attendance for 2022/23:

Name	2 Aug 2022	6 Sept 2022	Total
Voting members:			
Caroline Farrar	✓	✓	2/2
Sarah Bellars	✓	D	1/2
Rich Chapman	✓	✓	2/2
Dr Gareth Robinson	✓	✓	2/2
Dr Huw Thomas	A	A	0/2
Dr Jim O'Donnell	✓	A	1/2
Dr Annabel Buxton	A	A	0/2
Dr John Fraser	A	A	0/2

✓ Attended A Absent D Deputy

Finance and Performance Committee

The Finance and Performance Committee ensures reporting and assurance functions are fulfilled and allowing the Board to retain its strategic focus.

The Committee met four times between July 2022 and March 2023 and included membership across ICB management as well as non-executive, Provider Partner and NHSE representation.

The Committee received key updates on system finance, performance, recovery, estates, and operational planning. The Committee also received regular updates on the development of the ICB's Risk Management and Governance Structure.

Alex Gild, Provider Partner Member of the Board from Berkshire Health Foundation Trust was nominated Chair of the Finance and Performance Committee in November 2022.

All meetings of the Finance and Performance Committee were quorate in accordance with its Terms of Reference.

Table showing ICB Finance and Performance Committee Attendance for 2022/23:

Name	1 Dec 2022	5 Jan 2023	2 Feb 2023	2 Mar 2023	Total
Voting members:					
Alex Gild	✓	✓	✓	✓	4/4
Rich Chapman	✓	✓	✓	✓	4/4
Sarah Bellars	✓	✓	✓	✓	4/4
Sam Burrows	✓	✓	✓	A	3/4
Ilona Blue		A	✓	✓	2/3
Nicola Airey	✓	✓	A	✓	3/4
Ollie White	✓	✓	✓	✓	4/4
Debbie Fraser	✓	✓	✓	A	3/4
Veronica Lowthian	✓	✓	A	A	2/4
Nigel Foster	✓	✓	✓	✓	4/4

✓ Attended A Absent

System Quality Committee

The purpose of the Frimley ICS System Quality Committee is to bring together the different parts of the health and care system to share information about safety and quality across the region. This provides partners with full strategic oversight of the care being provided in order to consider key areas for quality improvement. The members of the System Quality Committee have delegated responsibility and formal decision-making capacity to represent the views of their host organisation for the benefit and development of the Frimley ICS quality agenda.

The System Quality Committee met 6 times in 2022-23. Sarah Bellars is the Chair of the System Quality Committee. All meetings of the System Quality Committee were quorate in accordance with its Terms of Reference.

Table showing System Quality Committee Attendance for 2022/23:

Name	Oct	Nov	Dec	Jan	Feb	Mar	Total
Key members for quoracy:							
Chair/Deputy Chair	✓	✓	✓	✓	✓	✓	6/6
Acute Representative (Frimley Health NHS Foundation Trust)	✓	✓	✓	✓	✓	✓	6/6
Mental Health Representative 1 (Berkshire Health NHS Foundation Trust)	✓	✓	✓	✓	✓	✓	6/6
Mental Health Representative 2 (Surrey & Borders Partnership NHS Foundation Trust)	✓	✓	✓	✓	✓	✓	6/6
Community Services Representative (HCRG Care Group)	✓	✓	✓	A	✓	✓	5/6

✓ Attended A Absent

System Working with Partners

The Integrated Care Partnership (ICP) is a statutory joint committee of health and social care. Membership is comprised of three members of the ICB Board and one from each of the following sectors:

- Surrey and Hampshire County Council;
- Slough, Bracknell Forest and Royal Borough of Windsor and Maidenhead unitary councils; and

- Borough and district councils.

The ICP provides a shared platform for providers of health and care to work together on planning and delivery of services.

The ICP met on two occasions between July 2022 and March 2023.

Key pieces of working included co-designing an initial draft interim strategy to support integrated work across the ICS.

Each of our five places (Bracknell Forest, Slough will continue to work in partnership with our local authority partners – aligning health and care priorities to create stronger connections to ensure we collectively build the most appropriate services for local people.

To support integrated commissioning the Frimley ICB works with neighbouring ICBs, Councils and Local Authorities in a committees in common formation. These committees in common are established in accordance with the terms of the Constitution and its scheme of reservation and delegation.

- In the South East region NHS Frimley ICB works with five other ICBs (NHS Buckinghamshire and Berkshire (BOB); NHS Hampshire and Isle of Wight; NHS Kent and Medway; NHS Surrey Heartlands and NHS Sussex) for the collaborative commissioning and delivery of high quality Pharmacy, Optometry and Dentistry (POD) services which are delegated by NHS England.
- The Frimley ICB also works collaboratively with Surrey County Council and NHS Surrey Heartlands ICB to commission integrated health and social care – it works together as the “Surrey Health and Social Care Surrey Wide Commissioning Committee” in a committees in common.

Additional notes

Personal data related incidents

In 2022-23, there were no reported Serious Untoward Incidents relating to data security breaches.

Statement of Disclosure to Auditors

Each individual who is a member of the ICB at time the Members' Report is approved confirms:

- So far as the member is aware, there is no relevant audit information of which the ICB auditor is unaware that would be relevant for the purposes of their audit report
- The member has taken all the steps that they ought to have taken in

order to make him or herself aware of any relevant audit information and to establish that the ICB auditor is aware of it.

Modern Slavery Act

NHS Frimley ICB fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the financial year ending 31 March 2023 is published on our [website](#)

14. STATEMENT OF ACCOUNTABLE OFFICER'S RESPONSIBILITIES

Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the NHS Frimley Integrated Care Board and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed the Chief Executive to be the Accountable Officer of NHS Frimley ICB. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Integrated Care Board and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding the NHS Frimley ICB's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS Frimley ICB's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Fiona Edwards

Accountable Officer, 28 June 2023

15. GOVERNANCE STATEMENT

Introduction and context

‘NHS Frimley ICB is a corporate body established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended).

The ICB’s statutory functions are set out under the National Health Service Act 2006 (as amended).

The ICB’s general function is arranging the provision of services for persons for the purposes of the health service in England. The ICB is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its local population.’

Between 1 July 2022 and 31 March 2023, the Integrated Care Board was not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.’

Since 1 July 2022 NHS Frimley has been under segment one of NHS England’s System Oversight Framework. This means that the ICB would be expected to bring system partners together to identify risks, issues and facilitate collective action to tackle performance challenges and lead oversight and support of individual organisations and partnership arrangements within their system, escalating to NHS England where necessary.

Scope of responsibility

‘As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of NHS Frimley policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my NHS Frimley Accountable Officer Appointment Letter.

I am responsible for ensuring that NHS Frimley ICB is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the ICB as set out in this governance statement.’

Governance arrangements and effectiveness

The ICB is a statutory body with the general function of arranging for the provision of services for the purposes of the health service in England and is an NHS body

for the purposes of the 2006 Act (as amended)

The membership and attendance record for the Board and its sub-committees, together with highlights of their work are set out within the Membership Report and the Terms of Reference are contained within the Governance

Handbook <https://www.frimley.icb.nhs.uk/policies-and-documents/how-we-make-decisions/nhs-frimley-ccg-how-we-make-decisions/160-governance-handbook/file>

The Board has four committees reporting to it. This includes two statutory committees, the Audit Risk and Assurance Committee and the Remuneration Committee and an additional two committees, namely, the Finance and Performance Committee and the System Quality Committee.

One further subcommittee, the Safe Transition of Primary Care Commissioning was a subcommittee of the ICB Board between 1 July 2022 and 20 September 2022.

Following establishment on 1 July 2022, the ICB Board undertook a review of its own governance architecture and agreed some changes to take effect, namely, to split the responsibilities of the Quality, Delivery and Finance Committee into two subcommittees: (i) the Finance and Performance Committee and (ii) the System Quality Committee; to transition the Safe Transition of Primary Care from an ICB Board subcommittee to a System Board and to establish an Integrated Risk Committee in 2023-2024.

I confirm that the ICB has been able to maintain the functions of the Board through these arrangements and has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently, and economically and complies with such generally accepted principles of good governance as are relevant to it.

I can confirm that the ICB ensures a focus on effective governance is maintained through the observance of the governance framework which is set out in the ICB's constitution.

The constitution requires that the ICB will at all times observe the principles of good governance in the way it conducts its business. These principles include the Good Governance Standard for Public Services, the Nolan Principles, the seven key principles of the NHS Constitution and the Equality Act 2010.

Embedded within the constitution are the ICB's Standing Orders. These Standing Orders, combined with the Scheme of Delegation and Prime Financial Policies, form the procedural governance framework. They set out the structure and arrangements for conducting the business of the ICB, the appointment of ICB Members, and the procedures to be followed at meetings of the ICB, the process to delegate powers and the declaration of interests and standards of conduct.

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance. NHS Frimley ICB reports its governance arrangements by drawing on best practice available, including those aspects of the UK Corporate Governance Code it considers to be relevant to the ICB and best practice. This governance statement is therefore intended to demonstrate the ICB's compliance with the principles set out in the Code.

Discharge of Statutory Functions

On 1 July 2022 NHS Frimley ICB was established and took on its statutory powers and duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislature and regulations. As a result, I can confirm that the ICB is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been allocated to a Chief Officer or Director. Responsibility for each duty and power is clearly outlined in the ICBs scheme of reservation and delegation, within the financial limits policy delegations are allocated to a lead Chief Officer or Director.

Risk management arrangements and effectiveness

I can confirm that the ICB is committed to minimising risks to the organisation, staff and patients and stakeholders through its system of internal controls, while providing maximum potential for flexibility, innovation, and best practice in delivery of the ICS strategic ambitions to increase overall healthy life expectancy and reduce differences in healthy lives lived for our residents.

The ICB works to all applicable legislation and NHS guidance, and where risk forms a part of the ICB's work, this is assessed and recorded on the risk register. As a newly formed statutory body the ICB is working to develop and further embed its risk management processes.

On Day one as part of the Readiness to Operate Statement (ROS) the ICB Board approved a Risk Management Framework and inherited the NHS Frimley CCG's key strategic risks that in turn informed an interim Board Assurance Framework (BAF) for the ICB. During the course of the year, the Board worked to finalise the design principles for its strategic objectives which took account of the strategic and operational context within which the ICB is operating. The revised Board Strategic Objectives have been approved by the ICB Board and these objectives will contribute to the refreshed ICB Board Assurance Framework (BAF). The Board agreed its final strategic objectives in March 2023 and work has now commenced to map these objectives to the existing strategic risks (rated 15 and above) on the BAF.

