

## Meeting of the Mid and South Essex Integrated Care Board

Thursday, 16 November 2023 at 3.00 pm – 4.30 pm

The Gold Room, Orsett Hall, Prince Charles Avenue, Grays,  
RM16 3HS

### Part I Agenda

No	Time	Title	Action	Papers	Lead / Presenter	Page No
<b>Opening Business</b>						
1.	3.00 pm	Welcome, opening remarks and apologies for absence	Note	Verbal	Prof. M Thorne	-
2.	3.01 pm	Register of Interests / Declarations of Interest	Note	Attached	Prof. M Thorne	3
3.	3.02 pm	Questions from the Public	Note	Verbal	Prof. M Thorne	-
4.	3.12 pm	Approval of minutes				
		4.1 Minutes of ICB Board meeting held 28 September 2023	Approve	Attached	Prof. M Thorne	8
		4.2 Minutes of ICB Annual General Meeting held 12 September 2023	Approve	Attached	Prof. M Thorne	20
5.	3.13 pm	Matters Arising (not on agenda)	Note	Verbal	Prof. M Thorne	-
6.	3.14 pm	Review of Action Log	Note	Attached	Prof. M Thorne	26
<b>Items for Decision / Non-Standing Items</b>						
7.	3.15 pm	Primary Care Access and Recovery Plan Update	Note	Attached	P Green	27
8.	3.25 pm	Integrated Neighbourhood Teams	Note	Attached	P Green	71
9.	3.35 pm	Health Inequalities	Note	Attached	E Hough	78
10.	3.45 pm	MSE ICB EPRR Core Standards	Endorsement	Attached	E Hough	92
<b>Standing Items</b>						
11.	3.50 pm	Quality Report	Note	Attached	Dr G Thorpe	113
12.	4.05 pm	Finance and Performance Report	Note	Attached	J Kearton	120

No	Time	Title	Action	Papers	Lead / Presenter	Page No
13.	4.20 pm	Primary Care Report	Note	Attached	P Green	132
14.	4.25 pm	General Governance:  14.1 Adoption of new Patient Safety Incident Response Framework Policy.  14.2 Approval of Committee Terms of Reference  14.3 Board Assurance Framework  14.4 Approved Committee minutes:  <ul style="list-style-type: none"> <li>• Audit Committee</li> <li>• Finance &amp; Investment Committee</li> <li>• Primary Care Commissioning Committee</li> <li>• Quality Committee</li> <li>• System Oversight and Assurance Committee</li> </ul>	Approve  Approve  Note  Note	Attached  Attached  Attached  Attached	Dr. G Thorpe  Dr. G Thorpe  A McKeever  Prof. M Thorne	134  162  164  180  183 191  198  212 223
15.	4.29 pm	Any Other Business	Note	Verbal	Prof. M Thorne	-
16.	4.30 pm	Date and time of next Part I Board meeting: Thursday, 18 January 2024 at 3.00 pm, in Marconi Room, Chelmsford Civic Centre, Duke Street, Chelmsford, CM1 1JE.	Note	Verbal	Prof. M Thorne	-

MID AND SOUTH ESSEX INTEGRATED CARE BOARD MEMBERS (VOTING)											
First Name	Surname	Job Title / Current Position	Declared Interest (Name of the organisation and nature of business)	Type of Interest Declared			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Actions taken to mitigate risk
				Financial	Non-Financial Professional Interest	Non-Financial Personal Interest			From	To	
Lisa	Adams	Interim Executive Chief People Officer	Nil								
Anna	Davey	ICB Partner Member (Primary Care)	Coggeshall Surgery Provider of General Medical Services	x			Direct	Partner in Practice	09/01/17	Ongoing	I will not be involved in any discussion, decision making, procurement or financial authorisation involving the Coggeshall Surgery or Edgemean Medical Services Ltd.
Anna	Davey	ICB Partner Member Primary Care)	Colne Valley Primary Care Network	x			Direct	Partner at The Coggeshall Surgery who are part of the Colne Valley Primary Care Network - no formal role within PCN.	01/06/20	Ongoing	I will declare my interest if at any time issues relevant to the organisation are discussed so that appropriate arrangements can be implemented and will not participate in any discussion, decision making, procurement or financial authorisation involving the Colne Valley PCN.
Anna	Davey	ICB Partner Member (Primary Care)	Essex Cares	x			Indirect	Close relative is employed	06/12/21	On-going	I will declare my interest if at any time issues relevant to the organisation are discussed so that appropriate arrangements can be implemented.
Tracy	Dowling	Interim Chief Executive Officer Designate	Health Innovation East - Company limited by guarantee supporting the adoption and spread of innovation in healthcare in the East of England	x	x		Direct	Chair of the Board since April 2022. Non-Executive Director from January 2020 until March 2022.	01/01/20	Ongoing	Mid and South Essex is not in the geography of Health Innovation East - but if a situation arose where there was a conflict I would remove myself from the discussion and decision making.
Tracy	Dowling	Interim Chief Executive Officer Designate	West Suffolk NHS Foundation Trust	x			Direct	Non-Executive Director	01/11/22	Until Interim CEO role commences	Will cease Non-Executive Director role on commencement of Interim CEO role.
Peter	Fairley	ICB Partner Member (Essex County Council)	Director for Strategy, Policy and Integration, at Essex County Council (ECC)	x			Direct	Essex County Council (ECC) holds pooled fund arrangements with NHS across Mid and South Essex. I am the responsible officer at ECC for the Better Care Fund pooled fund.  ECC commissions and delivers adults and childrens social care services and public health services. ECC has some arrangements that are jointly commissioned and developed with NHS and local authority organisations in Mid and South Essex.  ECC hosts the Essex health and wellbeing board, which coordinates and sets the Essex Joint Health and Wellbeing Strategy	01/07/22	Ongoing	Interest declared to MSE ICB and ECC. If in potential conflict take the advice of the Chair/ Monitoring Office and if need be absent one's self from the vote/ discussion.
Peter	Fairley	ICB Partner Member (Essex County Council)	Essex Cares Limited (ECL) ECL is a company 100% owned by Essex County Council.  ECL provide care services, including reablement, equipment services (until 30 June 23), sensory services and day services, as well as inclusive employment	x			Direct	Interim CEO	03/04/23	Ongoing	Interest declared to MSE ICB and ECC. Be excluded from discussions/decisions of the ICB that relate to ECL services or where ECL may be a bidder or potential bidder for such services. If in potential conflict take the advice of the Chair/ Monitoring Office and if need be absent one's self from the vote/ discussion.
Joseph	Fielder	Non-Executive ICB Board Member	Four Mountains Limited	x			Direct	Director	01/05/17	Ongoing	No conflict of interest is anticipated but will ensure appropriate arrangements are implemented as necessary.
Joseph	Fielder	Non-Executive ICB Board Member	North East London Foundation Trust	x			Indirect	Personal relationship with Director of Operations for North East London area (Board Member)	01/03/19	Ongoing	As above.

MID AND SOUTH ESSEX INTEGRATED CARE BOARD MEMBERS (VOTING)											
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				Financial	Non-Financial Professional Interest	Non-Financial Personal Interest			From	To	
Joseph	Fielder	Non-Executive ICB Board Member	NHS England and Improvement	x			Indirect	Close family member employed as senior strategy manager	Jan 2023	Ongoing	No conflict of interest is anticipated but will ensure appropriate arrangements are implemented as necessary.
Mark	Harvey	ICB Board Partner Member (Southend City Council)	Southend City Council	x			Direct	Employed as Executive Director, Adults and Communities		Ongoing	Interest to be declared, if and when necessary, so that appropriate arrangements can be made to manage any conflict of interest.
Matthew	Hopkins	ICB Board Partner Member (Mid and South Essex Foundation Trust)	Mid and South Essex Foundation Trust	x			Direct	Chief Executive	Aug-23	Ongoing	Interest to be declared, if and when necessary, so that appropriate arrangements can be made to manage any conflict of interest.
Neha	Issar-Brown	Non-Executive ICB Board Member	Queens Theatre, Hornchurch			x	Direct	QTH often works with local volunteer sector including Healthwatch, social care sector for various community based initiatives, which may or may not stem from or be linked to NHS (more likely BHRUT than MSE).		Ongoing	For info only. No direct action required.
Jennifer	Kearton	Executive Director of Resources	Nil								
Anthony	McKeever	Chief Executive of the Mid & South Essex Integrated Care Board	MACS et al Ltd	x			Direct	Director of wholly owned company through which I contract with the NHS for interim and other services.	02/03/20	Ongoing	As of 3/10/2020 I am employed and paid through NHS payroll for my role in Mid and South Essex. However, I will declare my interest in MACS et al Ltd if and where required so that appropriate arrangements can be implemented.
Anthony	McKeever	Chief Executive of the Mid & South Essex Integrated Care Board	Royal Society of Medicine (RSM)		x		Direct	Fellow	02/03/20	Ongoing	No immediate action required.
Anthony	McKeever	Chief Executive of the Mid & South Essex Integrated Care Board	Faculty of Medical Leadership & Management (FMLM)		x		Direct	Fellow	02/03/20	Ongoing	No immediate action required.
Anthony	McKeever	Chief Executive of the Mid & South Essex Integrated Care Board	UCL Partners Limited - Board Member		x		Direct	Board Member	01/03/23	Ongoing	No immediate action required. Any potential conflict will be managed in consultation with Chair as and when the ICB's business concerns UCL Partners.
Paul	Scott	ICB Partner Member (Essex Partnership University Foundation (Trust))	Essex Partnership University NHS Foundation Trust	x			Direct	Chief Executive Officer	01-Jul-23	Ongoing	I will declare this interest as necessary so that appropriate arrangements can be made if required.
Matthew	Sweeting	Interim Medical Director	Nil								
Mike	Thorne	ICB Chair	Nil								
Giles	Thorpe	Executive Chief Nurse	Essex Partnership University NHS Foundation Trust	x			Indirect	Husband is an Associate Clinical Director of Psychology - part of the Care Group that includes Specialist Psychological Services, including Children and Adolescent Mental Health Services and Learning Disability Psychological Services which interact with MSE.	09/12/22	Ongoing	Interest will be declared as necessary so that appropriate arrangements can be made if and when required.
Ian	Wake	ICB Partner Member (Thurrock Borough Council)	Thurrock Borough Council	x			Direct	Employed as Corporate Director of Adults, Housing and Health.	01/03/21	Ongoing	Interest noted on ICB Board register of interests presented to each meeting. Interest to be highlighted where necessary in accordance with Conflicts of Interest Policy so that appropriate arrangements can be implemented.

MID AND SOUTH ESSEX INTEGRATED CARE BOARD - REGISTER OF INTERESTS - NOVEMBER 2023

MID AND SOUTH ESSEX INTEGRATED CARE BOARD MEMBERS (VOTING)											
First Name	Surname	Job Title / Current Position	Declared Interest (Name of the organisation and nature of business)	Type of Interest Declared			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Actions taken to mitigate risk
				Financial	Non-Financial Professional Interest	Non-Financial Personal Interest			From	To	
Ian	Wake	ICB Partner Member (Thurrock Borough Council)	Thurrock Joint Health and Wellbeing Board		x		Direct	Voting member	01/06/15	Ongoing	Interest noted on ICB Board register of interests presented to each meeting. Interest to be highlighted where necessary in accordance with Conflicts of Interest Policy so that appropriate arrangements can be implemented.
Ian	Wake	ICB Partner Member (Thurrock Borough Council)	Dartmouth Residential Ltd	x			Direct	99% Shareholder and in receipt of income.	01/10/15	Ongoing	Interest to be declared if and when any matters relevant to this company are discussed so that appropriate arrangements can be implemented.
George	Wood	Non-Executive ICB Board Member	Princess Alexandra Hospital	x			Direct	Senior Independent Director, Chair of Audit Committee, Member of Board, Remuneration Committee and Finance & Performance Committee	01/07/19	Ongoing	Clear separation of responsibilities and conflicts.
George	Wood	Non-Executive ICB Board Member	Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)	x			Direct	Chairman of hospital charity.	01/01/15	Ongoing	Interest to be declared if and when any matters relevant to BHRUT are discussed so that appropriate arrangements can be implemented.

ASSOCIATE NON-EXECUTIVE MEMBERS / ALLIANCE DIRECTORS / EXECUTIVE DIRECTORS											
First Name	Surname	Job Title / Current Position	Declared Interest (Name of the organisation and nature of business)	Type of Interest Declared			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Actions taken to mitigate risk
				Financial	Non-Financial Professional Interest	Non-Financial Personal Interest			From	To	
Mark	Bailham	Associate Non-Executive Member	Enterprise Invested Schemes in non-listed companies in tech world, including medical devices/initiatives	x			Direct	Shareholder - non voting interest	01/07/20	Ongoing	Interest to be declared if and when any matters relevant to this company are discussed so that appropriate arrangements can be implemented.
Mark	Bailham	Associate Non-Executive Member	Mid and South Essex Foundation Trust	x			Direct	Council of Governors - Appointed Member	01/10/23	Ongoing	Will declare interest during relevant meetings or any involvement with a procurement process/contract award.
Stephanie	Dawe	Chief Executive (Provide)	Provide	x			Direct	Chief Executive	01/05/22	Ongoing	Any interests to be declared if at any time issues relevant to the organisation are discussed so that appropriate arrangements can be implemented
Stephanie	Dawe	Chief Executive (Provide)	Provide Group Limited	x			Direct	Director	01/06/21	Ongoing	Any interests to be declared if at any time issues relevant to the organisation are discussed so that appropriate arrangements can be implemented
Stephanie	Dawe	Chief Executive (Provide)	Provide Wellbeing Limited	x			Direct	Director	01/03/22	Ongoing	Any interests to be declared if at any time issues relevant to the organisation are discussed so that appropriate arrangements can be implemented
Stephanie	Dawe	Chief Executive (Provide)	Provide Care Solutions Limited	x			Direct	Director	01/04/23	Ongoing	Any interests to be declared if at any time issues relevant to the organisation are discussed so that appropriate arrangements can be implemented
Stephanie	Dawe	Chief Executive (Provide)	REACT Homecare Limited	x			Direct	Director	01/05/22	Ongoing	Any interests to be declared if at any time issues relevant to the organisation are discussed so that appropriate arrangements can be implemented
Stephanie	Dawe	Chief Executive (Provide)	MSE Community Collaborative	x			Direct	Member	01/09/20	Ongoing	Any interests to be declared if at any time issues relevant to the organisation are discussed so that appropriate arrangements can be implemented
Daniel	Doherty	Alliance Director - Mid Essex	North East London Foundation Trust	x			Indirect	Spouse is a Community Physiotherapist		Ongoing	Interest to be declared if and when any matters relevant to this company are discussed so that appropriate arrangements can be implemented.
Daniel	Doherty	Alliance Director - Mid Essex	Active Essex		x		Direct	Board Member	25/03/21	Ongoing	Interest to be declared if and when any matters relevant to this company are discussed so that appropriate arrangements can be implemented.
Barry	Frostick	Chief Digital and Information Officer	Nil								
Pam	Green	Alliance Director - Basildon & Brentwood	Kirby-Le-Soken School, Tendring, Essex			x	Direct	School Governor	01/09/19	Ongoing	No action required as conflict of interest is unlikely to occur.
Claire	Hankey	Director of Communications and Engagement	Legra Academy Trust		x		Direct	Trustee of Academy Board	01/06/17	Ongoing	Interest to be declared if and when any matters relevant to this company are discussed so that appropriate arrangements can be implemented.
Emily	Hough	Executive Director of Strategy & Corporate Services	Brown University		x		Direct	Holds an affiliate position as a Senior Research Associate	01/09/23	Ongoing	No immediate action required.

MID AND SOUTH ESSEX INTEGRATED CARE BOARD - REGISTER OF INTERESTS - NOVEMBER 2023

ASSOCIATE NON-EXECUTIVE MEMBERS / ALLIANCE DIRECTORS / EXECUTIVE DIRECTORS											
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Aleksandra	Mecan	Alliance Director - Thurrock	Matthew Edwards Consulting and Negotiations Ltd	x			Direct	Director	2021	Ongoing	Company currently dormant, if any changes occur, those will be discussed with Line Manager.
Aleksandra	Mecan	Alliance Director (Thurrock)	Mecando Limited	x			Direct	Director	2016	Ongoing	Company ceased activity due to Covid-19 pandemic currently dormant; if any changes occur those will be discussed with my Line Manager
Geoffrey	Ocen	Associate Non-Executive Member	The Bridge Renewal Trust; a health and wellbeing charity in North London		x		Direct	Employment	2013	Ongoing	The charity operates outside the ICB area. Interest to be recorded on the register of interest and declared, if and when necessary.
Shahina	Pardhan	Associate Non-Executive Member	Anglia Ruskin University, Cambridge	x			Direct	Professor and Director of the Vision and Eye Research Institute (Research and improvements in ophthalmology pathways and reducing eye related health inequality)	31/03/23	Ongoing	Interest will be declared as necessary so that appropriate arrangements can be made if and when required.

## Minutes of the Part I Board Meeting

Held on 28 September 2023 at 3.00 pm – 4.30 pm

Council Chamber, Braintree Town Hall, Market Place, Braintree,  
CM7 3YG

### Attendance

#### Members

- Professor Michael Thorne (MT), Chair of Mid and South Essex Integrated Care Board (MSE ICB).
- Anthony McKeever (AMcK), Chief Executive of MSE ICB.
- Dr Matt Sweeting (MS), Interim Medical Director, MSE ICB.
- Dr Giles Thorpe (GT), Executive Chief Nursing Officer, MSE ICB.
- Lisa Adams (LA), Interim Chief People Officer, MSE ICB.
- Jennifer Kearton (JK), Director of Resources, MSE ICB.
- Joe Fielder (JF), Non-Executive Member.
- George Wood (GW), Non-Executive Member.
- Dr Anna Davey (AD), Primary Care Board Member.
- Matthew Hopkins (MHop), Partner Member, Mid and South Essex NHS Foundation Trust (MSEFT) from item no 14.
- Paul Scott (PS), Partner Member, Essex Partnership University NHS Foundation Trust (EPUT).
- Peter Fairley (PF), Partner Member, Essex County Council.

#### Other attendees

- Geoffrey Ocen (GO), Associate Non-Executive Member.
- Mark Bailham (MB), Associate Non-Executive Member.
- Dr Shahina Pardham (SP), Associate Non-Executive Member.
- Dan Doherty (DD), Alliance Director (Mid and South Essex), MSE ICB.
- Pam Green (PG), Alliance Director (Basildon & Brentwood), MSE ICB.
- Stephanie Dawe (SD), Chief Executive Officer, Provide Health.
- Barry Frostick (BF), Chief Digital and Information Officer, MSE ICB.
- Claire Hankey (CH), Director of Communications and Engagement, MSE ICB.
- Michelle Angell (MA), MSE Partners Portfolio Director, MSE ICB.
- Nicola Adams (NA), Deputy Director of Governance and Risk, MSE ICB.
- Helen Chasney (HC), Governance Officer, MSE ICB (minutes).

#### Apologies

- Dr Neha Issar-Brown (NIB), Non-Executive Member.
- Mark Harvey (MHar), Partner Member, Southend City Council.
- Ian Wake (IW), Partner Member, Thurrock Council.
- Karen Wesson (KW), Interim Director of Oversight, Assurance & Delivery, MSE ICB.
- Aleksandra Mecan (AM), Alliance Director (Thurrock), MSE ICB.



## 1. Welcome and Apologies (presented by Prof. M Thorne).

MT welcomed everyone to the meeting, introduced GT, MS and LA, and noted apologies as listed above.

## 2. Declarations of Interest (presented by Prof. M Thorne).

MT reminded everyone of their obligation to declare any interests in relation to the issues discussed at the beginning of the meeting, at the start of each relevant agenda item, or should a relevant interest become apparent during an item under discussion, in order that these interests could be managed.

Declarations made by ICB Board and committee members were listed in the Register of Interests available on the ICB website.

## 3. Questions from the Public (presented by Prof. M Thorne).

MT advised that questions had been submitted by five members of the public, however, some questions were not submitted in the timeframe requested and would be responded to in writing. The other questions were as summarised below.

- **Tom Kelly** queried the process for the publication of Board papers and submission of questions to the Board and asked why investment plans for the health infrastructure in the Maldon district had not been put forward, but yet there were projects in Southend, Basildon and Broomfield. MT advised that meeting papers should be submitted one week (5 working days) prior to the Board meeting and apologised as the papers were not available for this meeting until Friday 22 September 2023, due to technical difficulties with website accessibility requirements. DD further advised that the ICB was committed to the delivery of improved primary care/health services in Maldon and there were currently four schemes in place at Maldon, these being Blackwater Medical Centre, Longfield Medical Centre, Heybridge North development and South Maldon Health Hub development. DD offered to meet with Mr Kelly to discuss the schemes in more detail, the timeline, approvals process and next steps. DD confirmed that the details would be added to the ICB website for public information.
- **Juliet Barrable** sought clarity over safety measures during times where there was a surge in Covid cases, particularly in respect of immunosuppressed and vulnerable patients. GT provided assurance that whilst there had recently been some isolated COVID outbreaks within hospital and community settings, the vast majority of those affected had mild illness. Nationally, there had been a reduction in cases and an associated reduction in the number of people requiring hospital admission. The ICB and all providers of health and social care were required to follow guidance, as directed in the National Infection Prevention and Control (IPC) Manual, which was updated as required by the UK Health Security Agency. When an outbreak or high prevalence occurred, staff were advised to wear face masks based upon a local risk assessment.

When treating those who were immunocompromised, professionals were advised to wear a fluid resistant face mask and maintain strict adherence to standard IPC procedures such as hand washing/sanitising between each patient. High Efficiency

Particulate Air (HEPA) filtration was an option, however, not all built environments were constructed to support this effectively. All providers were undertaking their own risk assessments as part of IPC arrangements for the coming winter to identify the most effective mitigations. Guidance updated in September 2023 for immunocompromised people was available at <https://www.gov.uk>, which recommended taking all vaccines they were eligible for, avoiding crowded places where possible, and wearing a well fitted face covering. In addition, the importance of handwashing with soap and water, and the use of alcohol-based products to sanitise hands in public spaces was good practice.

In addition, the ICB IPC team were available to provide advice and guidance across all health and care settings, to support adherence to national best practice standards.

- **Elaine Pagan** asked how the communications between Mid Essex ICB, Essex Partnership University Partnership NHS Trust (EPUT) and University College London Hospitals NHS Foundation Trust (UCLHT) functioned, particularly in reference to the management of her own health condition. MT advised that it was not appropriate to discuss matters relating to individuals at a publicly held Board meeting and the ICB's patient experience team would be in contact to support Ms Pagan.

In relation to communications between different health organisations, BF advised that the ICB recognised that our residents and our clinical workforce were currently dealing with fragmented care records, which could lead to frustration and inefficiency. The NHS Long Term Plan included a commitment to the digitisation of records, supported by a robust IT infrastructure and cyber security. The Mid and South Essex (MSE) Integrated Care System (ICS) was embarking on a significant transformation programme including implementation of a system-wide Shared Care Record (SCR). The goal of the SCR was to meet the diverse needs of end-users, thereby improving care across different settings. This programme was one of three strategic priorities approved by the newly formed ICB in September 2022, with all system partners approving the full business case in May 2023.

**Peter Blackman** asked a question relating to the contractual terms of a Chemist in South Woodham Ferrers and the provision of pharmacy services for the area, shared the recent experience of a local carer and asked what the ICB and partner organisations were doing to recognise and support unpaid carers. Mr Blackman also queried why MSE ICB Board do not present a patient story at their public Board meetings, as do the Boards of NHS providers. MS explained that the ICB assumed delegated responsibility for pharmacy services from NHS England from April 2023, which was managed by a neighbouring ICB (Hertfordshire and West Essex). All ICBs needed to ensure there was provision of community pharmacy services at weekends and bank holidays that were accessible to the population and provided the full range of pharmaceutical needs (including end of life drugs). A clear process was undertaken to secure this provision. The ICB would investigate the matters raised by Mr Blackman and seek assurance that the provision of pharmacy services accords to the needs of the local population.

GT advised that the ICB was sorry to hear of the experience of the unpaid carer and would be happy to review their experience via the ICB's complaints or enquiries route if the individual wished this to be done. In relation to the carers' agenda, the ICB worked at Neighbourhood, Alliance, and System level with all partners to support unpaid carers

in MSE, including supporting various carer support services and schemes through Better Care Funding. GT acknowledged the significant value of unpaid carers, not only to the people they care for, but also to the wide health and care system. Carers had also been identified as one of the local 'Plus 5' groups in the CORE20PLUS5 approach to reducing health inequalities.

The ICB would continue to develop and improve our offer to carers as outlined in the Joint Forward Plan and the Integrated Care System (ICS) Strategy, which aligned to the NHS Long Term Plan's commitment to carers. Carer leads in each of the Alliances were working collaboratively with partners, ranging from local authorities to the voluntary sector, to focus on and understand the needs of local people to harness the full potential of the Alliance model to deliver the ICB's ambition.

With regards to patient stories, the provider boards had different functions to that of ICBs. As part of our remit to share the experience of patients, carers and citizens, the ICB's Quality Committee received patient stories to ensure that those with direct responsibility for improving patient experience heard directly from residents. The Quality Committee then shared the learning and agreed actions (where indicated) with system partners, to further improve services across MSE.

Peter Blackman asked for the response to be provided in writing.

MT confirmed that written responses would be provided to questions raised by the members of public that had not been addressed at the meeting.

**Action:** NA to arrange for written responses to be provided to questions raised by members of the public that were not addressed at the meeting and to Peter Blackman.

#### **4. Minutes of the ICB Board Meeting held 20 July 2023 and Matters Arising (presented by Prof. M Thorne).**

MT referred to the draft minutes of the ICB Board meeting held on 20 July 2023 and asked members if they had any comments or questions.

There were no comments on the minutes and no matters arising.

**Resolved: The Board approved the minutes of the ICB Board meeting held on 20 July 2023 as an accurate record.**

#### **5. Review of Action Log (presented by Prof. M Thorne).**

The updates provided on the action log were noted. No queries were raised.

**Resolved: The Board noted the updates on the action log.**

#### **6. Winter Plan 2023 (presented by J Kearton on behalf of K Wesson)**

JK thanked System partners for their support in drafting the winter plan, which was endorsed by the Chief Executives (Health) Group on 11 September 2023. The report included details of the timeline, guidance, decision making and governance, which was predominantly managed through the Urgent and Emergency Care Board.

The system was committed to several stretch targets, which would require a whole system response to ensure delivery was met. In developing the plan, consideration was given to the system being financially challenged and the commitment to maintain and deliver core services over the forthcoming period. The two key priorities would be the intermediate care work and the escalation capacity. The plan would be monitored, and any funding released would go towards addressing next stage priorities. JK confirmed that the Chief Executive Officers Discharge/Flow workstream would oversee actions related to the winter planning.

GW asked if the risks regarding paediatric capacity and children's virtual wards were 'funding' or 'resource' related. JK advised that she would provide details to GW after the meeting.

In response to a question from JF, JK confirmed that the triggers/criteria relating to the release of escalation funds were due to be confirmed the following day at the Chief Executives Forum.

GO advised he was assured as the plan had been presented to the Chief Executives (Health) Group.

**Resolved: The Board:**

- **Noted the prioritisation of health core services through winter was the focus for health.**
- **Noted the investment allocation of capacity monies.**
- **Acknowledged the stretch targets that the system had committed to and the ask of partners required to achieve these.**
- **Noted that the Chief Executive workstream for Discharge/Flow would lead and oversee their specific actions and respective performance commitments as outlined in the 2023 Winter Plan.**

**Action:** JK to discuss risks relating to paediatric capacity and children's virtual wards with GW.

## **7. Alternative Pathway for Rapidly Deteriorating Patients (presented by J Kearton on behalf of K Wesson)**

JK advised that internal teams had been working closely with the hospices to harmonise the pathway for patients whose condition was rapidly deteriorating with a primary health care need. An element of the budget that the ICB currently managed would be a risk/gain share arrangement with the hospices, to enable closer working to gain an understanding of patients' needs.

The report detailed the benefits of the new model and provided the evidence to date. There were risks relating to capacity, which would be monitored and reviewed, and workforce which would be mitigated by the development of a contractual agreement to enable long term recruitment.

MS advised the hospices were the experts in this field and supported the new pathway approach, as it would improve the care of the most vulnerable individuals.

MT invited questions from the Board and sought a decision on the proposal. No questions were raised.

**Resolved: The Board supported the progression to contract award of the alternative pathway for rapidly deteriorating patients and recognised the early benefits of this work.**

## **8. Transfer of Care Hubs Development (presented by P Green)**

PG thanked KW, MA, system and local authority partners for their support with the development of the Transfer of Care Hubs (TOCH). The concept should create better coordination of discharge and admission avoidance and an improved connection between professionals and communities. The hubs would be aware of individuals' care arrangements, how they lived, their family connections. The aim would be to ensure discharge was more effectively organised and hospitals were better informed about the person in their care.

PG highlighted the importance of local authority colleagues' support for TOCHs. The aim was for all four TOCHs to be launched by 30 November 2023. The local authorities and the Community Collaborative would provide coordination functions in each place for the provision of joined up health and social care.

PS echoed the view of PG with regards to keeping the process simple and advised that the work of TOCHs would mature over time.

PF advised that Essex County Council actively supported the work which ensured that the 'Home First' principle was realised.

JF referred to the financial information in the report which stated a drive to reduce cost pressures on finances, but also referred to incremental costs and requested that the Board was kept updated on the incurred costs. PS explained that the development of TOCHs would free up hospital capacity.

AMcK thanked all involved with this development which should be in place before the winter and would put the system in a positive position going forward. AMcK suggested that performance measures should be tracked to show the effectiveness of TOCHs. PG confirmed this would be implemented, including highlighting benefits to the population. Shorter lengths of stay would also be monitored in acute and community hospitals.

In response to a query from GO, PG explained that the aim was to get nine neighbourhood teams, made up of community colleagues, synchronised with TOCHs.

SD commented that the TOCH was not just about the discharge function, it would also support people to stay in their usual place of residence which would lead to better outcomes.

MT raised the importance of meeting the launch date. PG advised that there would be a soft launch in the third week in October and feedback would be provided.

**Resolved: The Board noted the update on the Development of Transfer of Care Hubs.**

**Action:** PG to provide a report at a future meeting to track performance measures before and after the development of the Transfer of Care Hubs.

## **9. Letby Report (presented by Dr M Sweeting)**

MS provided background on the Lucy Letby case and advised that the letter received from NHS England requested ICB and system partners to provide assurance that ICB culture and the appropriate Freedom to Speak Up policies and procedures were in place.



MS thanked LA, GW and KW for their work in response to the requirements. All providers were contacted and responses received so that assurance could be provided on behalf of the whole system.

GW advised that plans for the further development of Freedom to Speak Up (FTSU) had been accelerated. There was a strong desire in the ICB to increase the number of FTSU Guardians. There was a responsibility for FTSU Guardians to be visible in hospital settings. It was highlighted that the FTSU arrangements within Primary Care Networks required further development.

PF noted that the letter was addressed to NHS organisations but highlighted that local authorities provided safeguarding routes for vulnerable children and adults and offered to support the ICB in this regard.

GW asked how the ability to speak up could be created for people who were outside of the ICB. PS advised that a discussion was held at a recent EPUT Board session and could be linked to learning from the Civil Aviation Authority. If FTSU was aligned, then learning could be shared across organisations and with partners. Conversations within the system would be developed to promote a safe culture.

MB advised that a listening culture should be filtered down through to managers and suggested the provision of anonymous hotlines for those who found it difficult to speak up. There should be regular reminders, e.g. at training courses and on posters within health care settings.

BF suggested reinforcing the speak up message on screensavers on laptops with all system partners.

MT confirmed that the Fit and Proper Persons template was in place for all appointments and the full framework would be adopted once published.

SP reiterated that it was important that the message to speak up was received by those who culturally find it difficult to come forward.

MT thanked GW for his active role as the Freedom to Speak Up Guardian.

#### **Resolved: The Board:**

- **Noted the content of the report.**
- **Endorsed the adoption of the National Freedom to Speak Up Policy by the Mid and South Essex Integrated Care Board (MSE ICB).**
- **Noted the actions already in place across the MSE ICB.**
- **Noted that the MSE ICB would adopt and implement the requirements outlined in the Fit and Proper Persons Framework nationally published on 1 September 2023.**
- **Noted the information on actions provided by partner organisations.**
- **Noted the areas for action and improvement.**

**Action:** GT to liaise with local authority colleagues to take FTSU arrangements through Safeguarding Adults and Childrens Board.

**Action:** BF to work with system partners to reinforce the FTSU message on screensavers on laptops.

## 10. MSE ICB Annual Assessment 2022/23 and Q2 Follow Up Letter (presented by Prof. M Thorne)

MT advised that NHSE assessed the progress of the ICB annually. There were four interactions over the past year with regional colleagues and 'on request' interactions with national NHS bodies. MT also met with the Chair of NHSE, where guidance on the role of the Chair was provided and welcomed. The Chief Executive had regular meetings with the regional team and Executive Team. The regional team also spoke with several non-NHS partners. These meetings informed the assessment of the ICB's first nine months in existence.

MT asked for Members views of the assessment and reflected that it would be interesting to know how other ICBs had performed.

GW considered that the assessment was balanced. Progress had been made in the last nine months and agreed it would be helpful to benchmark against other ICBs. MT advised that there was a national network of ICB Chairs, run by the NHS Confederation that shared good practice which had been utilised by the ICB.

JF advised that the NHS Confederation held training events specifically for non-executive members. MT advised that the Confederation events were scheduled around new national policy. Details of an impending event had been forwarded to the Associate Non-Executive Members, which would also provide them with access to national networks.

MT advised that a new evaluation framework had been received and a new formal appraisal process for Board members would be implemented and used as a constructive mechanism to remain as a high performing Board.

### **Resolved: The Board:**

- **Noted the contents of the report.**
- **Noted the asks and identified areas of improvement.**
- **Noted the progress on the actions outlined in the two NHSE assessment letters.**

## 11. Quality Report (presented by G Thorpe)

GT advised that the Quality Committee received updated improvement action plans from EPUT and MSEFT following multiple Care Quality Commission (CQC) inspections over recent months. Assurance and evidence would be tested through the Trust's Evidence and Assurance Groups. A highlight report would be provided to the System Oversight and Assurance Committee (SOAC) showing progression against all actions.

The Mental Health Independent Inquiry moved to a statutory status under the Inquiries Act 2005 and the new Chair of the Inquiry would be Baroness Kate Lampard. A programme of work was being developed across the three Essex ICBs to provide information to the Inquiry.

The new Healthcare Safety Investigations Body was welcomed and was due to commence on 1 October 2023. Their focus would be on patients in mental health settings, looking at learning from deaths in care, how young people with mental health needs were cared for in inpatient services, out of area (OOA) placements and the development of safer staffing models.

The England Rapid Review into mental health was published with associated recommendations and an update was awaited on the specific actions to be taken at a national, system and provider level.

It was noted that there was a reduction in the number of Tier 4 beds for children which resulted in pressure on the system and impacted on the number of out of area (OOA) placements required. The regional specialist Eating Disorder Unit for Children and Young People in Cambridge was closed due to lack of staffing. Systems and processes were put in place with the provider collaborative which reduced the number of OOA placements.

The Medicines Optimisation Team alerted the Quality Committee to the outlier status for anti-microbial stewardship and that targeted meetings were in place to improve the position. An action plan had been published by NHSE for optimising care for patients on dependency forming medications and managing withdrawals. An example was provided on the community Musculo-Skeletal service which focused on supporting people using high dosage opioids for pain management. Campaigns to support clinicians to not prescribe opioids as a first point of analgesia was planned for next year and an update on progress would be provided to the Quality Committee.

In response to a query from MT, GT confirmed the shift from intravenous to oral antibiotics would enable people to get home sooner and ensure the use of appropriate antibiotics.

MS noted the good work of the Community Collaborative in the development of the intravenous policies, which moved some work into community settings.

PS advised that the Chair of the Independent Inquiry would commence work on 9 October 2023 and would be engaged with Terms of Reference for the statutory inquiry which would commence on 1 November 2023.

DD advised that he recently attended the Health and Wellbeing Board where there was an excellent deep dive into the south and mid Essex suicide surveillance data. The Board's approval was requested to conduct a review into prescribing specific drugs where there was a connection between the drugs and suicide. MT added that there was also a question raised regarding how residents with learning disabilities were cared for and requested this was added to the agenda for a Board meeting or seminar.

AMcK noted Rapid Quality Review meetings were being held next month and advised that overarching quality improvement plans (QIP) were required to assure the public and stakeholders that organisations were responding to CQC requirements. The QIP produced by EPUT was acknowledged which provided assurance that lessons had been learnt and demonstrated that changes were working. It also set out the standards, ambitions and commitments that professionals made to patients and themselves. A discussion had also been held with the Nursing Director at MSEFT to set out clear expectations of the requirements for assurance for the future.

#### **Resolved: The Board:**

- **Noted the key quality concerns and escalations from the Quality Committee.**
- **Received assurance that mitigating actions were being undertaken to address concerns.**
- **Noted the recent communication received of the appointment of a new chair to the Essex Mental Health Inquiry.**



**Action:** Caring for residents with learning disabilities to be added to the next Board seminar or meeting.

## 12. Performance and Assurance Report (presented by J Kearton on behalf of K Wesson).

JK advised that the report outlined performance against NHS constitutional standards and advised that a below plan position had been reported in some areas, but others were above the national target.

There would be ongoing work with regards to the feedback received on the planning round trajectories with a reflection point to ensure that there was movement in the right direction.

It was highlighted that achievements in addressing the backlogs were decreasing, however, mental health standards were being met. The challenges were ambulance response times, waiting times and diagnostics.

MT noted that a report on primary care had not been included and advised matters relating to Primary Care must be reported at each Board meeting.

PF referred to the waiting list and Referral to Treatment (RTT) and sought clarification over the level of confidence in meeting the trajectory. AMcK advised that 78 week waits should have decreased and the Trust had a sharp focus on individuals that had been kept waiting. For the 65 week waits the Trust were focused on ensuring that people had admission dates by 30 November 2023. The 52 week waits reflected a drop in some areas (elective activity) and the increase in referrals from primary care were being reviewed to ensure they were routed correctly. There was a greater discipline in hospitals to focus on individuals rather than statistics.

MT respected the right for individuals to take part in industrial action but noted this had affected waiting lists detrimentally.

SP asked if there should be a performance report on health inequalities. JK advised that a health inequalities evaluation was being drafted and would be brought to a future meeting.

**Resolved: The Board noted the Performance and Assurance report.**

**Action:** A performance report on health inequalities to be provided to a future Board meeting.

**Action:** A report on Primary Care to be provided at each Board meeting.

## 13. Finance Report, Month 4 (presented by J Kearton)

JK advised that as of Month 4, the ICB was forecasting a break-even position and continued to forecast the agreed outturn position of £10 million surplus, although there were some significant challenges with variable spend areas of Prescribing and Continuing Health Care. Both areas had deep dive reviews in progress, which would be continually monitored and recorded in the risk analysis. The prescribing spend efficiencies programme would be reviewed.

The system overall financial position at Month 4 was a deficit of £29 million, which would increase to £39 million at Month 5. The run rate would be increasingly challenging to deliver the forecast outturn.

Work was ongoing with the Chief Executive Forum to manage the position and any change to the outturn was subject to the forecast outturn change protocol and agreement between the Board and NHS England.

In response to a query from GW, JK advised that each organisation was delivering its capital spend. A mid-year review would be conducted to manage the spend proactively.

AMcK asked for clarity regarding the routes for capital. JK clarified that there was an ability to request that limits were moved around the constituent parts within the monthly reporting, however, the limits were set and the ICB was unable to hold capital, so the majority share would go out to the provider organisations from NHSE directly. The primary care capital was retained by NHSE and permission would be required to move it.

MT confirmed that ICB finances were being managed appropriately. There was a national requirement to find 30% savings on running costs for which the ICB were on track to deliver through re-structure. There were also system wide responsibilities to work within an overall system total which included provider partners.

MH joined the meeting at this point.

JF warned that the worse outcome could be £80 million deficit and suggested that the ICB should proactively seek to invoke the forecast outturn change protocol as soon as possible. JK agreed and advised that there were several elements regarding any potential changes to the elective recovery fund, industrial action with a possibility of further industrial action impacting on the efficiency programme, and whether that loss of opportunity was significant. MT provided assurance that every system in the East of England region was finding themselves in a more challenged position than initially planned due to unplanned imposed factors.

**Resolved: The Board noted the Finance Report for Month 4 and the verbal update on the Month 5 financial position.**

## **14. General Governance (presented by Prof. M Thorne)**

### **14.1 Adoption of Decision Making Policy**

MT advised that the policy had been through the appropriate governance processes and invited further questions from the Board. No questions were raised.

**Resolved: The Board:**

- **Approved the new Decision Making Policy and Procedure (Policy Ref MSEICB 088).**
- **Approved the establishment of a bi-annual Investment and Disinvestment Committee (which would be a sub-committee of the Finance & Investment Committee), as outlined within the Decision Making Policy and Procedure.**

### **14.2 Board Assurance Framework**

MT outlined the Board Assurance Framework (BAF) paper presenting the key risks to the ICB, noting that the key risks outlined in the BAF had been discussed throughout the meeting, and invited further questions from the Board. No further questions were raised.

**Resolved: The Board noted the latest iteration of the Board Assurance Framework.**

### **14.3 Approved Committee Minutes.**

The Board received copies of approved minutes of the following main committees:

- Audit Committee, 20 June 2023.
- Finance and Investment Committee, 16 August 2023.
- Primary Care Commissioning Committee, 2 August 2023.
- Quality Committee, 30 June 2023.
- System Oversight and Assurance Committee, 12 July 2023.

**Resolved: The Board noted the latest approved minutes of the Audit Committee, Finance and Investment Committee, Primary Care Commissioning Committee, Quality Committee, and System Oversight and Assurance Committee.**

### **15. Any Other Business**

There were no items of any of business raised.

MT thanked the members of the public for attending.

### **16. Date and Time of Next Part I Board meeting:**

Thursday, 16 November 2023 at 3.00 pm, in The Gold Room, Orsett Hall, Prince Charles Avenue, Grays, RM16 3HS.

## Minutes of the Annual General Meeting

Held on 12 September 2023 at 3.00 pm – 5.00 pm

Thurrock Council Chamber, Civic Offices, New Road, Grays, RM17 6SL

### Attendance

#### Members

- Professor Michael Thorne (MT), Chair of Mid and South Essex Integrated Care Board (MSE ICB).
- Anthony McKeever (AMcK), Chief Executive, MSE ICB.
- Dr Matt Sweeting (MS), Interim Medical Director, MSE ICB.
- Jennifer Kearton (JKe), Director of Resources, MSE ICB.
- Dr Giles Thorpe (GT), Executive Chief Nurse, MSE ICB.
- Joe Fielder (JF), Non-Executive Member.
- George Wood (GW), Non-Executive Member.
- Dr Anna Davey (AD), Primary Care Board Member.
- Ian Wake (IW), Partner Member, Thurrock Council.
- Mark Harvey (MH), Partner Member, Southend City Council.

#### Other attendees

- Mark Bailham (MB), Associate Non-Executive Member.
- Dr Geoffrey Ocen (GO), Associate Non-Executive Member.
- Dr Shahina Pardhan (SP), Associate Non-Executive Member.
- Dan Doherty (DD), Alliance Director (Mid Essex) MSE ICB.
- Pam Green (PG), Alliance Director (Basildon & Brentwood) MSE ICB.
- Aleksandra Mecan (AM), Alliance Director (Thurrock) MSE ICB.
- Dr Elizabeth Towers (ET), Cancer Steward, MSE ICB.
- Amy Winter (AW), Cancer Steward, MSE ICB.
- Manjeet Sharma (MS), Alliance Clinical Director (Thurrock), MSE ICB.
- Stephanie Dawe (SD), Chief Executive Officer, Provide Health.
- Barry Frostick (BF), Chief Digital and Information Officer, MSE ICB.
- Emily Hough (EH), Director of Strategy and Corporate Affairs Designate, MSE ICB.
- Kathy Bonney (KB), Interim Head of Human Resources and Organisational Development, MSE ICB.
- Nicola Adams (NA), Head of Governance and Risk, MSE ICB.
- Helen Chasney (HC), Governance Officer, MSE ICB.
- Claire Hankey (CH), Director of Communications and Engagement, MSE ICB.
- Jane King (JKi), Governance Lead (minute taker).
- Mark Graver (MG), Head of Public Affairs, Essex Partnership University NHS Trust.
- Cllr Mark Hooper, Stifford Clays Ward, Thurrock.

## 1. Welcome (presented by Prof. M Thorne)

The Chair welcomed everyone to the first Annual General Meeting (AGM) of the Mid and South Essex (MSE) Integrated Care Board (ICB) and thanked all for attending. MT took the opportunity to welcome Dr Giles Thorpe, Executive Chief Nurse, Dr Matt Sweeting, Interim Medical Director, and Emily Hough, Executive Director of Strategy and Corporate Services to the organisation.

The AGM reported on the progress made in the first nine months of the ICB's operation as well as Annual Reports and Accounts for this period (1 July 2022 – 31 March 2023) and for each of the five mid and south Essex predecessor Clinical Commissioning Groups for the period 1 April 2022 - 30 June 2022 which had been published on the ICB's website.

## 2. Chair's Introduction and Reflection (presented by Prof. Mike Thorne)

MT thanked everyone involved in the work to establish the ICB and expressed appreciation to the Board Members and to AMcK for their valuable contribution and support provided throughout the year, noting that AMcK would be retiring from his role as CEO towards the end of 2023. A search was underway for the next CEO of the ICB.

The ICB was responsible for determining how the NHS budget for MSE was spent. In 2022/23 the ICB had a budget of £2.9 billion which (in summary) paid for GP services, hospital services, community services, mental health services and continuing healthcare across MSE.

The key aim and purpose of the ICB was to improve outcomes in population health; tackle inequalities in outcomes, experience, and access; enhance productivity and value for money; and help the NHS to support broader social and economic development.

To achieve this, MT explained the ICB's focus was on clinical and professional leadership, governance and assurance. The ICB had introduced an innovative stewardship initiative with twelve stewardship teams in place, each focusing on one area of care including cancer, mental health and diabetes which brought together teams of health and care staff and managers. Their knowledge and leadership would inform how the ICB planned services.

Patient Safety Partner roles were introduced to empower patients and their carers to be involved in their own safety and to work alongside NHS staff to improve safety in our health and care settings.

## 3. Our Successes, Challenges and Ambitions (presented by Anthony McKeever)

AMcK acknowledged that there had been many successes and challenges over the first year of the ICB and advised that he would outline key areas. AMcK highlighted that ICB success stories included the robust winter plan that provided additional and extended primary care consultations in response to increased demand for GP services.

The ICB had worked hard to reduce and clear treatment backlogs following the pandemic.

A recruitment programme had resulted in additional health and care roles with a range of healthcare professionals working in GP practices. Workforce initiatives were also



embedded to support GP recruitment and retention which included GP Fellowship Programmes, professional development and training schemes and an International GP Recruitment programme.

The continued development of Integrated Neighbourhood Teams would enable local health, social care, and voluntary sector organisations to work collaboratively and enable teams to focus on local priorities and challenges.

AMcK explained the ICB had also faced significant challenges. NHS Constitutional Standards performance was below expected delivery, particularly in the areas of Diagnostics, Cancer, and Referral to Treatment Times. Winter demands and the impact of recent industrial action had also added pressure on the NHS.

Whilst waiting time standards for NHS Talking Therapies were achieved across MSE, the access rate for these services was below standard and was an ICB priority to increase the number of people accessing the programme.

Financial sustainability was a challenge for the future as was the organisational restructuring process to make a real term running cost reduction of at least 30% by 2025/26 as directed by NHS England.

It was the ambition of the ICB to develop with partners the Mid and South Essex Shared Care Record, a digital solution to provide health and care professionals access to key information from patients' health and social care records.

A new Fracture Liaison Service, aimed to improve bone health and reduce the risk of fractures, would help increase the quality of life for residents and enable quicker identification, assessment, investigation, and treatment for people with Osteoporosis.

#### **4. Our Geography (presented by Anthony McKeever)**

AMcK explained the MSE ICB comprised of four place-based localities called Alliances (Mid Essex Alliance, Basildon & Brentwood Alliance, South East Essex Alliance and Thurrock Alliance). In addition to system-wide initiatives across MSE, there were also a variety of place-based projects, determined by local priorities, some of which included the following:

In Thurrock, an area with a high level of cardiovascular disease (CVD), work had taken place to improve the diagnosis and management of CVD with a holistic approach, including blood pressure monitoring, which had resulted in Thurrock being one of the of the best areas in the country for CVD management.

In Basildon & Brentwood, local residents and ICB staff were encouraged to increase physical activity through various 'Find Your Active' initiatives to make physical activity a fun and inclusive experience for everyone.

A neighbourhood working pilot was introduced within Mid Essex which provided Community Nursing, Adult Social Care and Domiciliary Care in an integrated neighbourhood team with a network of other professionals wrapped around the team to bring care together for a better patient experience.

In South East Essex, a dedicated Falls Programme had been developed in partnership with Active Essex to produce a series of resources available to the general public which focused on building strength and balance in older people to prevent falls.

## **5. Financial Performance (presented by Jennifer Kearton)**

JKe was pleased to announce that the ICB had achieved all statutory and locally agreed financial targets, noting the delivery of the agreed in-year surplus of £16.9m for the financial year and that the ICB's operational costs were within corporate spend limits.

The ICB had achieved the NHS Mental Health Investment Standard (MHIS) for 2022/23 and was able to demonstrate that expenditure on mental health services had increased by 5.6%.

JKe confirmed the audited year-end accounts confirmed a fair and transparent view of the organisation's finances.

JKe outlined the 2023/24 financial plans for the ICB, noting that from 1 April 2023 the ICB was responsible for funding NHS dentistry, optometry and pharmacy services for our population.

Whilst the ICB position was a surplus, collectively the System incurred a deficit of £46.3m. The financial challenges ahead included management of system recovery and winter pressures, costs of addressing waiting lists and reducing waiting times, system wide working to redesign services and build sustainability, preparing for organisational change, managing both increased and sustained demand and inflation in the services purchased and the delivery of system-wide financial sustainability.

## **6. Cancer Stewardship and Integrated Care (presented by Dr Elizabeth Towers and Amy Winter)**

ET and AW explained that the cancer stewardship group had been helping examine and redesign the system-wide approach to cancer care, to ensure best patient experience and outcomes were delivered for patients in mid and south Essex.

A new Day Zero Patient Tracker List had enabled referrals to be more efficiently processed to ensure that patients who did not have cancer were appropriately and speedily informed and taken off cancer pathways, meaning those with cancer were quickly and appropriately directed for treatment.

A Cancer Decision Support Tool was introduced to assist GPs in their decisions about whether to refer or request further diagnostic investigations in patients where they believed there was a risk of cancer. The stewards were also working with other organisations to improve early detection and diagnosis and to address health and care inequalities and lifestyle factors.

The development of a Cancer Dashboard provided an overview of cancer statistics in MSE, enabling performance to be tracked and to inform future strategy.

Future Cancer Stewardship projects would focus on personalised care and shared decision-making workshops, Virtual Group Cancer Care Reviews, a prostate Targeted Case Finding pilot and Health Inequalities.

Future Cancer summit events were planned for primary and secondary care, as well as patient engagement events, to help shape and influence cancer care across MSE.

MT thanked the Cancer Stewards for their achievements to date and important work undertaken.

## 7. Questions from the Public

**Chris Webb** submitted the following question to the Chair in advance of the AGM:

“Where can I find the ICB's 'Green Plan' and who on the Board/Executive is responsible for its implementation?”

A written response was provided by the Deputy Director of Governance and Risk which explained that the Director of Resources, Jennifer Kearton, was the Board Executive Officer responsible for the sustainability agenda. A Link to the Mid and South Essex Health and Care Partnership / Integrated Care System Green Plan was provided.

**Eric Watts**, who was present at the meeting, submitted the following questions to the Chair in advance of the AGM:

“What measures is the ICB taking to ensure patients receive timely diagnosis of and treatment for cancer?”

A written response was provided by Dr Matthew Sweeting, Interim System Medical Director, which stated “The timely diagnosis and treatment for cancer patients is a key priority for the MSE ICB. We are very conscious that our system still has significant challenges in this regard.

In the last 2 years the ICB has created a cancer stewardship programme which is a multi-professional, multi-organisational group who are looking at every aspect of cancer care in a System wide approach.

This includes best practice pathways, to help achieve Faster Diagnosis Standards, Day Zero Patient Treatment Lists (PTLs), improved Multidisciplinary Teams (MDTs) and the ongoing development of the rapid diagnostic service.

A System clinical lead for cancer was appointed along with 4 Alliance primary cancer care leads who are working closely with Primary Care Networks (PCNs) reviewing their cancer and screening data to improve early cancer diagnosis.

A cancer summit is being organised to ensure collaborative working with all System partners.”

Mr Watts also asked “In respect of the NICE recommendation: *Shared decision-making NICE guideline [NG197] Published: 17 June 2021* - how is the ICB progressing this recommendation? In particular the recommendation: - *High-level leadership - Make a senior leader accountable and responsible for the leadership and embedding of shared decision making across every organisation or system regardless of its size. This should be a board member or...*”



A written response was provided by Dr Matthew Sweeting, Interim System Medical Director, which stated “The ICB Executive Board member responsible for Shared Decision Making is myself, the Medical Director. The Clinical Directorate has a dedicated Clinical Lead for personalised care who has led the development of the Shared Decision Making (SDR) ‘Ask Four Questions’ campaign to support residents in making personal choices about their care.

Both the Ageing Well and Cancer Clinical Stewardship Groups have delivered on-going ‘shared decision making’ interactive workshops to support the delivery of high-quality frailty and end of life care within our ICS.”

A link to the ‘Shared decision making – Mid and South Essex Integrated Care System’ document on the ICS website was provided.

## **8. Closing**

MT thanked everyone for attending the 2022/23 Annual General meeting and extended special thanks to staff who had been working above and beyond at what continued to be an incredibly challenging time for the System.

## **9. Date and Time of Next Board meeting:**

Thursday, 28 September 2023 at 3.00 pm, Braintree Council Chamber, Market Place, Braintree, CM7 3YG.

Action No.	Meeting Date	Agenda Item No.	Agenda Item Title and Action Required	Lead	Deadline for completion	Update / Outcome	Status
4	01/07/2022	9	<b>Appointment of Lead Roles</b> Include appointment of Deputy Chair of the ICB to the agenda of a future Board meeting.	M Thompson	31/08/2022	Deferred until future Board meeting.	In progress
30	28/09/2023	3	<b>Questions from the Public</b> Arrange for written responses to be provided to questions raised by members of the public that were not addressed at the meeting.	N Adams	31/10/2023	Actioned.	Complete
31	28/09/2023	6	<b>Winter Plan 2023</b> Discussion to be held with George Wood relating to paediatric capacity and childrens virtual wards and whether they were funding or resource related.	J Kearton	31/10/2023	Confirmation received that existing children's services are not at risk as a result of the decisions made. However, we have slowed/paused investments in order to protect core services across winter. This is under constant review.	Complete
32	28/09/2023	8	<b>Transfer of Care Hubs (TOCH) Development</b> Provide a report tracking performance measures before and after the development of the TOCHs.	P Green	21/03/2024	Added to March 2024 Board agenda. A system wide performance and reporting sub group of the TOCH steering group are devising a set of reporting metrics.	In progress
33	28/09/2023	9	<b>Letby Report</b> Liaise with local authority colleagues to take Freedom to Speak Up (FTSU) arrangements through Safeguarding Adults and Childrens Board.	G Thorpe	31/10/2023	FTSU arrangements shared with all Safeguarding Board Independent Chairs who will continue to monitor this through the relevant Boards.	Complete
34	28/09/2023	9	<b>Letby Report</b> Work with system partners to reinforce the FTSU message on screensavers on laptops.	B Frostick	31/10/2023	The ICB has system partners support in reinforcing the FTSU message and the ICB have a set of actions which will enable our corporate and PC colleagues to support in due course.	Complete

## Part I ICB Board meeting, 16 November 2023

### Agenda Number: 7

### Primary Care Access Recovery Plan Update

#### Summary Report

#### 1. Purpose of Report

The purpose of this report is to outline to the Board the intended local response to NHS England's Primary Care Access Recovery Plan. This plan was published in May 2023 with the aim of eliminating the "8am rush" to access primary care.

Our proposed local response focuses on four key areas of development – two new programmes of work (Connected Pathways, Primary/Secondary Interface) and two established programmes of work (Primary Care Workforce Optimisation and Integrated Neighbourhood Team development).

The plan will be delivered over an initial two-year period and is expected to lead to improvements in patient experience, staff experience, increase in capacity, better use of digital technologies and development of new care pathways alongside core general practice.

#### 2. Executive Lead

Pam Green, Alliance Director, Basildon and Brentwood and Primary Care Lead for the ICB

#### 3. Report Author

William Guy  
Director of Primary Care

#### 4. Responsible Committees

The Mid and South Essex Access Recovery Plan has been driven by the Primary Care Commissioning Committee, which will oversee implementation of the Plan.

#### 5. Impact Assessments

Not applicable to this report.

#### 6. Financial Implications

Not applicable to this report.

#### 7. Details of patient or public engagement or consultation

The MSE Primary Care Access Recovery Plan draws heavily on NHS England's Primary Care Access Recovery Plan which itself has been informed by patient feedback through the GP Patient Survey and other sources.

**8. Conflicts of Interest**

None identified.

**9. Recommendation(s)**

The Board is asked to endorse the proposed approach outlined in the Mid and South Essex Access Recovery Programme.

# Primary Care Access Recovery Programme

## 1. Introduction

Every weekday in Mid and South Essex (MSE), primary medical services undertake 25,000 consultations for our population. Beyond core consultations, primary medical care is responsible for significant amounts of unrecorded interactions with the population. National estimates suggest that somewhere between 70%-90% of all patient interactions with NHS services occur in primary care. Good access to primary care services is therefore fundamental to the delivery of NHS services as a whole.

In May 2023, NHS England published “Delivery Plan for Primary Care Access Recovery”. This report focusses on two key commitments:

- Tackling the 8.00 am rush and reducing the number of people struggling to contact their practice.
- For patients to know on the day they contact their practice how their requests will be managed.

The Plan emphasises that multiple actions are required to deliver these commitments, including the need to deliver the models of care outlined in the Fuller Stocktake. The Plan challenges ICBs to be at the forefront of creating the environment for change and leading system partners to adapt their service models to support new approaches.

The Plan indicates that practices will need to implement a “Modern General Practice Access Model” where patient need is consistently triaged and navigated to the most appropriate solution for the presenting need.

Integrated Care Boards (ICBs) have been required to develop their local Access Recovery Plan to deliver upon these national objectives and local objectives.

## 2. Main content of Report

### Case For Change

The need for change to access models is not solely driven by the need to respond to the national plan. Locally, through the GP patient survey, our population is feeding back two broad themes:

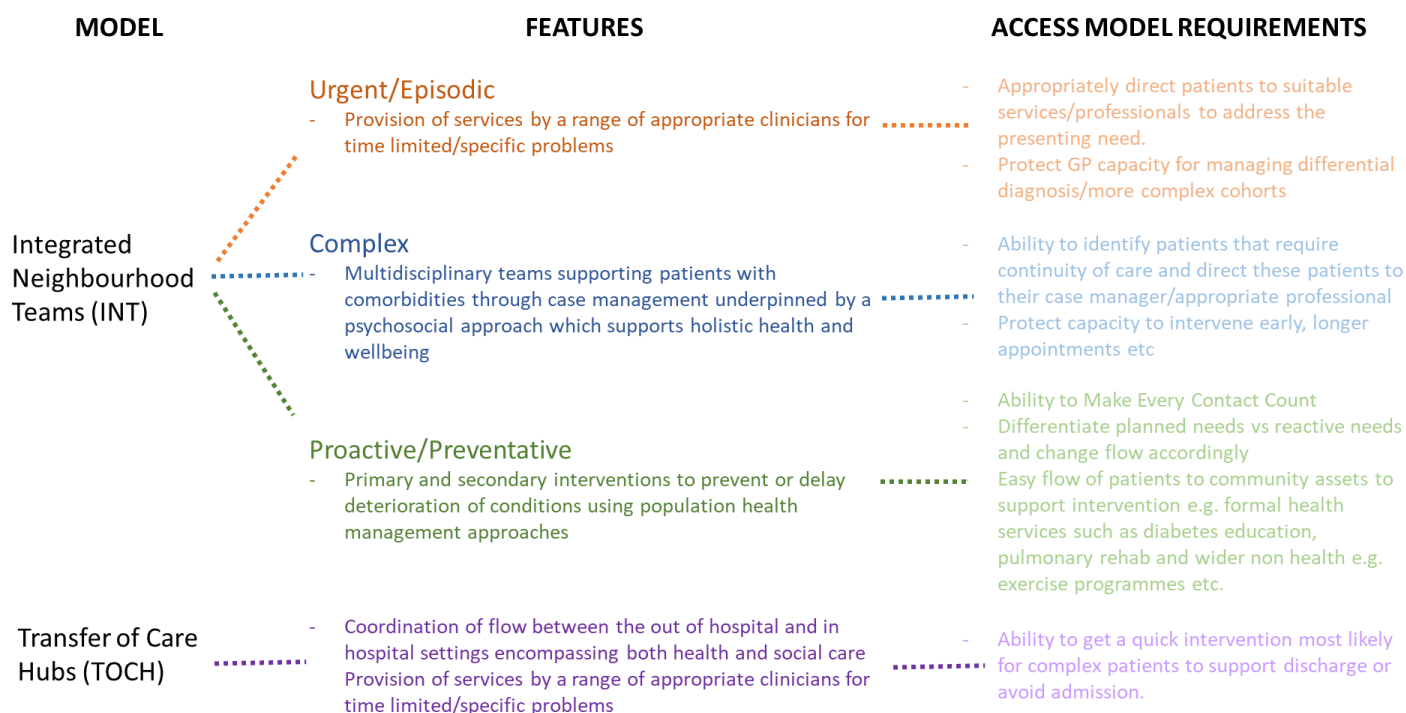
- When patients receive care from their practice, satisfaction is high e.g. 90% saying their needs were met, 88% saying they have been appropriately involved in their care and decisions and 91% having confidence in the professional they saw.
- However, access to services results in a poor overall experience e.g. only 38% of survey respondents describe getting through on the phone as easy, 66% describing their last experience as positive.

Primary care providers are also feeding back that historic models of access are no longer fit for purpose due to the change and growth in demand for primary care services. There is an increasing desire to adapt models, work with other stakeholders and implement more effective pathways.

Our target operating model (TOM) for out-of-hospital care in MSE is based on the establishment of Integrated Care Teams (INTs) with tailored approaches for Urgent

and Episodic Care, Complex Care and Preventative Care. In order for this TOM to be delivered, demand on primary care services must be differentiated and then navigated to a range of appropriate solutions. Some of these will be core general practice but an increasing number will be alternative providers of statutory and non-statutory provision e.g. Primary Care Network (PCN) services, community pharmacy, voluntary sector providers. The current “8.00 am rush” model described by the national plan and experienced by a large part of our population is largely managed on a ‘first come, first served’ basis where general practices attempt to triage as best they can but are limited by capacity, technology and outdated pathways.

We need to move to a model where demand is differentiated based on the Fuller principles of Integrated Neighbourhood Teams, as below:



## Proposed Change

We are seeking to address the challenges of access through four programmes of work each delivering a specific but complimentary aim;

- “Connected Pathways” which through a series of interventions, will enable the implementation of a Total Triage model in line with Modern General Practice.
- Improving the Primary/Secondary Care Interface through a clinical leadership led approach that fundamentally seeks to improve relationships between primary and secondary care (clinical and administrative) to reduce unnecessary bureaucracy, improve safety, quality and efficiency, grounded in the principle of doing the best for our patients.
- Optimisation of the workforce through an established programme that seeks to recruit, retain and enable staff to act at the top of their license.
- INTs – through an established programme, offer appropriate care pathways across the episodic, complex and preventative models that best meet patient need.

Through these four programmes and the delivery of a number of specific schemes they cover, we aim to achieve improvements in the following outputs and outcomes;

### **Outputs**

- All practices to be operating a Cloud Based Telephony system by March 2025.
- All patients to be able to access a minimum of 10 self referral pathways by March 2024
- Implementation of Total Triage model in a minimum of 8 practices by March 2024 and 50 practices by March 2025.
- Increase in number of consultations undertaken in a primary care setting from 6.27 million in 2022/23 to 6.4 million in 2024/25.
- Increase in Additional Roles Reimbursement Scheme (ARRS) workforce of 195 by March 2024 from 495 (October 2023 baseline).

### **Outcomes (targets and baselines will be determined by March 2024)**

- By 2025, increase in overall % of patient satisfaction from 66% in 2023 baseline (National GP Survey).
- By 2025, increase in ease of getting through to your practice on the phone from 38% in 2023 baseline (National GP Survey).
- By 2025, increase in proportion of patients saying practice websites are easy to use from 61% in 2023 baseline (National GP Survey).
- By 2026, improvement in staff satisfaction for staff working within primary care (baseline and tool to be determined).

**Appendix 1** provides further detail on the programmes of work that will be undertaken to deliver these outcomes and objectives.

### **Delivery of the Plan**

Whilst the core work programme is identified within our Access Recovery Plan, its implementation will be an iterative process and be refined based on experience of delivery. To support the implementation, we will establish a primary care clinically led forum of representatives from early adopter practices who will use their experience and ambition to support the delivery of the plan. Through this process we will better influence the wider primary care system. Formally oversight of the plan will be through monthly reporting to Primary Care Commissioning Committee.

## **3. Recommendation**

The Board are asked to endorse the Mid and South Essex Access Recovery Plan as set out on **Appendix 1**.

## **4. Appendices**

**Appendix 1** - Mid and South Essex Primary Care Access Recovery Plan.

# Mid and South Essex Primary Care Access Recovery Plan

Autumn/Winter 2023/24

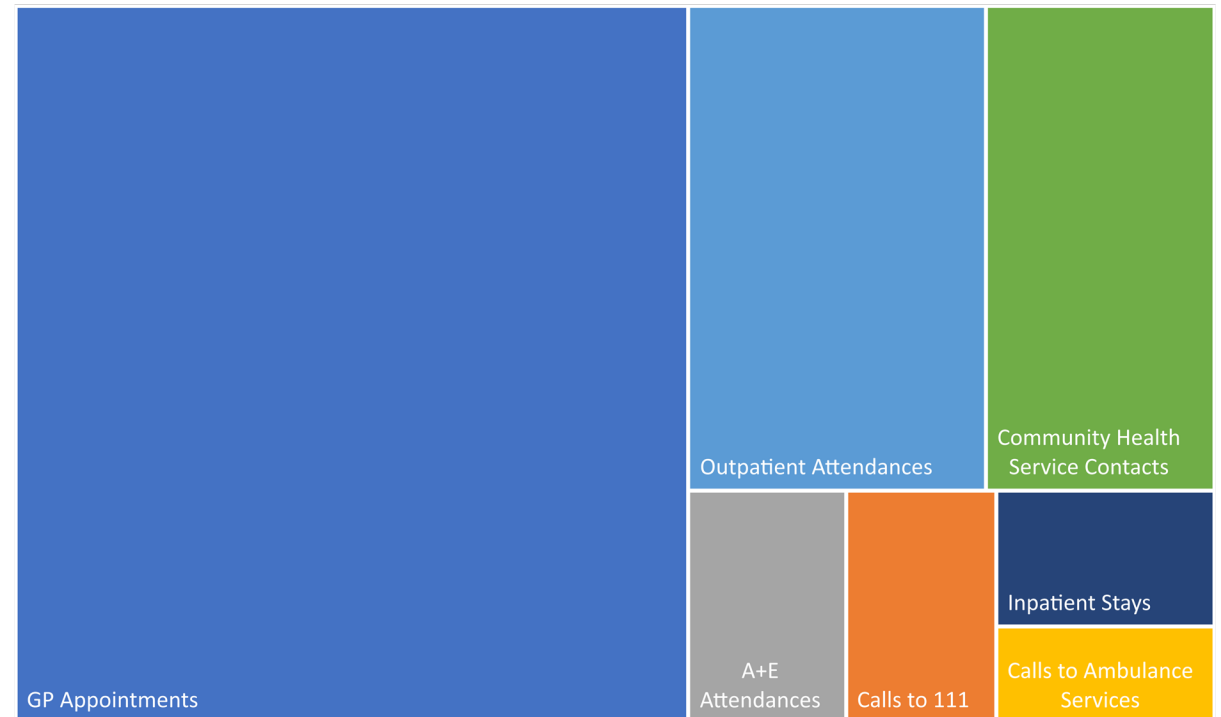
Version 3.0



# Background

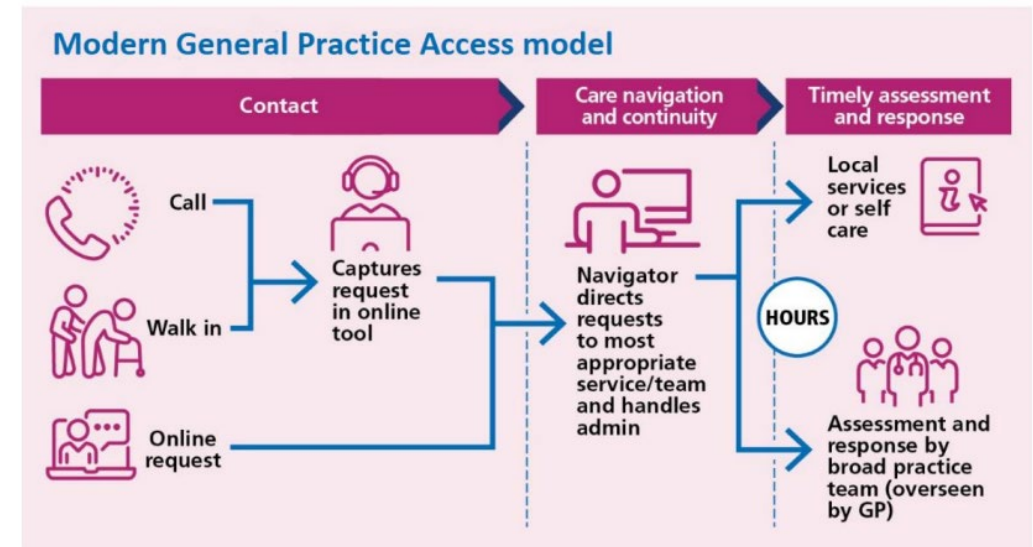
- Primary Medical Services (GP services) are both a key provider of services within the NHS and a significant route of access to NHS care.
- King's Fund analysis in 2021/22 showed that 56% of all recorded appointments/activity within the NHS occurred in Primary Medical Care.
- When including activity that is not formally recorded, it is estimated that primary medical services see between 70%-90% of all patient interaction with the NHS.
- Every week day in Mid and South Essex, Primary Medical Services deliver approximately 25,000 consultations for our population.
- Good access to primary medical services is critical for the overall provision of NHS care in Mid and South Essex.
- [A summary of key background information on primary care provision in Mid and South Essex can be found in the appendices](#)

King's Fund Analysis of NHS Activity 2021/22 – Proportion of total recorded NHS activity undertaken by the different elements of the NHS



# National Context

- In May 2023, NHS England published “Delivery Plan for Primary Care Access Recovery”
- This focusses on two key commitments. Firstly to **tackle the 8am rush** and reducing the number of people struggling to contact their practice and secondly, for patients **to know on the day they contact their practice how their requests will be managed**.
- To do this, a new “Modern General Practice” access model needs to be rolled out across England that;
  - Empowers patients by rolling out tools so that people can manage their own health
  - Builds capacity so practices can offer more appointments than ever before
  - Cuts bureaucracy to give practice teams more time to focus on their patient’s clinical needs.
- The Delivery Plan focusses heavily on the need to **implement the Fuller Stocktake** findings as part of the overarching plan to improve access to primary care services.
- The Delivery Plan emphasises the role of the **ICB in creating the environment for change and leading system partners** to adapt their service models to support the “Modern General Practice” model.



# Local Context

## What are patients telling us?

- In general, Primary Care is well liked by the local population. In the national patient survey, **80% of MSE patients state they were treated with a good level of care and concern**. 88% stating they felt appropriate involved in decisions on care and treatment and **91% having trust and confidence** in the healthcare professional they saw.
- However, out of date access models and demand outstripping supply results in poorer overall patient experience. Patient experience across Mid and South Essex is lower than the national average with **only 66% describing their last experience of their GP practice as positive** (71% nationally). **Only 38% of survey respondents describe getting through to a practice on the phone as easy** (50% nationally)
- This is despite activity in primary care increasing steadily over the last three years. Overall consultations rose by 10% between 2019/20 (pre pandemic) and 2022/23.

For further background information please see [patient survey data in the Appendices](#)

## What are primary care providers telling us?

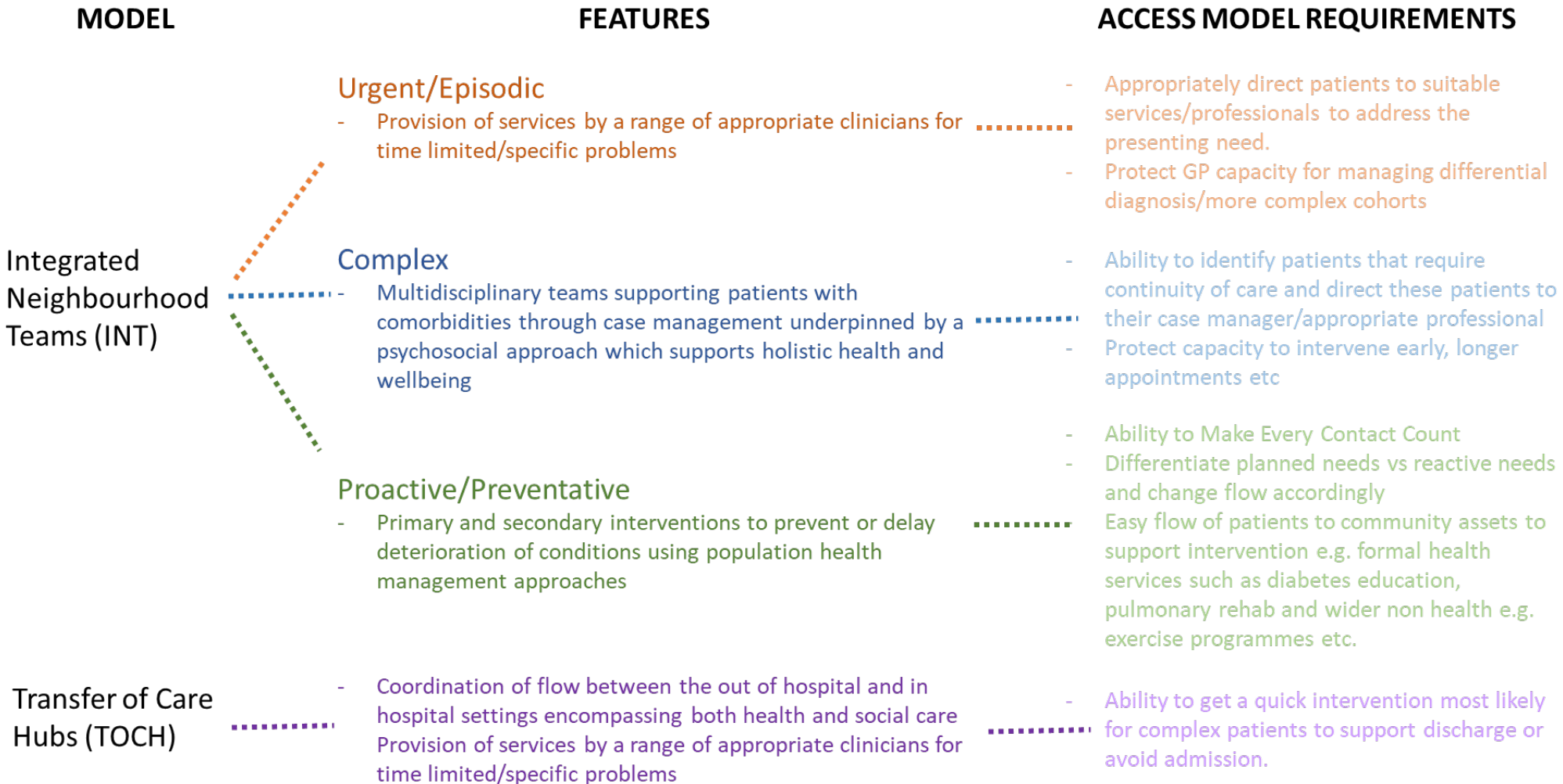
- Primary Care has made many changes over the past five years to try and better support their patients whilst faced with a challenging environment with increased demand on services and limited overall capacity.
- There is increasing willingness of practices to move towards the Modern General Practice Model as set out by NHS England. A number of practices within the ICB **have implemented a total triage approach** to managing demand. Whilst there is ongoing refinement, the feedback from the practices who have done this is **“they would not return to their previous model”**.
- The recent PCN Access and Capacity Plan has identified a number of priorities that practices and PCNs are seeking to implement including improved telephony, better functioning websites, care navigation and triage, increased additional roles, workload and workflow changes that seek to improve the models of care they are able to operate.

# Mid and South Essex Target Out of Hospital Service Operating Model

- The out of hospitals target operating model for Mid and South Essex centres on the development of Integrated Neighbourhood Teams. In line with the Fuller Stocktake, these teams would provide the three core functions of urgent and episodic care, complex care and prevention and would be built on the physical and human assets within the communities we serve.
- The coordination of care between the out of hospital and in hospital setting would be optimised through our Transfer of Care Hubs and those patients requiring more comprehensive out of hospital care will be managed within our new model for community intermediate care beds.
- General practice is the main route of entry into NHS services for our population. As such, an effective Access Model is key to the delivery of the Out of Hospital Target Operating Model. Critically, in order to better serve our population, we **must differentiate demand** placed upon primary care services and deliver services that are most appropriate for that differentiated demand. This **requires a “total triage” approach**. Under this approach, we will move away from the 8am rush which is largely dealt with on a first through on the phones, first dealt with to one that makes optimal use of digital tools, alternative care pathways, increased capacity and an integrated neighbourhood team approach.

# Differentiated Demand

Case for change



# Primary Care Access Recovery Programme in Mid and South Essex

Proposed Change

**SRO: Pam Green & William Guy**

See sections

[“Connected Pathways” – how the ICB will enable Total Triage/Modern General Practice](#)

[“Connected Pathways” – the role of Pharmacy, Optometry and Dental Services](#)  
[“Connected Pathways” Optimising the use of digital tools](#)

[“Connected Pathways” – Communications and Engagement](#)

## Total Triage delivered through “Connected Pathways”.

Delivering a series of interventions including roll out of digital tools, new pathways, care navigation training and website development. These actions will support the implementation of the “Modern General Practice Model”

## Improving the Primary/Secondary Care Interface

to reduce unnecessary bureaucracy, improve safety, quality and efficiency for clinical and administrative staff in both a primary and acute setting

**SRO: Dr Anna Davey/Dr Matt Sweeting and Dr Anoushka Luthra**

See sections

[Improving the Primary and Secondary Interface](#)

**SRO: Kathryn Perry & Jenni Speller**

See sections

[Optimisation of the workforce](#)

## Optimisation of the workforce

including the expansion of ARRS and enabling professionals to act at the top of their license alongside wider initiatives to improve the sustainability of the primary care workforce. *This is an existing programme of work but links to the Primary Care Access Recovery Programme.*

## Integrated Neighbourhood Teams

development to enable a multidisciplinary and multi sector approach to supporting our population. *This is an existing programme of work but links to the Primary Care Access Recovery Programme.*

**SRO: Alliance Directors**

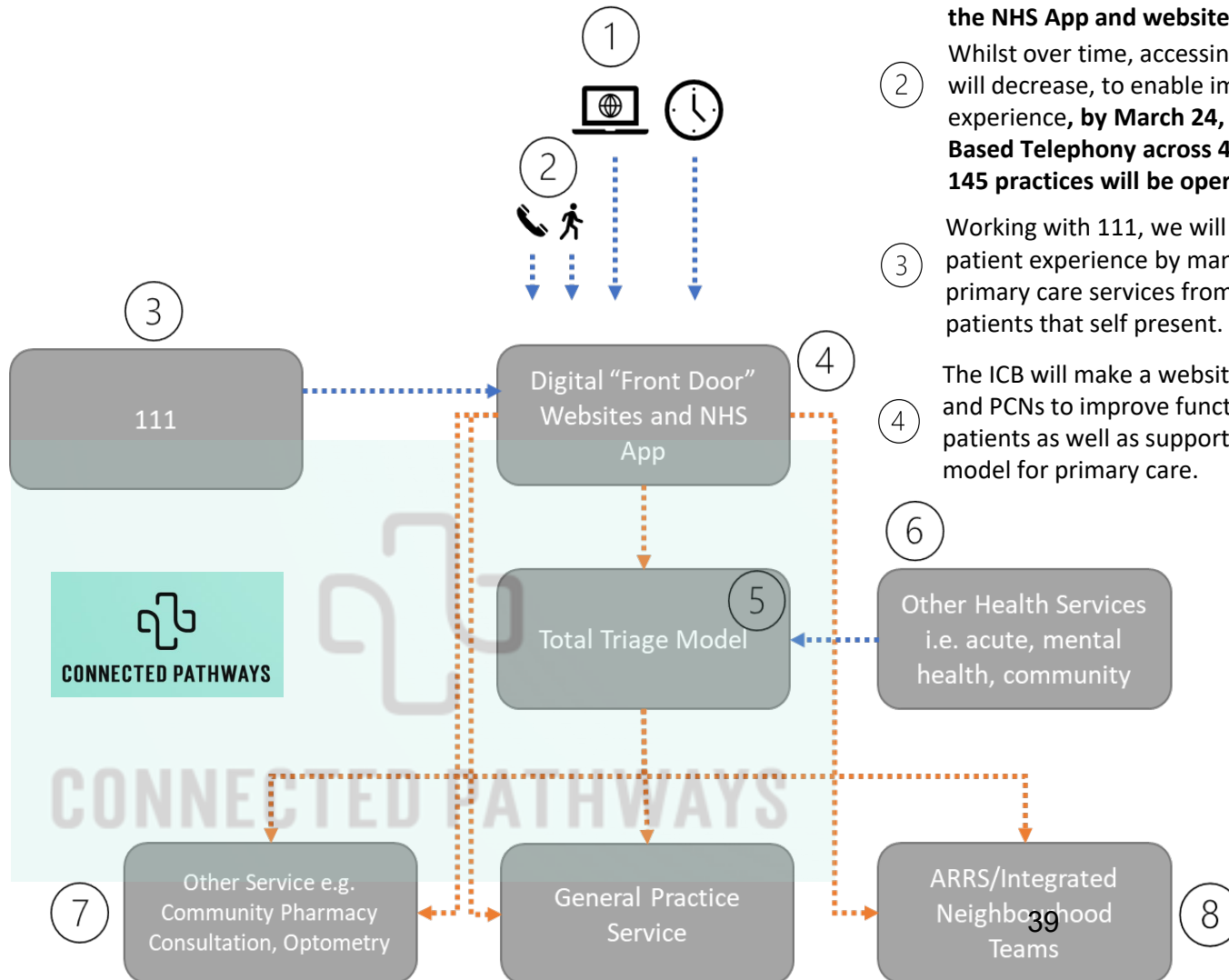
See sections

[Integrated Neighbourhood Teams](#)



# Modern General Practice in Mid and South Essex

Proposed Change



- ① Promotion of services will encourage patients to use NHS App and practice/PCN websites. **Planned care services will be configured to be accessed via the NHS App and websites.**
- ② Whilst over time, accessing services via telephone will decrease, to enable improved patient experience, **by March 24, we will establish Cloud Based Telephony across 45 "critical" practices. All 145 practices will be operating on CBT in 24/25**
- ③ Working with 111, we will seek to improve the patient experience by managing demand on primary care services from 111 consistently with patients that self present.
- ④ The ICB will make a website offer to practices and PCNs to improve functionality and offer to patients as well as supporting a total triage model for primary care.
- ⑥ Other Health Services i.e. acute, mental health, community

- ⑤ The ICB will facilitate the infrastructure that will enable all practices/PCNs to undertake a total triage model. **By March 24, 5 Practices and 1 PCN will have implemented a total triage solution.**
- ⑤ To enable improved approach to triage, the ICB will commission a **localised Care Navigation Programme that will commence by December 23.**
- To improve the public's understanding of the new model of primary care, we will run an **impactful promotional campaign on the new model, new roles, alternative provision.**
- ⑥ By December 23, have a single clear route for the escalation of Primary/Secondary Care Interface issues. **By March 24, we will implement two Quality Improvement Initiatives (e.g. clearer letters) across the Primary/Secondary interface**
- We will increase the range of self referral and triaged referral alternative pathways to primary care. **All patients across our ICB will be able to access at least 10 self referral pathways by March 24**
- ⑦ We will manage these pathways to ensure their effectiveness. We will work with **Community Pharmacy to enhanced its role as a frontline provider of primary care.**
- ⑧ We will ensure **full utilisation of ARRS resources by March 24.** We will implement our ARRS Optimisation process to ensure pathways are effective.