The ICB's approach to corporate governance and risk management was assessed by the internal auditors between November and December 2022, as part of the agreed

internal audit plan. The report was overall classified as high risk, with a score of 19 (scores between 16 and 39 are classified as high risk). The report noted Risk Management as high risk in relation to (1) BAF (2) Risk Escalation and Reporting and (3) Clarity on organisation, place and system risks. Since the internal report was published in January 2023 the Board has agreed its strategic objectives and the BAF has been refreshed. The ICB Risk Registers have been regularly updated and reviewed by the leadership team. Further work has taken place to address the areas for further development in the audit in relation to the governance structure, delegated authorities and decision making and terms of reference and membership.

The Board recognises the importance of addressing all of the findings around risk management that have been highlighted by the internal auditors – in particular around its Board Assurance Framework which was approved in May 2023. The Board Assurance Framework will be shared at the board meeting in public in June 2023.

Throughout the course of the year, the Board has received regular updates on the progress with the development of the new governance architecture and risk management arrangements. I have ensured that strategic issues and risks aligned to the delivery of the Operational Plans for 2023-2024 around (i) workforce (ii) population health, (iii) delivery of ongoing reform, transformation, and improvement of public services (iv) investment in new technology and (v) financial sustainability have featured on the agendas of Board meetings. The Board has maintained its focus on its long term strategic objectives of reducing health inequalities and maximising healthy life years for the population of Frimley.

Whilst the ICB Board has been working to agree its strategic objectives, myself and the Senior Leadership Team (SLT) have played a pivotal role in identifying strategic risks which are recorded on the existing Board Assurance Framework (BAF). The SLT has received the BAF and Corporate Risk Registers on a bi-monthly basis at its meetings and the Audit Risk Assurance Committee has received regular assurance reports on progress with the development of risk management arrangements and also received the BAF and Corporate Risk Register.

Capacity to Handle Risk

The risks faced by the ICB against its strategic objectives are identified through various means, including risks assessments, audits, incident reports, complaints, through self-assessment and by NHS England.

All staff are involved in risk management – the senior leadership team lead on risk within their respective portfolios and system boards and senior managers as risk-owners have responsibility for ensuring that risks are operationally managed, and other staff record and update controls, assurances and action plans on team risk registers.

Guidance on risk management is contained within the Risk Management Framework and training on the use of the 4Risk system is provided by the CSU Team.

Risk Assessment

As described above, work is in progress to remap the strategic risks to reflect the final strategic objectives that were approved in March 2023.

Between 1 July 2022 and 21 March 2023 the Board had an assurance framework that reported on the existing five strategic risks (adopted from its predecessor organisation NHS Frimley CCG) and mapped against five strategic objectives.

Strategic Objective 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

Risk: With the ongoing impact of COVID-19 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 ICB may not meet its statutory duties.

- **Strategic Objective 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

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.

- **Strategic Objective 3** -Continue to focus on our staff and build a culture of inclusivity so that everyone feels heard, valued and empowered

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

- **Strategic Objective 4:** Effectively manage our resources together with our system partners to successfully deliver the system operating plan

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-19 on our communities.

- **Strategic Objective 5:** Lead well and inspire each other as we transition successfully into a new organisation

Risk: If the ICB is unable to maintain robust governance arrangements while developing new ICS governance then this may lead to poor decisions, increasing the likelihood of challenge and reputational damage.

At its meeting on 21 March 2023 the ICB Board agreed the following final refreshed ICB strategic objectives - aligned strategic risks were updated and presented to the ICB Board at its meeting in May 2023.

- **Strategic Objective 1:** We want to help our employees thrive and be healthy both at work and in their personal lives, while also listening to our workforce to help us achieve our goals as an organisation. We will take actions that create a culture of inclusivity that values our diverse workforce and encourages everyone to contribute to our vision and values.
- **Strategic Objective 2:** We will work together with our communities and other partner organisations to improve health and care outcomes and experiences for local people, resulting in reduced health inequalities.
- **Strategic Objective 3:** We will make sure our organisation stays focused on the delivery of our work programme. Our leaders will oversee our progress and work to improve our approach over time. We will also work closely with our partners and places to make sure we are collectively contributing to wider improvements in public services, reform and transformation.
- **Strategic Objective 4:** We will invest in new technology that can help us provide better care and prevent illness. We will increase the use of data and insights to help us innovate and improve how we provide care and support to our patients and residents.
- **Strategic Objective 5:** We will work to make sure our organisation is financially sustainable in the long term. We will manage our finances carefully and make sure we are providing the best possible value to taxpayers.

I can confirm that the ICB continues to keep NHS England aware of all strategic risks as part of the regular dialogue and reporting arrangements.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the ICB to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable

level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The external auditors provide me with their opinion through their Auditors Annual Report. Internal Audit have provided an interim opinion of reasonable / moderate assurance in the Head of Internal Audit Opinion.

The systems of internal control related to risk management are monitored by the Governance Team to ensure regular reviews are carried out and reporting any breaches should they occur.

Annual audit of conflicts of interest management

‘The revised statutory guidance on managing conflicts of interest for CCGs (published June 2016) requires commissioners to undertake an annual internal audit of conflicts of interest management. To support ICBs to undertake this task, NHS England has published a template audit framework.’

The internal auditors reviewed the management of conflicts of interest as part the work that they undertook in November – December 2022 for the Corporate Governance and Risk Management internal audit. The internal auditors identified good practice in connection with the management of conflicts of interest and stated that *“conflicts of interest are well embedded as part of committee meetings and were included as standing agenda items in all minutes reviewed”*.

The ICB uses an online Civica Declare system for the management of its conflicts of interest. The system provides the public with access to the declarations of interest for Board members and decision makers in line with NHS England guidance. Staff are regularly reminded about the need to complete and maintain their conflicts of interest and to complete their mandatory training.

I can confirm there have been no conflict-of-interest breaches reported between 1 July 2022 and 31 March 2023.

Data Quality

High quality data underpins every step of the commissioning cycle. It is only through the analysis of high-quality data that the ICB can move towards safe, effective, and equitable care for all.

The Board, in addition to its committees and sub-committees receives information provided by the ICB business intelligence team / CSU team that is sourced from national mandatory returns and NHS Digital information. This data is subject to data quality checks from providers prior to submission, from NHS Digital as part of the national collation process and from the ICB as part of its data management processes. Information is also sourced directly from local providers and this is validated by the ICB business intelligence team / CSU team on receipt, as well as

against national information/guidance when that becomes available.

The ICB ensures data quality throughout the commissioning process and, although we rely on other NHS organisations and the CSU, we gain direct assurance from these organisations on a monthly basis and gain independent assurance from Internal Audit reports.

There have been some issues in year relating to data quality that have been reported to the ICB. As a major change programme, Frimley Health Foundation Trust agreed with the ICB and other system partners and its regulator that it would suspend the reporting of some mandatory information (such as performance and outcome measures) whilst the transition to the new Electronic Patient Record took place. As a result, there has been a period of disruption to the collation and reporting of some performance data, although this will be fully resolved for 2023/24.

Information Governance

‘The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the ICB, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.’

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information.

In 2022-23 no serious untoward incidents relating to data security breaches needed to be reported to the regulators.

Business Critical Models

An appropriate framework and environment is in place to provide quality assurance of business-critical models, in line with the recommendations in the Macpherson report.

The business-critical models of the ICB – including service planning and provision, budget setting and allocations primarily rely on activity and finance data produced by the Commissioning Support Unit (CSU) which is assured through their own processes.

The work of the CSU and the validity of its data is subject to further independent internal audit scrutiny.

As Accountable Officer, I receive assurance through the CSU service auditor reports that relevant controls are in place and have been operating throughout the year. NHS England undertakes a quarterly assurance review which covers the output from these business critical models. All business-critical models have been

identified and information about quality assurance processes for those models has been provided to Audit and Risk Assurance Committee.

Third party assurances

The ICB business critical-models primarily rely on activity and finance data produced by the CSU which is assured through the CSU own processes. As Chief Executive Officer, I receive assurance through service auditor reports that relevant controls are in place for business-critical models and have been operating throughout the year.

The ICB receives assurance reports from the following organisations:

- From the CSU for some or all services provided (as agreed between the ICB and CSU annually);
- From NHS Shared Business Services for the provision of Financial and Accounting Services and Primary Care Payments services;
- From IBM on the operation of the Electronic Staff Record (ESR) Payroll infrastructure and service;
- From NHS Digital on the operation of GP payments services;
- From NHS Business Service Authority on the operation of prescription services and dental services.
- From Capita Business Services on the operation of Primary Care Support England (PCSE) for processing GP, Ophthalmic and Pharmacy payments and Pension administration.

These are Service Auditor Reports which typically set out the following:

- Respective responsibilities in the Service end to end process;
- A high level description of the governance and assurance arrangements in place at the Service Organisation including arrangements for effective risk management and assurance;
- A high level description of the Service control environment;
- An assertion by the Service Organisation management regarding the design of internal controls over the process; and,
- A low level description of the Service's control objectives and supporting key controls.

Service Auditor Reports are an internationally recognised method for Service Organisations to provide details of controls and their operation in a specified period to their clients and are prepared to internationally recognised standards (typically ISAE 3000 and 3402).

In drawing a conclusion on third party assurances, no control issues were raised via the Service Auditor Reports that impacted on the ICB control environment for the period 2022-23.

Control Issues

During the year, Internal Audit issued a number of advisory audit reports which identified governance, risk management and/or control issues. The Head of Internal Audit Opinion is informed by these reports and is set out within this annual report. I am pleased to have received an overall reasonable assurance rating. I can confirm that the ICB did not receive any limited assurance opinions. No significant control issues have been identified by the auditors that might prejudice or undermine the integrity or reputation of the ICB and/or wider NHS.

In 2022-23, the ICB identified the following two control issues with mitigations:

Issue 1: Quality and Performance – Referral to Treatment / 52 waits

The ICB continues to work to recover waiting times following the pandemic. This forms part of the 2023-2024 Operational Planning requirements and mitigations will be developed as part of this plan.

Issue 2: Quality and Performance – Access to Service / Capacity.

The Frimley System, as part of the wider NHS continues to face access challenges across all systems. This is part of the 2023-2024 Operational Planning requirements and mitigations will be developed as part of this plan.