# Outcomes and Outputs

## Outcomes

- By 2025, increase in overall % of patient satisfaction from 66% in 2023 baseline (National GP Survey)
- By 2025, increase in ease of getting through to your practice on the phone from 38% in 2023 baseline (National GP Survey)
- By 2025, increase in proportion of patients saying practice websites are easy to use from 61% in 2023 baseline (National GP Survey)
- By 2026, improvement in staff satisfaction for staff working within primary care (baseline and tool to be determined)
- *For all identified outcome targets, targets will be determined by March 24.*

## Outputs

- All practices to be operating a Cloud Based Telephony system by March 25
- All patients to be able to access a minimum of 10 self referral pathways by March 24
- Implementation of Total Triage model in a minimum of 8 practices by March 24 and 50 practices by March 25
- Increase in number of consultations undertaken in a primary care setting from 6.27m in 2022/23 to 6.4m in 2024/25
- Increase in ARRS workforce of 195 by March 24 from 495 (October 23 baseline).



# “Connected Pathways” – how the ICB will enable Total Triage/Modern General Practice

- “Connected Pathways” will enable the differentiation of demand and improved management of the demand that will underpin the Out of Hospital Target Service Model across Mid and South Essex.
- Improve patient experience by meeting needs through improved functionality of digital solutions and increased range of services that can be accessed as suitable alternatives to core general practice
- Support practices by helping to differentiate demand, refine administrative functions and redirect demand where appropriate so that remaining demand can be better triaged and managed by the practice and Integrated Neighbourhood Team.

## **Filter**

- Ensure admin tasks are managed efficiently through websites/NHS App
- Ensure planned tasks are booked using digital tools

## **Signpost/Refer**

- Make websites/NHS App easy to navigate to empower patients to utilise alternatives to general practice
- Through navigation training, improve uptake and efficiency of navigation

## **Improve awareness and acceptance**

- Promote Modern General Practice through social media and other forums to improve the populations acceptance of websites, apps, alternative pathways, navigation

## **Develop Pathways and Improve Interface**

- Support the development of new pathways such as minor conditions in pharmacies, self referral etc
- Continuous oversight of pathways to ensure effectiveness including supporting improvement of primary/secondary interface

# “Connected Pathways” – the role of Pharmacy, Optometry and Dental Services

- Through the Connected Pathways element of our programme, the ICB will use its delegated commissioning responsibilities to develop and make better use of pathways into pharmacy, optometry and dental services

## Community Pharmacy

- The sustainability of the community pharmacy model will be enhanced by increasing the role community pharmacy plays as a “first choice” for patients for a key range of presentations.
- We will increase public awareness of community pharmacy services, commission new pathways from community pharmacy, improve the integration of community pharmacies into our Integrated Neighbourhood Team model.
- Using NHS Choices as a guide, we will seek to promote non NHS funded community pharmacy services where it is clinically appropriate to do so.

## Optometry Services

- The Connected Pathways programme will quickly review how we can optimise the patient pathway into established optom led services such as Minor Eye Conditions to avoid the need for patients to present to their GP
- We will explore other opportunities for expanding the role of community optometry in supporting the wellbeing of our population

## Dental services

- The Connected Pathways programme will ensure that patients with dental needs are able to access dental services rather than presenting to general practice. We will ensure that our urgent access pilot is fully integrated into the Connected Pathways programme so that patients can get optimal use of established pathways

# “Connected Pathways” – Optimising the use of digital tools

- Digital tools will be critical to the effectiveness of the Modern General Practice Model. The ICB will;
  - Make a number of tools available to primary care to deliver the proposed model
  - Optimise the effectiveness of tools through our Connected Pathways programme and Tiger Team support.
  - Promote the use of these tools to our population to increase appropriate engagement with these services.
  - The tools underpinning our local approach to Modern General Practice include NHS App, Practice and PCN websites, Online Consultation Tools, messaging services, total triage tools, care navigation tools, accelerated access to patient records
- The ICB will seek to support the developing role of the PCN Digital and Transformation Leads who will help enable PCNs and their member practices adapt to make the optimal use of available tools.
- Practices across Mid and South Essex have made greater progress in the implementation of digital tools than the national average;
  - 46.3% of our population are enabled to book/cancel appointments online compared to 43.5% nationally
  - 52% of our population are enabled to order repeat prescriptions online compared to 48.8% nationally
  - 33% of our population are enabled to view their coded record online compared to just 24.3% nationally
  - All data is based on POMI NHS Digital September 23

# “Connected Pathways” - Communications and Engagement

- As with any transformation of services, communication and engagement will be critical.
- At the centre of this engagement will be engagement with our population. Given the breadth of our population that access primary care services, our programme will be widespread but with specific messaging targeting the different usages of primary care as per our differentiation of demand model.
- Alongside engaging with the population, we need to engage with broad range of stakeholders including primary care providers to ensure our approach is informed by those delivering provision in addition to informing future service provision of statutory and non statutory partners.
- Our local communications and engagement approach will segue into the national programme linked to the Primary Care Access Recovery Programme
- We will roll out our communications and engagement approach in a phased approach;
  - Define objectives
  - Stakeholder Mapping
  - Setting tone and positioning
  - Considering means of communication
  - Resource identification
  - Creating and enacting communications plan

# Improving the Primary/Secondary Care Interface

- Locally, some recent clinical safety incidents – the missing letters incident for example - have illustrated the scale of the workload at the Primary/Secondary care interface and the system impact when it is not undertaken effectively. However, the impact is hard to quantify and cynicism amongst primary care staff about how concerns being raised will be received or addressed leads to issues and incidents not being formally reported. This culture presents a significant risk to the system and there is agreement between clinical leaders that improvements must be made.
- The level of workload created by “failure demand” is high but we do not have a system agreed model for measuring this. This makes it difficult to prioritise areas for improvement and to commit resource to this despite support at senior levels within the ICB to do resolve these problems.
- This issue is not unique to secondary care – it also affects community services and mental health as well as other services.
- As part of the Access Recovery Plan the ICS commits to addressing these cultural and structural issues.

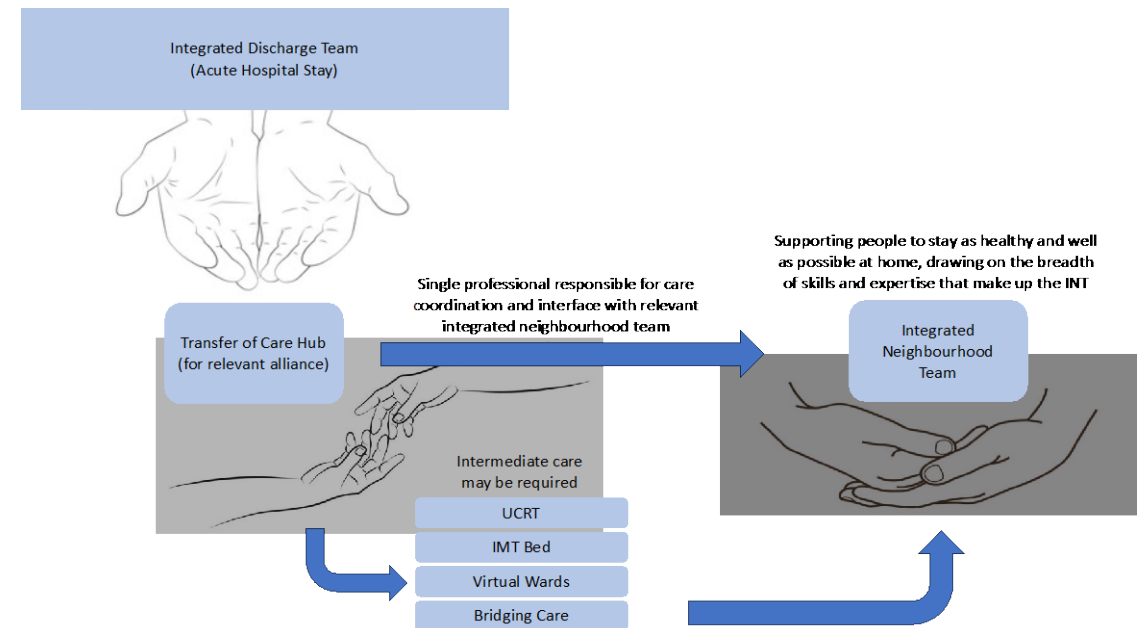
## Commitments

- Clinical Leads from the ICB, Primary Care and MSE Foundation Trust, supported by Holly Middleditch, an ICB Clinical Fellow are currently undertaking a scoping exercise for an approach to improve the Primary/Secondary Clinical Interface.
- Executive Leadership from both the ICB and MSE Foundation Trust have committed to supporting the programme identified by this working group.
- The programme will fundamentally seek to improve relationships between primary and secondary care (clinical and administrative) in order to reduce unnecessary bureaucracy, improvements safety, quality and efficiency grounded in the principle of doing the best for our patients.
- The recommendations of the working group will be considered in December 23/January 24.

# Integrated Neighbourhood Teams

- Our local ambition is to create Integrated Neighbourhood Teams comprised of a raft of statutory and non-statutory partners, pulling together to improve the health and wellbeing of their local community and population. These will be locally led and, in turn, will connect into and support all other aspects of out of hospital care across Mid and South Essex, including Transfer of Care Hubs
- As described in the Differentiated Demand section of this report, INTs require a different access model to that the currently exist but equally, INTs will enable the development of new health and non health pathways that will enable our new access model to be effective.
- As of November 23, the ICB has established 9 Integrated Neighbourhood Teams with an ambition to see all areas of our patch having fully functional Integrated Neighbourhood Teams.

- The role of the ICB is to create the environment that facilitates and enables the establishment of INTs across our system. We have established an INT framework which will support INTs to understand their progression towards being fully established INTs.
- The INTs will segue into the Transfer of Care Hubs currently under development.



# Optimisation of the workforce

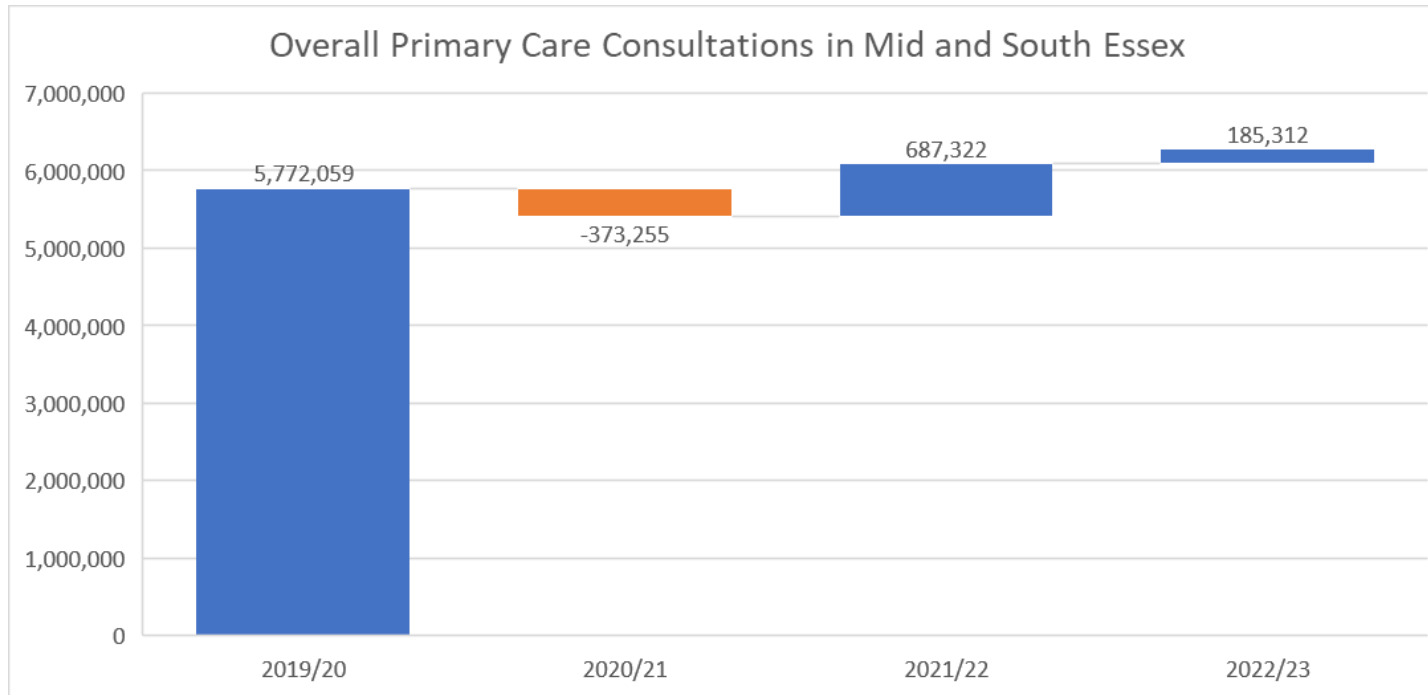
- The ICB hosts the Mid and South Essex Primary Care Training Hub (jointly funded by Health Education England and NHS England). The Hub leads a programme of work that aims to optimise recruitment, retention and optimising the workforce through empowering professionals to act at the top of their license. This programme of work is critical to the delivery of the Access Recovery Programme.
- The Hub and the initiatives the Hub have delivered have helped stabilise and develop our primary care workforce over the last seven years at a time of great workforce challenges locally, nationally and globally.
- General workforce challenges are exacerbated further due to an ageing workforce, increasing population and proximity to London which can make it hard to recruit and retain staff – especially clinicians. Historically, areas of high deprivation in MSE have faced further difficulty.
- The Hub is embedded into strategic decision making and has been instrumental in the development of this Plan.
- The Training Hubs role further expanded to take on responsibility for approval of Educators, Training Practices and Learning Organisations on 31<sup>st</sup> October 2021
- Following a successful bid by the Hub to the ICB/Anglia Ruskin University (ARU) Community Academy programme, we have begun a 12-month project focussed on “Optimisation of Additional Roles in Primary Care” . The project aims to identify and share best practice to ensure ARRS roles are fully utilised and making a difference to health and wellbeing of the local population.
- The Hub has an number of established schemes that will support the recruitment and retention of clinical and administrative staff critical to our access recovery programme;
  - GP Fellowship Programme
  - Portfolio Development Scheme
  - Career Conversation Pilot
  - International Recruitment
  - Flexible Pools
  - First 5 and Wise 5 Networks
  - CPD for Nursing Staff and AHPs
  - GP Nurse Fellowship
  - Advance Clinical Practice
  - Educator and Training Practice Expansion
  - Admin and Non Clinical Schemes



# Additional Background Info – Primary Care in MSE

- There are 145 practices across Mid and South Essex
  - 127 GMS practices
  - 6 PMS practices
  - 12 APMS practices
- Registered list sizes range from 2,356 patients to 32,387 patients (as at May 23)
- Average list size is 8,586
- Six practices have more than 20k patients.
- The number of practices across Mid and South Essex has reduced from 190 in 2014 to 145 in 2023.
- Payments by the ICB to individual practices varies from £400k to £9m (22/23)
- 19 contracts are held by individual GPs
- 114 contracts are held with partnerships
- 13 contracts are held by limited companies
- In line with the national trend, GP Partner numbers have also reduced steadily over the last 8 years from 450 in 2015 to 357 in 2023.
- There are 27 Primary Care Networks across Mid and South Essex

# Additional Consultation Data



- Overall consultations undertaken by Primary Care in Mid and South Essex have risen by 9% since 2019/20 (the equivalent of 500k consultations).
- During this same period, the absolute number and proportion of consultations undertaken by GPs has fallen.
- This reduction has been replaced by other practice staff (nurses, HCAs and other professionals directly employed by practices) and by the Additional Roles Reimbursement Scheme staff.

Staff Type	2019/20		2020/21		2021/22		2022/23	
	Total Consultations	% of Total Consultations	Total Consultations	% of Total Consultations	Total Consultations	% of Total Consultations	Total Consultations	% of Total Consultations
<b>GP</b>	3,120,601	54.1%	2,740,978	50.8%	2,976,581	48.9%	2,883,089	46.0%
<b>Other Practice staff</b>	2,495,016	43.2%	2,513,753	46.6%	2,895,754	47.6%	3,181,536	50.7%
<b>Unknown</b>	156,442	2.7%	144,073	2.7%	213,791	3.5%	206,813	3.3%
<b>Total</b>	<b>5,772,059</b>	<b>100.0%</b>	<b>5,398,804</b>	<b>100.0%</b>	<b>6,086,126</b>	<b>100.0%</b>	<b>6,271,438</b>	<b>100.0%</b>

# Additional Workforce Data

- Staff numbers range from 90
- 10% GP Vacancy Rate
- Around 50% workforce in Admin/Non-Clinical
- ARRS staff c.15% of workforce

Mar-23	SIP (FTE)	Locum Usage	Adverts	Total Vacancies	VR %
GPs (Substantive)	479.32	33.82	12.20	46.02	10%
Nurses	291.63	0.00	5.40	5.40	2%
Direct Patient Care	256.19	0.00	0.80	0.80	0%
ARRS	401.88	0.00	40.40	40.40	10%
Admin/Non-clinical	1313.17	0.00	19.48	19.48	1%
<b>Total</b>	<b>2742.19</b>	<b>33.82</b>	<b>78.28</b>	<b>112.10</b>	<b>4%</b>

# Additional Selected Patient Survey Data

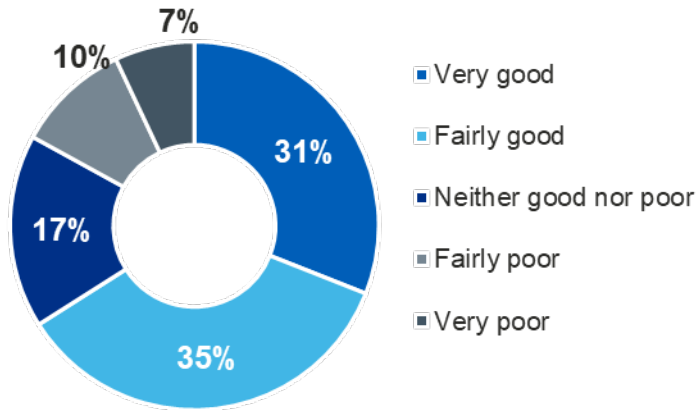
- The following slides are extracts from the 2023 GP Patient Survey.
- The slides provide further detailed analysis that inform the approach and priorities set out in the Local Context section and the Proposed Changes section of this plan.
- In summary the slides show
  - Our lower than national average “overall experience of GP practice” including at PCN level
  - Our lower than national average at “ease of getting through on the phone”
  - Relative use of online services
  - Ease of use of websites
  - Services patients access when they do not get an appointment
  - The remaining slides cover the positive experience patients have when they are seen within general practice. This includes 90% of patients stating their needs were met last time they had a general practice appointment.

# Overall experience of GP practice

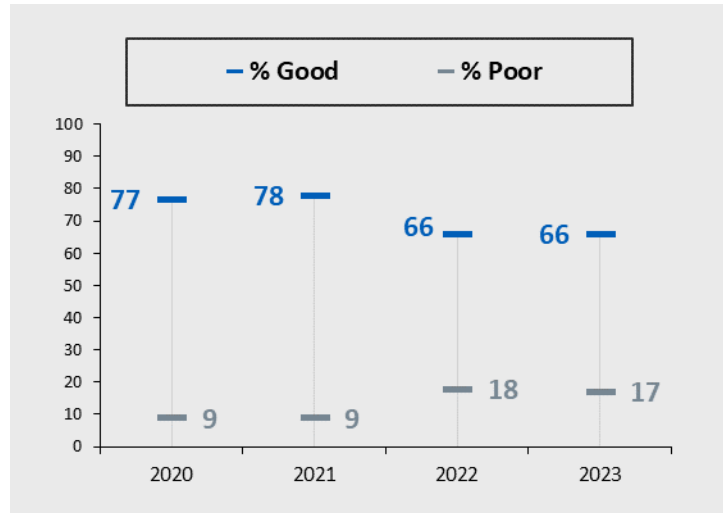
MID AND SOUTH ESSEX ICS

## Q32. Overall, how would you describe your experience of your GP practice?

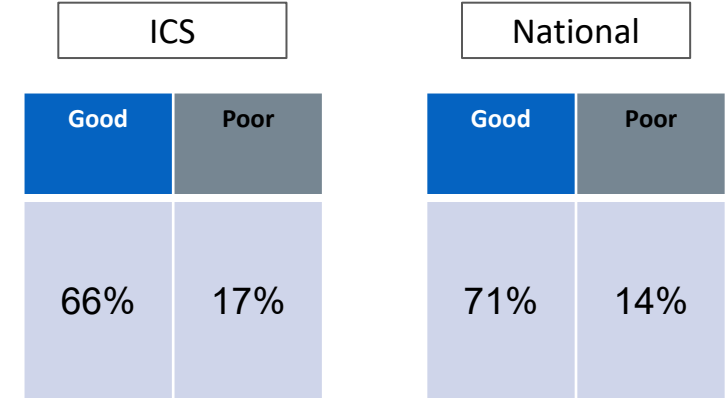
### ICS result



### ICS result over time



### Comparison of results



Base: Asked of all patients. National (749,020); ICS 2023 (17,341); ICS 2022 (16,601); ICS 2021 (19,036); ICS 2020 (16,560); PCN bases range from 217 to 1,143

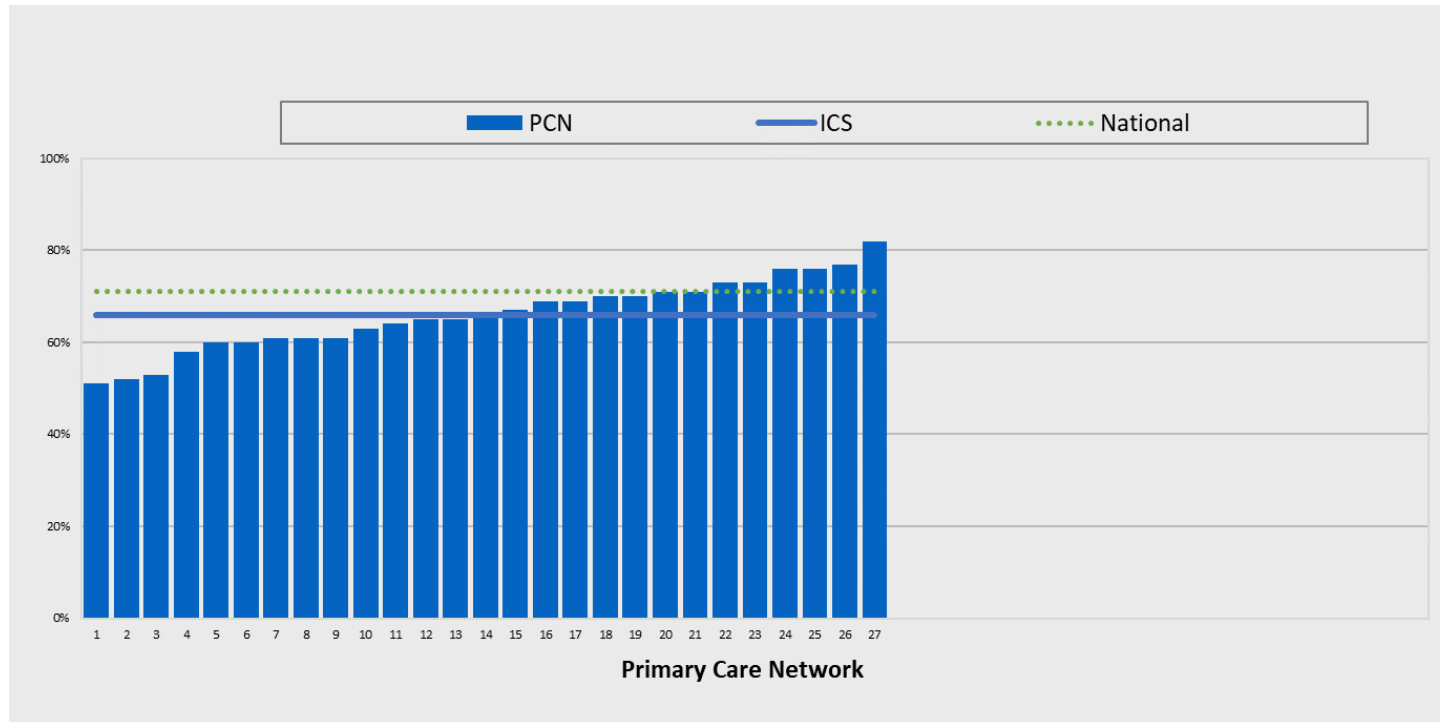


**i** %Good = %Very good + %Fairly good  
%Poor = %Very poor + %Fairly poor

# Overall experience: how the results vary by PCN within the ICS

## Q32. Overall, how would you describe your experience of your GP practice?

### Percentage of patients saying their overall experience of their GP practice was 'good'



PCN	Name
1	TILBURY AND CHADWELL PCN
2	ASOP PCN
3	WITHAM & MALDON PCN
4	BRAINTREE PCN
5	EAST BASILDON PCN
6	WICKFORD PCN
7	BENFLEET PCN
8	CENTRAL BASILDON PCN
9	GRAYS PCN
10	CHELMER PCN
11	WEST BASILDON PCN
12	SOUTHEND VICTORIA PCN
13	CANVEY PCN
14	AEGROS HEALTH PCN
15	SOUTHEND EAST PCN
16	PHOENIX (MID ESSEX) PCN
17	ROCHFORD PCN
18	SOUTHEND WEST CENTRAL PCN
19	BRENTWOOD PCN
20	SS9 PCN
21	BILLERICAY PCN
22	COLNE VALLEY PCN
23	STANFORD-LE-HOPE PCN
24	DENGIE & SOUTH WOODHAM FERRERS PCN
25	RAYLEIGH AND DISTRICT PCN
26	CHELMSFORD CITY HEALTH PCN
27	CHELMSFORD WEST PCN

Base: Asked of all patients. National (749,020); ICS 2023 (17,341); PCN bases range from 217 to 1,143

**i** Comparisons are indicative only: differences may not be statistically significant

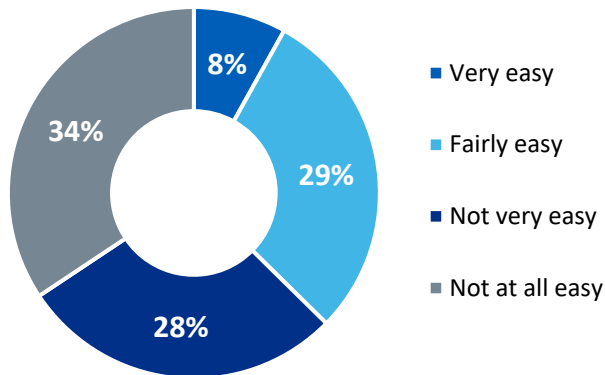
**i** %Good = %Very good + %Fairly good

# Ease of getting through to GP practice on the phone

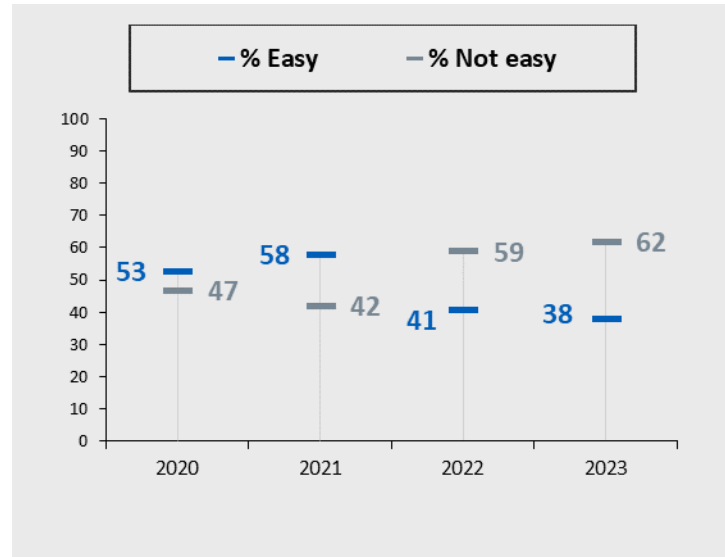
MID AND SOUTH ESSEX ICS

## Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

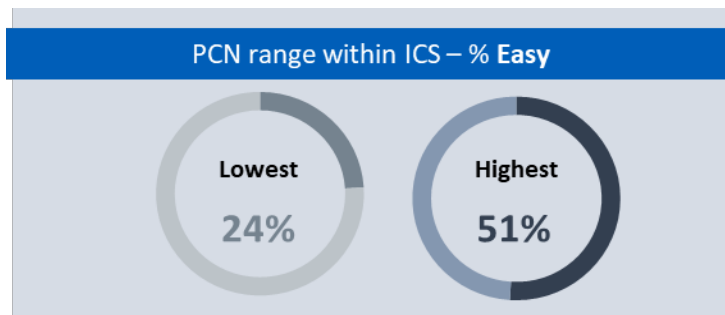
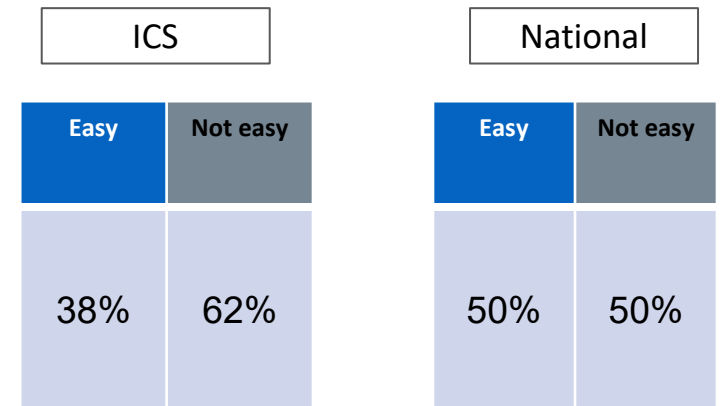
### ICS result



### ICS result over time



### Comparison of results



54

Base: Asked of all patients. Patients who selected 'Haven't tried' have been excluded. National (726,640); ICS 2023 (16,919); ICS 2022 (16,212); ICS 2021 (18,456); ICS 2020 (16,364); PCN bases range from 205 to 1,113

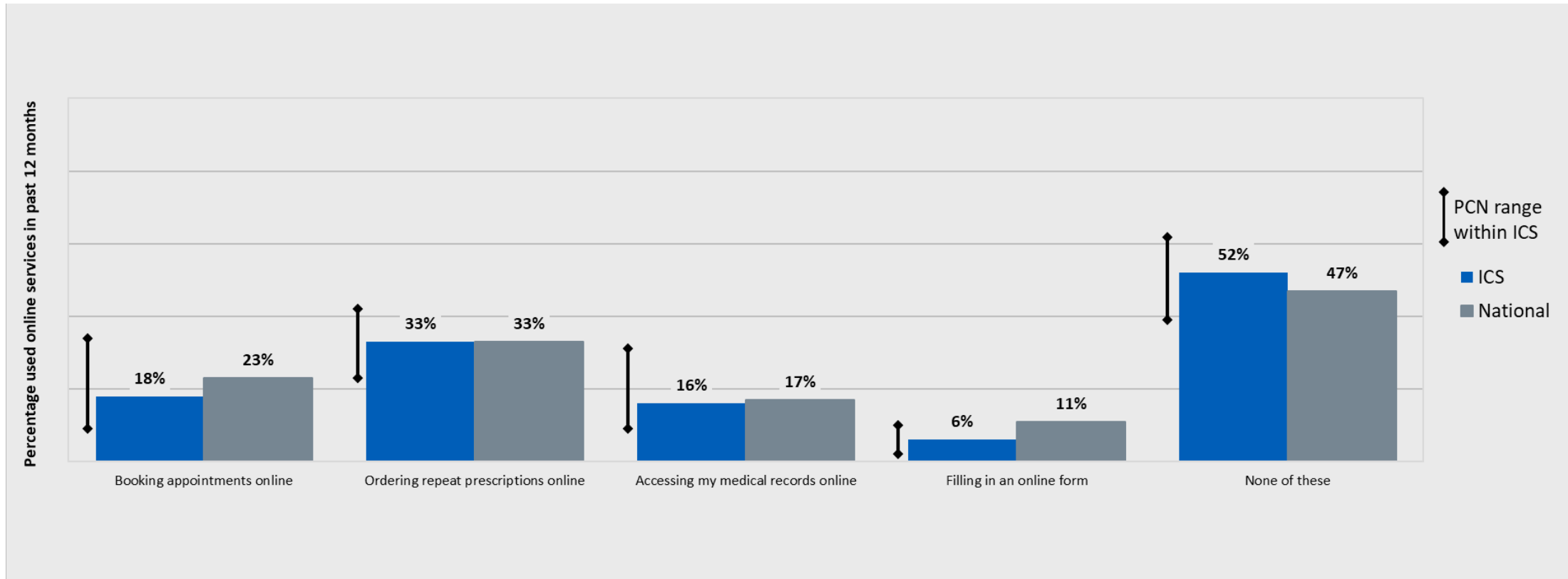
**i** %Easy = %Very easy + %Fairly easy  
 %Not easy = %Not very easy + %Not at all easy



# Online service use

MID AND SOUTH ESSEX ICS

## Q3. Which of the following general practice online services have you used in the past 12 months?



Base: Asked of all patients. National (750,344); ICS 2023 (17,374); PCN bases range from 216 to 1,143

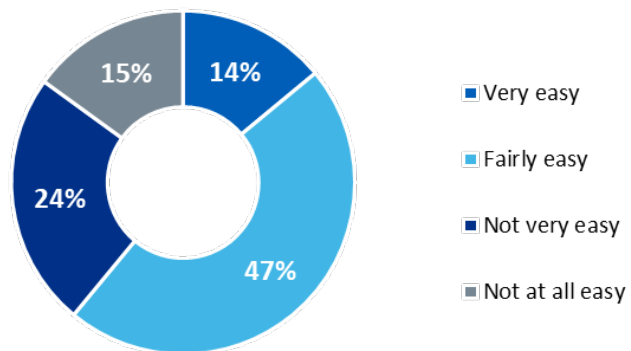
**i** Comparisons are indicative only: differences may not be statistically significant

# Ease of use of practice website

MID AND SOUTH ESSEX ICS

## Q4. How easy is it to use your GP practice's website to look for information or access services?<sup>1</sup>

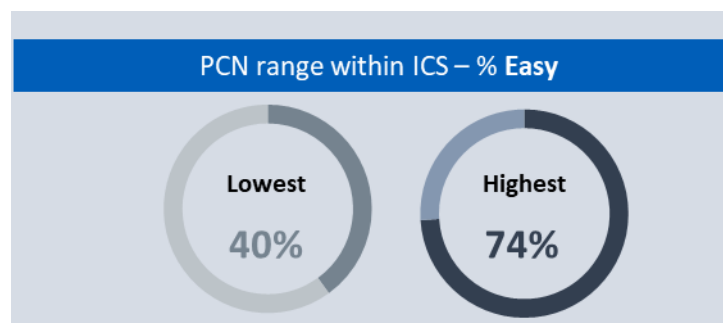
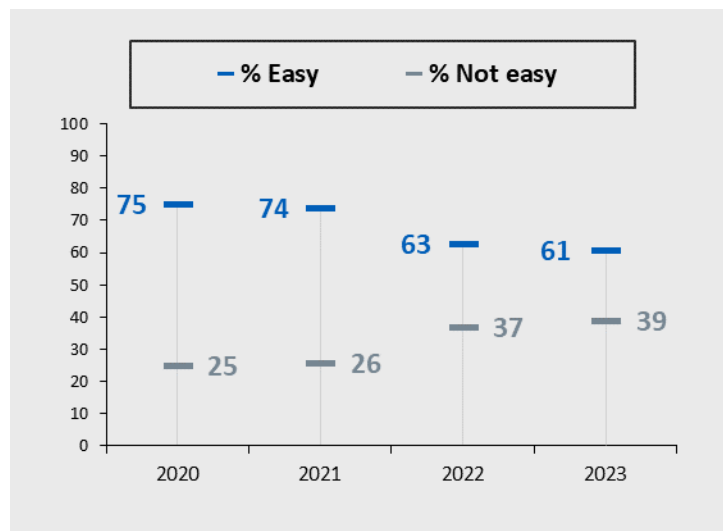
### ICS result



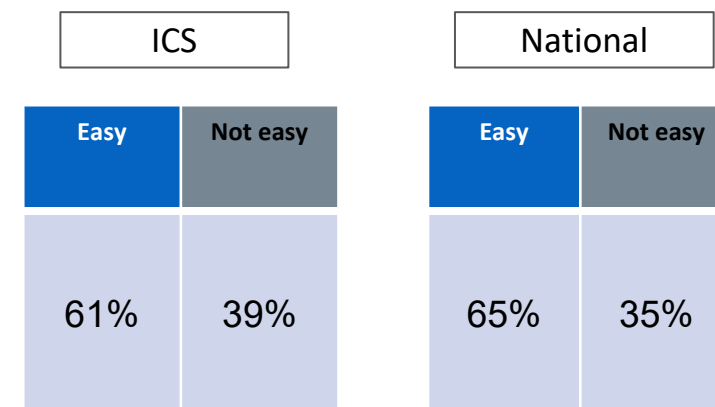
<sup>1</sup>Excluding those who said 'Haven't tried' (46%)

Base: Asked of all patients. Patients who selected 'Haven't tried' have been excluded. National (405,797); ICS 2023 (8,262); ICS 2022 (7,868); ICS 2021 (8,183); ICS 2020 (5,862); PCN bases range from 107 to 603

### ICS result over time



### Comparison of results

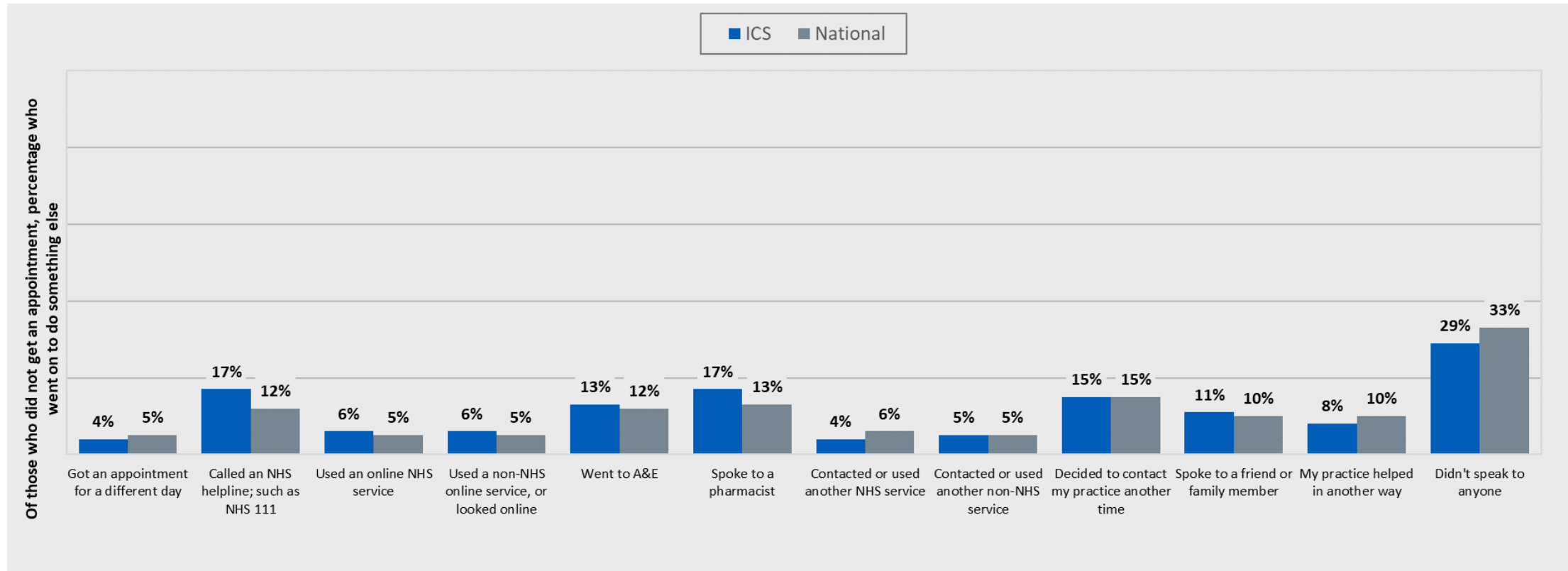


**i** %Easy = %Very easy + %Fairly easy  
 %Not easy = %Not very easy + %Not at all easy

# What patients do when they did not get an appointment

MID AND SOUTH ESSEX ICS

## Q18. What did you do when you did not get an appointment?



Base: Asked of patients who were not offered an appointment or did not take the appointment offered. National (94,877); ICS 2023 (2,407)

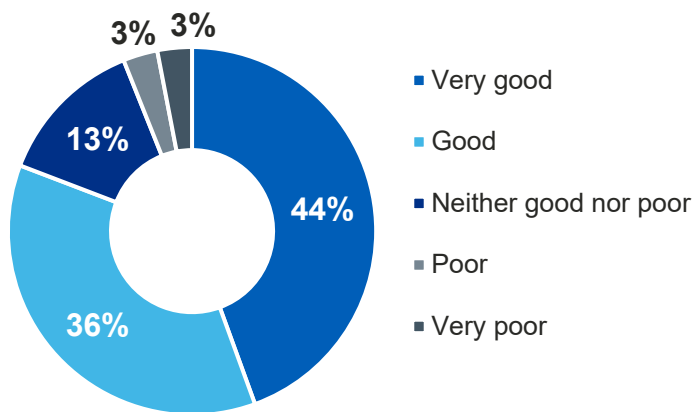
**i** Comparisons are indicative only: differences may not be statistically significant

# Given enough time by healthcare professional at last appointment

MID AND SOUTH ESSEX ICS

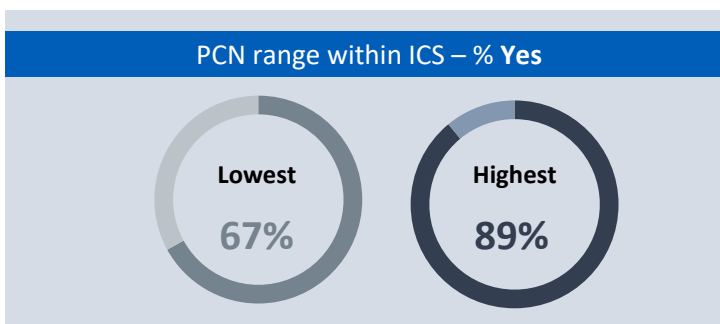
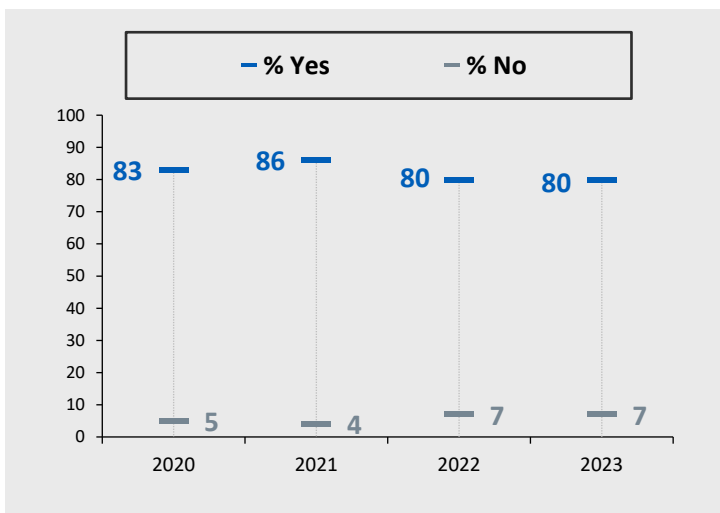
## Q27a. Last time you had a general practice appointment, how good was the healthcare professional at giving you enough time?

### ICS result

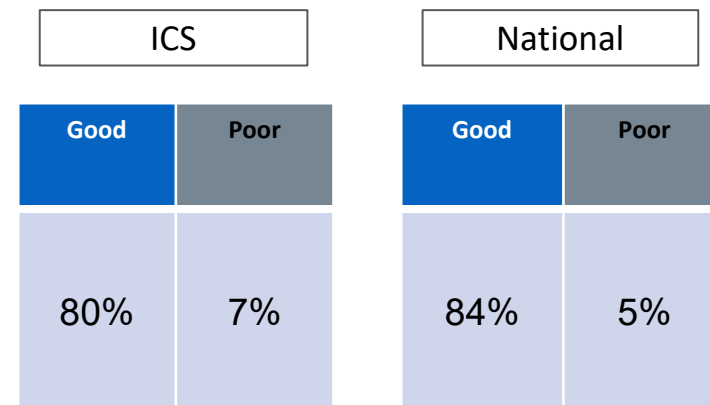


Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'Doesn't apply' have been excluded. National (699,079); ICS 2023 (16,180); ICS 2022 (15,487); ICS 2021 (17,559); ICS 2020 (15,833); PCN bases range from 203 to 1,065

### ICS result over time



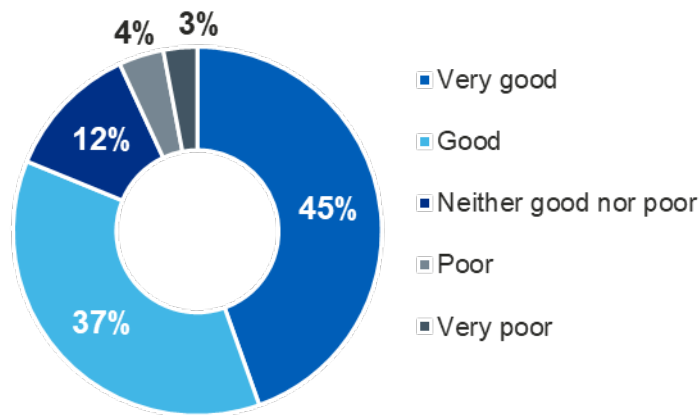
### Comparison of results



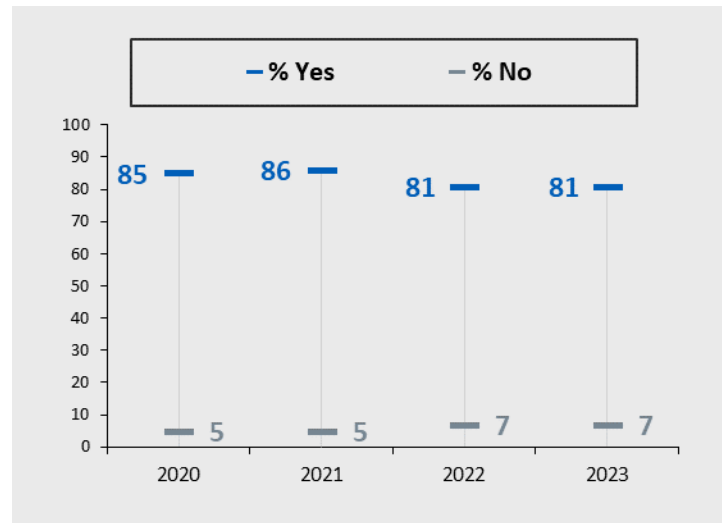
%Good = %Very good + %Good  
 %Poor = %Very poor + %Poor

## Q27b. Last time you had a general practice appointment, how good was the healthcare professional at listening to you?

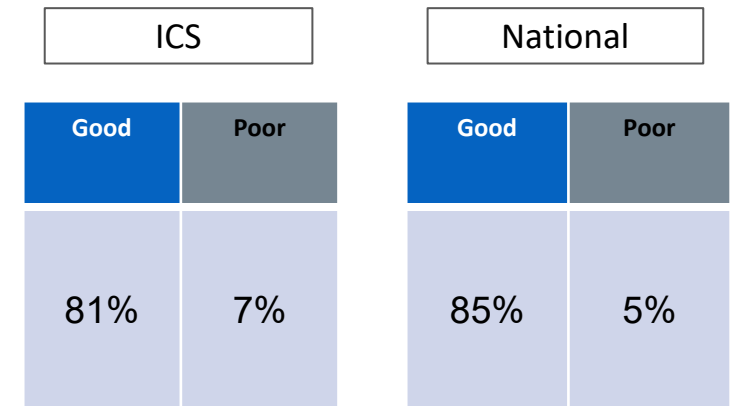
### ICS result



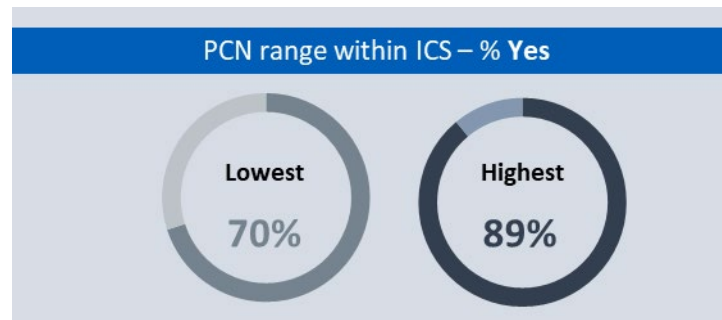
### ICS result over time



### Comparison of results



Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'Doesn't apply' have been excluded. National (689,523); ICS 2023 (15,979); ICS 2022 (15,278); ICS 2021 (17,279); ICS 2020 (15,807); PCN bases range from 203 to 1,036

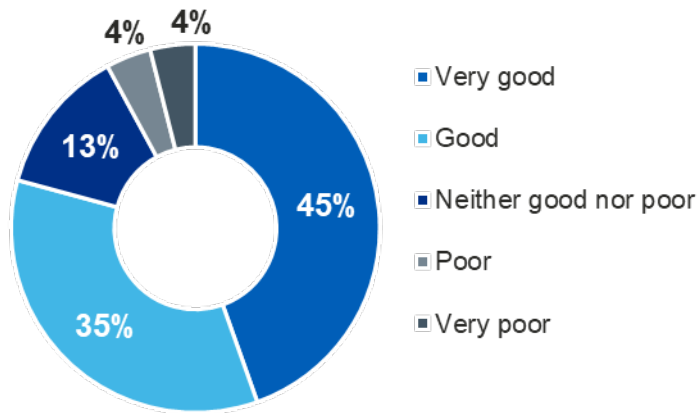


%Good = %Very good + %Good  
 %Poor = %Very poor + %Poor

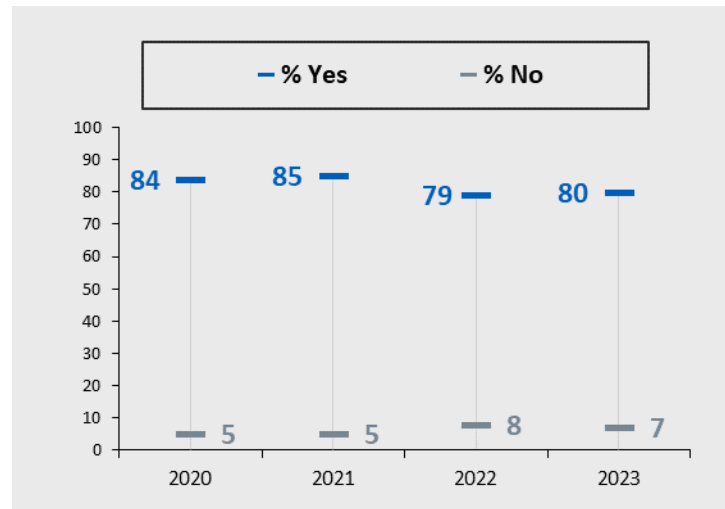
## MID AND SOUTH ESSEX ICS

### Q27c. Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern?

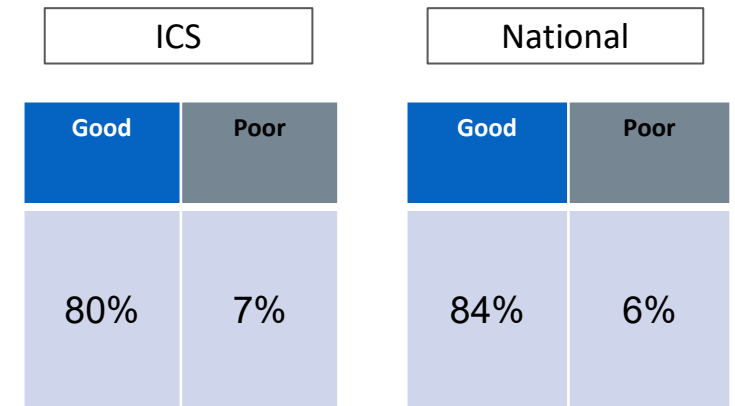
#### ICS result



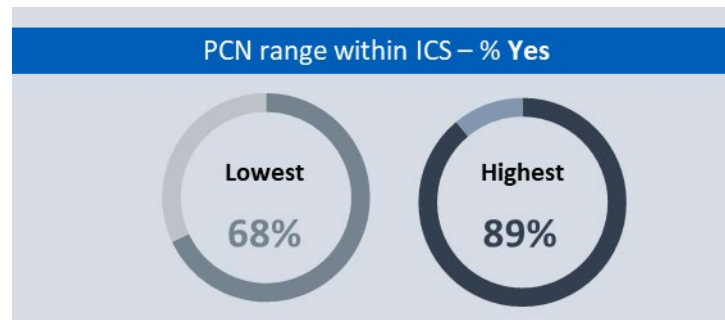
#### ICS result over time



#### Comparison of results



Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'Doesn't apply' have been excluded. National (675,108); ICS 2023 (15,607); ICS 2022 (14,927); ICS 2021 (17,393); ICS 2020 (15,748); PCN bases range from 196 to 1,020



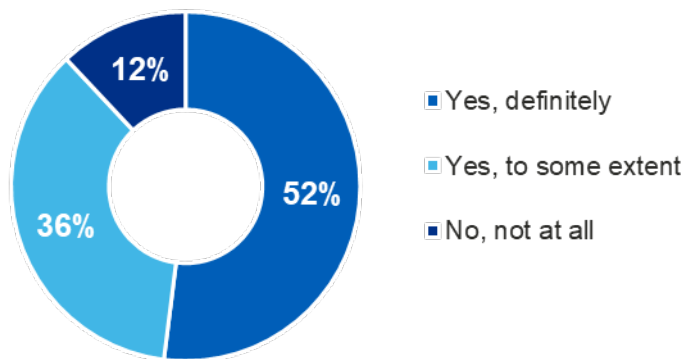
%Good = %Very good + %Good  
%Poor = %Very poor + %Poor

# Involved in decisions about care and treatment at last appointment

MID AND SOUTH ESSEX ICS

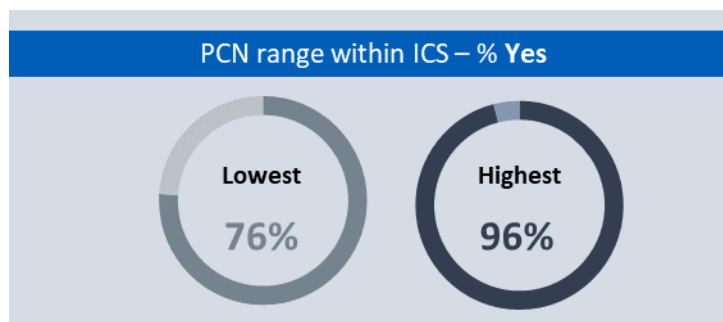
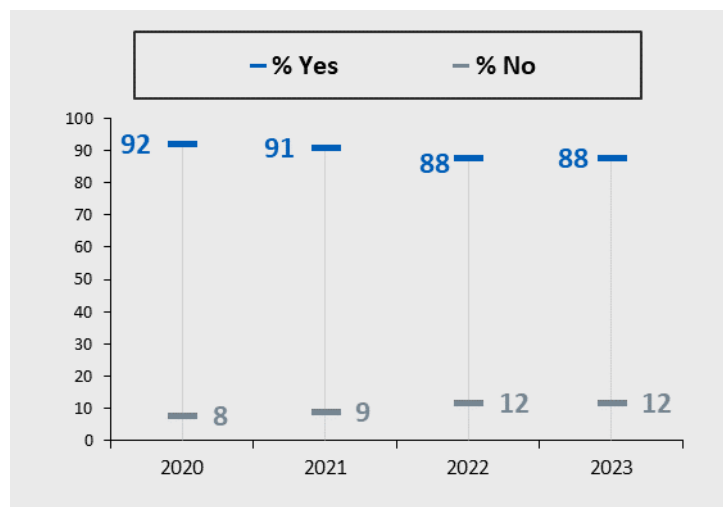
## Q29. During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment?

### ICS result

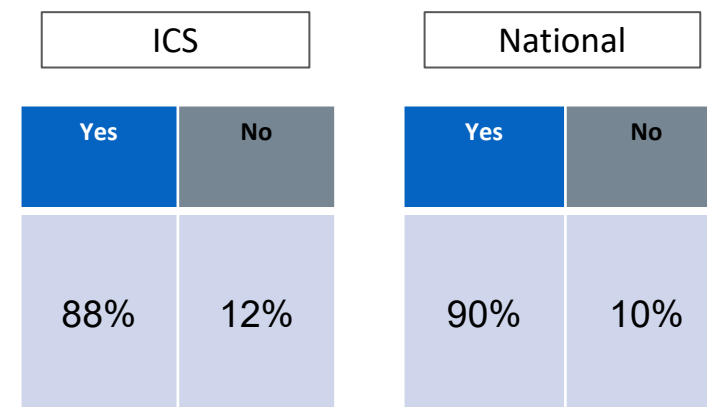


Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'Don't know / doesn't apply' have been excluded. National (622,446); ICS 2023 (14,121); ICS 2022 (13,516); ICS 2021 (15,372); ICS 2020 (13,853); PCN bases range from 179 to 916

### ICS result over time



### Comparison of results



**i** %Yes = %Yes, definitely + %Yes, to some extent

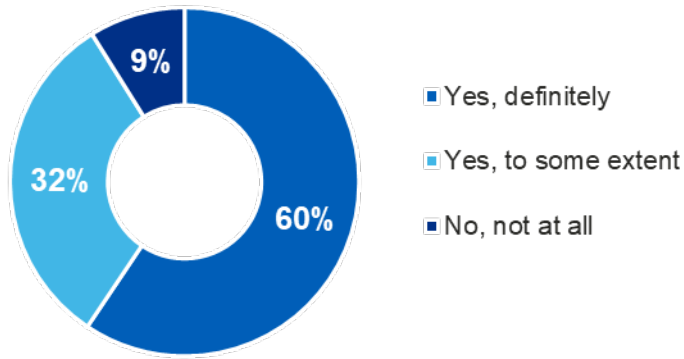


# Confidence and trust in healthcare professional at last appointment

MID AND SOUTH ESSEX ICS

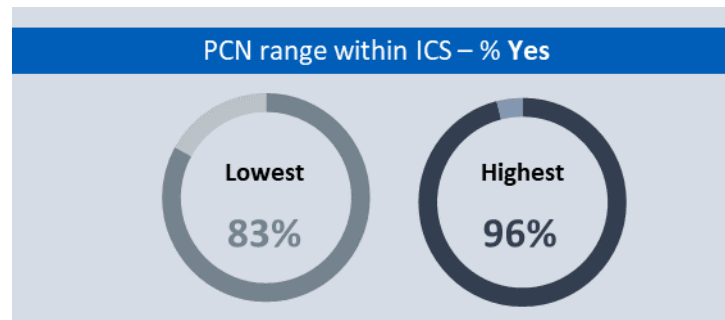
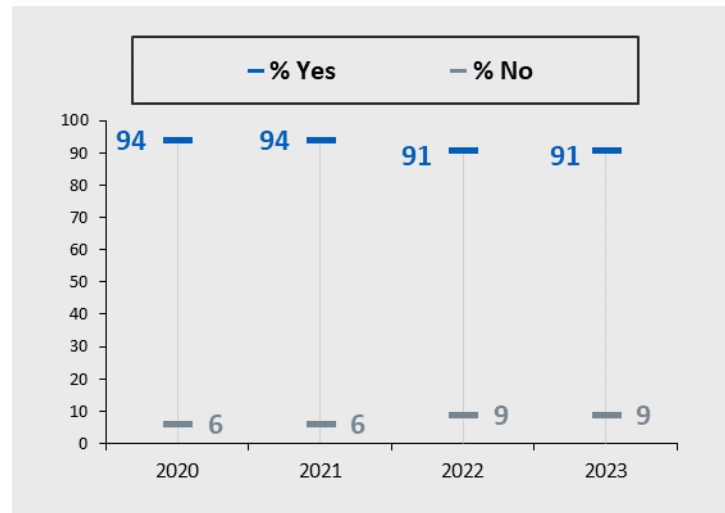
**Q30. During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?**

## ICS result

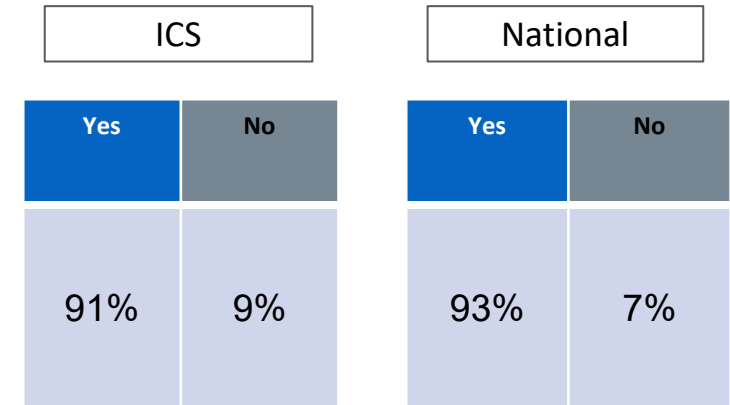


Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'Don't know / can't say' have been excluded. National (686,133); ICS 2023 (15,887); ICS 2022 (15,202); ICS 2021 (17,274); ICS 2020 (15,626); PCN bases range from 201 to 1,031

## ICS result over time



## Comparison of results



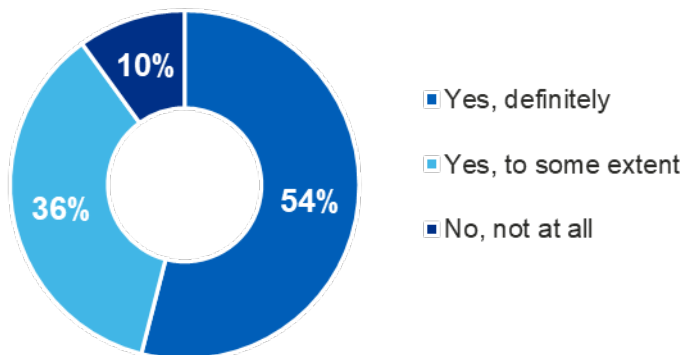
**i** %Yes = %Yes, definitely + %Yes, to some extent

# Needs met at last appointment

MID AND SOUTH ESSEX ICS

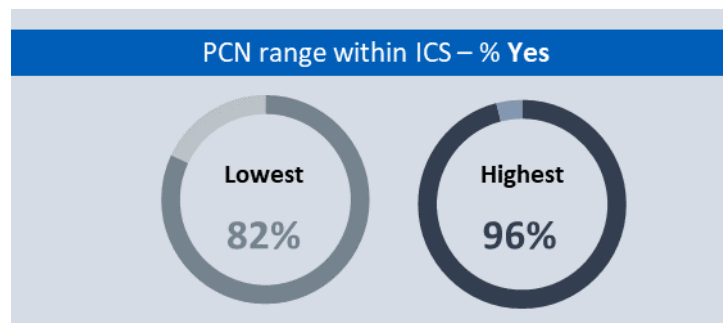
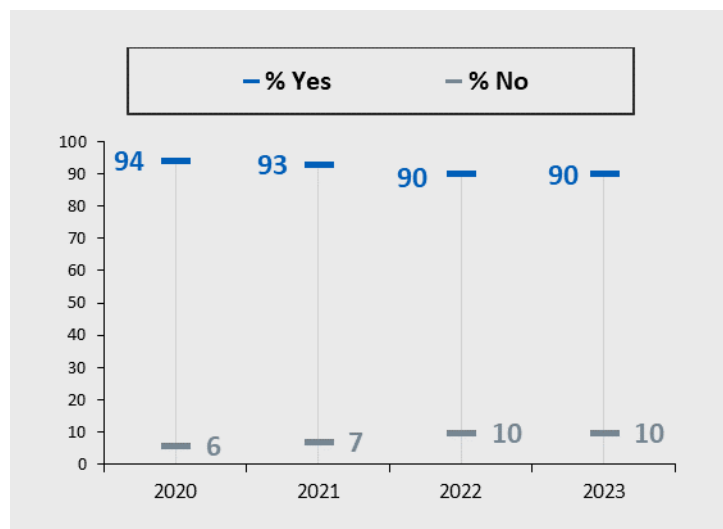
## Q31. Thinking about the reason for your last general practice appointment, were your needs met?

### ICS result



Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'Don't know / can't say' have been excluded. National (688,092); ICS 2023 (15,979); ICS 2022 (15,309); ICS 2021 (17,334); ICS 2020 (15,565); PCN bases range from 199 to 1,027

### ICS result over time



### Comparison of results

ICS		National	
Yes	No	Yes	No
90%	10%	91%	9%



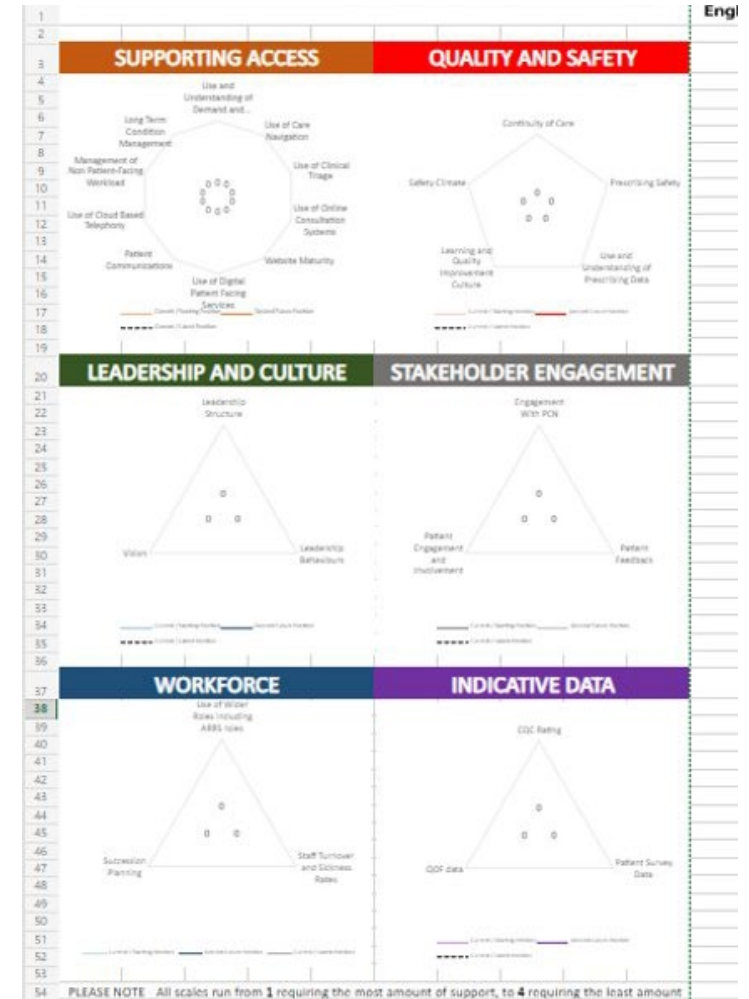
%Yes = %Yes, definitely + %Yes, to some extent

# Investment into the programme

- DIGITAL FUNDING
- The ICB has invested £1.45m in our Integrated Neighbourhood Team Scheme. This has focussed on the collaborative primary medical services approach to delivering the three elements of Fuller Stocktake Integrated Neighbourhood Teams
- Over a 24 month period, the ICB will invest £1.85m of Service Development Funding (SDF) into our Connected Pathways programme including a dedicated team, communications and engagement support, website development, Directory of Service tools and a Care Navigation Package.
- In 2023/24, £700k will be invested into our Winter Access Scheme to better support winter resilience
- To support the development of alternatives to general practice, up to £1.4m over 18 months will be invested into our Dental Access Project. In addition, we will invest increased funding into community pharmacy services.

# Contractual Tools (Access and Capacity Plans, SLF, Practice Level Transition Funding, GPiP)

- Investment is being made at Practice, PCN, System, and National level to support delivery of this plan.
- The vast majority of patient demand is managed by individual practices and the Access recovery approach will be individualised for each practice. Individual Support Level Framework (SLF) conversations are underway using the nationally developed tool which covers 6 domains (see left) to identify priorities for improvement and expected outcomes. The intention is to meet with every practice by the end of March 2024.
- Transition funding is available to support practices with costs of implementing Modern General Practice Model.
- Each PCN has developed a Capacity and Access Plan – individualised feedback has been given and themes have informed our ICB Plan.
- Nationally, the General Practice Improvement Programme (GPiP) provides three levels of support – Universal, Intermediate and Intensive. SLF conversations will help identify the appropriate level for each practice and locally we will disseminate learning from practices enrolled on the Intermediate and Intensive Programmes. A PCN programme is also available.



# Use of our Integrated Neighbourhood Team Scheme to Support Change

- To support the implementation of Integrated Neighbourhood Teams and the three components of them as described in the Fuller Stocktake (urgent and episodic, complex and prevention), the ICB has invested £1.45m in 2023/24 into our INT Scheme.
- This scheme has been focussed on the development of primary care elements of INTs.
- All PCNs have identified a series of initiatives that align with the Fuller Stocktake priorities that will be implemented in 2023/24.
- Whilst developed in advance of the publication of the national Primary Care Access Recovery Programme, the scheme fully aligns with the transformative change to service models required to make the Modern General Practice model functional.
- Developments that are being progressed as a result of this scheme include;
  - Development of multi disciplinary working to support patients with mental health problems
  - Improvements to practice websites to support patients
  - On the day hubs to offer increased resilience for urgent demand
  - Drop in clinics for patients with co-morbidities
  - Total triage across a PCN
  - Improving linkages into community assets.
- Consideration is being given to the focus of the 24/25 scheme but it will support the changes outlined in this document.

# Winter Access Scheme (23/24)

- As an interim step and to support the resilience of primary care in winter 23/24, the ICB will invest £700k in our Winter Access Scheme.
- This scheme will focus on the management of respiratory conditions.
- The scheme will comprise of proactive and reactive components.
- The proactive component will seek to offer longer appointments for complex patients to prepare them for winter and reduce the risk of exacerbations.
- The reactive element will ensure additional capacity is available to support patients during the peak of winter demands.
- The scheme is being designed at a PCN level.
- It is expected to deliver a minimum of 6,300 hours of additional clinical capacity.

# Governance and Leadership

- The overarching Executive Lead for this programme is Pam Green, Alliance Director for Basildon and Brentwood (& Primary Care Lead for MSE)
- The SROs for the sub components of this programme are
  - Total Triage/Connected Pathways – Pam Green and William Guy
  - Optimisation of the workforce – Kathryn Perry and Jenni Speller \*already an established programme
  - Improving the primary/secondary interface – Dr Matt Sweeting, Dr Anna Davey & Dr Anoushka Luthra
  - Integrated Neighbourhood Teams – Alliance Directors \*already an established programme
- The strategy, model and approach will be overseen through the Primary Care Commissioning Committee reporting to the ICB.
- The mobilisation of resources will be managed through our Alliance Directors Group and Alliance Senior Leadership Team
- A number of clinical leads and influencers will form part of a working group focussing on the progression of total triage/Connected Pathways and the programme as a whole.



# Key Programme Milestones

ICB Checklist Requirements as at end of September			
Checklist Requirement	Lead	Date	Status
Establish Self Referral Pathways	William Guy	Sep-23	Complete
Sign up practices for analogue to digital	Ali Birch	Jul-23	Complete
DCS Product Catalogue Selection	Ali Birch	Mar-24	Ongoing
Nominate practices for GPIP	All	Ongoing	Ongoing
GPIP Programme	Practices	Ongoing	Ongoing
Distribute Transition Cover and Transformation Support Funding	Ali Birch	Ongoing	Ongoing
Navigator Training and Leadership Improvement Training	Account Managers	Ongoing	Ongoing
Understanding and sign off PCN Capacity and Access Baselines	William Guy	Jul-23	Complete
Sign off Improvement Plans	William Guy	Jul-23	Pending
Assess delivery against Improvement Plans	William Guy	Jul-24	Ongoing
Set up process for practices to inform of 111 diversion	William Guy	Mar-24	Ongoing
Support PCNs to use full ARRS budget	Workforce Team	Mar-24	Ongoing
Report plan for Improving Primary/Secondary Interface	Dr Matt Sweeting/Anna Davey	Nov-23	Ongoing
Coordinate System Comms	Connected Pathways Lead	Ongoing	Ongoing
Maintain up to date DOS	Connected Pathways Lead	Ongoing	Ongoing

Local Priorities and Outcomes		
Outcome	Lead	Date
Establish Cloud Based Telephony Solutions in 45 Critical Practices	Ali Birch	Mar-24
Establish Website Offer for Practices	Connected Pathways Lead	Mar-24
Support practices/PCNs to establish 10 practices and 1 PCN delivering	Connected Pathways Lead	Mar-24
Implement local supplementary Care Navigation Programme	Connected Pathways Lead	Dec-23
Commence impactful promotional campaign for Modern General Prac	Connected Pathways Lead	Mar-24
Establish single route for escalation of primary/secondary interface iss	Dr Matt Sweeting	Dec-23
Implement two QI initiatives across the Primary/Secondary interface	Dr Matt Sweeting	Mar-24
Implement six nationally mandated self referral pathways	William Guy	Sep-23
Implement ten (including mandated) self referral pathways	Connected Pathways Lead	Mar-24
Implement Pharmacy First programme across MSE	Connected Pathways Lead	TBC
Deliver full ARRS Utilisation	Workforce Team	Mar-24
Deliver ARRS Optimisation Programme	Workforce Team	Mar-25

# Evolution of the plan

- This programme and the associated plan will be continuously reviewed and refined through feedback and learning as it progresses
- A version of this plan to support engagement with stakeholders will be made available in January 2024.

## Part I ICB Board Meeting, 16 November 2023

### Agenda Number: 8

## Integrated Neighbourhood Teams in Mid and South Essex

### Summary Report

#### 1. Purpose of Report

To provide the Board with an overview of the development of Integrated Care Teams (INTs) across mid and south Essex.

#### 2. Executive Lead

Pam Green, Alliance Director Basildon & Brentwood

#### Report Author

Ed Cox, Director of Clinical Policy

#### 3. Responsible Committees

The work is to be overseen by a multi partner working group reporting to the Independence Portfolio Group, led by Matthew Hopkins, Chief Executive Officer, Mid and South Essex NHS Foundation Trust (MSEFT).

Link to the ICB's Strategic Objectives:

- Tackling system pressures and challenges together.
- Connecting and integrating the care we provide.
- Have a clear shared view of the capacity we need so that we can make decisions together to benefit all patients in our local population.
- Improve the way we plan and deliver services and functions.
- Support communities to meet their needs, particularly those in vulnerable groups.

#### 4. Conflicts of Interest

None identified.

#### 5. Impact Assessments

An Equalities and Health Inequalities Impact Assessment has been completed as part of this project.

Data Privacy Impact Assessments will need to be undertaken at each Locality as part of the project action plan.

## **6. Financial Implications**

The financial impact of INTs will be evidenced through reductions in attendances in primary care; length of stay (acute admissions); readmissions and residential social care spend; which in turn will enable productivity through services. Overtime, as the INTs mature their involvement in informing how budgets e.g., Integrated Better Care Fund, are allocated to support the best outcomes for our patients.

## **7. Details of patient or public engagement or consultation**

This work is part of nationally mandated service developments, and fully involves our Healthwatch and voluntary sector partners. Our working group includes stakeholders from all three local authorities (LAs), provider organisations and commissioners.

## **8. Recommendation(s)**

The Board is asked to note the update report on Integrated Neighbourhood Teams.

## Integrated Neighbourhood Teams in Mid and South Essex

### 1. Background

- 1.1 In 2022 NHS England published '[Next Steps for Integrating Primary Care](#)'; Fuller [Stocktake Report](#). This outlined the need for Integrated Neighbourhood Teams (INTs) to evolve from Primary Care Networks (PCNs), with a focus on shared ownership for improving the health and wellbeing of the neighbourhood population. Each INT should promote a culture of collaboration and pride, create the time and space within the teams to problem solve together, and build relationships and trust between primary care and other system partners and communities. This requires two significant cultural shifts. Firstly, towards a more psychosocial model of care that takes a more holistic approach to supporting the health and wellbeing of a community through the lens of wider determinants of health e.g. housing, economic stability, safety and reduction of isolation (as per the Robert Wood Johnson Model of Health). Secondly, realignment of the wider health and care system to a population-based approach – for example, aligning secondary care specialists or social work teams to neighbourhood teams. INTs could have a wide variety of partners.
- 1.2 Mid and South Essex (MSE) Integrated Care System (ICS) explain INTs as working with health, social care and voluntary sector, to enable teams to focus on smaller populations to find unique solutions for local challenges.

### 2. Stakeholder Engagement

- 2.1 The INTs Framework was developed as a tool for use by the Alliances and wider partners to objectively assess the maturity of their INT. This was developed from a diverse working group of over 20 members and informed by feedback from an additional 30 stakeholders. The framework underscores the cooperative spirit of our approach and was endorsed by the ICB Primary Care Commissioning Committee (PCCC) on 6 September 2023.

### 3. INT System Working

- 3.1 At the heart of INTs is the integration of PCNs, community and secondary care teams, social care, and voluntary sector services. This collaboration enables the right resource to be allocated to ensure efficient patient care across a neighbourhood of statutory and non-statutory partners and the community. INTs are a coordinated methodology of working based on trusted relationship and, where possible, refer less to free up capacity. Digital systems will need to facilitate multi-agency system viability and safe audit trails of actions. The aim is simple: a holistic approach to patient/citizens care, addressing their psychosocial needs.
- 3.2 The INTs form a cohesive network that will collectively address the multifaceted aspects of citizens' care. Working with the relevant service to meet the identified need of the patient, be it physical health, psychological support, wellbeing, isolation, or social need.

- 3.3 INTs link directly into the delivery of Transfer of Care Hubs (TOCH) as presented to the ICB Board in September 2023. INTs and TOCH are interdependent as they both support admission avoidance and improved planned discharges.

## 4. Financial Sustainability

- 4.1 The financial impact of INTs will be evidenced through reductions in attendances in primary care; length of stay (acute admissions); readmissions and residential social care spend; which in turn will enable productivity through services. Overtime, as the INTs mature their involvement in informing how budgets e.g., Integrated Better Care Fund, are allocated to support the best outcomes for our patients.

More broadly INTs will inform the reallocation of funds to additional preventative care rather than unscheduled care. Unscheduled care is a significant contributor to high cost spend and poorer outcomes for residents in our system.

## 5. Approach for Delivery

- 5.1 The ICB is to lead the roll out of INTs in a phased approach with nine INTs by November 2023, increasing the number in 2024. Their mobilisation will be underpinned by various mechanisms, ranging from incentivisation schemes and digital transformation initiatives to estate management and the primary care access recovery plan.
- 5.2 Maximisation of INTs is dependant on the primary care access recovery plan, which should be read in conjunction with this report (see agenda item 7). Membership of an INT can be very varied to reflect population need. Local authorities (at both tiers), community collaborative services and the voluntary sector are vital partners within an INT.

## 6. Milestones to be Delivered

- 6.1 The first nine INTs are as follows.

1. South East Essex: Benfleet
2. South East Essex: SS9
3. South East Essex: Canvey Island
4. Mid Essex: Chelmsford Central\*
5. Mid Essex: Braintree South\*
6. Mid Essex: Maldon Central, Dengie and South Woodham Ferrers \*
7. Basildon & Brentwood: Central Basildon
8. Basildon & Brentwood: West Basildon
9. Thurrock: Stanford-le-Hope

\* Agreement received from Essex County Council to align Social Care to all six mid Essex INTs.

- 6.2 The next phase of INTs will be identified based on a more considered appraisal of emerging INTs based on scores against the agreed framework.

<b>Milestone</b>	<b>By When</b>	<b>By Who</b>	<b>Progress</b>
Nine INTs operational (50% achievement – level 2 and by April 2024 75% at level 3)	November 23	Alliance Directors	<b>On track</b>
Development of criteria to enable disinvestment of supplementary funds where plans are not compliant with expectation	December 23	Director of Primary Care	<b>On track</b>
Increased maturity level 3 on framework of first nine	April 24	Alliance Directors	<b>On track</b>
Second cohort of INTs in place	April 24	Alliance Directors	<b>On track</b>

## **7. Resource Implications**

### **7.1 Workforce**

All partners are aware of the need to flex their workforce and align to INTs and we are seeing services moving closer to primary care. Senior leaders are key in creating the conditions that support this way of working. There are examples of voluntary sector organisations working within GP practices and PCN Health and Wellbeing cafes being delivered in community settings alongside partners such as housing officers. This needs to be consistently applied across all partner organisations. The Additional Roles Reimbursement Scheme (ARRS) roles within PCNs provide some primary care capacity to coordinate much of this way of working; e.g care co-ordinators, social prescribers, health and wellbeing coaches.

### **7.2 Finance**

Across MSE there are several jointly funded posts between the ICB, Councils and provider organisations whose focus is to support and accelerate the development of INTs.

In 2023/24 each PCN received £50,000 on average, to develop plans as outlined in the Fuller Stocktake, including the delivery of INTs. Alliance teams are working closely with the PCNs to develop and monitor these plans with an option to clawback funding where deliverables have not been achieved.

There are opportunities for INTs to access funding streams such as the Public Health Accelerator Fund and Health Inequalities Fund which will bring partners within INTs closer together as they develop bids.