Review of economy, efficiency & effectiveness of the use of resources

Since 1 July 2022 NHS Frimley has been under segment one of NHS England's System Oversight Framework.

The Board has responsibility for ensuring that the ICB has appropriate arrangements in place to manage its functions economically, efficiently and effectively. The Board makes sure that the ICB operates within the corporate governance framework (i.e. its standing orders, scheme of delegations and standing financial instructions) and has established an Audit and Risk Assurance Committee to assist the Board in delivering its responsibilities for the conduct of public business, and the stewardship of funds under its control; a Finance and Performance Committee to provide a performance framework that proactively manages the ICB's financial agenda and a System Quality Committee which measures quality against the five domains of the Care Quality Commission.

The Senior Leadership Team, the Finance and Performance Committee, and the System Quality Committee provide critical oversight on investments from both a clinical and financial perspective.

The Audit & Risk Committee provides assurance to the Board that an appropriate system of internal control is in place to ensure that:

- Business is conducted in accordance with the law and proper standards

- Public money is safeguarded and properly accounted for
- Affairs are managed to secure economic, efficient and effective use of resources
- Reasonable steps are taken to prevent and detect fraud and other irregularities

The ICB has a Procurement Policy that seeks to be an effective way to help ensure quality and value for money requirements are achieved; helping the ICB to commission the right services to improve the lives of those who live in the Frimley area.

The ICB uses internal audit functions to confirm controls are operating effectively, to provide independent assurance and advise on areas of improvement. Audit report findings are discussed in detail at the Audit and Risk Assurance Committee and summarised in the Head of Internal Audit Opinion Statement.

Delegation of functions

Most NHS services commissioned in England are the responsibility of Integrated Care Boards. On 1 July 2022, the ICB assumed the delegated responsibility for commissioning local primary medical services from NHS Frimley CCG. The continued delegation for commissioning primary medical services remains an extremely important development in the planning of healthcare services provided to the local population.

As the commissioner for local primary medical services the ICB works in partnership with all of its primary care partners on planning the services provided to local people.

No control issues were raised by the auditors or NHS England during the year around how the ICB exercises the primary medical commissioning functions of NHS England as set out in the Delegation Agreement.

The ICB has a Safe Transition of Primary Care Committee (STPCC) which oversees the responsibilities set out above – details of its work are set out within the Membership Report. The Safe Transition of Primary Care Committee now operates as a system board and not a sub-committee of the Board. The ICB liaises regularly with NHS England regarding its delegated functions; NHS England no longer regularly attends the STPCC or placed based primary care operational groups.

In July 2022, when ICBs were legally established, all six South East (SE) Region ICBs also took on responsibility for commissioning community pharmacy, community optometry and dental services (POD), delegated from NHSE. This transfer of responsibility and accountability is underpinned by a Memorandum of Understanding (MoU) between NHSE and the ICBs, a separate MoU between the 6 SE Region ICBs and terms of reference for the Committee in Common (CiC) providing oversight. The POD commissioning teams remain employed directly by NHSE.

A collaborative Internal Audit assurance review of Pharmacy, Optometry, and Dental

Services was undertaken in 2022-23 following delegation by TiAA which gave substantial assurance.

NHSE has an ambition to delegate commissioning responsibility from NHSE to ICBs for a broad range of its commissioning portfolio. NHSE is seeking to delegate commissioning responsibility but accountability for these services remain with NHSE. At its meeting on February 2023 the ICB Board agreed that it would approve the commencement of a due diligence period between NHS England and NHS Frimley to establish the scope of transfer and an Expression of Interest has been submitted to NHSE South East Region.

Delegated functions are set out in the articles of the constitution, scheme of reservation and delegation and the standing orders.

Compliance with NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR)

The ICB has reported its compliance against the 2022-2023 NHS England Core Standards for EPRR to the Board in December 2022 when it was Substantially Compliant. As at 31 March 2023 the ICB was assessed as Fully Compliant and this was reported to the Board in April 2023.

Counter fraud arrangements

The Fraud and Security Management Service provide an active role in the prevention and deterrence of fraud, bribery and corruption through their attendance at the Audit and Risk Assurance Committee, involvement in policy-setting and sharing of information through attendance at ICB meetings and alerts, bulletins and articles published through the dedicated Fraud and Security Management website.

The Local Counter Fraud Specialist attended the Audit and Risk Assurance Committee meetings and reported on progress against the Annual Plan and achievement of the new Government Functional Standards. The legacy NHS Frimley CCG achieved an overall rating of Green in May 2022 against these Government Functional Standards; the ICB made its annual submission in May 2023 and was fully compliant with the Government Functional Standards, receiving an overall green rating.

Between 1 July 2022 and 31 March 2023 the Counter Fraud Specialist reported on four allegations to the Audit and Risk Assurance Committee, all of which remain under investigation at year end (three allegations were carried forward from the predecessor CCG). No other significant losses are reported. No whistleblowing referrals have been received since 1 July 2022.

The ICB has established a positive training and awareness culture to ensure all staff receive regular training in person, virtually and through the dedicated online e-learning package. Awareness articles produced by the Local Counter

Fraud Team have been disseminated to all staff and published online for all staff to access.

No significant control issues have been raised by the Counter Fraud Team.

Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 July 2022 – 31 March 2023 for the ICB, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the ICB's system of risk management, governance and internal control.

The Head of Internal Audit concluded that:

Governance, risk management and control in relation to business critical areas is generally satisfactory. However, there are some areas of weakness in the framework of governance, risk management and control which potentially put the achievement of the strategic objectives at risk. Some improvements are required in those areas to enhance the adequacy and/or effectiveness of the framework of governance, risk management and control.

In summary, the basis of our Interim Opinion for 2022-2023 of Reasonable/ Moderate Assurance is based on the following:

The ICB requested delivery of four Internal Audit Reviews as part of the Internal Audit Plan. This limited the breadth of coverage that could be obtained across the ICB internal controls, with the focus given to reviews required for the core areas of our opinion (Governance, Risk Management, and Financial Controls) and the one additional audit required by the ICB Regulators (DSPT).

- Medium risk rated weaknesses identified in individual assignments that are not significant in aggregate to the system of internal control;
- High risk rated weaknesses identified in individual assignments that are isolated to specific systems or processes; and
- None of the individual assignment reports have an overall classification of critical risk.

Area of Audit	Level of Assurance Given
1. Financial Sustainability Assessment	N/A – report was not risk rated
2. Corporate Governance & Risk Management	High Risk
3. Commissioning Arrangements (PCC)	Low Risk
4. Core Financial Systems	Low Risk
5. Data Security Protection Toolkit (DSPT)	Report uses a separate classification based on NHSE guidance. The rating for the report was 'moderate'.

We completed Internal Audit Reviews as above and to date and identified 1 high, 5 medium and 6 low risk findings to improve weaknesses in the design of controls and/or operating effectiveness.

- Corporate Governance & Risk Management – had 1 high risk recommendation and 3 medium risks.
- Commissioning Arrangements (PCC) – had 1 medium rated risk and 3 low rated risks.
- Core Financial Systems – had 1 medium rated risk and 3 low rated risks.

We would like to take this opportunity to thank Frimley ICB staff for their cooperation and assistance provided during the year.

Review of the Effectiveness of Governance, Risk Management and Internal Control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, senior leaders and clinical leads within the ICB who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the auditors in their Auditor's Annual Report and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the ICB achieving its principles objectives have been reviewed.

I have been advised and given assurance on the effectiveness of internal controls throughout the year through the work carried out by the following:

- The ICB Board
- Audit and Risk Assurance Committee;
- Finance and Performance Committee;
- System Quality Committee; and
- Internal audit.

Conclusion:

In line with the Head of Internal Audit Opinion I can confirm that there is reasonable/moderate assurance on the effectiveness of ICB Governance, Risk Management and Internal Control and no significant internal control issues have been identified

Fiona Edwards

Chief Executive

28 June 2023

16.REMUNERATION REPORT AND STAFF REPORT

REMUNERATION REPORT

Definition of senior manager

The definition of 'senior managers' as per NHS England Annual Reporting guidance is: *"Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the clinical commissioning group."* - this guidance has been applied to the ICB Annual Report as no new guidance has been published.

This means those who influence the decisions of the ICB as a whole rather than the decisions of individual directorates or departments. Such persons will include advisory or non-executive or partner members.

For the purpose of this remuneration report, 'senior managers' constitute both voting and non-voting members of the ICB Board.

Remuneration Committee

It is a statutory requirement that a ICB's Board has a remuneration committee to determine and approve remuneration packages for the Chief Executive and all Very Senior Managers and Board members. It will also approve policies relating to remuneration and the terms and conditions of employment for all ICB staff.

The Committee's main purpose is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary:

Confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including senior managers/directors (including board members) and Non-Executive Directors excluding the Chair.

No committee member is present for discussions about their own remuneration or terms of service.

For further details about the Remuneration Committee, please see Member report.

Remuneration of Very Senior Managers

All senior manager salaries are agreed by the Remuneration Committee. Salaries in excess of £170k or operational maximum requires additional national approval. For any senior manager who is paid in excess of £150,000 on a full-time annualised basis, the remuneration is agreed and discussed with the ICB Non-Executives at the Remuneration Committee. Some individuals, including the Chief Executive of the ICB, have expanding and more complex portfolios covering multiple systems and geographies, and this has been strongly taken into consideration when agreeing the remuneration values. The Salary and Allowances table that follow contain further disclosures on the remuneration of the ICB's senior managers.

Statement of Policy

The Remuneration Committee has the responsibility to maintain awareness of statutory requirements, national guidance and directions in relation to remuneration and workforce matters and to ensure appropriate weight is given in its deliberations to the need to conserve public resources and deliver value for money.

Senior Managers Service Contracts

There have been no payments made for loss of office to any senior manager who was a member of the ICB Board between July 2022 and March 2023.