### **7.3 Estates**

The ICB will work as part of the Estates Strategy to enable access to suitable estate to benefit the development and care delivery of INTs.

#### 7.4 Digital: Transformational Funding:

The INT Incentive Scheme submission identified opportunities for the deployment of digital solutions (e.g., Accurx, websites, and communication tools like Pando) to enable partners easier access to information for improving the integration of care for patients.

### 8. Risks and Issues

Risk	Mitigation
1. Engagement of PCNs in the development of the maturity framework to commence working as a INT.	ICB Alliance and Primary Care Teams to work with PCNs to support this development.
2. Alignment of PCN and partner agency workforce to INTs not supported.	ICB Alliance and Primary Care Teams to work with PCNs to support this reallocation.
3 There is a risk that not all PCNs will fully utilise their ARRS resource by the end of 2023/24, this could mean a loss of recurrent resource for the system.	ICB Alliances and Primary Care Workforce Hub are working closely with PCNs to maximise recruitment. Alternative methods for ensuring full utilisation of resource are being considered by the ICB
4. Rejection of recovery of 2023/24 incentive funds relating to non-delivery of plans by PCNs to support the implementation of INTs maturity framework.	Transparent criteria for plan requirement to enable effective conversation as to whether compliance has or hasn't been met.
5 Lack of interoperability of record systems in participating agencies in INTs programme will delay benefits realisation of team working and reduce risk appetite	INT programme of work should be prioritised in Shared Care Record (SCR) work to ensure system benefits are released. Ad hoc work-arounds may be required in the intervening period before SCR goes live operationally (this is a shared agenda in the TOCH programme)

### 9. Performance Measures

- 9.1 Performance measures that could be used to demonstrate the impact of INTs include the Better Care Fund (BCF) dashboard (readmissions), length of stay and ambulance measures.



## **10. Evaluation**

10.1 INT success will be informed by the metrics agreed and overseen by the Independence Portfolio Group, supplemented by qualitative data from staff and users of the service.

## **11. Summary**

11.1 INTs represent an opportunity for the development at neighbourhood level, of a multidisciplinary approach to proactively and reactively managing people to receive the care and support they need to remain as independent as possible and improving patient experience.

11.2 The INT Development Framework will be used to support the mobilisation and maturity of the first nine INTs by November 2023 and enable the onboarding of further INTs across MSE during 2024. Each Alliance will be working with the relevant INT to ensure they have comprehensive delivery plans in place that are compliant to mitigate the risk of the need for claw back of the incentive scheme.

## **12. Recommendation**

The Board is asked to note the update report on Integrated Neighbourhood Teams.

## Part I Integrated Care Board Meeting, 16 November 2023

### Agenda Number: 9

### Health Inequalities

#### Summary Report

##### 1. Purpose of Report

To provide an update on work to support reducing health inequalities for the population of mid and south Essex (MSE).

##### 2. Executive Lead

Emily Hough, Executive Director of Strategy and Corporate Services.

##### 3. Report Author

Emma Timpson, Associate Director Health Inequalities and Prevention.

##### 4. Responsible Committees

This report reflects work overseen by the Population Health Improvement Board.

A report on the health inequalities funding went to the Integrated Care Board (ICB) Finance and Investment Committee on 16 August 2023.

##### 5. Link to the ICB's Strategic Objectives

Improve outcomes in population health and healthcare.  
Tackle inequalities in outcomes, experience and access.

##### 6. Impact Assessments

No impact assessments have been undertaken on this project to date, but assessments are undertaken for individual projects.

##### 7. Financial Implications

The MSE ICB has committed £3.4m recurrently to support the reduction of health inequalities. This is in addition to the work being undertaken to ensure health inequalities are addressed in commissioning, contracting reviews and decision making regarding universal access to services.

##### 8. Details of patient or public engagement or consultation

Patient and public engagement is embedded within the delivery of the Health Inequalities programme.

**9. Conflicts of Interest**

None Identified.

**10. Recommendation/s**

The Board is asked to note the approach outlined to reduce health inequalities.

# Reducing Health Inequalities

## 1. Introduction

Reducing health inequalities is at the heart of the mid and south Essex (MSE) Integrated Care System (ICS) strategy and is one of the key strategic objectives of the ICB. The gap in life expectancy across MSE is as much as 12 years between some of the wealthiest and most deprived neighbourhoods. An estimated 133,000 people in MSE live in the 20% most deprived areas nationally, that equates to 10.5% of the total population of MSE.

Within MSE the top three contributors to premature mortality attributable to socioeconomic inequality are cancer, cardiovascular disease and respiratory disease (see **Appendix A** for further information). Alongside this, the greatest risk factors impacting on population health and health inequalities are tobacco, blood pressure and dietary risks. However, wider determinates of health, including lifestyle behaviours, socio-economic factors and environment account for up to 80% of variation in health outcomes.

The ICB work around health inequalities, prevention and personalisation have adopted the Core20PLUS5 frameworks for adults and children (see **Appendix B**).

In line with the framework the ICB has identified a number of adult 'PLUS' groups. These are the populations within MSE that are experiencing poorer than average health access, experience and/or outcomes across their communities, including:

- Those from an ethnic minority background
- People at risk of homelessness
- Carers
- Those with a learning disability
- Gypsy, Roma, Traveller and Showman groups
- Veterans

The Growing Well Board has also identified specific children and young people 'PLUS' groups, initially prioritising those with neurodiversity and Special Educational Needs and Disabilities (SEND).

### **Population Health Improvement Board**

The Population Health Improvement Board (PHIB) was established in November 2022 with representation from partners across the system to drive an integrated approach to reducing inequalities.

The PHIB It has established nine principles for improving the health of the population (see Figure 1).

**Figure 1: Nine principles for improving population health in MSE**



## 2. System Wide Health Inequalities Approach

The achievements of the MSE health inequalities programme in 2023/24, along with next steps, are outlined in the tables below.

Overall programme	
Achievements	Next steps
A population health improvement framework has been developed based on the nine principles in figure 1 and the King's Fund model that emphasises a place based/Alliance integrated approach to delivery.	Sign off at PHIB in December and socialise across the system in Q4 2023/24.
Development of digital Health Inequalities Impact Assessment, 'ImpactEQ', which will be available to all health partners within the system to ensure high quality assessments are delivered consistently.	Completion of the test phase and roll out in Q4 2023/24.
<p>Organisational and workforce development:</p> <ul style="list-style-type: none"> <li>Published Core20PLUS5 articles and promoted across multiple forums/groups.</li> <li>Active and well represented Health Inequalities Delivery Group that shares national, regional and local good practice.</li> <li>Health Inequality (HI) Clinical Leads supporting Alliances with HI governance and mapping of system and Alliance level interventions.</li> </ul>	<p>Tackling Health Inequalities – Closing the gap in practice conference on 29 November 2023 in partnership with Royal College of General Practitioners.</p> <p>Programme plan for Year 2 of Community Connectors by January 2024.</p>

## Overall programme

### Achievements

- Finance leads' successful application for the Healthcare Financial Management Association (HFMA) Health Inequalities Finance Fellow Programme.
- Core20 Community Connectors secured year two funding for community based Chronic Obstructive Pulmonary Disease (COPD) roles.
- Allied Health Professionals (AHP) Inequalities webinar (system wide) hosted October 2023.

### Next steps

Implementation of Primary Care Network (PCN) HI Leads development programme supported by Health Creation - Q1 2024/25.

University of Essex undertaking evaluation of 2022/23 Health inequalities funded projects.

Draft evaluation report by February 2024 with final report by June 2024.

## Core20PLUS5 Frameworks for adults and children

### Achievements

#### Core 20% most deprived

- Cardiovascular Disease (CVD) Health inequalities funded schemes approved by Primary Care Commission Committee which targets funding towards most deprived areas to support Hypertension, BP@Home and Lipid management.
- First 5,000 households outline drafted.

Implementation of CVD HI funded schemes with PCNs by March 2024.

Approval of the first 5,000 households approach by December 2023 with implementation commencing via Integrated Neighbourhood Teams (INT) from Q4 2023/24.

#### PLUS groups

- MSE PLUS groups identified.
- Prioritisation for addressing adult PLUS group inequalities approved by PHIB.

Implementation of PLUS group priorities recommendations that include establishing a Homeless working group.

PHM team to quantify health inequalities experienced by PLUS groups and make recommendations.

#### 5 Clinical areas:

- **Mental Health** – Serious Mental Health (SMI) Health check test and learn cycles commenced as part of Core20PLUS accelerator programme.
- **Maternity** – Equity and Equality action plan in place and being implemented.

Develop scale up plan for SMI health checks based on learnings from test and learn – Q1 2024/25.

## Core20PLUS5 Frameworks for adults and children

Achievements	Next steps
<ul style="list-style-type: none"> <li>• <b>Respiratory</b> – Pneumococcal vaccine communications plan in implementation that includes awareness and education campaign with a public survey to establish barriers underway.</li> <li>• <b>Cancer</b> – Lung cancer campaign launched and promotion of HI and cancer webinars and online learning.</li> <li>• <b>CVD</b> – Innovations in Health Inequalities Programme (InHIP) outreach into target communities commenced, CVD Local Enhanced Service (LES), BP@Home HI extension and Quality and Outcomes Framework (QOF) Lipids extension approved by Primary Care Commissioning Committee.</li> </ul>	<p>Evaluate success of Pneumococcal campaign – Q3 2024/25.</p> <p>Recruit to communications/community engagement role (funded from 22/23 HI funding) to support outreach around cancer screening.</p> <p>Implementation of CVD LES, BP@Home and QOF Lipid extension by March 2024.</p>
<p><b>Children and Young People:</b></p> <ul style="list-style-type: none"> <li>• Growing Well Board adopted Core20PLUS5 Children and Young People (CYP) framework and 12 PLUS groups identified.</li> <li>• Childhood Asthma training for primary care undertaken with support comms toolkit.</li> </ul>	
	<p>Refinement of the CYP Core20PLUS5 framework and delivery plan – Q4 2023/24.</p>

## Reducing risks relating to lifestyle behaviours

Achievements	Next steps
<ul style="list-style-type: none"> <li>• System wide workshop on future service mapping for an integrated weight management pathway.</li> <li>• Digital weight management service promoted via 'Time to Learn' sessions.</li> <li>• Tobacco cessation programme – successful recruitment to Maternity team.</li> <li>• Essex County Council released a policy statement on vaping.</li> <li>• Roll out of the Shared Decision Making four questions campaign with primary care.</li> </ul>	<p>Future state integrated Weight Management Service pathway Q4 204/25</p> <p>Respond to national consultation on Tobacco and development of MSE system wide plan for Smokefree 2030</p>

## Ensuring equitable access through restoration of services

### Achievements

- Completeness of ethnicity recording continues to improve to 96%
- Reporting of restoration of elective services by MSEFT considers health inequalities alongside key actions.
- Digital inclusion principles approved by PHIB.

### Next steps

Targeted support to practices that have lower data completeness.

## Health inequalities funding

The ICB has committed £3.4 million recurrent funding to invest in programmes to reduce health inequalities. However, in August 2023, the Finance and Investment Committee supported a one-off non-recurrent contribution of £1.22 million from the 2022/23 and 2023/24 funding allocation to support the MSE system financial position. It also endorsed the multi-year approach advocated by PHIB and the award of Alliance ‘Trusted Partner’ contracts for a period of three years.

The HI funded 2022/23 projects continue to be implemented and the University of Essex will be producing an interim evaluation report in February 2024.

### Projects funded by HI funding in 2022/23

<p><b><i>Basildon &amp; Brentwood Alliance</i></b></p> <ul style="list-style-type: none"> <li>• Child oral health</li> <li>• Transition from primary to secondary schools in deprived areas</li> <li>• Physical activity schemes supporting Core20 and specific plus groups</li> <li>• Social prescriber for children and families in areas of high deprivation</li> <li>• Young people employment opportunities from most deprived areas</li> <li>• Supporting those affected by dementia</li> </ul>	<p><b><i>Mid Essex Alliance</i></b></p> <ul style="list-style-type: none"> <li>• Young Carer support and their family members</li> <li>• Pilot COPD patient education</li> <li>• Outreach within traveller communities and SMI health checks</li> <li>• Extending transport services for those unable to attend clinic appointments</li> <li>• Men’s Mental health</li> <li>• Outreach clinics in warm spaces</li> <li>• Sensory inequalities ambassador</li> </ul>
<p><b><i>South East Alliance</i></b></p> <ul style="list-style-type: none"> <li>• Cardiovascular disease case finding and alleviating system flow pressures</li> <li>• Loneliness and improving access to service</li> <li>• Suicide prevention</li> <li>• Veterans mental health and access to services</li> <li>• Family and childhood mental health and resilience</li> </ul>	<p><b><i>Thurrock Alliance</i></b></p> <ul style="list-style-type: none"> <li>• Obesity transformation</li> <li>• Lifestyle risk management through motivational interviewing</li> <li>• Workplace Health Champions to provide smoking cessation</li> <li>• Gypsy, Roma, Traveller and Showman communities improving access to health services</li> <li>• Thurrock’s homeless communities improving access to health services</li> </ul>



<ul style="list-style-type: none"> <li>• Focus on mental health through the green agenda</li> <li>• Dental access for deprived and the young</li> </ul>	<ul style="list-style-type: none"> <li>• Health and digital literacy</li> <li>• Enhancing safeguarding, health and mental wellbeing for vulnerable young people and young parents</li> </ul>
<p><b>System wide</b></p> <ul style="list-style-type: none"> <li>• Population Health Management team support</li> <li>• Clinical leadership to support HI and Personalised care</li> <li>• Digital Health Inequalities Impact Assessment tool</li> <li>• Extend outreach activities of the Respiratory van</li> <li>• Extend work of the Anchor Programme</li> <li>• Microgrants scheme for grants between £500 and £1500</li> <li>• UoE evaluation of HI funded schemes</li> </ul>	

Of the 12 months recurrent funding of £3.4 million, £854,000 has been committed to the four Alliances via their trusted partners and £250,000 has been allocated to the Growing Well Board to prioritise work to reduce health inequalities for Children and Young People. A further £750,000 was allocated to fund the Public Health Management (PHM) team, anchor programme and other organisational development schemes across the system. The remaining £1.5 million is supporting system wide schemes working across MSE. An expression of interest process was implemented which has resulted in 9 projects being prioritised. The remaining £200,000 will be prioritised by the PHIB based on incoming Expressions of Interest for projects.

### 3. Alliance Health Inequalities Approaches

Reducing health inequalities is core to Alliance plans and delivery. A summary of the priorities and work being undertaken is detailed below.

#### Basildon and Brentwood Alliance

A Health Inequalities Group is in place to oversee health inequalities interventions supported by the data provided in PCN health inequalities packs. The focus is on improving uptake of cancer screening, smoking cessation and weight management services. The Alliance is working with Sport for Confidence to support people with Learning Disabilities by undertaking co-productive workshops to design more accessible services and enable informed decisions about cancer screenings and vaccinations.

Wellbeing cafes are being implemented across six PCNs in collaboration with motivated minds and Achieve Thrive Flourish. The public are being engaged in work to design interventions and support and working with voluntary and statutory services to offer specific support and educational talks.

#### Mid Essex Alliance

Leadership and governance arrangements for health inequalities are being put in place. The Alliance is utilising the Thriving Places index to provide a framework to identify a clear plan and share interventions and allocation of resources.

There is a focus on population interventions, including health checks, Colne Valley Low Carb Programme, weight management services, sensory wellbeing specialist service and roll out of MSE wide initiatives.

The Alliance is continuing to implement and evaluate HI funding initiatives for 2022/23 and work with C360 as trusted partner to support priorities for 2023/24 funding.

### **South East Essex (SEE) Alliance**

A formal subgroup of the SEE Alliance Committee, the SEE Health Inequalities and Population Health Management Group, was established in December 2021. It leads strategies for reducing health inequalities and population health management, identifies priorities including for HI funding, and responds and contributes to the plans developed by local Health and Wellbeing Boards and the MSE Integrated Care Partnership (ICP). PCN HI Leads Network is developing projects and interventions to target and deliver services to identified cohorts of residents which are both preventive/proactive and reactive.

Current Priorities are:

- Mental health & wellbeing, incorporating supporting long term independence; Aging Well; unpaid carers and autism.
- Weight management, physical activity & obesity.
- Alcohol & substance misuse.
- Supporting long term independence incorporating social prescribing and loneliness and self-care community resilience.
- Health inequity and wider determinants of health incorporating: the food environment and food poverty, homelessness and accommodation (decent, affordable, stable).

### **Thurrock Alliance**

The Thurrock Steering Group meets quarterly to review the population health and health inequalities action plan that takes recommendations from Health and Wellbeing Strategy, Joint Strategic Needs Assessments (JSNA) and public health reports.

**The current focus is on:**

- |                               |                                   |
|-------------------------------|-----------------------------------|
| • Obesity & Weight Management | • Long Term Condition Management  |
| • NHS Health Checks           | • Cardiovascular disease          |
| • Hypertension                | • Primary Care Access and Quality |
| • Substance misuse            | • Access to health services –     |
| • Tobacco control             | vulnerable groups                 |
| • Case Finding/ detection     | • Mental Health                   |

## **4. Governance**

The PHIB meets monthly and receives programme updates regarding health inequalities, prevention and personalised care. Its work plan also includes thematic discussions such as community development and engagement and strategic financial approach.

A health inequalities dashboard has been scoped, reflecting the work undertaken on the previous MSE Healthcare Partnership outcomes framework; proposed NHSE HI assurance metrics and the Core20PLUS5 frameworks. The dashboard is currently being reviewed by Arden GEM, the ICB's Business Intelligence provider to confirm a timetable for production.

The ICB Health Inequalities leads meet quarterly with the NHSE regional Health Inequalities Lead to discuss MSE's self-assessment maturity matrix. The quarter 2

assessment saw improvement in the areas of preventative programmes, leadership and hypertension case finding.

The PHIB programme updates have highlighted risks in relation to the ICB restructure which will impact on the organisation's capacity and focus to deliver in the short term, the fixed term nature of the prevention posts and the reduction in ICB capacity to lead and support personalised care programmes of work. As part of the transition planning the health inequalities work programme will be reviewed and opportunities taken to discuss with partners their respective leadership roles.

## **5. Recommendation(s)**

The Board is asked to note the work across the ICB to reduce health inequalities for the population of mid and south Essex.

## **6. Appendices**

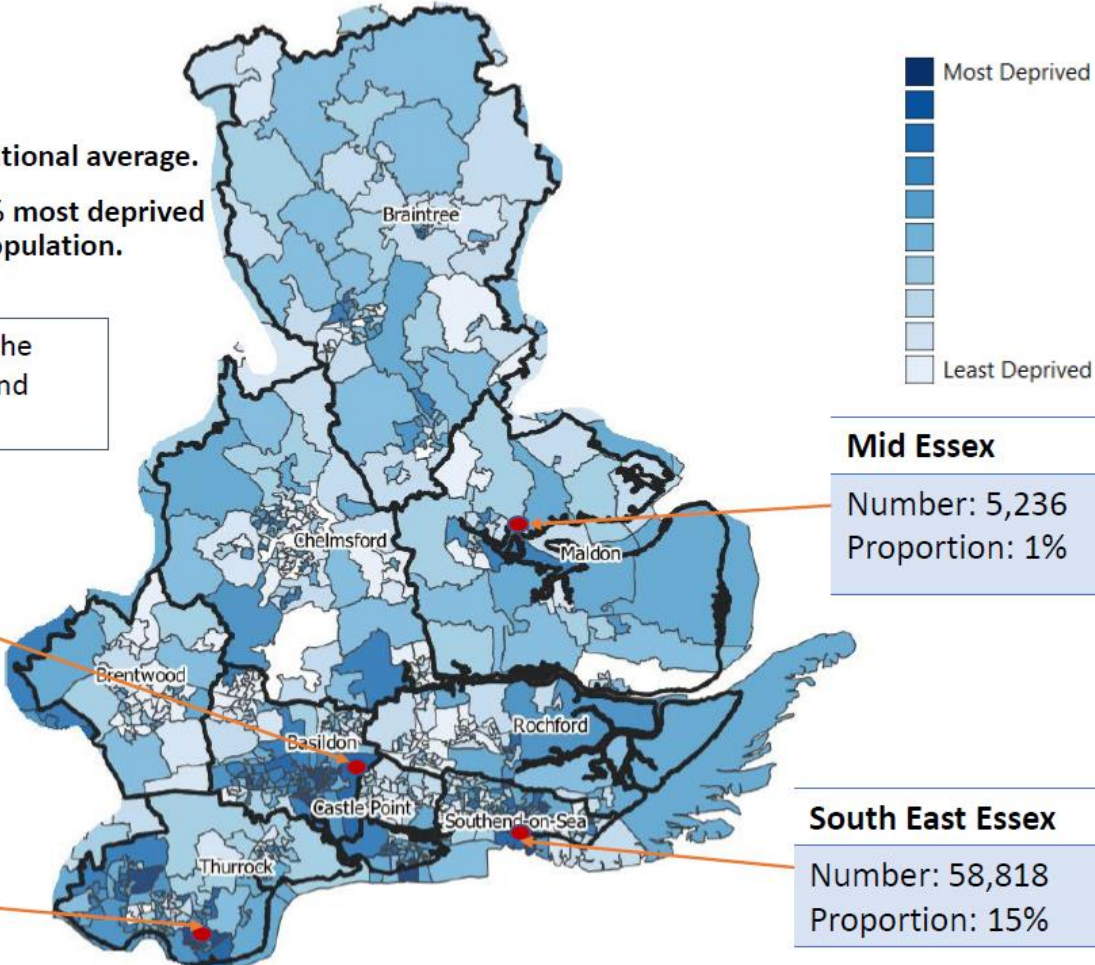
**Appendix A:** Population Health Insights

**Appendix B:** Core20PLUS5 frameworks (adults and children and young people)

# Deprivation in MSE

- On average deprivation in MSE is lower than the national average.
- In MSE an estimated **133,000** people live in the 20% most deprived areas nationally. That is **10.5%** of the whole MSE population.

Each box describes the Alliance population living in the 20% most deprived areas nationally (total number and percentage of their population)



**Basildon and Brentwood**  
 Number: 48,217  
 Proportion: 17%

**Thurrock**  
 Number: 21,271  
 Proportion: 11%

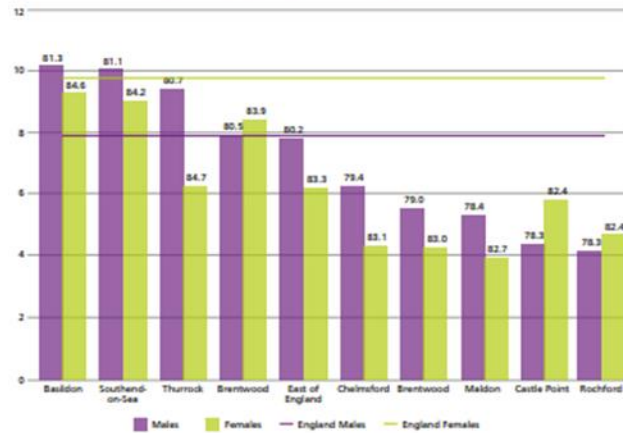
**Mid Essex**  
 Number: 5,236  
 Proportion: 1%

**South East Essex**  
 Number: 58,818  
 Proportion: 15%

Source: patient level deprivation decile 2019 (IMD), AGEM data warehouse, June 2023 <sup>12</sup>

# Consequences of Inequalities- Life Expectancy

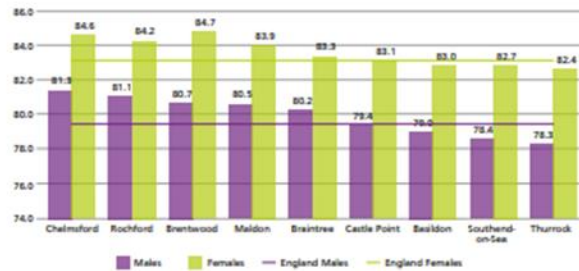
Slope Index of Inequality (S11) in MSE by Sex



Premature mortality attributable to socioeconomic inequality within MSE the three top contributors are:

- Cancer
- Cardiovascular disease
- Respiratory disease (predominately COPD)

Life Expectancy at birth in MSE by Sex and Deprivation

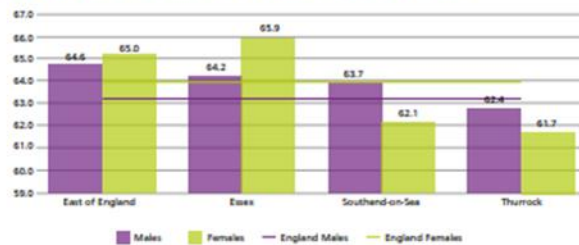


Global Burden of Disease Study identifies key cross-cutting risk factors. In MSE, the three with the greatest impact are:

- Tobacco
- Blood Pressure
- Dietary Risks

These are the risk factors that will have the greatest impact on population health and health inequalities

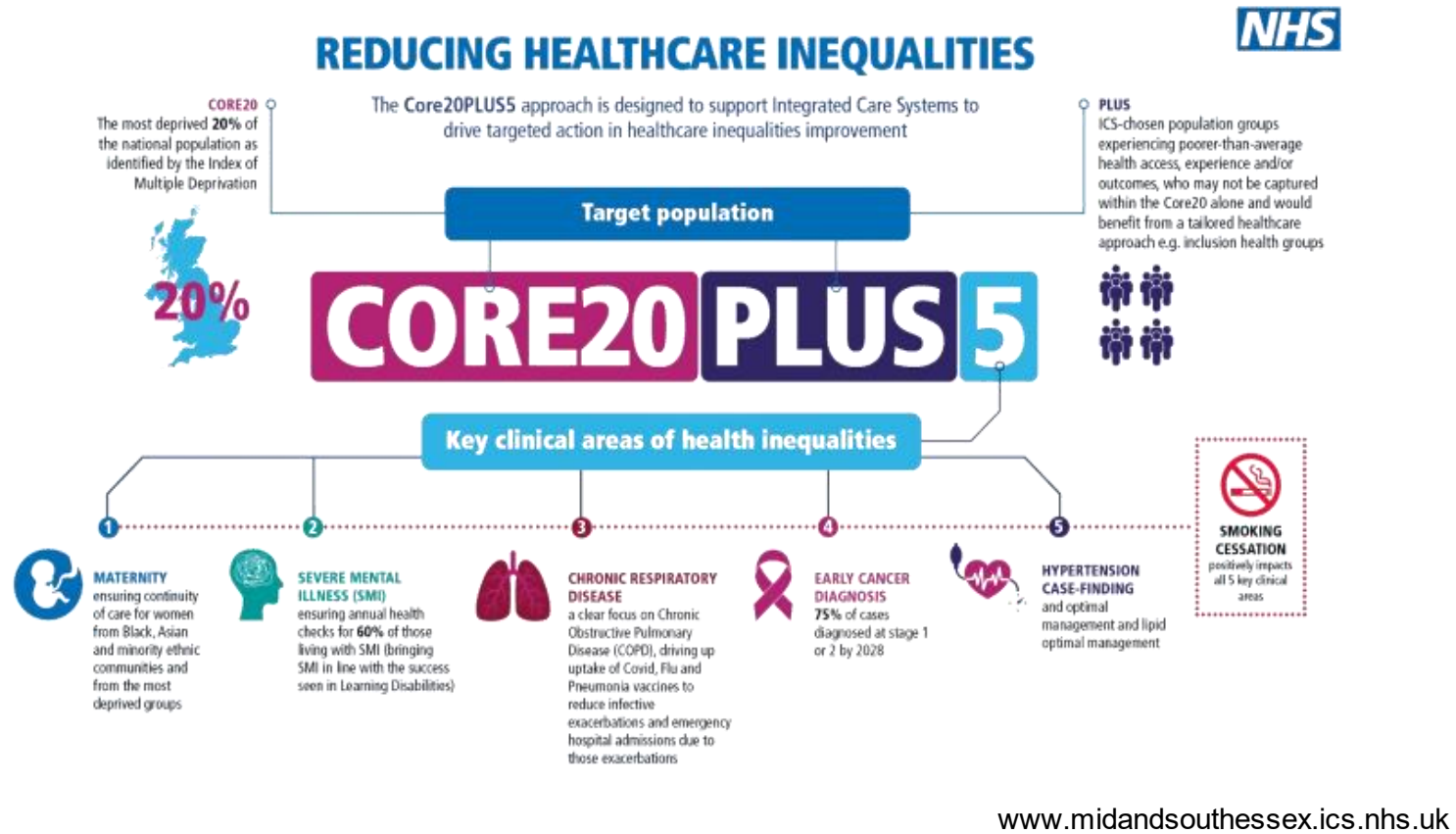
Healthy Life Expectancy at Birth in MSE by Sex

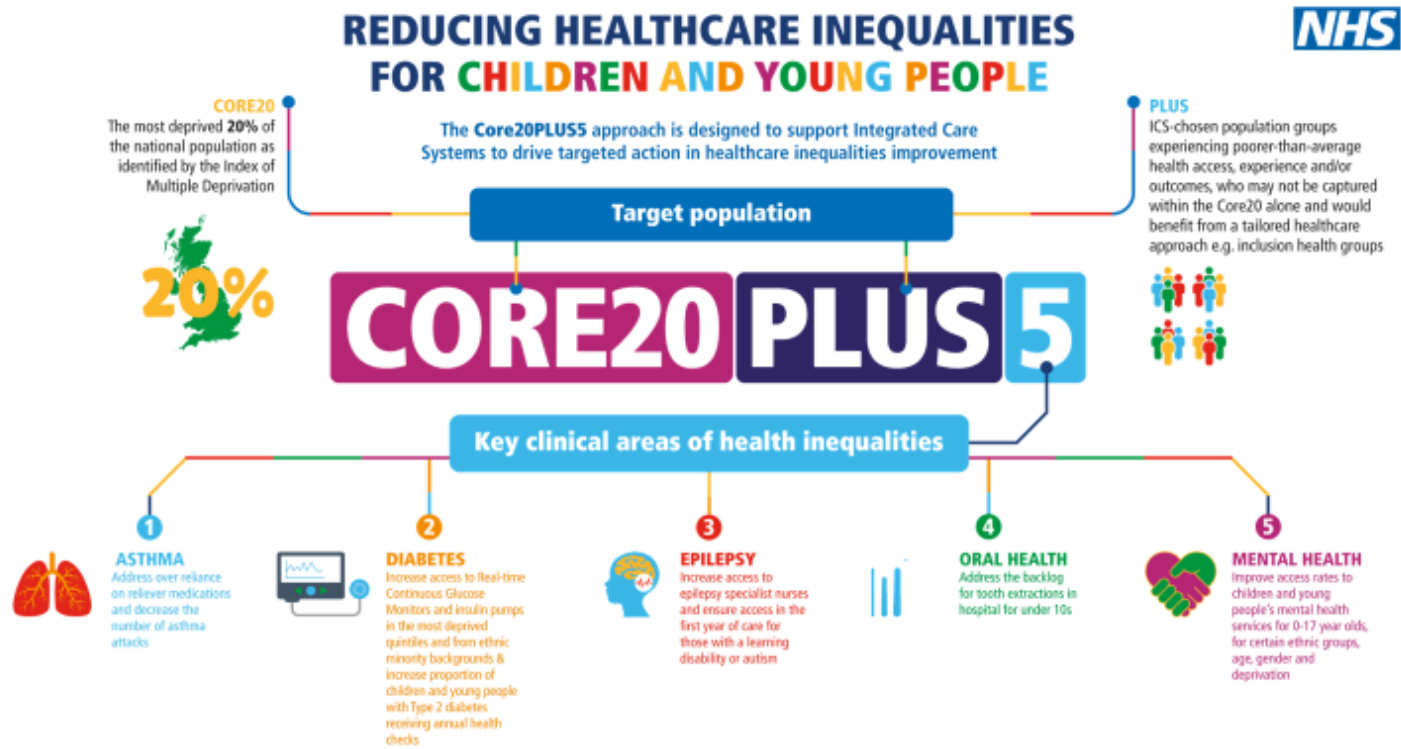




# Appendix B Core20PLUS5 frameworks

Adults





[www.midandsouthessex.ics.nhs.uk](http://www.midandsouthessex.ics.nhs.uk)

## Mid and South Essex Integrated Care Board

**Agenda Number: 10**

### **Emergency Preparedness, Resilience and Response (EPRR) Core Standards Self-Assessment 2023/24**

#### **Summary Report**

##### **1. Purpose of Report**

Since receiving the NHSE England letter on the 23 May 2023, the Mid and South Essex Integrated Care Board (MSE ICB) EPRR team have undertaken the annual self-assessment of the organisation against the EPRR Core Standards.

This report is being presented to Board members to inform them that MSE ICB Audit Committee approved the EPRR Core Standards self-assessment that saw MSE ICB move from Partial Compliance in 2022/23 to Substantial Compliance in 2023/24 and seek Board endorsement of this approval.

##### **2. Chief Executive Lead**

Emily Hough, Executive Director, Strategy & Corporate Services

##### **3. Report Author**

Karen Wesson, Director Oversight, Assurance and Delivery.

Jim Cook, Deputy Director Emergency Preparedness, Resilience and Response (EPRR).

##### **4. Responsible Committees**

Mid and South Essex Integrated Care Board Audit Committee

Greater Essex Local Health and Resilience Partnership (LHRP)

##### **5. Link to the ICB's Strategic Objectives**

Improve outcomes in population health and healthcare and supporting System pressures.

##### **6. Impact Assessments**

Not applicable.

##### **7. Financial Implications**

No.



**8. Details of patient or public engagement or consultation**

Not applicable

**9. Conflicts of Interest**

None identified.

**10. Recommendation/s**

Members are asked to, endorse the Audit Committee approval of the MSE ICB EPRR Core Standards move to Substantial Compliance for 2023/24.

# Emergency Preparedness, Resilience and Response (EPRR) Core Standards Self-Assessment 2023/24

## 1. Introduction

In May 2023, NHS England wrote to each NHS organisation to advise them of the commencement of the annual EPRR Core Standards self-assessment process (**Appendix 1**).

The ICB EPRR team have completed the self-assessment and have presented the detailed work and outcome to the 8 August 2023 MSE ICB Audit Committee where it was approved that the ICB now meets Substantial Compliance for 2023/24. This paper is seeking MSE Board endorsement of the Audit Committee approval.

## 2. Main content of Report

### **Outcome of the annual core standards self-assessment process**

Following completion of the MSE ICB self-assessment, the MSE ICB EPRR team presented at the ICB Audit Committee on 8 August 2023 the evidence which showed areas that had improved from 2022/23. The MSE Audit Committee approved the move from Partially Compliant in 2022/23 to Substantially Compliant in 2023/24.

The MSE ICB EPRR Team undertook a detailed review of the 47 Core Standards that apply to MSE ICB (see detailed assessment below). Having completed this review MSE ICB is partially compliant with 6 compared to 11 last year. This moves MSE ICB to Substantially Compliant for 2023/24. For those standards that remain Partially Compliant, the MSE ICB EPRR Team 2023/24 work plan has clear actions to improve the rating or is clear on what is required by the ICB to improve its compliance status.

There is a regular quarterly report presented to the MSE ICB Audit Committee that will continue to update on progress against those standards where the MSE ICB is not fully compliant.

## Detailed assessment as shared with the Audit Committee:

Below table shows the self-assessment RAG rating against the governance domain.

Ref	Standard name	Standard Detail	Supporting Information – including examples of evidence		RAG
1	Senior Leadership	The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director within their individual organisation, and have the appropriate authority, resources and budget to direct the EPRR portfolio.	<u>Evidence</u> <ul style="list-style-type: none"> <li>Name and role of appointed individual</li> <li>AEO responsibilities included in role/job description</li> </ul>	Yes - Chief Executive Officer Designated AEO for the MSE ICB. The job description is set nationally. AEO responsibilities set out in the MSE ICB EPRR and Business Continuity Policy/Strategy Documents.	Fully compliant
2	EPRR Policy Statement	The organisation has an overarching EPRR policy or statement of intent.  This should take into account the organisation's: <ul style="list-style-type: none"> <li>Business objectives and processes</li> <li>Key suppliers and contractual arrangements</li> <li>Risk assessment(s)</li> <li>Functions and / or organisation, structural and staff changes.</li> </ul>	The policy should: <ul style="list-style-type: none"> <li>Have a review schedule and version control</li> <li>Use unambiguous terminology</li> <li>Identify those responsible for ensuring policies and arrangements are updated, distributed and regularly tested and exercised</li> <li>Include references to other sources of information and supporting documentation.</li> </ul> <u>Evidence</u> Up to date EPRR policy or statement of intent that includes: <ul style="list-style-type: none"> <li>Resourcing commitment</li> <li>Access to funds</li> <li>Commitment to Emergency Planning, Business Continuity, Training, Exercising etc.</li> </ul>	MSE ICB EPRR and Business Continuity Strategy including Policy Statement plus MSE ICB Business Continuity Policy	Fully compliant
3	EPRR board reports	The Chief Executive Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board, no less than annually.  The organisation publicly states its readiness and preparedness activities in annual reports within the organisation's own regulatory reporting requirements	These reports should be taken to a public board, and as a minimum, include an overview on: <ul style="list-style-type: none"> <li>training and exercises undertaken by the organisation</li> <li>summary of any business continuity, critical incidents and major incidents experienced by the organisation</li> <li>lessons identified and learning undertaken from incidents and exercises</li> <li>the organisation's compliance position in relation to the latest NHS England EPRR assurance process.</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>Public Board meeting minutes</li> <li>Evidence of presenting the results of the annual EPRR assurance process to the Public Board</li> <li>For those organisations that do not have a public board, a public statement of readiness and preparedness activities.</li> </ul>	Quarterly reports presented to the Audit Committee and escalations thereafter to the Board.  Core Standards outcomes presented at last years board, the same process will be followed this year.	Fully compliant
4	EPRR work programme	The organisation has an annual EPRR work programme, informed by: <ul style="list-style-type: none"> <li>current guidance and good practice</li> <li>lessons identified from incidents and exercises</li> <li>identified risks</li> <li>outcomes of any assurance and audit processes</li> </ul> The work programme should be regularly reported upon and shared with partners where appropriate.	<u>Evidence</u> <ul style="list-style-type: none"> <li>Reporting process explicitly described within the EPRR policy statement</li> <li>Annual work plan</li> </ul>	Annual EPRR work plan in place	Fully compliant
5	EPRR Resource	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource to ensure it can fully discharge its EPRR duties.	<u>Evidence</u> <ul style="list-style-type: none"> <li>EPRR Policy identifies resources required to fulfil EPRR function; policy has been signed off by the organisation's Board</li> <li>Assessment of role / resources</li> <li>Role description of EPRR Staff/ staff who undertake the EPRR responsibilities</li> <li>Organisation structure chart</li> <li>Internal Governance process chart including EPRR group</li> </ul>	Organisation structure chart identifies EPRR Team  Job descriptions of EPRR Staff and staff who undertake EPRR responsibilities  Roles and responsibilities of EPRR Team set out in the EPRR and BC	Fully compliant
6	Continuous improvement	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the review and embed into EPRR arrangements.	<u>Evidence</u> <ul style="list-style-type: none"> <li>Process explicitly described within the EPRR policy statement</li> <li>Reporting those lessons to the Board/ governing body and where the improvements to plans were made</li> <li>participation within a regional process for sharing lessons with partner organisations</li> </ul>	EPRR and business continuity strategies in place and outline the importance of lessons learnt.  Participation in Regional meetings to share learning with other ICBs	Fully compliant

Below table shows the self-assessment RAG rating against the Duty to risk assess domain.

Ref	Standard name	Standard Detail	Supporting Information – including examples of evidence	RAG	
7	Risk assessment	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider all relevant risk registers including community and national risk registers.	<ul style="list-style-type: none"> <li>• Evidence that EPRR risks are regularly considered and recorded</li> <li>• Evidence that EPRR risks are represented and recorded on the organisations corporate risk register</li> <li>• Risk assessments to consider community risk registers and as a core component, include reasonable worst-case scenarios and extreme events for adverse weather</li> </ul>	<p>EPRR Risks are included on the MSE ICB Risk Register and escalated to Board Assurance Framework (BAF) as appropriate.</p> <p>Risks detailed in quarterly EPRR reports. ERF community risk register reviewed with EPRR learning input. Considering LHRP Risk W/G.</p>	Fully compliant
8	Risk Management	The organisation has a robust method of reporting, recording, monitoring, communicating, and escalating EPRR risks internally and externally	<p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• EPRR risks are considered in the organisation’s risk management policy</li> <li>• Reference to EPRR risk management in the organisation’s EPRR policy document</li> </ul>	<p>As above and risk is detailed in EPRR and BC strategies, any new risks identified on the quarterly EPRR reports and within risk reports which are sent to the governing body. Plus see above.</p>	Fully compliant

Below table shows the self-assessment RAG rating against the Duty to maintain Plans domain.

Ref	Standard name	Standard Detail	Supporting Information – including examples of evidence		RAG
9	Collaborative planning	Plans and arrangements have been developed in collaboration with relevant stakeholders including emergency services and health partners to enhance joint working arrangements and to ensure the whole patient pathway is considered.	Partner organisations collaborated with as part of the planning process are in planning arrangements  <u>Evidence</u> <ul style="list-style-type: none"> <li>• Consultation process in place for plans and arrangements</li> <li>• Changes to arrangements as a result of consultation are recorded</li> </ul>	Essex LHRP and ERF developed plans are shared with partners for comment and feedback to ensure collaborative working.  ICB plans are shared with key partners and stakeholders for review and comment prior to sign off, including neighbouring ICB Emergency Planning teams to ensure consistent with best	Fully compliant
10	Incident Response	In line with current guidance and legislation, the organisation has effective arrangements in place to define and respond to Critical and Major incidents as defined within the EPRR Framework.	Arrangements should be: <ul style="list-style-type: none"> <li>• current (reviewed in the last 12 months)</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul>	MSE ICB Incident Response Plan details effective arrangements in place to respond to a wide range of incidents. These plans are shared with those staff conducting on-call / GOLD functions for the ICB, and are covered within twice annually local on-call tactical training.	Fully compliant
11	Adverse Weather	In line with current guidance and legislation, the organisation has effective arrangements in place for adverse weather events.	Arrangements should be: <ul style="list-style-type: none"> <li>• current</li> <li>• in line with current national UK Health Security Agency (UKHSA) &amp; NHS guidance and Met Office or Environment Agency alerts</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> <li>• reflective of climate change risk assessments</li> <li>• cognisant of extreme events e.g. drought, storms (including dust storms), wildfire.</li> </ul>	ERF Severe and Adverse Weather Planning, ICB Action Cards in IRP and System Provider Plans	Fully compliant
12	Infectious disease	In line with current guidance and legislation, the organisation has arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases.	Arrangements should be: <ul style="list-style-type: none"> <li>• current</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul> <p>Acute providers should ensure their arrangements reflect the guidance issued by DHSC in relation to FFP3 Resilience in Acute setting incorporating the FFP3 resilience principles. <a href="https://www.england.nhs.uk/coronavirus/secondary-care/infection-control/ppel/ffp3-fit-testing/ffp3-resilience-principles-in-acute-settings/">https://www.england.nhs.uk/coronavirus/secondary-care/infection-control/ppel/ffp3-fit-testing/ffp3-resilience-principles-in-acute-settings/</a></p>	E of E Health Protection MoU, ICB Outbreak Management Plan and Comms Plan, Wethersfield Site Specific Outbreak Management Plan and Exercises, ICB role covering in IRP.	Fully compliant

Ref	Standard name	Standard Detail	Supporting Information - including examples of evidence		RAG
13	<b>New and emerging pandemics</b>	In line with current guidance and legislation and reflecting recent lessons identified, the organisation has arrangements in place to respond to a new and emerging pandemic	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>• current</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul>	<p>Health led multi-agency Pan-Essex Influenza Preparation and Response Plan in place. Reviewed in 2022 and signed off by LHRP members in 2023. Shared with neighbouring ICBs, ERF and LHRP appropriately.</p> <p>Agreed with the LHRP and ERF that upon receipt of national UKHSA and NHSE guidance the plan will be reviewed again to reflect a more generic response with specific annex's to cover nuisances.</p> <p>Limited content including in IRP - needs further development.</p>	Partially compliant
14	<b>Countermeasures</b>	In line with current guidance and legislation, the organisation has arrangements in place to support an incident requiring countermeasures or a mass countermeasure deployment	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>• current</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul> <p>Mass Countermeasure arrangements should include arrangements for administration, reception and distribution of mass prophylaxis and mass vaccination.</p> <p>There may be a requirement for Specialist providers, Community Service Providers, Mental Health and Primary Care services to develop or support Mass Countermeasure distribution arrangements. Organisations should have plans to support patients in their care during activation of mass countermeasure arrangements.</p> <p>Commissioners may be required to commission new services to support mass countermeasure distribution locally, this will be dependant on the incident.</p>	<p>Arrangements at Provider level - further work required to develop a system plan which builds on COVID-19 learning and provider level arrangements.</p>	Partially compliant
15	<b>Mass Casualty</b>	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to incidents with mass casualties.	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>• current</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul> <p>Receiving organisations should also include a safe identification system for unidentified patients in an emergency/mass casualty incident where necessary.</p>	<p>MSE ICB System Control Centre (SCC) set up to support system response from 8:00 to 20:00 7 days a week together with on call process in place to respond to any incident 24/7.</p> <p>Geopony exercise undertaken which precedes the Mass Casualty exercise to take place in September 2023 with all providers.</p> <p>Draft NHS Guidance received July 2023 - further work required to develop system planning for mass casualty incidents.</p>	Partially compliant

Ref	Standard name	Standard Detail	Supporting Information – including examples of evidence		RAG
16	Evacuation and shelter	In line with current guidance and legislation, the organisation has arrangements in place to evacuate and shelter patients, staff and visitors.	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>• current</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul>	<p>MSE ICB Security and Lockdown Policy are in place. Plan shared with Local Security Management Specialist and Estates director during its design phase. Signed off was in line with ICB governance.</p> <p>ICB role detailed within IRP and response builds on provider plans for wider</p>	Fully compliant

Below table shows the self-assessment RAG rating against the Command and control domain.

Ref	Standard name	Standard Detail	Supporting Information – including examples of evidence	Organisational Evidence	RAG
20	On-call mechanism	The organisation has resilient and dedicated mechanisms and structures to enable 24/7 receipt and action of incident notifications, internal or external. This should provide the facility to respond to or escalate notifications to an executive level.	<ul style="list-style-type: none"> <li>• Process explicitly described within the EPRR policy statement</li> <li>• On call Standards and expectations are set out</li> <li>• Add on call processes/handbook available to staff on call</li> <li>• Include 24 hour arrangements for alerting managers and other key staff.</li> <li>• CSUs where they are delivering OOHs business critical services for providers and commissioners</li> </ul>	<p>There is an ICB 24/7 on call rota (two tiered) via pager, as well as a GOLD rota which operates alongside.</p> <p>On-call staff undertake regionally led "Principles of Health Command" strategic leadership training at least every 2 years as well as local tactical / system specific training.</p>	Fully compliant
21	Trained on-call staff	Trained and up to date staff are available 24/7 to manage escalations, make decisions and identify key actions	<ul style="list-style-type: none"> <li>• Process explicitly described within the EPRR policy or statement of intent</li> </ul> <p>The identified individual:</p> <ul style="list-style-type: none"> <li>• Should be trained according to the NHS England EPRR competencies (National Minimum Occupational Standards)</li> <li>• Has a specific process to adopt during the decision making</li> <li>• Is aware who should be consulted and informed during decision making</li> <li>• Should ensure appropriate records are maintained throughout.</li> <li>• Trained in accordance with the TNA identified frequency.</li> </ul>	<p>As above.</p> <p>Process described in the EPRR Policy.</p>	Fully compliant

Below table shows the self-assessment RAG rating against the Training and exercising domain.

Ref	Standard name	Standard Detail	Supporting Information – including examples of evidence	Organisational Evidence	RAG
22	<b>EPRR Training</b>	The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.	<p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Process explicitly described within the EPRR policy or statement of intent</li> <li>• Evidence of a training needs analysis</li> <li>• Training records for all staff on call and those performing a role within the ICC</li> <li>• Training materials</li> <li>• Evidence of personal training and exercising portfolios for key staff</li> </ul>	<p>In line with TNA:</p> <p>On-call staff undertake regionally led Strategic leadership training at least every 2 years as well as local tactical / system specific training.</p> <p>On-call staff are also encouraged to attend multi-agency exercises and further CPD opportunities to enhance their knowledge and experience (e.g. MAGIC).</p> <p>Loggists trained and refreshed annually.</p>	Fully compliant
23	<b>EPRR exercising and testing programme</b>	In accordance with the minimum requirements, in line with current guidance, the organisation has an exercising and testing programme to safely test incident response arrangements. ('no undue risk to exercise players or participants, or those patients in your care')	<p>Organisations should meet the following exercising and testing requirements:</p> <ul style="list-style-type: none"> <li>• a six-monthly communications test</li> <li>• annual table top exercise</li> <li>• live exercise at least once every three years</li> <li>• command post exercise every three years.</li> </ul> <p>The exercising programme must:</p> <ul style="list-style-type: none"> <li>• identify exercises relevant to local risks</li> <li>• meet the needs of the organisation type and stakeholders</li> <li>• ensure warning and informing arrangements are effective.</li> </ul> <p>Lessons identified must be captured, recorded and acted upon as part of continuous improvement.</p> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Exercising Schedule which includes as a minimum one Business Continuity exercise</li> <li>• Post exercise reports and embedding learning</li> </ul>	<p>Exercises attended:</p> <p>Geo pony - mass evacuation</p> <p>Arctic Willow - business continuity during winter pressures</p> <p>Flamingo - communication test</p> <p>Floodex - coastal flooding</p> <p>National Power Outage</p> <p>Ex Red Horse / 2</p> <p>Cyber Griffin Exercise</p> <p>Local risk conversations occur at the LHRP and ERF forums.</p> <p>Lessons learned recorded in database and reported to LHRP and local action plans.</p>	Fully compliant
24	<b>Responder training</b>	<p>The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in accordance with the Minimum Occupational Standards.</p> <p>Individual responders and key decision makers should be supported to maintain a continuous personal development portfolio including involvement in exercising and incident response as well as any training undertaken to fulfil their role</p>	<p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Training records</li> <li>• Evidence of personal training and exercising portfolios for key staff</li> </ul>	<p>Training Matrix for those who have undertaken on-call, strategic or tactical roles, loggist and SCC support functions.</p> <p>In the past 12 months all new ICB on-call staff have attended the 'Principle of Health Command' training and local strategic on call training.</p>	Fully compliant
25	<b>Staff Awareness &amp; Training</b>	There are mechanisms in place to ensure staff are aware of their role in an incident and where to find plans relevant to their area of work or department.	<p>As part of mandatory training</p> <p>Exercise and Training attendance records reported to Board</p>	<p>Mandatory training for on-call staff.</p> <p>Training attendance reported to Audit Committee/Board</p>	Fully compliant



Below table shows the self-assessment RAG rating against the Response domain.

Ref	Standard name	Standard Detail	Supporting Information – including examples of evidence	Organisational Evidence	RAG
26	<b>Incident Co-ordination Centre (ICC)</b>	<p>The organisation has in place suitable and sufficient arrangements to effectively coordinate the response to an incident in line with national guidance. ICC arrangements need to be flexible and scalable to cope with a range of incidents and hours of operation required.</p> <p>An ICC must have dedicated business continuity arrangements in place and must be resilient to loss of utilities, including telecommunications, and to external hazards.</p> <p>ICC equipment should be tested in line with national guidance or after a major infrastructure change to ensure functionality and in a state of organisational readiness.</p> <p>Arrangements should be supported with access to documentation for its activation and operation.</p>	<ul style="list-style-type: none"> <li>• Documented processes for identifying the location and establishing an ICC</li> <li>• Maps and diagrams</li> <li>• A testing schedule</li> <li>• A training schedule</li> <li>• Pre identified roles and responsibilities, with action cards</li> <li>• Demonstration ICC location is resilient to loss of utilities, including telecommunications, and external hazards</li> <li>• Arrangements might include virtual arrangements in addition to physical facilities but must be resilient with alternative contingency solutions.</li> </ul>	<p>ICC plan in place combined with IRP. SCC set up and in place 8:00 to 18:00 hours 7 days a week.</p> <p>Incident rooms are located across the locality to account for localised failures: Basildon offices (primary destination), Chelmsford offices and Brentwood Community Hospital, have been tested as part of the COVID incident and ongoing incident management status.</p> <p>Brentwood Community Hospital confirmed as having back up generators in case of loss of power plus informal agreement with MSEFT to use a space in the acute if required.</p> <p>Supporting documents available electronically via multiple platforms (Resilience Direct and MS Teams), as well as hard copies at the Basildon and Chelmsford offices.</p>	Fully compliant
27	<b>Access to planning arrangements</b>	Version controlled current response documents are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible.	Planning arrangements are easily accessible - both electronically and local copies	Supporting documents available electronically via multiple platforms (Resilience Direct and MS Teams), as well as hard copies.	Fully compliant
28	<b>Management of business continuity incidents</b>	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).	<ul style="list-style-type: none"> <li>• Business Continuity Response plans</li> <li>• Arrangements in place that mitigate escalation to business continuity incident</li> <li>• Escalation processes</li> </ul>	<p>Current plans in place:</p> <ul style="list-style-type: none"> <li>• Business Continuity Policy/Strategy</li> <li>• Operational Fuel Plan</li> </ul> <p>Mid and South Essex Strategic Business Continuity plan Business Impact assessment</p>	Fully compliant
29	<b>Decision Logging</b>	To ensure decisions are recorded during business continuity, critical and major incidents, the organisation must ensure: 1. Key response staff are aware of the need for creating their own personal records and decision logs to the required standards and storing them in accordance with the organisations' records management policy. 2. has 24 hour access to a trained loggist(s) to ensure support to the decision maker	<ul style="list-style-type: none"> <li>• Documented processes for accessing and utilising loggists</li> <li>• Training records</li> </ul>	Loggists trained and refreshed annually. Currently ** individuals trained.	Fully compliant
30	<b>Situation Reports</b>	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to incidents including bespoke or incident dependent formats.	<ul style="list-style-type: none"> <li>• Documented processes for completing, quality assuring, signing off and submitting SitReps</li> <li>• Evidence of testing and exercising</li> <li>• The organisation has access to the standard SitRep Template</li> </ul>	Process via the CIMT inbox - sitreps received, distributed, collated and submitted via CIMT inbox.	Fully compliant

Below table shows the self-assessment RAG rating against the Warning and informing domain.

Ref	Standard name	Standard Detail	Supporting Information – including examples of evidence	Organisational Evidence	RAG
33	<b>Warning and informing</b>	The organisation aligns communications planning and activity with the organisation's EPRR planning and activity.	<ul style="list-style-type: none"> <li>• Awareness within communications team of the organisation's EPRR plan, and how to report potential incidents.</li> <li>• Measures are in place to ensure incidents are appropriately described and declared in line with the NHS EPRR Framework.</li> <li>• Out of hours communication system (24/7, year-round) is in place to allow access to trained comms support for senior leaders during an incident. This should include on call arrangements.</li> <li>• Having a process for being able to log incoming requests, track responses to these requests and to ensure that information related to incidents is stored effectively. This will allow organisations to provide evidence should it be required for an inquiry.</li> </ul>	<p>ICB have a pool of media spokespeople trained to be able to represent the organisation to the media. Contact directory for ICB communication staff available on Resilience Direct and in ICC's.</p> <p>On - call comms person for the MSE in place via the acute trust. Contacts circulated weekly.</p> <p>ICB and wider system communications colleagues part of the ERF communicators group.</p> <p>All staff contact details available on RD for on-call directors to access and cascade system via individual directorates in place.</p> <p>On-call Comms Role to be established post restructure.</p>	Fully compliant
34	<b>Incident Communication Plan</b>	The organisation has a plan in place for communicating during an incident which can be enacted.	<ul style="list-style-type: none"> <li>• An incident communications plan has been developed and is available to on call communications staff</li> <li>• The incident communications plan has been tested both in and out of hours</li> <li>• Action cards have been developed for communications roles</li> <li>• A requirement for briefing NHS England regional communications team has been established</li> <li>• The plan has been tested, both in and out of hours as part of an exercise.</li> <li>• Clarity on sign off for communications is included in the plan, noting the need to ensure communications are signed off by incident leads, as well as NHSE (if appropriate).</li> </ul>	<p>Incident communications forms part of the incident response plan. The ICB is a member of the Essex Communicator's Group of the Essex Resilience Forum. Communication exercise 'Flamingo' completed to test communications from NHSE down to providers.</p> <p>On-call comms role being developed post restructure - ICP being developed.</p>	Partially compliant

Ref	Standard name	Standard Detail	Supporting Information - including examples of evidence	Organisational Evidence	RAG
35	<b>Communication with partners and stakeholders</b>	The organisation has arrangements in place to communicate with patients, staff, partner organisations, stakeholders, and the public before, during and after a major incident, critical incident or business continuity incident.	<ul style="list-style-type: none"> <li>Established means of communicating with staff, at both short notice and for the duration of the incident, including out of hours communications</li> <li>A developed list of contacts in partner organisations who are key to service delivery (local Council, LRF partners, neighbouring NHS organisations etc) and a means of warning and informing these organisations about an incident as well as sharing communications information with partner organisations to create consistent messages at a local, regional and national level.</li> <li>A developed list of key local stakeholders (such as local elected officials, unions etc) and an established a process by which to brief local stakeholders during an incident</li> <li>Appropriate channels for communicating with members of the public that can be used 24/7 if required</li> <li>Identified sites within the organisation for displaying of important public information (such as main points of access)</li> <li>Have in place a means of communicating with patients who have appointments booked or are receiving treatment.</li> <li>Have in place a plan to communicate with inpatients and their families or care givers.</li> <li>The organisation publicly states its readiness and preparedness activities in annual reports within the organisations own regulatory reporting requirements</li> </ul>	<p>ICB Communications and Engagement Strategy, ICS Media Policy and ICS Social Media Policy in place. Communication are included in IRP and in BC plan.</p> <p>Contact directory for ICB communication staff available on Resilience Direct and in SCC.</p> <p>Weekly communication to System with on-call contact arrangements sent via SCC.</p> <p>24/7 on call directors and GOLD's trained to understand the descriptions of incidents and their declaration as part of the training programme.</p> <p>ICB and wider system communications colleagues part of the ERF communicators group.</p> <p>All staff contact details available on RD for on-call directors to access and cascade system via individual directorates in place.</p>	Fully compliant
36	<b>Media strategy</b>	The organisation has arrangements in place to enable rapid and structured communication via the media and social media	<ul style="list-style-type: none"> <li>Having an agreed media strategy and a plan for how this will be enacted during an incident. This will allow for timely distribution of information to warn and inform the media</li> <li>Develop a pool of media spokespeople able to represent the organisation to the media at all times.</li> <li>Social Media policy and monitoring in place to identify and track information on social media relating to incidents.</li> <li>Setting up protocols for using social media to warn and inform</li> <li>Specifying advice to senior staff to effectively use social media accounts whilst the organisation is in incident response</li> </ul>	<p>ICB Communications and Engagement Strategy, ICS Media Policy and ICS Social Media Policy in place. Communication are included in IRP and in BC plan.</p> <p>ICB have a pool of media spokespeople trained to be able to represent the organisation to the media.</p> <p>On-call role to be implemented post restructure. ICP being developed to include media strategy.</p>	Partially compliant

Below table shows the self-assessment RAG rating against the Cooperation domain.

Ref	Standard name	Standard Detail	Supporting Information - including examples of evidence	Organisational Evidence	RAG
37	LHRP Engagement	The Accountable Emergency Officer, or a director level representative with delegated authority (to authorise plans and commit resources on behalf of their organisation) attends Local Health Resilience Partnership (LHRP) meetings.	<ul style="list-style-type: none"> <li>Minutes of meetings</li> <li>Individual members of the LHRP must be authorised by their employing organisation to act in accordance with their organisational governance arrangements and their statutory status and responsibilities.</li> </ul>	Essex LHRP executive group meetings are scheduled quarterly and in line with the NHS EPRR framework document. AEO or directorate level representation present. Minutes of meetings are available and recognition that NHSE are in attendance	Fully compliant
38	LRF / BRF Engagement	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.	<ul style="list-style-type: none"> <li>Minutes of meetings</li> <li>A governance agreement is in place if the organisation is represented and feeds back across the system</li> </ul>	Rep from the ICB EPRR team attends the bi-weekly ERF meetings, often representing the wider health system. MSE ICB AEO or director level representative attends the LRF Board.	Fully compliant
39	Mutual aid arrangements	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies.  In line with current NHS guidance, these arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.	<ul style="list-style-type: none"> <li>Detailed documentation on the process for requesting, receiving and managing mutual aid requests</li> <li>Templates and other required documentation is available in ICC or as appendices to IRP</li> <li>Signed mutual aid agreements where appropriate</li> </ul>	MACA request flow chart in place agreed with NHS England. Rover rescue protocol in place for winter with ECC.	Fully compliant
40	Arrangements for multi area response	The organisation has arrangements in place to prepare for and respond to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas.	<ul style="list-style-type: none"> <li>Detailed documentation on the process for coordinating the response to incidents affecting two or more LHRPs</li> <li>Where an organisation sits across boundaries the reporting route should be clearly identified and known to all</li> </ul>	As per the NHS EPRR Framework, NHSE would be responsible for coordinating an incident which spans across more than one ICB area.  Within Essex, there is an Memorandum of Understanding agreed between Herts and West Essex and Suffolk and North Essex that MSE will lead on an incident response from an ERF perspective unless the incident is specific to either North East Essex or West Essex areas.	Fully compliant
42	LHRP Secretariat	The organisation has arrangements in place to ensure that the Local Health Resilience Partnership (LHRP) meets at least once every 6 months.	<ul style="list-style-type: none"> <li>LHRP terms of reference</li> <li>Meeting minutes</li> <li>Meeting agendas</li> </ul>	LHRP terms of reference agreed and in place. MSE ICB staff provide secretariat support to the meeting including scheduling, agenda setting in collaboration with HWE and SNEE ICB colleagues, NHSE and UKHSA.	Fully compliant
43	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information pertinent to the response with stakeholders and partners, during incidents.	<ul style="list-style-type: none"> <li>Documented and signed information sharing protocol</li> <li>Evidence relevant guidance has been considered, e.g. Freedom of Information Act 2000, General Data Protection Regulation 2016, Caldicott Principles, Safeguarding requirements and the Civil Contingencies Act 2004</li> </ul>	ERF information sharing agreement in place.	Fully compliant

Below table shows the self-assessment RAG rating against the Business Continuity domain.

Ref	Standard name	Standard Detail	Supporting Information – including examples of evidence	Organisational Evidence	RAG
44	BC policy statement	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) that aligns to the <u>ISO standard 22301</u> .	The organisation has in place a policy which includes intentions and direction as formally expressed by its top management. The BC Policy should: <ul style="list-style-type: none"> <li>• Provide the strategic direction from which the business continuity programme is delivered.</li> <li>• Define the way in which the organisation will approach business continuity.</li> <li>• Show evidence of being supported, approved and owned by top management.</li> <li>• Be reflective of the organisation in terms of size, complexity and type of organisation.</li> <li>• Document any standards or guidelines that are used as a benchmark for the BC programme.</li> <li>• Consider short term and long term impacts on the organisation including climate change adaption planning</li> </ul>	Business Continuity policy in place.	Fully compliant
45	Business Continuity Management Systems (BCMS) scope and objectives	The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented.  A definition of the scope of the programme ensures a clear understanding of which areas of the organisation are in and out of scope of the BC programme.	BCMS should detail: <ul style="list-style-type: none"> <li>• Scope e.g. key products and services within the scope and exclusions from the scope</li> <li>• Objectives of the system</li> <li>• The requirement to undertake BC e.g. Statutory, Regulatory and contractual duties</li> <li>• Specific roles within the BCMS including responsibilities, competencies and authorities.</li> <li>• The risk management processes for the organisation i.e. how risk will be assessed and documented (e.g. Risk Register), the acceptable level of risk and risk review and monitoring process</li> <li>• Resource requirements</li> <li>• Communications strategy with all staff to ensure they are aware of their roles</li> <li>• alignment to the organisations strategy, objectives, operating environment and approach to risk.</li> <li>• the outsourced activities and suppliers of products and suppliers.</li> <li>• how the understanding of BC will be increased in the organisation</li> </ul>	Business Continuity Policy in place and updated in line with NHS Toolkit.	Fully compliant
46	Business Impact Analysis/Assessment (BIA)	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(es).	The organisation has identified prioritised activities by undertaking a strategic Business Impact Analysis/Assessments. Business Impact Analysis/Assessment is the key first stage in the development of a BCMS and is therefore critical to a business continuity programme.  Documented process on how BIA will be conducted, including: <ul style="list-style-type: none"> <li>• the method to be used</li> <li>• the frequency of review</li> <li>• how the information will be used to inform planning</li> <li>• how RA is used to support.</li> </ul> <p>The organisation should undertake a review of its critical function using a Business Impact Analysis/assessment. Without a Business Impact Analysis organisations are not able to assess/assure compliance without it. The following points should be considered when undertaking a BIA:</p> <ul style="list-style-type: none"> <li>• Determining impacts over time should demonstrate to top management how quickly the organisation needs to respond to a disruption.</li> <li>• A consistent approach to performing the BIA should be used throughout the organisation.</li> <li>• BIA method used should be robust enough to ensure the information is collected consistently and impartially.</li> </ul>	BIA's received from all Directorates	Fully compliant

Ref	Standard name	Standard Detail	Supporting Information – including examples of evidence	Organisational Evidence	RAG
47	Business Continuity Plans (BCP)	The organisation has business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: <ul style="list-style-type: none"> <li>• people</li> <li>• information and data</li> <li>• premises</li> <li>• suppliers and contractors</li> <li>• IT and infrastructure</li> </ul>	<p>Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation.</p> <p>Ensure BCPS are Developed using the ISO 22301 and the NHS Toolkit. BC Planning is undertaken by an adequately trained person and contain the following: <ul style="list-style-type: none"> <li>• Purpose and Scope</li> <li>• Objectives and assumptions</li> <li>• Escalation &amp; Response Structure which is specific to your organisation.</li> <li>• Plan activation criteria, procedures and authorisation.</li> <li>• Response teams roles and responsibilities.</li> <li>• Individual responsibilities and authorities of team members.</li> <li>• Prompts for immediate action and any specific decisions the team may need to make.</li> <li>• Communication requirements and procedures with relevant interested parties.</li> <li>• Internal and external interdependencies.</li> <li>• Summary Information of the organisations prioritised activities.</li> <li>• Decision support checklists</li> <li>• Details of meeting locations</li> </ul> </p>	BCP prepared in line with NHS Toolkit	Fully compliant
48	Testing and Exercising	The organisation has in place a procedure whereby testing and exercising of Business Continuity plans is undertaken on a yearly basis as a minimum, following organisational change or as a result of learning from other business continuity incidents.	<p>Confirm the type of exercise the organisation has undertaken to meet this sub standard: <ul style="list-style-type: none"> <li>• Discussion based exercise</li> <li>• Scenario Exercises</li> <li>• Simulation Exercises</li> <li>• Live exercise</li> <li>• Test</li> <li>• Undertake a debrief</li> </ul> </p> <p><u>Evidence</u> Post exercise/ testing reports and action plans</p>	<p>Exercises attended: Geopony - Mass evacuation Arctic Willow - business continuity during winter pressures Flamingo - communications exercise Floodex - coastal flooding National Power Outage Ex Red Horse / Ex Red Horse 2 Cyber Exercise</p> <p>Local risk conversations occur at the LHRP and ERF forums.</p> <p>Lessons learned database completed and lessons identified fed into LHRP or local action plans.</p>	Fully compliant
49	Data Protection and Security Toolkit	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	<p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Statement of compliance</li> <li>• Action plan to obtain compliance if not achieved</li> </ul>	<p>Data protection tool kit review undertaken annually by ICB's information governance team in order to ensure mandatory Level 2 compliance.</p> <p>Full compliance. Also undertaken Cyber Exercise with relevant teams.</p>	Fully compliant
50	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the	<ul style="list-style-type: none"> <li>• Business continuity policy</li> <li>• BCMS</li> <li>• performance reporting</li> <li>• Board papers</li> </ul>	ICB BCP policy in place and reporting mechanisms agreed from a governance perspective to share the outcomes of exercises/events.	Fully compliant
51	BC audit	<p>The organisation has a process for internal audit, and outcomes are included in the report to the board.</p> <p>The organisation has conducted audits at planned intervals to confirm they are conforming with its own business continuity programme.</p>	<ul style="list-style-type: none"> <li>• process documented in EPRR policy/Business continuity policy or BCMS aligned to the audit programme for the organisation</li> <li>• Board papers</li> <li>• Audit reports</li> <li>• Remedial action plan that is agreed by top management.</li> <li>• An independent business continuity management audit report.</li> <li>• Internal audits should be undertaken as agreed by the organisation's audit planning schedule on a rolling cycle.</li> <li>• External audits should be undertaken in alignment with the organisations audit programme</li> </ul>	EPRR BC Audit undertaken in April/May 2023. The result of the audit found that the EPRR function 'requires improvement' and an action plan is in place to ensure the areas of improvement are completed by the deadlines agreed.	Fully compliant

Ref	Standard name	Standard Detail	Supporting Information - including examples of evidence	Organisational Evidence	RAG
52	<b>BCMS continuous improvement process</b>	There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	<ul style="list-style-type: none"> <li>• process documented in the EPRR policy/Business continuity policy or BCMS</li> <li>• Board papers showing evidence of improvement</li> <li>• Action plans following exercising, training and incidents</li> <li>• Improvement plans following internal or external auditing</li> <li>• Changes to suppliers or contracts following assessment of suitability</li> </ul> <p>Continuous Improvement can be identified via the following routes:</p> <ul style="list-style-type: none"> <li>• Lessons learned through exercising.</li> <li>• Changes to the organisations structure, products and services, infrastructure, processes or activities.</li> <li>• Changes to the environment in which the organisation operates.</li> <li>• A review or audit.</li> <li>• Changes or updates to the business continuity management lifecycle, such as the BIA or continuity solutions.</li> <li>• Self assessment</li> <li>• Quality assurance</li> <li>• Performance appraisal</li> <li>• Supplier performance</li> <li>• Management review</li> <li>• Debriefs</li> <li>• After action reviews</li> <li>• Lessons learned through exercising or live incidents</li> </ul>	<p>EPRR and BC policy outline the importance and process for continuous improvement.</p> <p>Following an exercise debrief is required an action plan would be compiled and specific individuals within organisations would be allocated actions.</p> <p>Internal BC Audit undertaken in 2022/23</p>	Fully compliant
53	<b>Assurance of commissioned providers / suppliers BCPs</b>	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements align and are interoperable with their own.	<ul style="list-style-type: none"> <li>• EPRR policy/Business continuity policy or BCMS outlines the process to be used and how suppliers will be identified for assurance</li> <li>• Provider/supplier assurance framework</li> <li>• Provider/supplier business continuity arrangements</li> </ul> <p>This may be supported by the organisations procurement or commercial teams (where trained in BC) at tender phase and at set intervals for critical and/or high value suppliers</p>	<p>A section of the NHS standard contract relating to the provision of BCP and Emergency Planning stipulates the requirement to have sufficient plans in place.</p> <p>ICB hosts 'confirm and challenge' sessions with its main providers on an annual basis. Also exploring more robust arrangements for contractors/suppliers</p>	Fully compliant

### **3. Recommendation**

Members are asked to endorse the Audit Committee approval of the MSE ICB EPRR Core Standards move to Substantial Compliance for 2023/24.

### **4. Appendix**

**Appendix 1:** NHS England Letter – May 2023



- To:
- NHS Accountable Emergency Officers
  - ICB Accountable Emergency Officers
  - NHS England:
    - Regional Directors
    - Regional Directors of Performance and Improvement
    - Regional Directors of Performance
    - Regional Heads of EPRR
  - LHRP co-chairs

NHS England  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

**23 May 2023**

- cc.
- Mike Prentice, National Director for Emergency Planning and Incident Response
  - NHS England Business Continuity Team
  - CSU managing directors
  - Clara Swinson, Director General for Global and Public Health, Department of Health and Social Care
  - Emma Reed, Director of Emergency Preparedness and Health Protection Policy Global and Public Health Group, DHSC

Dear colleagues,

## **Emergency preparedness, resilience and response (EPRR) annual assurance process for 2023/24**

Many thanks to you and your teams for your continued leadership and focus on the delivery of patient care during what has been another challenging year. Amongst the backdrop of a number of concurrent issues, not least the ongoing industrial action, whilst delivering a major recovery plan for urgent and emergency care service, the ability of the NHS to remain resilient and responsive over a sustained period is due to our collective commitment to emergency preparedness, resilience and response (EPRR).

NHS England is responsible for gaining assurance on the preparedness of the NHS to respond to incidents and emergencies, while maintaining the ability to remain resilient and continue to deliver critical services. This is achieved through the EPRR annual assurance process.

The process last year returned us to many of the previous mechanisms following a reduced process in the previous years, due to demands on the NHS. It was also the first time since the introduction of the Health and Care Act 2022 which established Integrated Care Boards as Category 1 responder organisations in the CCA (2004) and as local health system leaders. It is hoped that this year’s process will build on these experiences by developing robust local processes for undertaking organisational self-assessments against the core standards and agree the processes to gain confidence with organisational ratings.

This letter notifies you of the start of the 2023/24 EPRR assurance process and the initial actions for organisations to take.

### Core standards

The NHS core standards for EPRR are the basis of the assurance process. This year Domain 10 (CBRN) of the core standards have been reviewed and will also incorporate updated interoperable capabilities standards. The refreshed core standards can be found in the NHS core standards for EPRR self-assessment tool.

You are asked to undertake a self-assessment against the individual core standards relevant to your organisation type and rate your compliance for each.

The compliance level for each standard is defined as:

Compliance level	Definition
Fully compliant	Fully compliant with the core standard.
Partially compliant	Not compliant with the core standard. The organisation’s EPRR work programme demonstrates evidence of progress and an action plan is in place to achieve full compliance within the next 12 months.
Non-compliant	Not compliant with the core standard. In line with the organisation’s EPRR work programme, compliance will not be reached within the next 12 months.

### Deep dive

Following key themes and common health risks raised as part of last year’s annual assurance process, the 2023/24 EPRR annual deep dive will focus on EPRR responder

training. Training is a fundamental element of embedding resilience within organisations as part of the cycle of emergency planning.

The deep dive questions are applicable to those organisations indicated in the NHS core standards for EPRR self assessment tool.

The outcome of the deep dive will be used to identify areas of good practice and further development whilst seeking additional assurance in this area of the core standards and guide organisations in the development of local arrangements.

### Organisational assurance rating

The number of core standards applicable to each organisation type is different. The overall EPRR assurance rating is based on the percentage of core standards the organisations assess itself as being ‘fully compliant’ with. This is explained in more detail below:

Organisational rating	Criteria
Fully	The organisation is fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantial	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partial	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non-compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

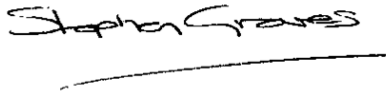
### Action to take/next steps:

- All NHS organisations should undertake a self-assessment against the 2023 updated core standards (attached) relevant to their organisation. The outcome from this should then be taken and discussed at a public board or, for organisations that do not hold public boards, be published in their annual report.
- ICBs are required to work with their commissioned organisations and LHRP partners to agree a process to gain confidence with organisational ratings and provide an environment that promotes the sharing of learning and good practice. This process should be agreed with the NHS England regional head of EPRR.
- NHS England regional heads of EPRR and their teams are to work with ICBs to agree a process to obtain organisation-level assurance ratings and provide an environment that promotes the sharing of learning and good practice across their region.

- NHS England regional heads of EPRR are to submit the assurance ratings for each of their organisations and a description of their regional process to myself before Friday 29 December 2023.

If you have any queries, please contact your ICB EPRR Lead or regional head of EPRR in the first instance.

Yours sincerely,

A handwritten signature in black ink that reads "Stephen Groves". The signature is written in a cursive style and is positioned above a solid horizontal line.

**Stephen Groves**

Director of NHS Resilience (National)

NHS England

## Part I ICB Board Meeting, 16 November 2023

### Agenda Number: 11

### Quality Report

### Summary Report

#### 1. Purpose of Report

The purpose of this report is to provide the Board with a summary of the key quality and patient safety issues, risks, escalations, and actions being taken for assurance. This report was previously considered by SOAC on 8 November 2023.

#### 2. Executive Lead and Report Author

Dr Giles Thorpe, Executive Chief Nursing Officer.  
Viv Barker, Director of Nursing – Patient Safety.  
Stephen Mayo, Director of Nursing – Patient Experience.

#### 3. Responsible Committees

ICB Quality Committee.  
ICB System Quality Group.

#### 4. Impact Assessments

Not required for this report.

#### 5. Financial Implications

Not required for this report.

#### 6. Details of patient or public engagement or consultation

Not required for this report.

#### 7. Conflicts of Interest

None identified.

#### 8. Recommendations

The Board is asked to note the contents of the Quality report and key actions being undertaken.

# Quality Report

## 1. Introduction

- 1.1 The purpose of this report is to provide the Board with a summary of the key quality and patient safety issues, risks, escalations, and subsequent actions taken in response, to provide assurance of oversight on all aspects of quality within the Mid and South Essex Integrated Care System.
- 1.2 The System Quality Group (SQG) last met on 4 October 2023 and the Quality Committee met on 27 October 2023. This report was previously considered by SOAC on 8 November 2023.

## 2. System Quality Group Escalations (SQG)

### 2.1 Attention Deficit Hyperactivity Disorder (ADHD) Medicines Shortage – National Patient Safety Alert

The ICB Chief Pharmacist is working with EPUT, Primary Care and other relevant partners to mitigate the local impact of a national Patient Safety Alert highlighting shortages of atomoxetine and lisdexamfetamine over recent months. The implications are that the number of medicines available for the treatment of ADHD has been significantly reduced.

It was noted in Quality Committee, and reported to SOAC, that the position is now beginning to improve, and communications have been sent out to partners and information is available for residents of MSE on the ICB website. The ICB has fulfilled its duties in line with the national Patient Safety Alert requirement.

### 2.2 Mid and South Essex NHS Foundation Trust (MSEFT) – Radiology concerns – Update

MSEFT provided an update in terms of concerns raised around X-ray equipment which is potentially emitting high doses of radiation to patients and staff. Post investigation MSEFT have confirmed that this issue was related to interventional radiology equipment only, which is reaching the end of its lifespan, in one clinical room. Assurances were provided that there has been no harm to patients or staff and mitigations are in place along with longer term equipment upgrade plans.

### 2.3 Tier 4 Mental Health Bed Shortages (Child and Adolescent Mental Health Services (CAMHS))

The Mental Health Provider Collaborative highlighted to partners in System Quality Group of ongoing increased demand and capacity challenges for young people accessing specialist Tier 4 CAMHS inpatient beds. This has been exacerbated by the closure of the in-regional NHS specialist eating disorder unit, which has been discussed at the Regional Quality Group. The ICB is working closely with the Provider Collaborative and system partners to ensure any delays in admitting children and young people to appropriate beds is minimised where possible, and appropriate support is in place for families.

## 2.4 Endoscopy Services – system quality concerns

Recent quality concerns have been highlighted for endoscopy service provision across Mid and South Essex. This relates to a Getting it Right First Time (GiRFT) endoscopy services inspection in MSEFT (April 2023) and quality visits to the private sector endoscopy provision.

- **MSEFT** – the GiRFT report drew attention to four areas of improvement: leadership, quality, oversight of the independent sector and being outliers in terms of the number of endoscopic retrograde cholangiopancreatographies (ERCPs) being performed. A task and finish group is in place with ICB representation to focus on the GiRFT action plan, to ensure recommendations are completed prior to a revisit by the GiRFT team in early 2024.
- **Chartwell** – A planned IPC visit identified safety concerns regarding endoscopes and poor imaging and the subsequent potential for misdiagnosis. This led to a suspension order of endoscopy services within this provider, which remains in place. ICB contracting and quality teams are working closely to support improvements and enable the lifting of the suspension order, once assurances have been provided to system partners.
- **Eastwood Community Endoscopy Centre** – Oversight issues with the leadership team were highlighted but no overriding patient safety concerns were identified. Increased pressure due to the suspension of Chartwell was noted on the service.
- **In Health Endoscopy (sub-contracted by Provide)** - Lack of monitoring of National Early Warning Score (NEWS2) scoring and poor oversight of safeguarding was noted, but no overriding patient safety concerns were identified.

An ICB endoscopy oversight group is now in place with sub-groups for each provider and clear governance routes to the ICB's Diagnostic board. Further funding has been identified nationally to develop the role of system-level endoscopy leads. Recruitment to such a role for MSE will be led by the ICB System Medical Director.

## 3. Quality Committee Escalations

### 3.1 LGBTQIA+ access to fertility support

The committee received a patient experience video highlighting the challenges placed upon Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual (LGBTQIA+) families in accessing NHS Funded fertility services. The discussion which followed highlighted that MSE ICB has ensured that access for fertility services is not based upon sexuality and criteria are equal for all, irrespective of marital/ relationship status. However, it was recognised that the committee should be assured that this was happening in practice and requested this be revisited within the coming year.

### 3.2 MSEFT – Quality Update

**Dermatology Never Event round table** – positive actions were noted to reduce number of safety incidents at MSEFT and evidence and assurance provided by clinical leaders on the plans in place to create hard stops to reduce future never events occurring.



**Paediatric Sepsis/Culture** – an update was provided on actions being taken within the Trust to address issues relating to leadership and culture. External reviews have been commissioned, and quality assurance visits are in place to meet Paediatric Emergency Department Teams to gain assurance on the management of the deteriorating child and paediatric sepsis across all sites. Further assurance will be taken back through the Quality Committee.

**Serious Incident/Complaints backlog** – an improvement in the backlog of serious incidents and complaints was presented to Quality Committee members, where it was recognised that the impact of industrial action was hampering efforts to clear the backlog due to clinician time being appropriately focussed on delivering care for patients in the hospital sites. ICB support is in place to minimise delays on serious incident approval, recognising that the Trust is now moving to a Patient Safety Improvement Response Framework and Plan (PSIRF/PSIRP) which will change how adverse events are investigated in line with national recommendations.

### **3.3 Essex Partnership University NHS Foundation Trust (EPUT) – Quality Update**

**Absence without Leave (AWOL)** – some patients who had been granted leave within EPUT whilst under section of the Mental Health Act had not returned within agreed timescales. This was an emerging area of concern within the Trust and a thematic review is underway to ensure that appropriate practice is being undertaken, so that patients are safe. No patient harm is known to have occurred at the current time.

**Care Quality Commission (CQC) Action Plan update** – the completion of actions in response to the CQC inspection were being progressed within the Trust, with clarity that actions would not be fully signed off until evidence had been reviewed externally by the ICB within the Evidence Assurance Group – this was positively received by committee members.

### **3.4 Mental Health Statutory Inquiry**

A discussion was held regarding the imminent commencement of the Statutory Inquiry into deaths within mental health services in Essex. Recognising that the terms of reference were being developed from 1 November 2023, it was noted that the support required for staff who would be involved in this process could not be accurately quantified at the current time, and this was raised as an emerging risk.