Salaries and allowances – 1 July 2022 to 31 March 2023 (Subject to Audit)

The table below shows the salaries and allowances paid to senior managers from July 2022 to March 2023

Name	Title	Note	Salaries (Bands of £5,000) £000	All Taxable Benefits (To the nearest £100) £	Full Performance Pay & Bonuses (Bands of £5,000) £000	Long Term Performance Related Bonuses (Bands of £5000) £000	All Pension- related benefits (Bands of £2,500) £000	Total (Bands of £5,000) £000
Nicola Airey	Director of Commissioning and Assurance and Place Convenor Bracknell Forest		85-90	0	0	0	30-32.5	115-120
Sarah Bellars	Chief Nursing Officer		105-110	200	0	0	85-87.5	190-195
Emma Boswell	Director of Partnerships and Engagement and Place Convenor North East Hampshire and Farnham	iii	75-80	500	0	0	22.5-25	95-100
Fiona Edwards	Chief Executive (Accountable Officer)		150-155	1000	0	0	0	150-155
Tracey Faraday-Drake	Director for Children and Young People and Place Convenor Surrey Heath		85-90	0	0	0	20-22.5	110-115
Caroline Farrar	Director of Primary Care Development and Place Convenor Slough		85-90	0	0	0	27.5-30	115-120
Lalitha Iyer	Chief Medical Officer		130-135	400	0	0	40-42.5	170-175
Priya Singh	Chair	i	45-50	800	0	0	0	45-50
Ilona Blue	Non-Executive Member and Conflicts of Interest Guardian	i	10-15	200	0	0	0	10-15
Caroline Corrigan	Chief People Officer		105-110	500	0	0	35-37.5	140-145
Samuel Burrows	Chief Transformation Officer		105-110	400	0	0	212.5-215	105-110
Richard Chapman	Chief Finance Officer		110-115	0	0	0	52.5-55	165-170
Paul Farmer	Non-Executive Member and Chair of the Remuneration Committee	i	10-15	0	0	0	0	10-15
Huw Thomas	Primary Care Partner Member and Clinical Lead		35-40	0	0	0	32.5-35	70-75
Prash Patel	Primary Care Partner Member		15-20	0	0	0	0	15-20
Steven Dunn	Director of System Delivery Place Convenor RBWM	ii	65-70	800	0	0	0	70-75
Safina Nadeem	EDI System Lead and Freedom to Speak Up Guardian	iii	45-50	2900	0	0	132.5-135	175-180

There are no values included in the remuneration report for 2021-22 as recommended because NHS Frimley ICB was formed on 1 July 2022.

- i Non Executive Members are not entitled to join the pension scheme and therefore disclose no pension-related benefits
- ii Steven Dunn joined NHS Frimley ICB in the role of Executive Director of system Delivery in September 2022
- iii Safina Nadeem and Emma Boswell are non-voting board members.
- iv Richard Chapman and Samuel Burrows joined the ICB in July 2022.

Other Partner Members of the Board not included in the table above as they do not receive remuneration from the ICB.

Pension Benefits – 1 July 2022 to 31 March 2023 (Subject to Audit)

Name	Title	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
		Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2023 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2022	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023	Employer's contribution to stakeholder pension
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Fiona Edwards	Chief Executive (Accountable Officer)	0	0	40-45	120-125	51	0	64	0
Lalitha Iyer	Chief Medical Officer	2.5-5.0	0-2.5	25-30	60-65	504	0	61	0
Sarah Bellars	Chief Nursing Officer	5.0-7.5	10-12.5	45-50	85-90	685	0	820	0
Caroline Corrigan	Chief People Officer	0-2.5	0	25-30	0	315	25	378	0
Samuel Burrows	Chief Transformation Officer	10-12.5	0	15-20	0	107	5	136	0
Richard Chapman	Chief Finance Officer	2.5-5.0	2.5-5.0	50-55	95-100	789	42	891	0
Emma Boswell	Director of Partnerships and Engagement and Place Convenor North East Hampshire and Farnham	0-2.5	0-2.5	30-35	55-60	498	25	553	0
Tracey Faraday-Drake	Director for Children and Young People and Place Convenor Surrey Heath	0-2.5	0	05-10	0	80	19	117	0
Nicola Airey	Director of Commissioning and Assurance and Place Convenor Bracknell Forest	2.5-5.0	0-2.5	40-45	70-75	693	43	774	0
Caroline Farrar	Director of Primary Care Development and Place Convenor Slough	2.5-5.0	0	20-25	0	228	19	287	0
Steven Dunn	Director of System Delivery Place Convenor RBWM	0	0	0	0	0	0	0	0
Huw Thomas	Primary Care Partner Member and Clinical Lead	0-2.5	0-2.5	25-30	70-75	470	31	529	0

Prash Patel	Primary Care Partner Member	0	0	0	0	0	0	0	0
Safina Nadeem	EDI System Lead and Freedom to Speak Up Guardian	5-7.5	0	5-10	0	0	81	118	0

There are no values included in the pensions table for 2021-2022 as the ICB was formed on 1 July 2023.

Where the member had no 2021-22 service or the real increase in their lump sum was negative, the nil band is disclosed.

The ICB was only able to obtain confirmation of the movement in the cash equivalent transfer values for the directors' pension entitlements for the period from 1 April 2022 to 31 March 2023. As a result the ICB has apportioned the movement on a straight line basis to estimate the cash equivalent transfer value at 1 July 2022. This is considered to be a reasonable approximation of the movement in the value of the entitlements during the year.

Cash equivalent transfer value (CETV) figures are calculated using the guidance in discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 figures.

Cash Equivalent Transfer Values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Fair Pay Disclosure (Subject to Audit)

Percentage change in remuneration for the highest paid director

The percentage change in remuneration for the highest paid director from the previous financial year and the average percentage change from the previous financial year in respect of employees of the entity, taken as a whole are not available as the ICB was only formed on 1 July 2022 as a result of the transition from NHS Frimley CCG.

Pay Ratio Information (Subject to Audit)

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th

percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid director/member in Frimley ICB between July 2022 and March 2023 was £200,000-£205,000 (mid-point £202,500) and the relationship to the remuneration of the organisation's workforce is disclosed in the below table. Annualised staff remuneration in the period ranged from £20,250 to £202,500.

1 July 2022 – 31 March 2023	25 th percentile	Median	75 th percentile
Total remuneration (£)	42,750	50847	68017
Salary component of total remuneration (£)	42,750	50847	68240
Pay ratio information	4.74:1	3.98:1	2.96:1

No staff were in receipt of non-consolidated performance related pay during the year and the benefits in kind (related to travel expense mileage payments) were £34,671.76. No prior year comparatives are available as NHS Frimley ICB is a newly formed organisation on 1 July 2022 following the transition from NHS Frimley CCG.

Between July 2022 and March 2023, no employees received remuneration greater than the highest-paid director/member.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Remuneration of Frimley ICB's staff is shown in the table in the Staff Report section.

Staff Report (Subject to Audit)

Under the Equality Act 2010, it is essential that the ICB collects and reports on its current relevant workforce information. To do this, it is updated on a regular basis to ensure that current policies, practices and support mechanisms remain relevant to the needs and requirements of the workforce.

The ICB employs permanent staff and also uses a limited amount of agency staff, classified as 'other'. It also buys in services from Commissioning

Support Units and other ICBs. The following table sets out the staff costs for the permanent and agency staff for between July 2022 and March 2023:

Note: This only reflects the headcount of staff on the ICB's Payroll as at 31 March 2023

Number of Senior Managers

Band	Permanent	Other
Very Senior Manager	17	28
Senior Manager	86	16
Total	103	44

Very Senior Managers includes Chief Officers and Directors and also non-executives and all clinical leads. Senior Managers include all other managers Band 8b and above.

Staff numbers and costs (Subject to Audit)

Employee Benefits	Permanent employees	Other	Total
	£'000	£'000	£'000
Salaries and wages	13,691	1,601	15,292
Social security costs	1,557	0	1,557
Employer Contributions to NHS Pension scheme	2,413	0	2,413
Other pension costs	0	0	0
Apprenticeship Levy	53,664	0	53,664
Gross employee benefits expenditure	17,712	1,601	19,313

For the nine month period from 1 July 2022 to 31 March 2023, NHS Frimley ICB's average staff turnover was 1.12%.

NHS Frimley ICB is required to publish information related to the organisation's gender pay gap. This information is available [here](#).

Staff numbers (headcount) (Subject to Audit)

Description	Permanent	Other
Very Senior Managers	17	28
Senior Managers	86	16
Manager	89	41
Clerical and Administrative	44	67
Nurse	13	0
Medical and Dental	3	3
Pharmacist - trained	0	1
Pharmacy Technician	4	0
Total	256	156

The above Includes Very Senior Managers, clinical leads, agency and temporary staff at 31 March 2023. It excludes non-executive directors and staff who have left the organisation before 31 March 2023.

Staff Sickness Absence (Subject to Audit)

We have a well-established and detailed Sickness Absence Policy. A range of wellbeing services are available to support staff at work or returning to work, including access to Occupational Health and an Employee Assistance Programme which includes access to counselling sessions. These are complimented by Wellbeing Champions from across the organisation who support general wellbeing activities. The People team work with managers to ensure staff absence is managed in the most supportive and appropriate way, in accordance with policy and best practice.

Staff sickness absence is recorded in the Electronic Staff Record (ESR) and is set out in the table below for the period 1 July 2022 to 30 March 2023.

Average FTE	Average Annual Sick Days per FTE	Total FTE Days Sick	Sum of FTE Days Available
300.1	5.6	1,959	75,879

Cost Allocation and Setting of Charges for Information

We certify that the ICB has complied with HM Treasury's guidance on cost allocation and the setting of charges for information.

Principles for Remedy

The Parliamentary and Health Service Ombudsman's six Principles for Remedy (below for information) are embedded into the Complaints Policy and Procedure in use by the ICB to ensure that the approach taken to complaints handling is reasonable, fair and proportionate and meets the needs of individuals. As commissioners, the ICB is committed to ensuring high-quality, clinically effective services, treatments and interventions that meet the needs of patients and that through the highlighting of complaints and concerns the ICB can make improvements to these services.

The six Principles for Remedy are:

1. [Getting it right](#)
2. [Being customer-focused](#)
3. [Being open and accountable](#)
4. [Acting fairly and proportionately](#)
5. [Putting things right](#)
6. [Seeking continuous improvement](#)

The EDI Director is the Freedom to Speak Up Guardian to give independent support and advice to staff who want to raise concerns.

The Director of Quality and Nursing has the role of the Freedom to Speak up Guardian to give independent support and advice to anyone from primary care who want to raise concerns.

Employee Consultation

NHS Frimley believes that by working in partnership with staff we can learn about peoples' experiences and views, to help prioritise the best ways to support and work together, ultimately acting as a good employer, with strong, supported teams who share organisational learning to shape the delivery of high-quality care for all.

In the 2022 National Staff Survey NHS Frimley scored the highest nationally for staff engagement and had the most improved positive score in a comparison of 27 other ICBs. This improvement is a result of strong staff engagement which has informed how we can make a difference.