The Executive Teams across Suffolk and North East Essex (SNEE), Herts and West Essex (HWE) and MSE ICBs have agreed a tripartite approach to respond to questions from the inquiry team. This is because the commissioning arrangements for mental health services covering the last 20 years have changed significantly, and it is important that these need to be clearly understood. This will further aid any documentary requests that are made. In addition, a legal firm has been appointed to provide expert support when required by the ICBs' project team.

### **3.5 Community Collaborative – Quality Update**

**St Peter's Hospital movement of inpatient community services** – the planned movement of community inpatient services from St Peter's Hospital to Brentwood Community Hospital (BCH) has been completed. It became necessary to make the changes because of the number of health and safety concerns within the St Peter's site,



including regular flooding, fire risks and breakdown of lifts. Work is ongoing to prepare for full public consultation on longer term options; in the meantime, Health Oversight and Scrutiny Committees (HOSCs) have been notified that the recent moves have been required on a temporary basis.

It was noted that there were concerns within the BCH site, including risks associated with Legionella in some areas. This was due to previously unoccupied clinical areas not having regular flushing of taps, which has been addressed through the implementation of a flushing regime and regular testing of water sources. Required flooring repairs, which were also identified, are now being managed by the ICB Estates Team, supporting the relevant service provider within BCH.

**Acuity and Activity pressures** – concerns were raised regarding the increased activity and acuity placed on children and young people’s services in the community, including therapy services and ADHD/Autism Spectrum Disorder (ASD) diagnoses, that have led to increased complaints from families. In addition, a shortage in the ability to deliver a full podiatry service had been raised as a concern from patients; however, staffing gaps have been addressed recently with the appointment of a newly qualified podiatrist. No adverse incidents had been seen but this was being closely monitored.

**Community acuity** – a point of escalation was raised in relation to the acuity of patients requiring community services. Recognising the need to support the early discharge of patients to improve flow, it was noted that the impact on community services was being felt. This was something Quality Committee wished to keep close sight of and the risks sitting within community services would form part of a refreshed SQG function that would consider key system-level risks and seek solutions.

### **3.6 Local Maternity and Neonatal Safety (LMNS) Board**

The LMNS shared that an alert had been raised that the East of England was evidencing an increase in stillbirths according to Office of National Statistics data; however, the MSE system was not an outlier and data showed an improving position over time. The actions following an earlier stillbirth review are being monitored by the LMNS to evidence sustainability of improvement, to ensure that outcomes remain positive through adherence to best practice standards.

An action plan to ensure equality and equity for maternity services users, recognising poorer outcomes for people with protected characteristics and race, was in place and would be closely monitored by the LMNS.

An update to the Perinatal Quality Surveillance Standard Operating Procedure was approved by Committee Members in line with the requirements of Standard 9 Part A of the Clinical Negligence Scheme for Trusts (CNST) – Year 5 MIS.

### **3.7 National Confidential Enquiry into Patient Outcomes (NCEPOD) Report – ‘The Inbetweeners’**

An overview of the NCEPOD report ‘The Inbetweeners’ was presented to Quality Committee members. It was noted that the challenges facing children and young people, and their families, were significant when moving from children to adults’ health and care services, including populations with Learning Disabilities and/or Autism. A question was raised whether this should form part of a stewardship programme and it was recognised that the CYP Stewardship Group had recently completed their 6-month development phase and would consider the transition agenda within their work plans.

In addition, the Growing Well Programme Board would also consider the recommendations within the report so that oversight on this area of health and care delivery was robust.

### 3.8 Paediatric Audiology

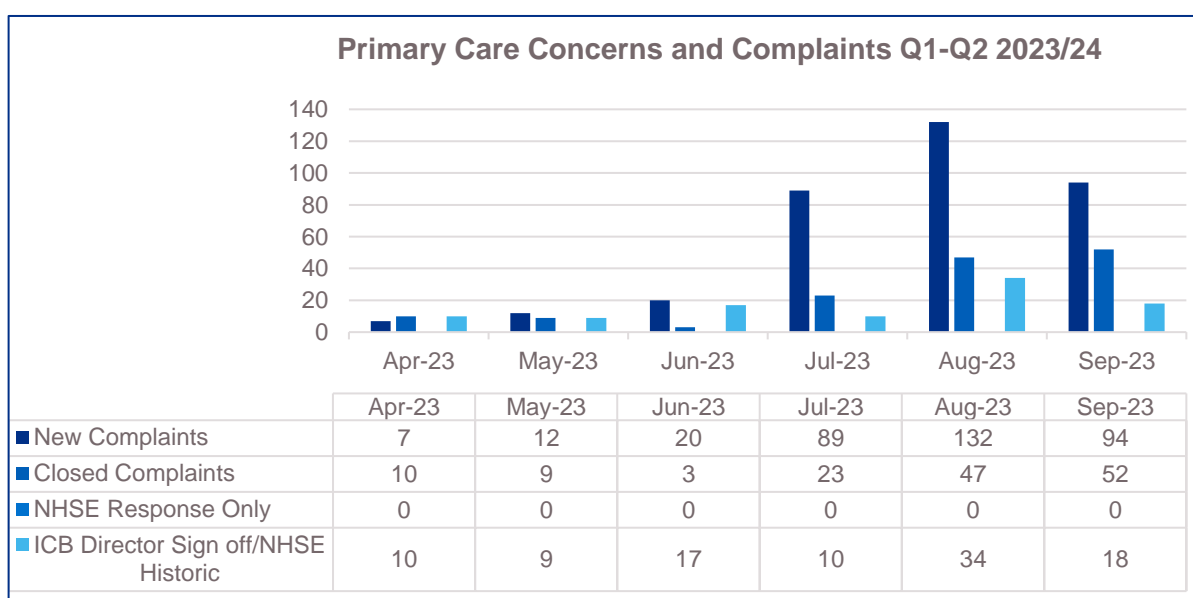
Committee Members received an update of the actions taken by the ICB in relation to concerns being raised regarding Paediatric Audiology. A scoping exercise and response to the request was reviewed and noted by the Quality Committee for onward referral to the regional team to evidence action was in place to liaise with provider partners in the quality of audiology services for children and young people.

## 4. Primary Care Complaints

Since the delegation of authority to oversee the quality of Pharmacy, Optometry and Dental practices within the system a significant increase in the level of complaints has been noted.

For information, there were **315** new concerns and complaints received for Primary Care for the Quarter 2 in 2023 (July-September) with the highest number (**n=132**) received in August 2023. During Quarter 2 in 2022, only **54** Primary Care complaints were received, demonstrating a near six-fold increase in the number received.

The impact of the above increase has led to the temporary extension of timeframes for acknowledgements and responses; however, new methods of complaint triage and response processes are being rolled out in the coming months to facilitate a trajectory that brings these back in line with expectations.



The top 4 areas of complaint are as listed below however, the biggest change to note is that post delegation the top area of complaint is **Clinical Care/Treatment**.

#### **Top 4 areas of complaint**

- Clinical Care/Treatment
- Access to GP appointments and registration issues
- Administration (including attitude of staff)
- Prescribing/GP Medication issues (includes access to medication)

The ICB Complaints and Patient Experience team are working closely with providers to manage concerns in a timely fashion but recognise that this is an ongoing risk to the delivery of our requirements to provide a timely response to complaints and concerns being raised.

## **5. Recommendation**

- 5.1 The Board is asked to note the contents of the report and the key actions being undertaken to address escalated concerns to improve the quality of services provided to residents in Mid and South Essex.

## Part I Board Meeting, 16 November 2023

### Agenda Number: 13

### Month 6 Finance and Performance Report

#### Summary Report

##### 1. Purpose of Report

To present an overview of the financial performance of the ICB to date and offer a broader perspective on outturn across partners in the Mid & South Essex system (period ending 30 September 2023).

For the first time our financial performance paper is presented together with an overview of our current position against the NHS constitutional standards. We will endeavour to bring this report together with Quality during quarter 4, to provide the Board with integrated performance reporting across, Finance, Performance and Quality.

As we develop our operating plan for 2024/25 Workforce will be a key component of integrated planning which will enable us to triangulate and report effectively against our system plan ambitions.

##### 2. Executive Lead

Jennifer Kearton, Executive Director of Resources.

Emily Hough, Executive Director of Strategy and Corporate Services.

##### 3. Report Author

Karen Wesson, Director of Assurance and Planning.  
James Buschor, Head of Assurance and Analytics.  
Resources Team.

##### 4. Committee involvement

The most recent finance position was reviewed by the ICB Finance and Investment Committee during September and October 2023.

Our latest Performance Report was reviewed by the System Oversight and Assurance Committee during September and October 2023.

##### 5. Conflicts of Interest

None identified.

##### 6. Recommendation

The Board is asked to receive this report for information.

# Finance & Performance Report

## 1. Introduction

The financial performance of the Mid and South Essex (MSE) Integrated Care Board (ICB) is reported regionally as part of the overall MSE System alongside our NHS Partners, Mid and South Essex Foundation Trust (MSEFT) and Essex Partnership University Trust (EPUT).

Our wider health and social care position including Essex County Council, Southend City Council and Thurrock Council, is brought together for information and discussion within the MSE System.

The System has a nationally negotiated and agreed plan position for 2023/24 of £40m (million) deficit, a £6m improvement on the outturn position for 2022/23. The plan position represents a significant challenge with increasing risks in all parts of our System.

This report continues to present a forecast to plan position, however given the year-to-date financial position presented below it is clear that our ability to deliver to plan is severely compromised in the financial year. Work is ongoing internally and with regional and national colleagues to confirm the next steps towards agreeing a revised forecast position for 2023/24.

## 2. Key Points

### 2.1 Month 6 ICB Financial Performance

The overall System Allocation (revenue resource limit) held by the ICB has increased by £23m since last reported at month 4. Most of the increase relates to the national pay award uplift and has been released to NHSE providers in accordance with the guidance.

Table 1 – Allocation movements between month 4 and month 6

	Recurrent £m	Non Recurrent £m	Total £m
<b>Allocation at month 4</b>	2,442	35	2,545
Movements:			
Pay Award Adjustments	12	3	15
Staff Transfer from NHSE		1	1
Primary Care Transformation	2	2	4
Womens Health Hub Funding		0	0
Learning Disability and Autism		1	1
Other Service Development Funding		2	2
<b>Current Allocation at month 6</b>	<b>2,456</b>	<b>44</b>	<b>2,568</b>

The ICB continues to forecast its agreed outturn position of £10m surplus. There are various risks to the position predominantly in our variable spend areas of prescribing and continuing health care. Our Finance and Investment Committee has received deep dive reviews on both areas and follow-ups are due in November 2023. Despite having good efficiencies plans in each area, market pressure and supply side price challenges continue to outstrip the planning assumptions made in the early part of the year.

The ICB is also facing risk in respect of independent sector activity which has seen a step change in activity far beyond recent annual trends. All areas are working hard to mitigate in year pressure which has surpassed expectations at planning stage.

Table 2 – summary of the position against the revenue resource limit for month 4.

Expenditure	Year to Date			Forecast Outturn		
	Plan £m	Actual £m	Variance £m <i>sur/(def)</i>	Plan £m	Actual £m	Variance £m <i>sur/(def)</i>
Revenue Resource Limit	(1,279)			(2,568)		
Acute Services	674	676	(2)	1,350	1,353	(3)
Mental Health Services	128	128	(0)	255	256	(0)
Community Health Services	113	113	(0)	231	231	(0)
Continuing Care Services	63	63	(0)	125	126	(0)
Prescribing	119	122	(3)	236	243	(7)
Primary Care	163	160	3	330	324	6
Other Commissioned Services	4	1	2	7	2	5
ICB Running Costs	11	11	(0)	24	24	0
<b>Total ICB Net Expenditure</b>	<b>1,274</b>	<b>1,274</b>	<b>0</b>	<b>2,558</b>	<b>2,558</b>	<b>0</b>
ICB Surplus	5	5	0	10	10	0

## 2.2 ICB Efficiencies

All organisations within the system have a targeted level of efficiencies which they are required to meet to deliver their planned positions. At the start of the financial year the ICB set its budgets net of its efficiency challenge and delivery is monitored within the outturn. In the main, budgets are delivering in line with plans, however our prescribing spend is higher than budgeted, therefore presenting the challenge of mitigating new pressure as well as delivering existing plans.

The ICB has a significant programme of work aimed at delivering the national requirement to reduce running costs by 30% by the end of 2025/26. The available running cost for future years will be reduced centrally and the Board will continue to be appraised of the progress as the ICB finalises consultation. These savings are not currently reported as part of the overall efficiencies programme.

Given the in-year pressures and risks faced, the ICB has been conducting quarterly budget reviews to ensure a tight grip on ICB controlled spend areas. This will continue to ensure all available opportunities are identified and contribute to mitigating ongoing pressures.

Table 3 – Efficiencies

Area of Efficiencies	Year to Date			Year to Date		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Acute	8	8	0	15	15	0
Community	3	3	0	5	5	0
Primary Care & Prescribing	3	3	0	9	9	0
All-Age Continuing Care	2	2	0	6	6	0
Other Programme Services	2	2	0	4	4	0
<b>Total</b>	<b>18</b>	<b>18</b>	<b>0</b>	<b>39</b>	<b>39</b>	<b>0</b>

## 2.3 ICB Finance Report Conclusion

At month 6 the ICB is forecasting to deliver its agreed plan. This is a particularly challenging position given the level of inflationary and activity demand, currently being managed. Risks have been escalated to ICB Executives and the ICB Finance and Investment Committee and action is in progress to review individual budget areas and provide in-year mitigation where possible.

## 2.4 Month 6 System Financial Performance

At month 6 the overall health system position is a deficit of £45m, (m5 £39, m4 £29m). This position is off plan by £23m. The year-to-date position largely reflects the current shortfall in efficiency programme delivery which was set to mitigate the impact of rising risk. However, workforce pressures continue to drive high levels of spend within our Acute sector.

The system forecast outturn is currently in line with plan. However, it is evident from our year-to-date position that this will be an unlikely position to maintain. Any change to the outturn is subject to the Forecast Outturn Change Protocol and agreement between the Board and NHS England.

The System currently meets monthly with regional colleagues and regularly with our national team to review the financial performance in year and discuss actions. Our system deficit is within our Acute Sector and as such MSEFT also meet directly with the national team. A programme to deliver both financial and quality improvements is in place across the Trust, with assurance and accountability reviews to support the required actions. The system continues to engage with the Central Programme Management Office (PMO) and the regional efficiencies team to explore further opportunities, benchmarking, and analysis to supplement existing efficiencies schemes and control and compliance actions.

## 2.5 System Efficiency Position

The System has been working collectively to validate and assure the target efficiencies of £119m, required to deliver the agreed deficit plan. The Central PMO is established with a programme of governance across our core efficiency pillars, workforce, system flow, independence, and corporate efficiencies. The system is building on the Financial Improvement Works 2022/23 to drive delivery during 2023/24.

There is still a gap against the required position and the Central PMO continues to focus on the identification of schemes, overseeing delivery and ensuring sustainability through continuous review of opportunities.

At month 6 a total of £90m (63% recurrent and 37% non-recurrent) has been identified, leaving a gap of £34m against our required target. Weekly review sessions are in place with a focus on ideas generation and moving schemes forward faster.

## 2.6 System Capital Position

The system is finalising its mid-year review for capital spend. At month 6 our investments are behind plan, in part to do with the profiling of spend against some multiyear projects and in part the result of 'business as usual' works which has been delayed in year.



The mid-year review of capital will be reported via the System Investment Group.

Table 4 – Capital Spend Summary

Capital Spend Summary	Full Year 2023/24			YTD - September 2023		
	Plan £'000	FOT £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Mid and South Essex NHSFT	115,043	102,843	12,200	38,395	26,584	11,811
Essex Partnership University NHSFT	21,806	18,806	3,000	5,186	4,715	471
ICB	1,987	1,987	-	128	(222)	350
<b>Total System Capital</b>	<b>138,836</b>	<b>123,636</b>	<b>15,200</b>	<b>43,709</b>	<b>31,078</b>	<b>12,631</b>
YTD Spend as a % of YTD Plan						71%

## 2.7 System Finance Report Conclusion

At month 6 the System continues to be behind its planned year to date performance. Recovery actions are in place with assurance and accountability reviews embedded. However, there remains a gap against the identified efficiency target which could frustrate attempts to deliver our agreed year end position for 2023/24. The System is also contending with pressures unknown at planning stage.

The System is under regular review with both regional and national NHS England colleagues and continues to operate under strengthened internal governance.

## 2.8 Urgent and Emergency Care (UEC) Performance

The UEC Board oversees performance and planning for all UEC services (East of England Ambulance Service (EEAST), NHS111, A&E, Urgent Community Response Team (UCRT), Mental Health Emergency Department (ED) and has members from both health and social care.

The MSE System Winter Plan has been submitted detailing the improvement programmes and schemes behind the plan to deliver the planning round trajectories. These will be overseen by the UEC Board.

Key issues for the UEC programme include the following where performance is below standards:

### Ambulance Response Times

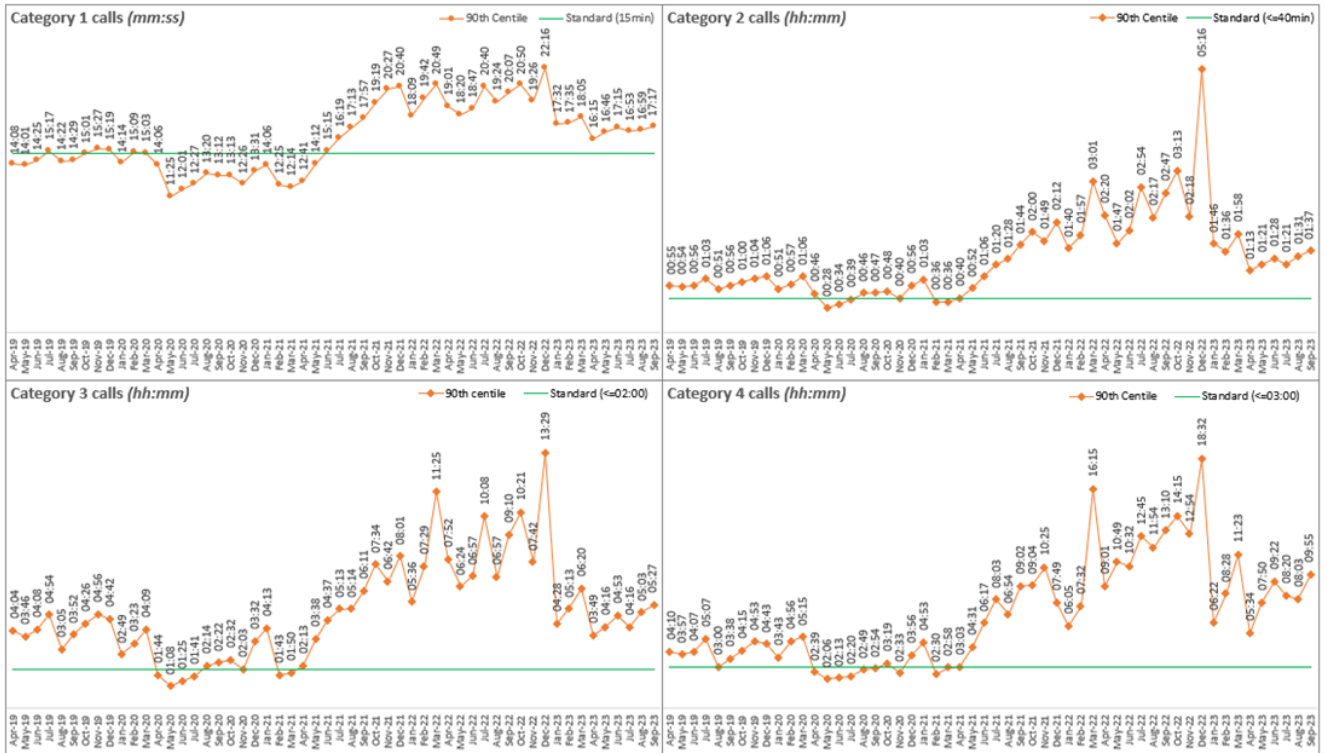
Standards:

- Respond to Category 1 calls in 7 minutes on average and respond to 90% of Category 1 calls in 15 minutes.
- Respond to Category 2 calls in 18 minutes on average and respond to 90% of Category 2 calls in 40 minutes.
- Respond to 90% of Category 3 calls in 120 minutes.
- Respond to 90% of Category 4 calls in 180 minutes.

The ambulance response times remain below the NHS constitutional standards.



The following graphs show the 90th centile response times for the East of England Ambulance Service for each of the four categories of calls against their respective standards.



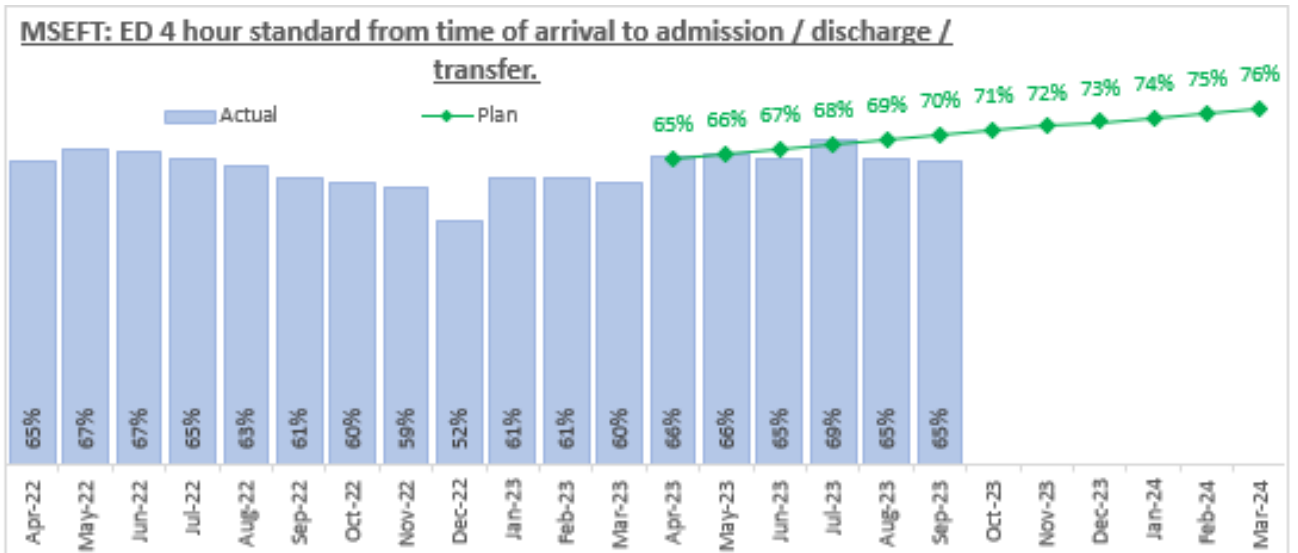
Our Winter Plan includes system actions to support recovery of ambulance response times and arrival to handover and is overseen by the System Urgent and Emergency Care (UEC) Board. Escalations are made to the System Oversight and Assurance Committee.

**Emergency Department – waiting times.**

*Standard:*

- 95% of patients have a maximum 4-hour wait in A&E from arrival to admission, transfer, or discharge.

Within MSEFT A&E (Type 1), the 95% four-hour performance is below the constitutional standard as per the following graph. September 2023 performance is below the 2023/24 plan. The plan has the ambition to increase performance to 76% by March 2024 shown as the green line.



## 2.9 Elective Care

The Elective Programme Board manages the delivery of elective targets across the system. A key focus for the Board is waiting time performance for Diagnostics, Cancer and RTT (Referral to Treatment). Our performance in these areas is currently below the national standard.

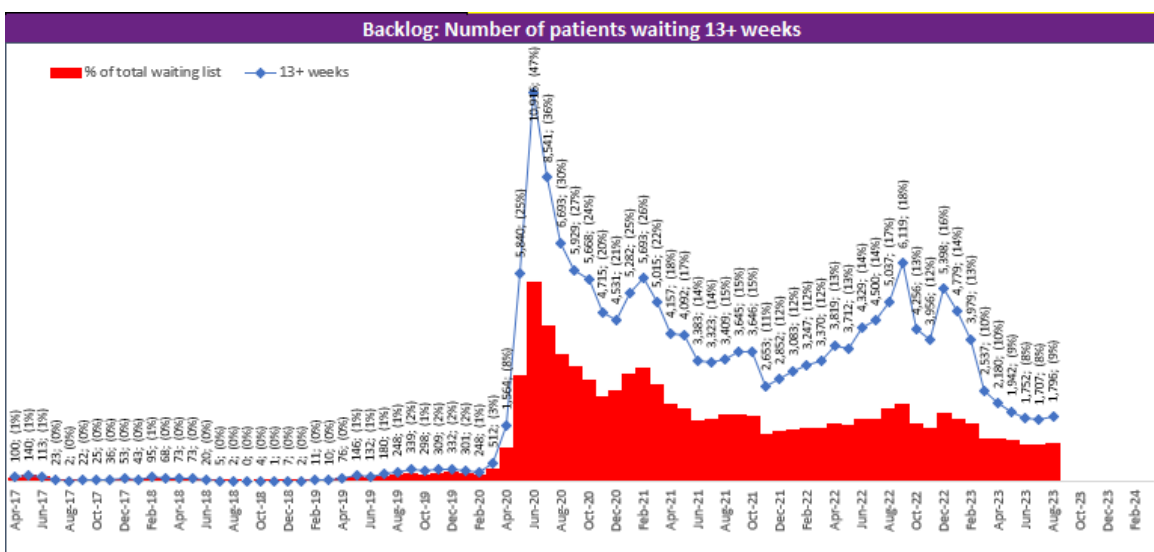
### Diagnostics Waiting Times

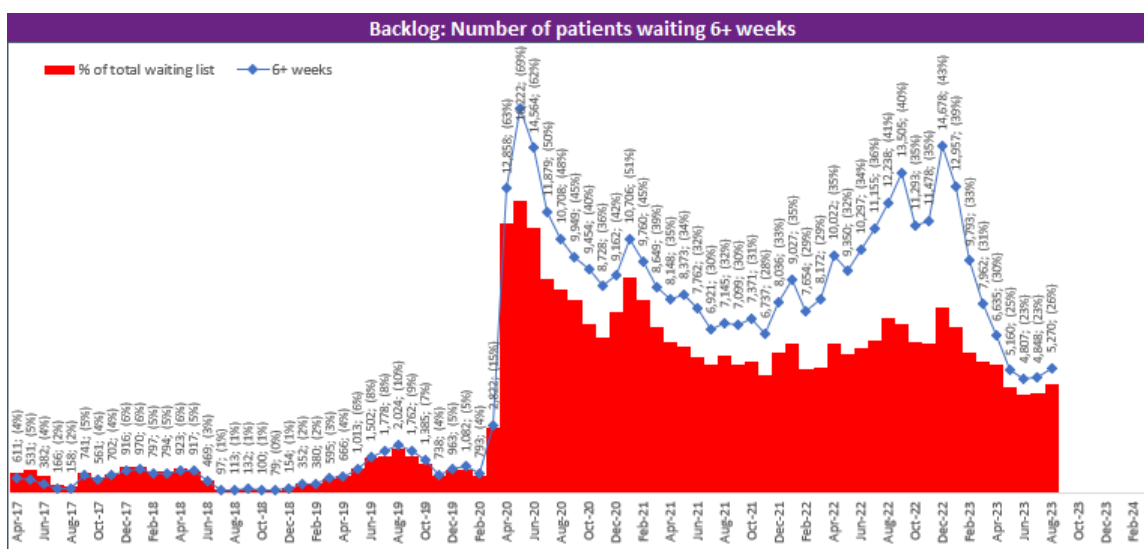
The System Diagnostic Board oversees performance and planning for diagnostics across MSE supported by sub-groups including assurance.

Standard:

- The constitutional standard is no more than 1% of patients waiting 6 weeks or more for a diagnostic test and no patients waiting 13+ weeks.

The following graphs present the total number of patients waiting 13+ and 6+ weeks across all providers for patients registered to MSE ICS to August 2023.





The following table shows the latest MSE system position (August 2023) with the number of patients waiting 6+ and 13+ weeks by test.

Test		Aug-23				
		13+ Weeks		6+ Weeks		Total WL size
		No.	%	No.	%	
Imaging	Magnetic Resonance Imaging	60	1%	560	13%	4,176
	Non-Obstetric Ultrasound	550	12%	1,254	28%	4,418
	Computed Tomography	77	3%	214	9%	2,485
	Barium Enema	0		0		0
	DEXA Scan	53	6%	166	17%	952
Endoscopy	Colonoscopy	11	1%	159	17%	913
	Cystoscopy	59	22%	99	36%	274
	Flexi Sigmoidoscopy	6	2%	54	21%	254
	Gastroscopy	63	8%	210	28%	752
Physiological Measurement	Audiology - Audiology Assessments	3	0%	136	20%	680
	Cardiology - Echocardiography	619	13%	2,028	42%	4,817
	Cardiology - Electrophysiology	0		0		0
	Neurophysiology	203	48%	211	50%	425
	Respiratory Physiology - Sleep Studies	87	19%	169	37%	458
	Urodynamics - Pressures & Flows	5	12%	10	24%	42
<b>Total Diagnostic Tests</b>		<b>1,796</b>	<b>9%</b>	<b>5,270</b>	<b>26%</b>	<b>20,646</b>

### Cancer Waiting Times

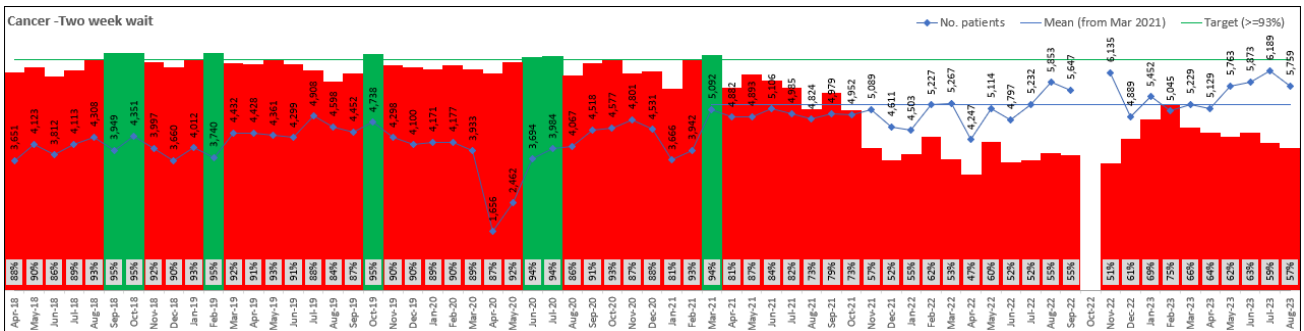
Standards: For people with suspected cancer:

- To see a specialist within 14 days of being urgently referred by their GP or a screening programme.
- To not wait more than 28 days from referral to getting a cancer diagnosis or having cancer ruled out.
- To receive first definitive treatment within 31 days from decision to treat.
- To start drug, radiotherapy, and surgery subsequent treatments within 31 days.
- To receive their first definitive treatment for cancer within 62 days of receipt of urgent referral.

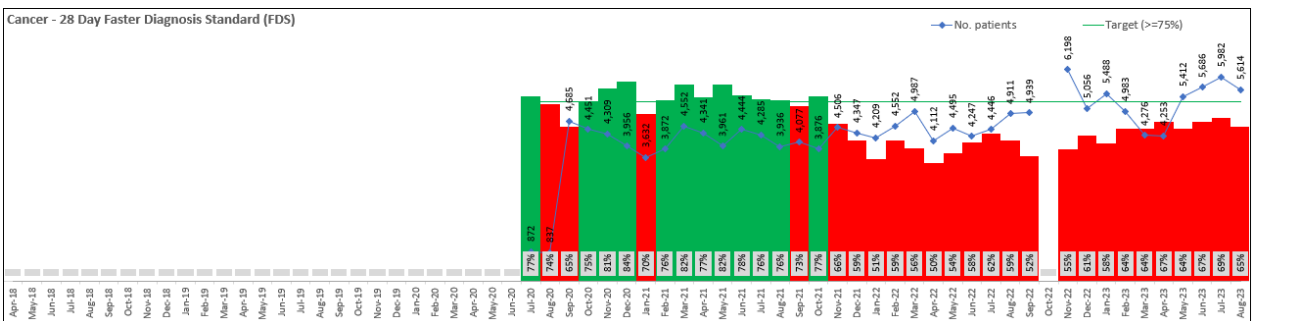
The waiting times for patients on a cancer pathway remain below the NHS constitutional standards. The following table shows the latest MSEFT position (August 2023).

Tumour Site	Two week wait	Two week wait breast symptomatic	28 Day Faster Diagnosis Standard	31 day first treatment	31 day subsequent treatment Drug Treatments	31 day subsequent treatment Radiotherapy Treatments	31 day subsequent treatment Surgery	62 day standard	62 day standard (Screening)	62 day standard (Upgrade)
	Standard (>=93%)	Standard (>=93%)	Standard (>=75%)	Standard (>=96%)	Standard (>=98%)	Standard (>=94%)	Standard (>=94%)	Standard (>=85%)	Standard (>=90%)	Standard (>=96%)
<b>Total</b>	<b>57.2%</b>	<b>53.6%</b>	<b>64.7%</b>	<b>84.2%</b>	<b>92.8%</b>	<b>87.8%</b>	<b>71.4%</b>	<b>51.1%</b>	<b>48.6%</b>	<b>56.5%</b>
Acute leukaemia										
Brain/Central Nervous System	94.1%		42.9%							
Breast	40.7%	53.6%	84.8%	85.2%				68.1%	59.3%	
Children's	37.5%		93.1%							100.0%
Exhibited (non-cancer) breast symptoms - cancer not initially suspected			88.0%							
Gynaecological	87.6%		55.0%	84.6%				6.5%	0.0%	100.0%
Haematological	94.2%		56.5%	100.0%				47.1%		33.3%
Head & Neck	82.3%		62.4%	58.3%				25.0%		0.0%
Lower Gastrointestinal	75.7%		38.3%	74.5%				45.0%	22.2%	33.3%
Lung	96.0%		66.4%	97.2%				50.0%		66.7%
Other	33.3%		0.0%	100.0%				25.0%		
Sarcoma				100.0%				0.0%		0.0%
Skin	27.0%		78.5%	72.5%				63.2%		100.0%
Testicular	81.8%		42.9%					100.0%		
Upper Gastrointestinal	84.8%		43.5%	96.7%				43.5%		100.0%
Urological	86.7%		58.7%	87.7%				41.5%		0.0%

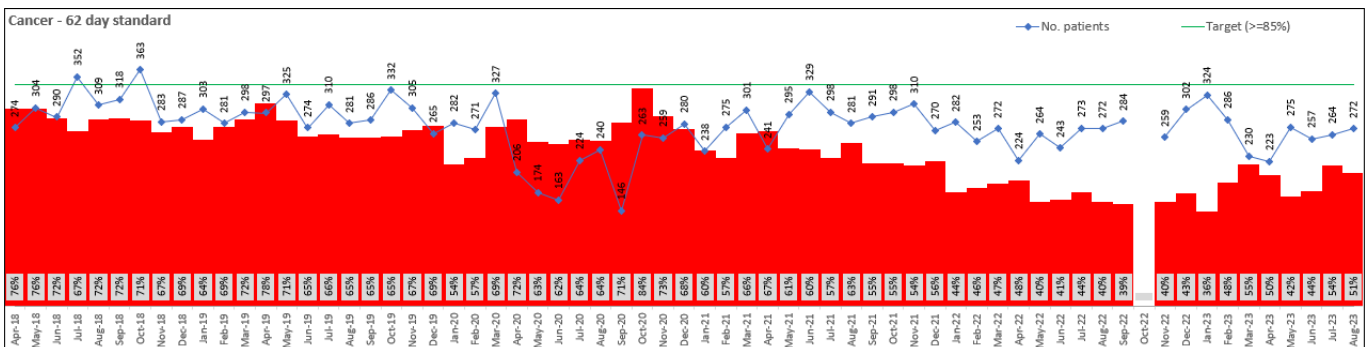
The following graph shows the performance with the number of referrals on a two-week pathway above pre-covid levels.



The following graph shows the 28-day Faster Diagnosis Standard. The August 2023 position is slightly below the 2023/24 plan. Mitigating actions are in place to achieve 75% by March 2024.



The following graph shows the 62-day standard performance.



The MSE Health & Care Partnership Cancer, Palliative & End of Life Care Board oversees cancer assurance and transformation supported by sub-groups including the Cancer Programme Delivery Group (for assurance and focus on national, regional, and local

commitments and deliverables); Quality Cancer meeting; and the Palliative Care Delivery group.

As reported in the Tier 1 national meeting, MSEFT trajectories show recovery of the variance to plan.

### **Referral to Treatment (RTT) Waiting Times**

Standards:

- The constitutional standard is starting consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions. Since the significant increase in waiting times following the global pandemic the NHS is working to achieve the following 2022/23 planning round asks:
  - eliminate waits of over 104 weeks as a priority by July 2022 and maintain this position through 2022/23 (except where patients choose to wait longer).
  - Reduce the number of patients waiting 78+ weeks on an RTT pathway to zero by March 2023.
  - Reduce the number of patients waiting 65+ weeks on an RTT pathway to zero by March 2024.
  - Reduce the number of patients waiting 52+ weeks on an RTT pathway to zero by March 2025.

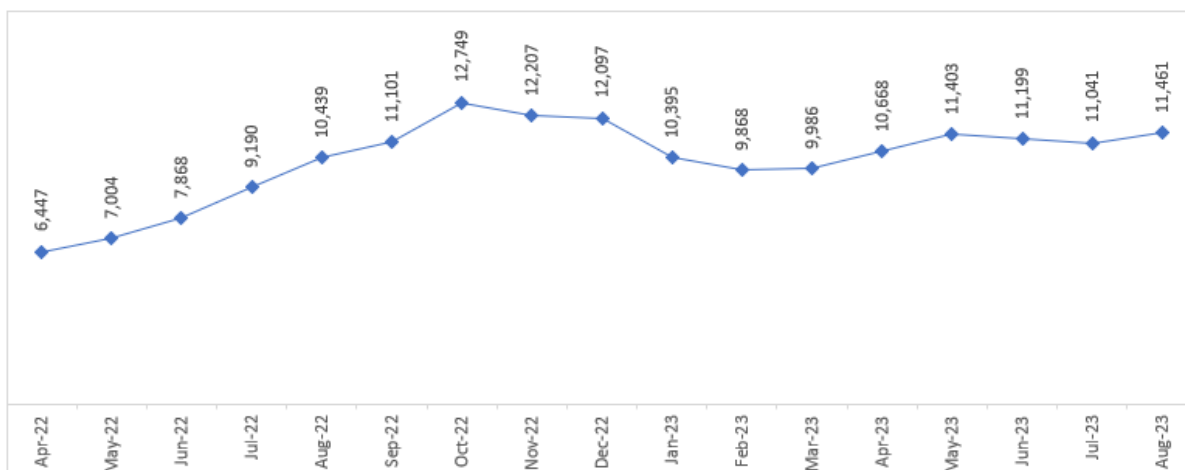
The following table summarises the latest MSEFT RTT position (August 2023) by specialty. As of August 2023:

- 182 patients waiting 78+ weeks.
- 2,751 patients waiting 65+ weeks.
- 11,461 patients waiting 52+ weeks.

Specialty	Total waiting list size	Average (median) waiting time in weeks	92nd percentile waiting time in weeks	Total number of patients waiting 52 plus weeks	Total number of patients waiting 65 plus weeks	Total number of patients waiting 78 plus weeks
<b>Total</b>	<b>180,995</b>	<b>18</b>	<b>49</b>	<b>11,461</b>	<b>2,751</b>	<b>182</b>
General Surgery	11,751	16	43	415	74	6
Urology	10,257	20	47	533	131	3
Trauma and Orthopaedic	16,737	21	56	1,797	430	8
Ear Nose and Throat	12,321	18	53	1,067	344	70
Ophthalmology	15,615	24	55	1,459	347	2
Oral Surgery	6,593	25	58	908	183	2
Neurosurgical	88	23	56	12	1	0
Plastic Surgery	5,730	18	57	632	234	34
Cardiothoracic Surgery	557	20	52	44	14	2
General Internal Medicine	2,141	11	35	21	4	1
Gastroenterology	9,444	19	50	639	125	7
Cardiology	10,660	13	33	140	30	0
Dermatology	13,755	14	47	663	26	0
Respiratory Medicine	4,874	18	44	219	68	0
Neurology	4,992	15	43	218	74	0
Rheumatology	4,061	15	31	32	2	0
Elderly Medicine	914	10	33	6	0	0
Gynaecology	15,930	21	47	801	173	11
Other - Medical Services	18,574	15	45	830	232	10
Other - Mental Health Services	0	-	-	0	0	0
Other - Paediatric Services	4,269	23	56	473	121	14
Other - Surgical Services	8,828	17	48	463	118	5
Other - Other Services	2,904	9	36	89	20	7



The following graph shows the number of patients waiting 52+ weeks since April 2021.



The Elective Board oversees RTT assurance for MSEFT, Independent Sector, Community (RTT services) and Tier 2.

## 2.10 Mental Health

Our Mental Health Partnership Board oversees all aspects of mental health performance. The key challenge for the work programme relates to workforce capacity.

### Improving access to psychology therapies (IAPT)

Standards include:

- 75% of people referred to the improving access to psychology therapies (IAPT) programme should begin treatment within 6 weeks of referral and 95% of people referred to the IAPT programme should begin treatment within 18 weeks of referral.

This standard is being sustainably achieved across Mid and South Essex as of August 2023.

### Early Intervention in Psychosis (EIP) access

Standard:

- More than 50% of people experiencing first episode psychosis commence a National Institute for Health and Care Excellence (NICE) - recommended package of care within two weeks of referral.

The EIP access standard is being sustainably met across Mid and South Essex (latest position: July 2023).