NHS Frimley continues to regularly communicate and engage with staff through specific engagement events e.g. all staff were engaged in proposing what topics they thought were most important in making NHS Frimley a great place to work and were then engaged in cross organisational discussions about actions to make this happen. Further communications take place through weekly staff bulletins and monthly organisational all team briefs – a meeting where staff are informed of changes within the organisation and are invited to be engaged and involved. These are in addition to regular communication and engagement opportunities within teams and in 1:1s. The ICB also has an active Staff Partnership Forum and Staff Networks.

Monthly meetings for Line Managers provide a channel for engaging and communicating important policies and developments.

All transferring staff received a welcome pack with information about key processes for the ICB. Corporate induction has been redesigned with engagement from Line Managers and those who had recently joined the organisation.

Staff Partnership Forum

We have a well-established and active Staff Partnership Forum through which we engage with staff around organisational development plans and actions, health and wellbeing activities, organisational policies, as well as any formal consultations and policy changes. Membership includes colleagues of various levels, representing each directorate.

The Forum continues to be pivotal to improving communication and engagement with staff, listening to feedback and suggestions, taking ownership of issues affecting colleagues and making recommendations to make improvements. The Staff Partnership Forum has continued to play a central role in establishing the new organisation to be a great place to work where staff feel valued, motivated and a strong sense of belonging to the organisation and its objectives. A review of the membership of the Staff Partnership Forum has been undertaken to ensure that there are opportunities for all staff who joined NHS Frimley from all four sending organisations have an opportunity to be represented.

This year the Staff Partnership Forum has considered a number of topics such as the High Cost Area Living Allowance, Staff Survey results, OD Plan and organisational structures.

Partnership Forum

The NHS has a successful tradition of partnership working between Government, trade unions and employers. Our Frimley system has a long history of working in partnership with trade unions and addressing the issues that matter most to staff and their representatives.

NHS Frimley is continuing this tradition by working with all NHS staff council trade unions and their members.

Partnership agreements recognise staff and their representatives as critical to improving the experience of staff, patients and the communities we serve. Our staff contribution to the entire decision-making process has a direct link to improving staff experiences, patient experience and outcomes.

Strong partnership working and staff voice will ensure we continue to improve and innovate services for our staff, patients and service users.

People policies

We have an established set of people policies aligned to Agenda for Change Terms and Conditions, best practice and employment legislation. Our policies play an important role in supporting an inclusive, trusted and fair culture and are designed to provide consistency and transparency for all colleagues.

All policies are developed to ensure a safe and supportive working environment is in place for all colleagues and the ICB meets its duty of care for staff health and safety at work.

When applying any of the people policies, the organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010): age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

All new policies have an Equality & Health Inequalities Impact Assessment (EHIA) to ensure they are not detrimental to colleagues on the basis of any protected characteristics as defined in the Equality Act 2010. We regularly monitor the diversity of our workforce and the EHIA goes one step further to consider colleagues who are not covered by any of the protected characteristics, for example carers.

We will continue to develop new people policies and review existing policies as we transition in partnership and consultation with Trade Union and Staff Partnership representatives.

Staff training

Budgets for individual staff/ team training and development have been identified and devolved to teams. Separate budgets have been identified for high cost/ professional training and for commissioning in house training on in demand topics. These include Project management and change management which 61 people benefitted from. In house courses are only commissioned for those topics where suitable courses cannot be sourced from within the wider System or through other avenues such as the NHS Leadership Academy.

All staff are required to undertake statutory and mandatory training on a variety of topics to keep standards high, ensure compliance with regulations, and to keep colleagues safe at work. Statutory and mandatory training has been reviewed during this year with a view to ensuring that it continues to meet the needs of the organisation and a campaign agreed to increase compliance which is only at 65% (February 2023)

The training staff are required to do depends on their role. Some training is required to be completed either annually, every three years or once in a person's employment.

Equality

Frimley Integrated Care Board (ICB) was established in July 2022 as a central statutory leadership body. The ICB is placed within a larger Integrated Care System (ICS), which aims to encourage collaborative working across health and social care sectors within the NHS Frimley geography.

Equality, Diversity, and Inclusion (EDI) underpins the work of the ICB, acting as the 'Golden Thread' in all projects and conversations. EDI is further woven through collaborative working in the ICS to promote equality and tackle health inequalities. This keeps EDI at the core of our ambitions, and therefore everything that what we do.

The ICB is committed to developing, supporting and sustaining a diverse and inclusive workforce that is representative of our communities. We uphold these commitments by developing and enacting our EDI ambitions and remain accountable for these through our Workforce data, Staff Survey results and EDI Working Group, led by our EDI Director.

Our staff are supported through a range of Staff Networks, webinars and informal written communications raising EDI awareness via a weekly newsletter. We are planning a System-wide EDI Conference following the success and positive feedback of the inaugural event in 2022. We are also developing Equality Advocates to further strengthen EDI within different teams and directorates.

Our aim is to make a positive difference to all our colleagues and the communities we serve. We all have a role in promoting equality and creating a culture of inclusion.

Freedom to speak up

In accordance with the duty of candour NHS Frimley is committed to conducting its business with openness, honesty and integrity and staff are encouraged to raise concerns about any suspected wrongdoing either via the Counter Fraud Team or with a Freedom to Speak Up Guardian.

The role of the Freedom to Speak Up Guardian is to act as an independent and impartial source of advice at any stage of raising a concern, with access to anyone in the organisation, including the Accountable Officer. Safina Nadeem, Equality Diversity and Inclusion Director is the Freedom to Speak Up Guardian for staff. NHS Frimley has a Freedom to Speak Up Policy which is published on the website and staff intranet.

Staff are able to access information on the intranet about how to independently contact a member of the Counter Fraud Team – staff also have access to a range of Counter Fraud resources which promote how to raise concerns about any suspected wrongdoing. is published on the website <https://www.frimleyICB.nhs.uk/policies-and-documents/corporate-policies>

Staff are able to access information on the intranet about how to independently contact a member of the Counter Fraud Team – staff also have access to a range of Counter Fraud resources which promote how to raise concerns about any suspected wrongdoing.

Disabled Employees

Recruitment is carried out in accordance with the recruitment policy. All candidates' application forms are shortlisted anonymously and all applicants considered according to the same criteria. The organisation adheres to the Two Tick scheme in that the ICB guarantees to interview all applicants with a disability who meet the essential criteria for a job vacancy and to consider them on their abilities. Where an individual identifies a disability the ICB will make reasonable adjustments throughout the recruitment process in accordance with best practice as per the Inclusive Recruitment Toolkit.

Employees who become disabled in the course of their employment will have a regular review with their manager to consider how to best support and continue to develop their abilities. Any reasonable adjustments that would assist them in the performance of their duties are considered.

All staff are welcomed to join the Disability and Wellness Network, as a member or an ally to others. This forum improves the understanding of lived experiences of our staff. It explores ways to empower staff to thrive at work and influences ongoing policies and strategies within the ICB.

Trade Union

Public sector organisations are required to report on trade union facility time, which is the paid time off for union representatives to carry out trade union activities. During the period July 2022 to March 2023 NHS Frimley had one member of staff who acted as a Trade Union official. The ICB has agreed flexible time to carry out trade union duties.

Expenditure on Consultancy

As detailed in note 5 of the financial statements, the ICB's total expenditure on consultancy service between July 2022 and March 2023 is £724,583.13.

Off Payroll Engagements (Subject to Audit)

It is a Treasury requirement for public sector bodies to report arrangements whereby individuals are paid through their own companies and so are responsible for their own tax and National Insurance arrangements. In addition, payments to GP practices for the services of employees and GPs are deemed to be "off-payroll" engagements.

Length of all highly paid off-payroll engagements

For all off-payroll engagements as of 31 March 2023, for more than £245 per day:

No. of existing engagements as of 31 March 2023	39
Of which the number that have existed:	
For less than one year at the time of reporting	39
For between one and two years at the time of reporting	0
For between two and three years at the time of reporting	0
For between three and four years at the time of reporting	0
For four or more years at the time of reporting	0

Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 July 2022 and 31 March 2023, for more than £245 per day

No. of temporary off-payroll workers between 1 July 2022 and 31 March 2023	66
Of which:	
No, not subject to off-payroll legislation	0
No. subject to off-payroll legislation and determined as in-scope of IR35	66
No. subject to off-payroll legislation and determined as out of scope of IR35	0
No. of engagements reassessed for consistency / assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following the consistency review	0

Off-payroll board member/senior official engagements

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 July 2022 and 31 March 2023.

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members", and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on-payroll and off-payroll engagements.	17

Exit packages, including special (non-contractual) payments

Exit package cost band (inc. any special payment element)	Compulsory redundancies		Other departures agreed		Total		Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£	Number	£	Number	£		
Less than £10,000	-	-	-	-	-	-	-	-
£10,000 - £25,000	-	-	-	-	-	-	-	-
£25,001 - £50,000	-	-	-	-	-	-	-	-
£50,001 - £100,000	1	78,000	-	-	1	78,000	-	-
£100,001 - £150,000	-	-	-	-	-	-	-	-
£151,001 - £200,000	1	160,000	-	-	1	160,000	-	-
> £200,000	-	-	-	-	-	-	-	-
Total	2	238,000	-	-	2	238,000	-	-

Redundancy and other departure cost have been paid in accordance with the provisions of NHS Agenda for Change Terms & Conditions. Exit costs in this note are accounted for in full in the year of departure. Where the ICB has agreed early retirements, the additional costs are met by the ICB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

During the nine month period, the ICB contributed to two further exit payments made to individuals employed by system partners. As these individuals were not employed or paid by the ICB, their payments do not need to be disclosed in the table above.

Parliamentary Accountability and Audit Report

Frimley ICB is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements.

Fiona Edwards

Chief Executive

28 June 2023

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE BOARD OF NHS FRIMLEY INTEGRATED CARE BOARD

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of NHS Frimley Integrated Care Board ("the ICB") for the nine month period ended 31 March 2023 which comprise the Statement of Comprehensive Net Expenditure, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the ICB's affairs as at 31 March 2023 and of its income and expenditure for the nine month period then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State on 26 April 2023 as being relevant to ICBs in England and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the ICB in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Accountable Officer of the ICB ("the Accountable Officer") has prepared the financial statements on the going concern basis, as they have not been informed by the relevant national body of the intention to either cease the ICB's services or dissolve the ICB without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accountable Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the ICB over the going concern period.

Our conclusions based on this work:

- we consider that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified, and concur with the Accountable Officer's assessment that there is not, a material uncertainty related to events or conditions that, individually

or collectively, may cast significant doubt on the ICB's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the ICB will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit as to the ICB's high-level policies and procedures to prevent and detect fraud as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated statutory resource limits, we performed procedures to address the risk of management override of controls, in particular the risk that ICB management may be in a position to make inappropriate accounting entries and the risk of bias in accounting estimates and judgements such as accruals.

On this audit we did not identify a fraud risk related to revenue recognition because of the nature of funding provided to the ICB, which is transferred from NHS England and recognised through the Statement of Changes in Taxpayers' Equity.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to the completeness of year-end accruals. We consider this would be most likely to occur through understating or omitting non-NHS expenditure and primary care expenditure accruals.

We did not identify any additional fraud risks.

We performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included those posted to unusual accounts combinations and other unusual journal characteristics.
- Evaluating the business purpose of significant unusual transactions.

- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Performing cut-off testing of expenditure in the period from 1 March 2023 to 30 April 2023 to determine whether amounts have been recorded in the correct period.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Board and other management (as required by auditing standards), and from inspection of the ICB's regulatory and legal correspondence and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

Firstly, the ICB is subject to laws and regulations that directly affect the financial statements including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the ICB is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: data protection laws, anti-bribery and employment law, recognising the regulated nature of the ICB's activities and its legal form. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the directors and other management and inspection of regulatory and legal correspondence, if any. Therefore, if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and

cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Accountable Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial period is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2022/23. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared, in all material respects, in accordance with the Department of Health and Social Care Group Accounting Manual 2022/23.

Accountable Officer's responsibilities

As explained more fully in the statement set out on page 111, the Accountable Officer of the ICB is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the ICB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the ICB or dissolve the ICB without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Opinion on regularity

We are required to report on the following matters under Section 21(4) and (5) of the Local Audit and Accountability Act 2014.

In our opinion, in all material respects, the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Report on the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the ICB to secure economy, efficiency and effectiveness in its use of resources.

During the period the ICB undertook a strategic review to develop new strategic objectives following the transition from a CCG and the formation of the integrated care system. During this period there was not a Board Assurance Framework (BAF) being regularly reported to the Board as there were not yet agreed strategic objectives in place. As a result we could not verify that there were sufficient mechanisms in place for the reporting and escalation of strategic risks to the Board.

We have raised a recommendation within our Auditor's Annual Report for the ICB to ensure that the BAF is appropriately monitored and reported against within the ICB's governance structure.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 111, the Accountable Officer is responsible for ensuring that the ICB exercises its functions effectively, efficiently and economically. We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the ICB had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if we refer a matter to the Secretary of State and NHS England under section 30 of the Local

Audit and Accountability Act 2014 because we have reason to believe that the ICB, or an officer of the ICB, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Members of the Board of NHS Frimley Integrated Care Board, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Members of the Board of the ICB, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Members of the Board of the ICB, as a body, for our audit work, for this report or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of NHS Frimley ICB for the nine month period ended 31 March 2023 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Dean Gibbs
for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square

30 June 2023

ICB ACCOUNTS

JULY 2022 – MARCH 202

**Statement of Comprehensive Net Expenditure for the period ended
31 March 2023**

	Note	2022-23 £'000
Income from sale of goods and services	2	(18,062)
Total operating income		(18,062)
Staff costs	3	20,490
Purchase of goods and services	4	1,102,361
Depreciation and impairment charges	4	695
Provision expense	4	(2,008)
Other Operating Expenditure	4	123
Total operating expenditure		1,121,661
Net Operating Expenditure		1,103,599
Finance expense	6	27
Net expenditure for the Year		1,103,626
Total Net Expenditure for the Financial period		1,103,626
Comprehensive Expenditure for the year		1,103,626

The notes on pages 157 to 183 form part of this statement

**Statement of Financial Position as at
31 March 2023**

		31-Mar-23	01-Jul-22
	Note	£'000	£'000
Non-current assets:			
Property, plant and equipment	8	13	44
Right-of-use assets	9	3,328	3,993
Total non-current assets		3,341	4,037
Current assets:			
Trade and other receivables	10	6,458	3,374
Cash and cash equivalents	11	-	-
Total current assets		6,458	3,374
Total current assets		6,458	3,374
Total assets		9,799	7,411
Current liabilities			
Trade and other payables	12	(119,907)	(106,689)
Lease liabilities	9	(861)	(893)
Borrowings	13	(330)	(3,500)
Provisions	14	(2,162)	(4,568)
Total current liabilities		(123,260)	(115,651)
Non-Current Assets plus/less Net Current Assets/Liabilities		(113,461)	(108,240)
Non-current liabilities			
Lease liabilities	9	(2,489)	(3,106)
Provisions	14	(633)	(1,033)
Total non-current liabilities		(3,122)	(4,139)
Assets less Liabilities		(116,583)	(112,379)
Financed by Taxpayers' Equity			
General fund		(116,578)	(112,379)
Total taxpayers' equity:		(116,578)	(112,379)

The notes on pages 157 to 183 form part of this statement

The financial statements on pages 153 to 156 were approved by the Board on 20th June 2023 and signed on its behalf by:

Fiona Edwards
Chief Accountable Officer

NHS Frimley Integrated Care Board 1st July 2022 - 31st March 2023

**Statement of Changes In Taxpayers Equity for the period ended
31 March 2023**

	General fund £'000
Changes in taxpayers' equity for 2022-23	
Integrated Care Board Balance at 1 July 2022	-
Transfer between reserves in respect of assets transferred from closed NHS bodies	<u>(112,379)</u>
Adjusted NHS Integrated Care Board Balance at 1 July 2022	(112,379)
Changes in NHS Integrated Care Board taxpayers' equity for 2022-23	
Net operating expenditure for the financial year	(1,103,626)
Net Recognised NHS Integrated Care Board Expenditure for the Period	(1,103,626)
Net funding	<u>1,099,427</u>
Balance at 31 March 2023	<u>(116,578)</u>

The notes on pages 157 to 183 form part of this statement

**Statement of Cash Flows for the period ended
31 March 2023**

	Note	2022-23 £'000
Cash Flows from Operating Activities		
Net operating expenditure for the financial year		(1,103,626)
Depreciation and amortisation	4	695
Movement due to transfer by Modified Absorption	8	(106,762)
Increase in trade & other receivables	7	(6,458)
Increase in trade & other payables	10	119,107
Provisions utilised	12	(803)
Decrease in provisions	14	(2,008)
Net Cash Outflow from Operating Activities		(1,099,055)
Net Cash Outflow before Financing		(1,099,055)
Cash Flows from Financing Activities		
Interest paid		(27)
Grant in Aid Funding Received		1,099,427
Repayment of lease liabilities		(675)
Net Cash Inflow from Financing Activities		1,098,725
Net decrease in Cash & Cash Equivalents	11	(330)
Cash & Cash Equivalents at the Beginning of the Financial Period		-
Bank Overdraft at the End of the Financial Period		(330)

The notes on pages 157 to 183 form part of this statement

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of Integrated Care Boards (ICBs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2022-23 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Integrated Care Boards, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on a going concern basis.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

The financial statements for ICBs are prepared on a Going Concern basis as they will continue to provide the services in the future.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention.

1.3 Movement of Assets within the Department of Health and Social Care Group

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 Pooled Budgets

The Integrated Care Board has entered into pooled budget arrangement with Local Authorities including Hampshire County Council, Bracknell Forest Council, Slough Borough Council, Royal Borough of Windsor & Maidenhead and Surrey County Council in accordance with section 75 of the NHS Act 2006. Under these arrangements, funds are pooled for joint health and social care provision under the Better Care Fund, and with additional arrangements for the purchase of Child and Adolescent Mental Health Services, Community Equipment and integrated health and social care initiatives (community nursing and mental health services, adult social care services and commissioning staff). Note 18 provides details of the income and expenditure.

The pools are hosted by the Local Authorities. The Integrated Care Board accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

1.5 Operating Segments

The ICB has one operating segment, commissioning of healthcare services, as reported in the Statement of Comprehensive Net Expenditure and the Statement of Financial Position.

1.6 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- As per paragraph 121 of the Standard, the ICB will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- The ICB is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- The FRoM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the ICB to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the ICBs is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

The value of the benefit received when the ICB accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.7 Employee Benefits

1.7.1 Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Notes to the financial statements

1.7.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.8 Other Expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.9 Grants Payable

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the ICB recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.10 Property, Plant & Equipment

1.10.1 Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the ICB;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.10.2 Measurement

IT equipment that is held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

Notes to the financial statements

1.10.3 Subsequent Expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.11 Leases

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration. The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.11.1 The ICB as Lessee

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 3.51% is applied for leases commencing, transitioning or being remeasured in the 2023 calendar year under IFRS 16.

Lease payments included in the measurement of the lease liability comprise

- Fixed payments;
- Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
- The amount expected to be payable under residual value guarantees;
- The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
- Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.12 Cash & Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the ICB's cash management.

Notes to the financial statements

1.13 Provisions

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial

- A nominal short-term rate of 3.27% (2021-22: -0.47%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 3.20% (2021-22: 0.70%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
- A nominal long-term rate of 3.51% (2021-22 0.95%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
- A nominal very long-term rate of 3.00% (2021-22: 0.66%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

1.14 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the ICB pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with ICB.

1.15 Non-clinical Risk Pooling

The ICB participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the ICB pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.16 Carbon Reduction Commitment Scheme

The Carbon Reduction Commitment scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The ICB is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Allowances acquired under the scheme are recognised as intangible assets.

1.17 Contingent liabilities and contingent assets

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.18 Financial Assets

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.18.1 Financial Assets at Amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.18.4 Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the ICB recognises a loss allowance representing the expected credit losses on the financial asset.

Notes to the financial statements

The ICB adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The ICB therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the ICB does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.19 Financial Liabilities

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.20 Value Added Tax

Most of the activities of the ICB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.21 Losses & Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.22 Critical accounting judgements and key sources of estimation uncertainty

In the application of the ICB's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.22.1 Critical accounting judgements in applying accounting policies

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the ICB's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

The ICB has adopted, for hosted services, where a lead ICB acts as a payment body on behalf of other ICB's a Net Accounting Agreements. This applies to the service element only and charges for administering the hosted services have been shown gross.

The Net Accounting Agreements cover the following areas :-

Continuing Healthcare managed via NHS Surrey Heartlands ICB and NHS Hampshire, Isle of Wight ICB.

Mental Health placements managed via NHS Surrey Heartlands ICB and NHS Hampshire, Isle of Wight ICB.

Children's placements and CAMHS managed via NHS Surrey Heartlands ICB and NHS Hampshire, Isle of Wight ICB.

Wheelchair Services managed via NHS Surrey Heartlands ICB.

There is a small number of other low value net accounting arrangements.

Notes to the financial statements

1.22.2 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Continuing Care Accrual

The Integrated Care Board holds its approved care packages, Personal Health budgets (PHB), funded nursing care and additional associated charges to care in a Continuing Healthcare database which provides a forecast of annual costs. An accrual is made between the current year invoices received in year and the forecast of the annual costs

Accruals

For goods and/or services that have been delivered but for which no invoice has been received/sent, the ICB has made an accrual based upon known commitments, contractual arrangements that are in place and legal obligations. The estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

The estimates and associated assumptions are based on historical experience and other factors, that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods

During 1 July 2022 to 31 March 2023 the ICB paid for its NHS secondary healthcare activity on a block basis and therefore no accruals as at 31 March 2023. As of the 1 April 2023, the ICB will pay any contract with values below £500k as a Low Value Activity payment.

Continuing Care Provision

An amount of £4,580k has been included in the NHS Continuing Healthcare (CHC) provisions relating to the following items:

- Appeals against earlier ICB decisions of non-eligibility for CHC funding £4258k
- Previously Unassessed Periods of Care (PUPoC) claims awaiting assessment £5k (these relate to claims in respect of clients who have died and other clients requesting an assessment for a past period of time)
- Provision for Redundancy Costs for carers employed by Personal Health Budget holders £50k
- Provision for claims shared with partner organisations £166k

The final outcome has yet to be determined therefore the resultant financial effects remain uncertain at the year end. The total cost of all outstanding CHC Waiting List clients' claims would be calculated using the average local current nursing home and homecare package weekly costs for NHS CHC Adult Fully Funded clients.

The CHC Appeals provision has been calculated on an individual basis for each client appealing against the ICB's decision of non-eligibility. The provision is based on the time period from the start-date of the claim up to 31 March 2023 (or date client died) using the current average local nursing home and homecare package weekly costs. The majority of the provisions have been made at 10% for Local appeals and 33% for the Independent Review Panels (IRPs), 46% for PUPoC and those appeals that are successful are provided at 100% until the value of the appeal is measurable, at which point the outcome of the appeal is wholly accrued.

The Redundancy Costs in respect of PHB clients has been estimated on a notional basis. As per national guidance, the ICB is financially responsible for bearing the redundancy costs of carers of Third Party and Direct Payment PHB clients and hence it is probable that the ICB will have to incur some expenditure of this type during 2022/23. However, at present the timings and amounts are unclear and therefore a provision has been set up to act as a reserve.

1.23 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.24 New and revised IFRS Standards in issue but not yet effective

- IFRS 14 Regulatory Deferral Accounts – Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted.

2. Other Operating Revenue

	2022-23 Total £'000
Income from sale of goods and services (contracts)	
Education, training and research	2,745
Non-patient care services to other bodies	2,379
Prescription fees and charges	5,365
Dental fees and charges	7,143
Other Contract income	430
Total Income from sale of goods and services	18,062
Total Operating Income	18,062

3. Employee benefits and staff numbers

	Permanent Employees £'000	2022-23 Other £'000	Total £'000
3.1 Employee benefits			
Employee Benefits	14,468	1,657	16,125
Salaries and wages	1,660	-	1,660
Social security costs	2,413	-	2,413
Employer Contributions to NHS Pension scheme	54	-	54
Apprenticeship Levy	238		238
Termination benefits			
Gross employee benefits expenditure	18,333	1,657	20,490

The full staff cost note is in the staff report in the annual report.

3.2.1 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

3.2.2 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

3.2.3 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

For 2022-23, total employers' contributions of £2,127k were payable to the NHS Pensions Scheme at the rate of 20.6% of pensionable pay. The scheme's actuary reviews employer contributions, usually every four years and based on HMT Valuation Directions, following a full scheme valuation. The latest review used data from 31 March 2016 and was published on the Government website. These costs are included in the NHS pension line of note 3.1. The value included in note 3.1 of £2,127k varies from the total employers' contribution of £2,413k largely as a result of net recharges to other organisations.

3.3 Average number of people employed

	Permanently employed Number	2022-23 Other Number	Total Number
Total	291.79	20.63	312.42

There was one ill health retirement in the period with a value of £251,319.73.

3.4 Exit packages agreed in the financial year

	2022-23 Compulsory redundancies Number	£
£50,001 to £100,000	1	78,000
£150,001 to £200,000	1	160,000
Total	2	238,000

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period. Redundancy and other departure costs have been paid in accordance with the provisions of the Agenda for Change and the provisions set out in Section 16 of the NHS Terms and Conditions of Service Handbook. Exit costs are accounted for in accordance with relevant accounting standards and in full in the year of departure. The Remuneration Report includes the disclosure of any exit payments payable to individuals named in that Report.

4. Operating expenses

2022-23
Total
£'000

Purchase of goods and services

Services from other ICBs, CCGs and NHS England	7,702
Services from foundation trusts	674,930
Services from other NHS trusts	11,477
Purchase of healthcare from non-NHS bodies	167,934
General Dental services and personal dental services	26,852
Prescribing costs	83,794
Pharmaceutical services	14,775
General Ophthalmic services	4,967
GPMS/APMS and PCTMS	98,032
Supplies and services – clinical	399
Supplies and services – general	225
Consultancy services	877
Establishment	2,649
Transport	8
Premises	4,769
Audit fees	189
Other non statutory audit expenditure	
· Internal audit services	109
· Other services	13
Other professional fees	1,383
Legal fees	222
Education, training and conferences	1,052
Total Purchase of goods and services	1,102,361

Depreciation and impairment charges

Depreciation	695
Total Depreciation and impairment charges	695

Provision expense

Provisions	(2,008)
Total Provision expense	(2,008)

Other Operating Expenditure

Chair and Non Executive Members	7
Expected credit loss on receivables	(1)
Other expenditure	118
Total Other Operating Expenditure	124

Total operating expenditure

1,101,171

Audit fees - statutory audit services excluding VAT is £158k, amount shown £189k is inclusive of VAT.
The ICB has provided £11.25k excluding VAT for the fee for 22-23 compliance review of the Mental Health Investment Standard.

The ICB is required to disclose the limit of its external auditors liability. The contract signed states that the liability of KPMG, its members, partners and staff (whether in contract, negligence, or otherwise) shall in no circumstances exceed £1m, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

5.1 Better Payment Practice Code

Measure of compliance	2022-23 Number	2022-23 £'000
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the Year	2769	27714
Total Non-NHS Trade Invoices paid within target	2673	27335
Percentage of Non-NHS Trade invoices paid within target	96.53%	98.63%
NHS Payables		
Total NHS Trade Invoices Paid in the Year	95	86090
Total NHS Trade Invoices Paid within target	94	86082
Percentage of NHS Trade Invoices paid within target	98.95%	99.99%

The Better payment practice code requires the ICB to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

6. Finance costs	2022-23 £'000
Interest	27
Interest on lease liabilities	
	<hr/>
Total finance costs	27

7. Net gain/(loss) on transfer by absorption

Transfers as part of a reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs. This note relates to the assets and liabilities transferred to the ICB as part of the transition from NHS Frimley CCG as on 1 July 2022.

	1st July 2022 £'000
Transfer of property plant and equipment	44
Transfer of Right of Use assets	3,993
Transfer of receivables	3,374
Transfer of payables	(106,689)
Transfer of Right Of Use liabilities	(3,999)
Transfer of borrowings	(3,500)
Transfer of CHC provision	<u>(5,603)</u>
Net loss on transfers by absorption	<u>(112,384)</u>

8. Property, plant and equipment

	Information technology £'000
2022-23	
Cost or valuation at 01 July 2022	-
Transfer (to)/from other public sector body	762
Cost/Valuation at 31 March 2023	762
Depreciation 01 July 2022	-
Charged during the year	30
Transfer (to)/from other public sector body	719
Depreciation at 31 March 2023	749
Net Book Value at 31 March 2023	13
Purchased	13
Total at 31 March 2023	13
Asset financing:	
Owned	13
Total at 31 March 2023	13

8.2 Cost or valuation of fully depreciated assets

The cost or valuation of fully depreciated assets still in use was as follows:

	2022-23 £'000
Information technology	641
Total	641

8.4 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Information technology	3	3

9. Leases

9.1 Right-of-use assets

	Buildings excluding dwellings £'000
2022-23	
Cost or valuation at 01 July 2022	-
Transfer (to) from other public sector body	4,214
Cost/Valuation at 31 March 2023	4,214
Depreciation 01 July 2022	-
Charged during the year	665
Transfer (to) from other public sector body	222
Depreciation at 31 March 2023	886
Net Book Value at 31 March 2023	3,328
NBV by counterparty	
Leased from DHSC	3315
Leased from Non-Departmental Public Bodies	13
Net Book Value at 31 March 2023	3,328

NHS Frimley ICB's Right Of Use assets include two properties owned and managed by NHS Property Services (NHSPS) and Surrey Heath House managed by Surrey County Council.

9.2 Lease liabilities

	Total	Balances with DHSC Bodies
2022-23	2022-23	2022-23
	£'000	£'000
Lease liabilities at 01 July 2022	-	-
Addition of Assets under Construction & Payments on Account	(3,998)	(3,946)
Interest charge	(27)	(27)
Lease repayment	675	636
Lease liabilities at 31 March 2023	(3,350)	(3,337)

9.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	Total	Balances with DHSC Bodies
	2022-23	2022-23
	£'000	£'000
Within one year	861	848
Between one and five years	2,489	2,489
Balance at 31 March 2023	3,350	3,337

Balance by counterparty

Leased from DHSC	(3,337)
Balance as at 31 March 2023	(3,337)

9 Leases cont'd

9.4 Amounts recognised in Statement of Comprehensive Net Expenditure

2022-23	2022-23 £'000
Depreciation expense on right-of-use assets	665
Interest expense on lease liabilities	27

9.5 Amounts recognised in Statement of Cash Flows

	2022-23 £'000
Total cash outflow on leases under IFRS 16	675

10. Trade and other receivables

	Current 2022-23 £'000
NHS receivables: Revenue	2,301
NHS accrued income	412
NHS Contract Receivable not yet invoiced/non-invoice	2
Non-NHS and Other WGA receivables: Revenue	1,554
Non-NHS and Other WGA prepayments	646
Non-NHS and Other WGA accrued income	1,074
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	118
Expected credit loss allowance-receivables	(2)
VAT	338
Other receivables and accruals	15
Total Trade & other receivables	6,458
Total current and non current	6,458

10.2 Receivables past their due date but not impaired

	2022-23 DHSC Group Bodies £'000	2022-23 Non DHSC Group Bodies £'000
By up to three months	27	23
By three to six months	(3)	8
By more than six months	29	158
Total	53	189

10.3 Loss allowance on asset classes

	Trade and other receivables - Non DHSC Group Bodies £'000	Total £'000
Other changes	(2)	(2)
Total	(2)	(2)

11. Cash and cash equivalents

	2022-23
	£'000
Balance at 01 July 2022	-
Net change in year	(330)
Balance at 31 March 2023	<u>(330)</u>
Made up of:	
Bank overdraft: Government Banking Service	(330)
Total bank overdrafts	<u>(330)</u>
Balance at 31 March 2023	<u>(330)</u>

No cash is held on behalf of patients.

A BACS payment run was processed on 31 March 2023 as part of preparations for year end. This was posted to the 2022-23 ledger, however, the cash did not clear the bank account until April 2023. This resulted in a 'technical' bank overdraft in the ICB's cash book at the 31 March 2023, though the bank account itself was not overdrawn. This is an annual occurrence which can arise due to the timing of payments made by the ICB to meet national and regional payment deadlines.

12. Trade and other payables	Current 2022-23 £'000
NHS payables: Revenue	3,924
NHS accruals	10,912
NHS deferred income	105
Non-NHS and Other WGA payables: Revenue	23,757
Non-NHS and Other WGA accruals	31,694
Non-NHS and Other WGA deferred income	192
Social security costs	264
Tax	269
Other payables and accruals	48,789
Total Trade & Other Payables	119,907
Total current and non-current	119,907

Other payables include £153k outstanding pension contributions at 31 March 2023, this is an annual occurrence due to the timing of the payments made in arrears to NHS BSA.

	Current 2022-23 £'000
13. Borrowings	
Bank overdrafts:	
· Government banking service	330
Total Borrowings	330
Total current and non-current	330

A BACS payment run was processed on 31 March 2023 as part of preparations for year end. This was posted to the 2022-23 ledger, however, the cash did not clear the bank account until April 2023. This resulted in a 'technical' bank overdraft at the 31 March 2023

13.1 Repayment of principal falling due

	Department of Health 2022-23 £'000
Between one and five years	330
Other payables include £153k outstanding pension contributions at 31 March 2023, this is an annual occurrence due to the timing of the payments made in arrears to NHS BSA.	
Total	330

14. Provisions

	Current 2022-23 £'000	Non-current 2022-23 £'000
Continuing care	2,162	633
Total	2,162	633
Total current and non-current		2,795
		Continuing Care £'000
Balance at 01 July 2022		-
Arising during the year		2,738
Utilised during the year		(803)
Reversed unused		(4,746)
Transfer (to) from other public sector body under absorption		5,607
Balance at 31 March 2023		2,796
Expected timing of cash flows:		
Within one year		2,162
Between one and five years		633
Balance at 31 March 2023		2,795

Continuing Care provision relates to amounts set aside at 31 March 2023 for appeals against previous ICB decisions of non-eligibility for Continuing Care funding.

15 Commitments

15.1 Other financial commitments

The ICB has entered into non-cancellable contracts (which are not leases, private finance initiative contracts or other service concession arrangements) which expire as follows:

	2022-23 £'000
In not more than one year	39,318
Total	39,318

16. Financial instruments

16.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS ICB is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The ICB has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the ICB in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the ICB standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the ICB and internal auditors.

16.1.1 Currency risk

The ICB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The ICB has no overseas operations. The ICB has low exposure to currency rate fluctuations.

16.1.2 Interest rate risk

The ICB has low exposure to interest rate fluctuations.

16.1.3 Credit risk

Because the majority of the ICB and revenue comes parliamentary funding, ICB has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

16.1.4 Liquidity risk

The ICB is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The ICB draws down cash to cover expenditure, as the need arises. The ICB is not, therefore, exposed to significant liquidity risks.

16.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

16 Financial instruments cont'd

16.2 Financial assets

	Financial Assets measured at amortised cost 2022-23 £'000	Total 2022-23 £'000
Trade and other receivables with NHSE bodies	863	863
Trade and other receivables with other DHSC group bodies	3,225	3,225
Trade and other receivables with external bodies	1,389	1,389
Total at 31 March 2023	5,476	5,476

16.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2022-23 £'000	Total 2022-23 £'000
Loans with external bodies	330	330
Trade and other payables with NHSE bodies	5,737	5,737
Trade and other payables with other DHSC group bodies	18,874	18,874
Trade and other payables with external bodies	97,816	97,816
Total at 31 March 2023	122,757	122,757

17 Joint arrangements - interests in joint operations

The ICB has a pooled budget arrangement with the following Local Authorities (LA) Royal Borough of Windsor and Maidenhead (RBWM), Slough Borough Council (SBC), Bracknell Forest Borough Council (BFBC), Hampshire County Council (HCC) and Surrey County Council (SCC) for the Better Care Fund (BCF). The Pool is hosted by the Councils. Under the arrangement funds are pooled under Section 75 of the NHS Act 2006 for joint commissioning arrangements.

17.1 Interests in joint operations

Name of arrangement	Parties to the arrangement	Description of principal activities	2022-23			
			Assets	Liabilities	Income	Expenditure
			£'000	£'000	£'000	£'000
BCF Pooled budget arrangement with Bracknell Forest Borough Council	NHS Frimley ICB and Bracknell Forest Borough Council	Commissioning of Health and Social care	211	-	-	8,135
BCF Pooled budget arrangement with Slough Borough Council	NHS Frimley ICB and Slough Borough Council	Commissioning of Health and Social care	-	764	-	10,790
BCF Pooled budget arrangement with Surrey County Council	Surrey County Council and NHS Frimley ICB	Commissioning of Health and Social care	-	490	-	11,130
BCF Pooled budget arrangement with the Royal Borough of Windsor and Maidenhead	Royal Borough of Windsor and Maidenhead and NHS Frimley ICB	Commissioning of Health and Social care	-	304	-	10,803
BCF Pooled budget arrangement with Hampshire County Council	Hampshire County Council and NHS Frimley ICB	Commissioning of Health and Social care	-	-	-	12,365

There are two further pooled budgets for Equipment Services across Hampshire and Berkshire, held in partnership with Hampshire County Council and West Berkshire Council, respectively. These budgets are fully funded from the Better Care Fund pooled budgets disclosed above.

18 Operating segments

The ICB has one operating segment, commissioning of healthcare services, as reported in the Statement of Comprehensive Net Expenditure and the Statement of Financial Position.

19 Related party transactions

A related party transaction relates to any payments between the ICB and any organisation of which an ICB senior manager may be deemed to have a controlling role within. The transactions identified below relate to payments made to and from the ICB as part of the normal course of ICB business.

Details of related party transactions with individuals are as follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Royal Borough of Windsor and Maidenhead - (Dr Huw Thomas- Primary Care Partner Member and Clinical Lead, Duncan Sharkey - Local Authority Partner Member)	4,724	160	340	-
Claremont & Holyport Practice -(Dr Huw Thomas-Primary care Partner Member and Clinical Lead)	3	-	1	-
East Berkshire Out of Hours - (Dr Huw Thomas-Primary care Partner Member and Clinical Lead)	7,940	-	1,635	-
Rosemead Surgery - (Dr Huw Thomas-Primary care Partner Member and Clinical Lead))	594	--	-	-
Farnham Road Surgery - (Dr Lalitha Iyer-Chief Medical Officer (GP Partner))	2,125	-	7	-
Solutions for Health - (Dr Lalitha Iyer-Chief Medical Officer)	-	13	-	-
Guys and St Thomas's NHSFT - (Dr Priya Singh - Chair)	190	-	-	-
Age UK - (Paul Farmer - Non-Executive Member and Chair of the Remuneration Committee)	96	-	-	-
Magnolia House Surgery (Dr Prashant Patel - Primary Care Partner Member)	787	-	-	-
Ascot Primary Care Network (Dr Prashant Patel - Primary Care Partner Member)	455	-	-	-
Berkshire Primary Care Ltd (Dr Prashant Patel - Primary Care Partner Member)	1,501	-	29	-
NHS Frimley Health Foundation Trust (Neil Dardis- NHS Provider Partner Member)	457,450	1,848	-	1,848
Berkshire Healthcare NHS Foundation Trust (Alex Gild - NHS Provider Partner Member)	83,988	-	21	-
Surrey and Borders Partnership NHS Foundation Trust (Graham Wareham - NHS Provider Partner Member)	31,008	-	1	-
Rushmoor Borough Council (Karen Edwards - Local Authority Partner Member)	286	-	-	-
Bracknell Forest Council (Grianne Siggins - Local Authority Partner Member)	6,117	408	-	130
Surrey County Council - (Rachael Wardell - Local Authority Partner Member)	4,962	-	-	-

GP practices within the area have joined other professionals in the ICB in order to plan, design and pay for services. Under these arrangements some services are designed to be delivered in a primary care setting. This involves paying GP practices for the delivery of these services. A GP is also paid by the ICB for taking a lead role on clinical services.

The Department of Health and Social Care is regarded as a related party. During the year the ICB has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. These entities are: NHS Frimley Health Foundation Trust, Berkshire Healthcare NHS Foundation Trust and Surrey and Borders NHS Foundation Trust. In addition, the ICB has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Royal Borough of Windsor and Maidenhead, Hampshire County Council, Bracknell Forest Council, Slough Borough Council and Surrey County Council in respect of joint commissioning arrangements.

20 Events after the end of the reporting period

No events after the reporting period have been noted since 31 March 2023.

21. Losses and special payments

Losses

The total number of NHS clinical commissioning group losses and special payments cases, and their total value, was as follows:

	Total Number of Cases 2022-23 Number	Total Value of Cases 2022-23 £'000
Book Keeping Losses	4	3
Total	<u>4</u>	<u>3</u>

No special payments were made in the nine month period to 31st March 2023.