## 3. System Performance Report Conclusion

The System has an arrangement of oversight groups whose core concern is the delivery of the constitutional targets. Actions are regularly reviewed and progress monitored with escalation to SOAC (System Oversight and Assurance Committee) where there is a variance to plan.

It is important to note that the majority of Urgent and Emergency Care for the system continues to be funded via a block payment arrangement. However, a payment for activity approach has been reinstated for Elective Care, meaning the system will distribute its allocation according to the activity delivered for the population.

The System must adhere to the Mental Health Investment Standard which requires us to increase Mental Health Spend at a level higher than our annual growth in overall allocations. MSE ICB is currently meeting its obligations under the standard.

#### **4. Recommendation**

The Board is asked to note the performance across both finance and the constitutional standards of delivery.

## Part I ICB Board meeting, 16 November 2023

### Agenda Number: 13

### Primary Care reporting to ICB Board

#### Summary Report

#### 1. Purpose of Report

To seek agreement from The Board to report matters relating to General Practice (medical Primary Care), Pharmacy, Ophthalmology and Dentistry in a combined report.

#### 2. Executive Lead

Pam Green. Alliance Director, Basildon & Brentwood and Primary Care Lead.  
Dr Anna Davey (GP), Primary Care Board Member

#### 3. Report Author

Pam Green. Alliance Director, Basildon & Brentwood and Primary Care Lead.

#### 4. Responsible Committees

The Primary Care Commissioning Committee (PCCC) has delegated responsibility to oversee matters pertaining to primary care including Primary Medical Care – “General Practice”, Pharmacy, Ophthalmology and Dentistry. The Integrated Care Board (ICB) is the only statutory organisation in the System with responsibility to commission and assure Primary Care. Therefore, it is important that this responsibility is recognisable to the public via public reporting.

#### 5. Impact Assessments

Not applicable to this report.

#### 6. Financial Implications

Not applicable to this report.

#### 7. Details of patient or public engagement or consultation

Public engagement on primary care matters will be as required by legislation depending on the change foreseen. However, for general practice medical provision each GP practice is required to have a Patient Participation Group to aid engagement and amplify the citizen voice.

#### 8. Conflicts of Interest

None identified.

#### 9. Recommendation(s)

The Board is asked to endorse the proposed approach as set out in this paper herewith, to present a standing board agenda item on Primary Care



# Primary Care reporting to the ICB Board

## 1. Introduction

Primary Care Commissioning of General Practice, Pharmacy, Ophthalmology and Dentistry is a key statutory function of the ICB. It is essential that our activities and accountabilities are clearly presented to the Board. It is therefore proposed that the items listed below will form a standing Board agenda item and will be reported under the umbrella term that is recognisable by the public as “Primary Care Update”.

## 2. Items to be Reported to Board

Items to be included in the Board paper will include:

- Highlighting of good practice and successes within Primary Care.
- Primary Care Access Recovery Plan (Medical).
- Integrated Neighbourhood teams – inclusive of Primary Care Networks maturity.
- Fuller Stocktake Review update (General Practice).
- Additional Roles Reimbursement Scheme (ARRS) progress and work force development activities.
- Primary Care Estates and Digital development.
- Escalations from Primary Care Commissioning Committee including General Practice, Pharmacy, Ophthalmology and Dentistry (POD).
- Primary Care performance once dashboards have been developed and until an integrated performance report is compiled that will include Primary Medical Care and POD reporting, including quality reporting particularly Care Quality Commission (CQC) ratings for General Practice.
- Primary Care Engagement.

Other issues will be included as required.

## 3. Recommendation(s)

The Board are asked to endorse the approach as set out above.

## Part I ICB Board Meeting, 16 November 2023

### Agenda Number: 14.1

### Patient Safety Incident Response Framework (PSIRF) Policy (Policy Ref MSEICB 089)

#### Summary Report

#### 1. Purpose of Report

This new Mid and South Essex Integrated Care Board (MSE ICB) policy supports the Board meeting its responsibilities to the national requirements for the Patient Safety Incident Response Framework. It sets out the approach to developing and maintaining effective systems and processes for responding to patient safety incidents and issues for the purpose of learning and improving patient safety in line with national requirements.

#### 2. Executive Lead

Dr Giles Thorpe – Executive Chief Nursing Officer

#### 3. Report Author

Karen Flitton – Patient Safety Specialist (System)

#### 4. Responsible Committees

The draft PSIRF Policy has been approved by the Integrated Care Board's Quality Committee (27 October 2023).

#### 5. Link to the ICB's Strategic Objectives:

To maintain compliance with statutory functions.

#### 6. Impact Assessments

The Equality Impact Assessment has been undertaken, with no issues identified.

#### 7. Conflicts of Interest

None identified.

#### 8. Recommendation

The Board is asked to approve the new Patient Safety Incident Response Framework Policy (Policy Ref MSEICB 089).

# Patient Safety Incident Response Framework (PSIRF) Policy

## 1. Introduction

### 1.1 Purpose of Report

This new policy supports the ICB meeting its responsibilities to the national requirements for the Patient Safety Incident Response Framework. It sets out the approach to developing and maintaining effective systems and processes for responding to patient safety incidents and issues for the purpose of learning and improving patient safety in line with national requirements.

PSIRF replaces the Serious Incident Framework (SIF 2015) and makes no distinction between 'patient safety incidents' and 'serious incidents'. Instead, it promotes a proportionate approach to responding to patient safety incidents, ensuring resources allocated to learning are balanced with those needed to deliver improvement.

The principles and practices within the PSIRF embody all aspects of the NHS Patient Safety Strategy and wider initiatives under the strategy including:

- The introduction of Patient Safety Specialists.
- Development of a national patient safety syllabus.
- Development of the involving patients in patient safety framework.
- Introduction of the Learn From Patient Safety Events (LFPSE) service.

The NHS Patient Safety Strategy sits alongside and supports the NHS Long Term Plan.

The ICB Quality Committee has reviewed, endorsed and recommends the policy to the Board for formal approval.

## 2. Conclusion

The PSIRF is a contractual requirement under the NHS Standard Contract and as such is mandatory for services provided under that contract, including acute, ambulance, mental health, and community healthcare providers.

Approving the policy will ensure that we continue to comply with and build a framework around ICB responsibilities for patient safety.

## 3. Recommendation

Members are asked to approve the new PSIRF Policy attached at **Appendix A**.

## 4. Appendices

**Appendix A** – Mid and South Essex Integrated Care Board Draft PSIRF Policy

# **Patient Safety Incident Response Framework (PSIRF) Policy**

## Document Control:

Document Control Information	Details
Policy Name	Patient Safety Incident Response Framework (PSIRF) Policy
Policy Number	MSEICB089
Version	0.9 draft
Status	Final
Author / Leads	Quality Manager, Mid and South Essex (MSE) Integrated Care Board (ICB). Patient Safety Specialist MSE ICB.
Responsible Executive Director	Executive Chief Nurse
Responsible Committee	MSE ICB Quality Committee
Date Ratified by Responsible Committee	27/10/2023
Date Approved by Board/Effective Date	16 November 2023
Next Review Date	November 2024 (then 2 yearly) – this will provide opportunity to also update expansion into Primary Care.
Target Audience	<ul style="list-style-type: none"> <li>MSE ICB staff (including temporary/bank/agency staff/ individuals on work experience/volunteers).</li> <li>Providers and Contractors engaged by the Integrated Care System (ICS) Body.</li> <li>Staff from other MSE ICS Partnership organisations (including those working within ICS Body facilities).</li> </ul>
Stakeholders engaged in development of Policy (internal and external)	<ul style="list-style-type: none"> <li>Staff Engagement Group</li> <li>Quality Committee</li> </ul>
Impact Assessments Undertaken (Delete if non-applicable)	<ul style="list-style-type: none"> <li>Equality and Health Inequalities Impact Assessment.</li> </ul>

## Version History

Version	Date	Author (Name and Title)	Summary of amendments made
0.1	01/08/2023	Steve McEwen, Quality Manager	Initial draft.
0.2	16/08/2023	Steve McEwen, Quality Manager Karen Flitton, Patient Safety Specialist	Revision made to initial draft, in preparation for wider sharing/review
0.3	24/08/2023	Sally Hatt	Definitions added as an appendix
0.4	29/08/2023	Karen Flitton, Patient Safety Specialist	Revision of roles and responsibilities and additions into section 5.2 (sharing insights to improve safety), section 6 (Monitoring Compliance) addition of section 5.3 (Provider Patient Safety Incident Response and Plans)
0.5	01/09/2023	Karen Flitton, Patient Safety Specialist	Added role of administration team
0.5	04/09/2023	Karen Flitton, Patient Safety Specialist	Circulated to ALL SINE members, ICB PSIRF Implementation Group and Nursing & Quality Senior Team for feedback and comments
0.6	19/09/2023	Steve McEwen, Quality Manager	Inclusion of feedback from above
0.7	01/10/2023	Karen Flitton, Patient Safety Specialist	Final revision including amendments to tables within content for accessibility (these were pictures) now amended.
0.8	09/10/2023	Karen Flitton, Patient Safety Specialist	Circulated to Staff Engagement Group – feedback was <i>“easy to follow and understand and I liked section 4 - definitions which was really clear”</i>
0.9	22/10/2023	Karen Flitton, Patient Safety Specialist and Steve McEwen, Quality Manager	Circulated to Quality Committee, Feedback received from <ol style="list-style-type: none"> <li>1. James Hickling</li> <li>2. Ross Cracknell</li> <li>3. Sara O'Connor</li> <li>4. Owen Richards</li> </ol>
0.10	27/10/2023	Karen Flitton, Patient Safety Specialist	Approved at ICB Quality Committee
1.0	16/11/2023	Karen Flitton, Patient Safety Specialist	Approved by ICB Board.

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## 2. Introduction

- 2.1.1. The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. Patient safety incidents are unintended or unexpected events (including omissions) in healthcare that could have or did harm one or more patients.
- 2.1.2. The PSIRF replaces the Serious Incident Framework (SIF 2015) and makes no distinction between 'patient safety incidents' and 'Serious Incidents'. As such it removes the 'Serious Incidents' classification and the threshold for it. Instead, the PSIRF promotes a proportionate approach to responding to patient safety incidents by ensuring resources allocated to learning are balanced with those needed to deliver improvement.
- 2.1.3. The PSIRF is not a different way of describing what came before; it fundamentally shifts how the NHS responds to patient safety incidents for learning and improvement. Unlike the SIF, the PSIRF is not an investigation framework that prescribes what to investigate. Instead, it:
- advocates a coordinated and data-driven approach to patient safety incident response that prioritises compassionate engagement with those affected by patient safety incidents.
  - embeds patient safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.
- 2.1.4. Organisations are required to develop a thorough understanding of their patient safety incident profile, ongoing safety actions (in response to recommendations from investigations) and established improvement programmes. To do so, information is collected and synthesised from a wide variety of sources, including wide stakeholder engagement. A patient safety incident response planning exercise is used to inform what the organisation's proportionate response to patient safety incidents should be.
- 2.1.5. The PSIRF approach is flexible and adapts as organisations learn and improve, so they explore patient safety incidents relevant to their context and the populations they serve.
- 2.1.6. The principles and practices within the PSIRF embody all aspects of the NHS Patient Safety Strategy and wider initiatives under the Strategy including:
- the introduction of Patient Safety Specialists.
  - development of a national patient safety syllabus.
  - development of the involving patients in patient safety framework.
  - introduction of the Learn From Patient Safety Events (LFPSE) service.

The NHS Patient Safety Strategy sits alongside and supports the NHS Long Term Plan.

### 3. Purpose / Policy Statement

- 3.1.1. The leadership and management functions of the PSIRF are multifaceted. The PSIRF advocates oversight that enables organisations to demonstrate improvement rather than compliance with prescriptive, centrally mandated measures. To achieve this, oversight of patient safety incident response under PSIRF must focus on engagement and empowerment rather than more traditional command and control.
- 3.1.2. This policy sets out MSEICB's approach to fulfilling the roles and responsibility requirements for ICB's as defined in the PSIRF:
- Collaborate with providers in the development, maintenance and review of provider patient safety incident response policies and plans.
  - Agree provider patient safety incident response policy and plans.
  - Oversee and support effectiveness of systems to achieve improvement following patient safety incidents.
  - Support co-ordination of cross-system learning responses.
  - Share insights and information across organisations/services to improve safety.

### 4. Definitions

<b>Term / Abbreviation</b>	<b>Definition</b>
<b>Candour</b>	Any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.
<b>Cross system learning</b>	The purpose of cross system learning is to support the delivery of the national patient safety strategy to ensure the benefits are realised and communicated amongst member organisations. The cross-system group will operate as a peer group to progress against the strategy objectives and work collectively to address barriers and challenges to implementation and identify solutions or mitigations and identify opportunities to collaborate and share resources.
<b>Duty of Candour</b>	Regulation sets out duty of candour with definitions of openness, transparency and candour used by Robert Francis in his report.
<b>Just Culture</b>	A just culture considers wider systemic issues where things go wrong, enabling professionals and those

Term / Abbreviation	Definition
	operating the system to learn without fear of retribution'. The report goes on to say 'generally in a just culture inadvertent human error, freely admitted, is not normally subject to sanction to encourage reporting of safety issues. In a just culture investigators principally attempt to understand why failings occurred and how the system led to sub-optimal behaviours. However, a just culture also holds people appropriately to account where there is evidence of gross negligence or deliberate acts.
<b>LFPSE</b>	The Learn from Patient Safety Events (LFPSE) service is a new national NHS service for the recording and analysis of patient safety events that occur in healthcare. LFPSE is currently being introduced across the NHS as organisations switch to recording patient safety events onto the new LFPSE service, rather than the National Reporting and Learning System (NRLS) and Strategic Executive Information System (STEiS) it is replacing. (NRLS) and Strategic Executive Information System (STEiS) it is replacing.
<b>Openness</b>	Enabling concerns and complaints to be raised freely without fear and questions asked to be answered.
<b>NHS Patient Safety Strategy</b>	The NHS Patient Safety Strategy sets out how the NHS will support staff and providers to share safety insight and empower people – patients and staff – with the skills, confidence, and mechanisms to improve safety.
<b>Patient Safety Partners</b>	PSP involvement in organisational safety' relates to the role that patients, carers and other lay people can play in supporting and contributing to a healthcare organisation's governance and management processes for patient safety. Their role includes membership of safety and quality committees whose responsibilities include the review and analysis of safety data.
<b>Peer Review Forum</b>	A discussion forum where you can ask questions and share your experiences with people to share learning and gain feedback.
<b>PSII</b>	Patient Safety Incident Investigation - PSII's are conducted to identify underlying system factors that contributed to an incident. These findings are then used to identify effective, sustainable improvements by

Term / Abbreviation	Definition
	combining learning across multiple patient safety incident investigations and other responses into a similar incident type. Recommendations and improvement plans are then designed to address those system factors and help deliver safer care for our patients effectively and sustainably.
<b>PSIRF</b>	Patient Safety Incident Response Framework. Building on evidence gathered and the wider industry best-practice, the PSIRF is designed to enable a risk based approach to responding to patient safety incidents, prioritising support for those affected, effectively analysing incidents, and sustainably reducing the risk future risk.
<b>PSIRP</b>	Patient Safety Incident Response Plan A local plan sets out how we will carry out the PSIRF locally including a list of local priorities.
<b>Psychological Safety</b>	Is about being open, willing to admit mistakes and feeling supported to speak up. Psychological safety is not just being nice to people, nor is it protecting people by wrapping them up in cotton wool; it is about creating an environment of rewarded vulnerability. The premise of psychological safety is not measured by how warm and fuzzy people feel, but by how bold and brave they are at pushing the margins of the system
<b>Transparency</b>	Allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators.

## 5. Scope

- 5.1.1. The PSIRF is a contractual requirement under the NHS Standard Contract and as such is mandatory for services provided under that contract, including acute, ambulance, mental health, and community healthcare providers. This includes maternity and all specialised services.
- 5.1.2. Secondary care providers that provide NHS-funded secondary care under the NHS Standard Contract but are not NHS trusts or foundation trusts (e.g., independent provider organisations) are required to adopt this framework for all aspects of NHS-funded care and may apply this approach to their other services for consistency. These organisations may not need

to undertake the full analysis required for patient safety incident response planning (e.g., due to limitations on data availability), but processes such as stakeholder engagement and developing an incident management policy incorporating PSIRF principles are required.

- 5.1.3. Primary care providers may wish to adopt this framework, but it is not a requirement. Primary care providers that wish to adopt PSIRF should collaborate with their ICB to do so. Equally, other providers who have a relationship with the ICB, such as hospices through grant funding, may also wish to adopt PSIRF and should also collaborate with the ICB during the implementation phase. Further exploration is required to ensure successful implementation of the PSIRF approaches within primary care. The National Patient Safety Team will work with a small number of primary care early adopters to explore how the PSIRF can be adapted to this sector.
- 5.1.4. This policy is specific to roles and responsibilities in relation to patient safety incident responses conducted for the purpose of learning and improvement across the Mid and South Essex Integrated Care System.
- 5.1.5. Providers will continue to report Serious Incidents under the SI framework until a transition date to the PSIRF is agreed with MSEICB.

## **6. Roles and Responsibilities**

### **6.1. Integrated Care Board**

- 6.1.1. ICBs have a responsibility to establish and maintain structures to support a co-ordinated approach to oversight of patient safety incident response in all the services within their system. ICBs should appoint an appropriate lead(s) or Patient Safety Specialist to collaborate with each provider in their system to:
  - Develop and maintain its local patient safety incident response policy and plan.
  - Understand its patient safety incident and improvement profiles.
  - Support the selection of appropriate response methods for anticipated patient safety incidents based on an understanding of potential for new learning and ongoing safety improvement work.
  - Oversee and support effectiveness of systems to achieve improvement following patient safety incidents.
  - Support co-ordination of cross-system learning responses by liaising with relevant providers (and other ICBs if necessary) to agree how learning responses will be led and managed, how safety actions will be developed, and how the implemented actions will be monitored for sustainable change and improvement.

## **6.2. Quality Committee (QC)**

6.2.1. The QC is responsible for monitoring outcomes from the PSIRF declared by providers for which the ICBs are the lead commissioner and escalating any concerns to the ICB Board.

6.2.2. The QC is also responsible for monitoring compliance with this policy.

## **6.3. Chief Executive**

6.3.1. The Chief Executive of the ICB has overall accountability for implementing this policy.

## **6.4. Executive PSIRF Lead / Executive Chief Nurse**

6.4.1. To provide executive leadership and oversight of the PSIRF.

6.4.2. To ensure PSIRF is central to the ICB's overarching clinical governance arrangements.

## **6.5. Director of Nursing**

6.5.1. To provide strategic leadership and oversight of the PSIRF.

6.5.2. To ensure PSIRF is central to the ICB's Quality Framework.

## **6.6. Deputy Director of Nursing**

6.6.1. To provide operational leadership and oversight of the PSIRF.

6.6.2. To develop and maintain the PSIRF policy and related procedures and processes.

6.6.3. To ensure PSIRF is embedded within relevant policies, processes, and procedures.

6.6.4. To provide specialist quality support, advice, and guidance to those implementing PSIRF.

## **6.7. Patient Safety Specialist**

6.7.1. To lead on the implementation of the NHS Patient Safety Strategy, of which PSIRF is a core foundation.

6.7.2. To chair the System Response Group, ensuring the related procedure supports effective coordination of system responses.

6.7.3. To coordinate and convene the PSIRF Peer Forum, working in conjunction with forum facilitators.

6.7.4. To monitor progress against safety improvement plans.

6.7.5. To provide specialist safety support, advice, and guidance to those implementing PSIRF.

## **6.8. Senior Leaders within Nursing & Quality Directorate**

- 6.8.1. To support oversight activities (e.g., review of learning responses) and provide expert advice and guidance related to the delivery of learning responses.
- 6.8.2. Provide expert advice and guidance regarding the escalation of incidents within their areas of responsibility and facilitate connections with relevant stakeholders/groups.
- 6.8.3. Share learning from investigations in a timely manner with relevant stakeholders and/or groups.
- 6.8.4. To ensure PSIRF is embedded within relevant policies, processes, and procedures.
- 6.8.5. To provide specialist quality support, advice, and guidance to those implementing PSIRF.
- 6.8.6. To be compliant with national PSIRF training requirements and ensure their staff and compliant with the relevant national PSIRF training requirements.

## **6.9. Senior Leaders across MSE ICB**

- 6.9.1. To ensure that this policy and associated procedures/processes are implemented within their areas of responsibility.
- 6.9.2. To report/escalate patient safety incidents in accordance with this policy.
- 6.9.3. To take responsibility for analysis and sharing the learning from learning response output.
- 6.9.4. To ensure that staff are compliant with the relevant national PSIRF training requirements.

## **6.10. Quality Support Nurse Managers**

- 6.10.1. To act as the central point of contact for providers working within the PSIRF.
- 6.10.2. To identify themes for systemic learning and ensure learning from patient safety events and changes in practice are shared across the health economy.
- 6.10.3. Agree provider patient safety incident response policies and plans.
- 6.10.4. To monitor progress against PSIRF Policy and Plans
- 6.10.5. To ensure issues are escalated in a timely manner.
- 6.10.6. Oversee and support effectiveness of systems to achieve improvement following patient safety incidents.
- 6.10.7. Support co-ordination of cross-system learning responses.
- 6.10.8. Share insights and information across organisations/services to improve safety.



## **6.11. Infection Prevention and Control Team**

- 6.11.1. To act as the central point of contact for provider IPC teams working within the PSIRF.
- 6.11.2. To identify themes for systemic learning and ensure learning from patient safety events and changes in practice are shared across the health economy, via the Healthcare Associated Infection (HCAI) Network.
- 6.11.3. Provide oversight relating to IPC patient safety incident responses and pathways.
- 6.11.4. To ensure issues are escalated in a timely manner.
- 6.11.5. Oversee and support effectiveness of systems to achieve improvement following patient safety incidents in relation to IPC and HCAI.
- 6.11.6. Support co-ordination of cross-system learning responses.
- 6.11.7. Share insights and information across organisations/services to improve safety.

## **6.12. Quality team Administrators**

- 6.12.1. To provide administrative support to the PSIRF programme and the groups that underpin it;
- 6.12.2. To coordinate PSIRF meetings and events; and
- 6.12.3. To maintain the PSIRF Plan Register

## **6.13. Patient Safety Partners**

- 6.13.1. To attend the ICB Quality Committee and System Quality Group.
- 6.13.2. To attend/host the ICS Patient Safety Partner Network.
- 6.13.3. To be compliant with national PSIRF training requirements.

## **6.14. Caldicott Guardian**

- 6.14.1. This sits with the Executive Chief Nurse who is responsible for ensuring that the protection and use of patient identifiable information is used appropriately, which may be used during the PSIRF process.

## **6.15. Policy Authors**

- 6.15.1. The policy authors will have responsibility for reviewing and updating the policy.



## **6.16. All Staff**

- 6.16.1. All members of staff have a responsibility to familiarise themselves with the content of the PSIRF Policy.
- 6.16.2. All members of staff have a duty to work within the standards and guidelines as specified in this Policy.
- 6.16.3. All members of staff have a duty to ensure colleagues, patients, their relatives, and carers are not discriminated against or treated in any way less favourably in relation to PSIRF.
- 6.16.4. All members of staff will review their practice as a result of any learning identified from PSIRF investigations.
- 6.16.5. To take part in organisational events related to patient safety and learning, particularly in their own areas of work.
- 6.16.6. To ensure they have completed Level 1 of the Patient Safety Syllabus.

## **7. Policy Detail**

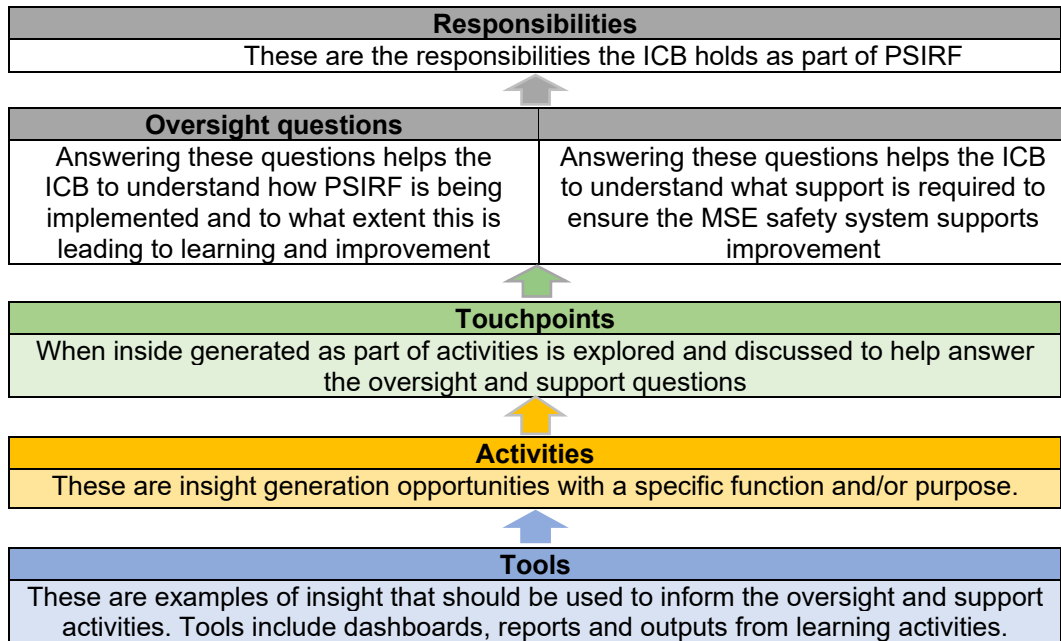
### **7.1. Oversight and Assurance**

- 7.1.1. The leadership and management functions of the PSIRF oversight are wider and more multi-faceted compared to previous response approaches. When working under PSIRF, NHS providers, Integrated Care Boards (ICBs) and regulators should design their systems for oversight in a way that allows organisations to demonstrate improvement, rather than compliance with prescriptive, centrally mandated measures.
- 7.1.2. Oversight of patient safety incident response has traditionally included activity to hold provider organisations to account for the quality of their patient safety incident investigation reports. Oversight under PSIRF focuses on engagement and empowerment rather than the more traditional command and control.
- 7.1.3. The following mindset principles should underpin the oversight of patient safety incident response:
  - i) Improvement is the focus.
  - ii) Blame restricts insight.
  - iii) Learning from patient safety incidents is a proactive step towards improvement.
  - iv) Collaboration is key.
  - v) Psychological safety allows learning to occur.
  - vi) Curiosity is powerful.

### **7.2. Oversight Approach**

- 7.2.1. In line with NHS England guidance, our oversight approach draws on a mixture of qualitative/quantitative data, process/outcome measures and

tacit/explicit learning outputs to get a clear understanding of the effectiveness of the patient safety incident response systems.



7.2.2. Patients, families, and staff affected by patient safety incidents can provide some of the best and most pertinent warnings of poorly functioning patient safety incident response systems. Priority should be given to capturing meaningful patient, family and staff-centred metrics for learning and improvement.

7.2.3. Organisations should ensure that patient safety partners participate in developing and delivering PSIRF oversight processes, and patient groups such as local Healthwatch and Maternity Voice Partnerships should be involved to provide insight into the strength of patient safety incident response systems.

### 7.3. Provider Patient Safety Incident Response Policies and Plans

7.3.1. Organisations within Mid & South Essex Integrated Care System delivering NHS-funded care are required to develop a Patient Safety Incident Response Plan and Policy.

7.3.2. An organisation’s Patient Safety Incident Response Plan specifies the methods it intends to use to maximise learning and improvement, and how these will be applied to different patient safety incidents. It is based on a thorough understanding of the organisation’s patient safety incident profile, ongoing improvement priorities, available resources, and the priorities of stakeholders, including patients and local Healthwatch.

7.3.3. An organisation’s Patient Safety Incident Response Policy implements the requirements of the Patient Safety Incident Response Framework and sets out the provider organisation’s approach to developing and maintaining effective systems and processes for responding to patient safety incidents and issues for the purpose of learning and improving patient safety. The PSIRF advocates a co-ordinated and data-driven response to patient safety

incidents. It embeds patient safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management. The Policy supports development and maintenance of an effective patient safety incident response system that integrates the four key aims of the PSIRF.

Within the Patient Safety Incident Response Framework, the Integrated Care Board has the responsibility to:

- Collaborate with providers in the development, maintenance and review of provider patient safety incident response policies and plans; and
- Agree provider patient safety incident response policy and plans.

For more information on the collaboration and agreement process for provider policies and plans, please request Standard Operating Procedures for Main NHS Providers and Smaller Providers via [mseicb.me.patientsafety@nhs.net](mailto:mseicb.me.patientsafety@nhs.net)

#### **7.4. Duty of Candour**

- 7.4.1. The requirement to comply with Duty of Candour Regulations is unchanged: that is, all providers must inform the patient / family / carers of any notifiable patient safety incident and follow all the requirements of the Duty of Candour.
- 7.4.2. While legal obligations associated with Duty of Candour apply to those in receipt of care, the moral obligation to be open, honest, supportive, and inclusive must be upheld for all affected.
- 7.4.3. If a partner organisation has rationale for not undertaking Duty of Candour then a conversation between the ICB DON and provider DON should take place to agree this.

#### **7.5. Providers of NHS Funded Care**

- 7.5.1. The Trust Board, or leadership team in the case of organisations without Boards, is responsible and accountable for effective patient safety incident management in their organisation. This includes supporting and participating in cross-system / multi-agency responses and / or independent Patient Safety Incident Investigations (PSIIs) where required.
- 7.5.2. The PSIRF should be central to overarching safety governance arrangements and patient safety incident reporting and response data, learning response findings, safety actions, safety improvement plans, and progress should be discussed at the Board or leadership team's relevant sub-committee(s).
- 7.5.3. Organisations must have processes to ensure that all safety actions implemented in response to learning or wider safety improvement plan(s) are monitored, to check they are delivering the required improvement.

## **7.6. Local Support Networks including Local Maternity and Neonatal Systems**

- 7.6.1. Local support networks including Local Maternity and Neonatal Systems (LMNSs) play a crucial role in supporting improvement and facilitating review of patient safety incident responses, therefore organisations should engage with their local support networks as key stakeholders in the development of their patient safety incident response plan.
- 7.6.2. Organisations should use their local support networks to facilitate review of incident responses between peers, so that they can learn from each other's incident response approaches and reduce the risk of becoming isolated and accepting lower quality incident response standards.

## **7.7. Oversight of Maternity PSIRF**

- 7.7.1. As with all aspects of incident response under PSIRF, a provider board / leadership team are accountable for the quality of incident response and most importantly for reducing risk as a result. This is particularly relevant to the organisation's board-level maternity safety champion and the non-executive appointed to work alongside them.
- 7.7.2. ICBs are responsible for agreeing and signing off an organisations' patient safety incident response plan, including relevant maternity content.
- 7.7.3. Regional maternity teams should be involved in developing and agreeing organisations' patient safety incident response plan, as should LMNSs.
- 7.7.4. Organisations should also use their LMNSs to facilitate peer review of maternity incident responses and encourage partnership with another organisation to support collaborative learning wherever possible.

## **7.8. National Investigation Bodies**

- 7.8.1. These investigations aim to improve healthcare systems and processes to reduce risk and improve safety. They undertake patient safety investigations through two programmes:
- Health Services Safety Investigation Body (HSSIB): Can encompass any patient safety concern that occurred within NHS-funded care in England after 01 April 2017. Incidents for national investigation are selected based on the scale of risk and harm, the impact on individuals involved and on public confidence in the healthcare system, as well as the potential for learning to prevent future harm.
  - Care Quality Commission (CQC): From 01 October 2023, the Maternity and Newborn Safety Investigations (MNSI) programme is hosted by the Care Quality Commission (CQC) and are responsible for all patient safety investigations of maternity incidents occurring in the NHS that meet the criteria of the Each Baby Counts programme. The purpose of this programme is rapid learning and improvement in maternity services, and to identify common themes that offer opportunity for system-wide change.

## **7.9. NHS England Regional Leads**

- 7.9.1. Should support ICB PSIRF leads to establish systems and processes for responding to and overseeing patient safety incidents, including facilitating patient safety incident response policy and plan development where required.
- 7.9.2. Should support collaboration within and between ICBs, other commissioning leads and / or regional leads as required and advise on the development of relevant skills and capacity to deliver PSIRF.
- 7.9.3. Will collaborate with relevant teams / leads where a system, or provider(s) within a system, experience significant challenges in responding to patient safety incidents e.g. a breakdown of governance infrastructure across local systems.
- 7.9.4. Should share insights and information between organisations and services to improve patient safety incident response systems and improvement activity.
- 7.9.5. Should work with ICBs to develop the relevant systems to support cross-system learning responses at a local system level.
- 7.9.6. Will support co-ordination of system-focused responses to high profile or complex incidents where this activity cannot be managed at a local system level by the ICB.

## **7.10. Care Quality Commission (CQC)**

- 7.10.1. The CQC's assessment of a provider's leadership and safety considers an organisation's ability to respond effectively to patient safety incidents, including whether change and improvement follow its response to patient safety incidents.
- 7.10.2. CQC teams will apply the PSIRF and associated patient safety incident response standards as part of its assessment of the strength of an organisation's systems and processes for preparing for and responding to patient safety incidents.
- 7.10.3. CQC will expect to be informed (via the regional relationship lead) of high profile and complex incidents as part of the co-ordinated response, as well as being provided with all statutory notifications as required by the Health and Social Care Act (2008).

## **7.11. Coroners**

- 7.11.1. Organisations should establish good relationships with their coroner, involve them in Patient Safety Incident Response Plan development and respond when they ask for information. The PSIRF requires all deaths to be investigated where the death is thought more likely than not to have been due to problems in care.

## **7.12. Medical Examiner System**

- 7.12.1. Medical examiners do not conduct in-depth patient safety review, but when they identify concerns, they will refer them to appropriate governance leads which may include an organisation's mortality lead and / or PSIRF lead.
- 7.12.2. These leads will then ensure the death is considered for a response in line with the organisation's learning from deaths policy and patient safety incident response plan. Where evidence, however identified, suggests problems in care were more likely than not to have led to the death occurring at the time that it did, a PSII must be undertaken.

## **7.13. Improving incident response through collaborative external review**

- 7.13.1. External peer review of an organisation's learning response reports that have been signed off by the board / leadership team is encouraged to support collaborative learning.
- 7.13.2. Organisations should specify the proportion of responses to be externally reviewed and note in their patient safety incident response policy how this will be facilitated.
- 7.13.3. Where possible, services with similar characteristics (including the population they serve) should partner with one another to review reports to support collaborative learning.
- 7.13.4. The ICB PSIRF Peer Review Forum will oversee this external review process.

## **7.14. Publication of sensitive and confidential information in independent patient safety investigation reports**

- 7.14.1. Independent PSII reports must be shared with internal and external stakeholders, including the affected individuals and families, and should be written in a clear and accessible way. Where possible independent PSII's will be published in full.
- 7.14.2. The impact of publishing an independent PSII report can have on those affected must be carefully considered, especially when individuals may be identifiable. Where a patient, the family of a deceased patient or another affected person does not consent to publication, their rights must be balanced against the wider public interest when deciding whether to publish.

## **7.15. Our Restorative Just Culture**

- 7.15.1. A Restorative Just Culture is a learning approach to dealing with adverse events which focuses on harm done rather than blame.
- 7.15.2. MSEICB's commitment to our workforce, patients, organisation, and the wider system, is to take every opportunity to listen, act, learn, improve, support and create an environment that enables people to be the very best they can be and to do the very best they can do.

- 7.15.3. MSEICB is raising awareness and empowering staff to challenge poor behaviour and choosing respect, civility and a positive culture aligned with key themes such as psychological safety, team-based working, and co-produced values.

## **7.16. Patient Safety Partners**

- 7.16.1. The NHS Patient Safety Strategy promotes the involvement of patients, families, and carers as partners both in their own care and in the wider oversight of healthcare. Such involvement in oversight is of specific value in the development of an organisation's patient safety incident response policy and plan. Patient Safety Partners (PSPs) should also play an important role on incident response oversight committees.
- 7.16.2. PSP involvement in organisational safety' relates to the role that patients, carers and other lay people can play in supporting and contributing to a healthcare organisation's governance and management processes for patient safety. Roles for PSPs can include:
- Membership of quality and safety committees.
  - Involvement in patient safety improvement projects.
  - Working with organisation boards to consider how to improve safety.
  - Involvement in staff patient safety training.
  - Participation in investigation oversight groups.

## **7.17. Addressing Health Inequalities**

- 7.17.1. Some patients due to their age, mental capacity/vulnerability, etc. are less safe than others in a healthcare setting. The PSIRF provides a mechanism to directly address these unfair and avoidable differences in risk of harm from healthcare:
- The PSIRF's more flexible approach makes it easier to address concerns specific to health inequalities: it provides the opportunity to learn from patient safety incidents that did not meet the definition of a Serious Incident.
  - PSIRF prompts consideration of inequalities in the development and maintenance of patient safety incident response policies and plans.
  - Tools in the patient safety incident response toolkit prompt consideration of inequalities during the learning response process, including when developing safety actions.
  - The NHSE document 'Engaging and involving patients, families and staff following a patient safety incident' gives guidance on engaging those with different needs.
  - The framework endorses a system-based approach (instead of a 'person focused' approach) and is explicit about the training and skill development required to support an approach. This will support the development of a just culture and reduce the ethnicity gap in rates of disciplinary action across the NHS workforce.



## **7.18. Engaging and Involving Patients, Families and Staff following a Patient Safety Incident**

7.18.1. The PSIRF promotes systematic, compassionate, and proportionate responses to patient safety incidents, anchored in the principles of openness, fair accountability, learning and continuous improvement – and with the aim of learning how to reduce risk and associated harm.

7.18.2. The PSIRF recognises that meaningful learning and improvement following a patient safety incident can only be achieved if supportive systems and processes are in place. The PSIRF supports development of a patient safety incident response system that prioritises compassionate engagement and involvement of those affected by patient safety incidents.

## **7.19. Supporting the Effectiveness of Systems to Achieve Improvement**

The patient incident response standards can be used to guide ICB oversight of provider patient safety incident response. They support a formative (continuous) understanding of organisational safety, which is more meaningful than a summative (final) judgement. In providing the following subjects, our ICB can work across a range of issues, focusing on those questions within a subject that feels most relevant to local circumstances:

- Engagement and involvement of those affected by patient safety incidents.
- Policy, planning and governance.
- Competence and capacity.
- Proportionate responses.
- Safety actions and improvement.

## **7.20. Supporting Cross System Response**

7.20.1. All healthcare organisations providing and overseeing NHS-funded care must work collaboratively, with a common understanding of the aims of the PSIRF framework, to provide an effective governance structure around the NHS response to patient safety incidents. The PSIRF expects ICBs to facilitate collaboration at both place and local system level to ensure cross-system response. The PSIRF requires regulators and ICBs to consider the strength and effectiveness of NHS providers' incident response processes.

7.20.2. Accountability for the quality of learning responses to individual incidents sits with provider leaders. Providers are not required to seek sign off for incident response reports from their ICB; however, they must be open with information relating to patient safety incidents and findings from incident responses, including formal reports, to support continuous development of an effective incident cross-system response.

## **7.21. Supporting High Profile Cases**

7.21.1. Local arrangements for supporting patients, families and carers in high profile cases should incorporate the following:



- Early recognition and communication.
- Media plan.
- Liaison with relevant partner organisations.
- Links with specialise services i.e., Safeguarding, Local Authorities, Emergency Services, Police, Coroner, Legal Services etc.

## **7.22. Sharing Insights to Improve Safety**

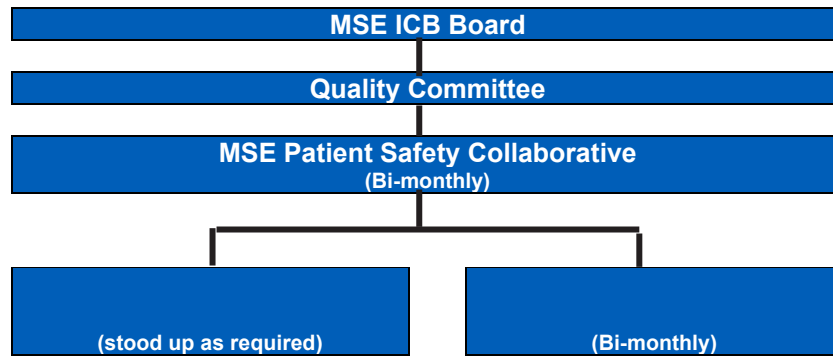
- 7.22.1. The Patient Safety Incident Response Framework represents a particular perspective on safety; the safety remit of the ICB and providers within the ICS is much broader and requires input from a range of stakeholders. A range of stakeholders within the ICB also hold responsibilities related to assurance and oversight that relate to and in some cases overlap with the responsibilities of the patient safety function (i.e. safeguarding, local maternity & neonatal system, quality).
- 7.22.2. In order to ensure oversight is not focused only on those incident types contained within a providers' Patient Safety Incident Response Plan, and to support the broader ICS to explore where safety risks may exist outside of the Patient Safety Incident Response Framework, the MSE ICS Patient Safety Steering Group will bring together a range of ICS stakeholders with an interest or involvement in patient safety to review the state of play across the footprint.
- 7.22.3. MSE Safety Summit – The MSE ICS Patient Safety Summit will bring together all interested parties across Mid & South Essex to explore the work undertaken within the ICS related to patient safety and improvement. The summit intends to raise awareness of patient safety and provide opportunities for sharing learning and networking. The summit will be delivered in a conference fashion, with attendance open to all those working and living in Mid & South Essex.

## **7.23. Complaints and Appeals**

Patient experience and feedback offers learning opportunities that allows us to understand whether our services are meeting the standards we set and addressing patients' expectations and concerns. With these objectives very much in mind, we take all patient and stakeholder feedback very seriously, clearly identifying any lessons and using these to improve our service. With the implementation of PSIRF we will continue to manage complaints in the usual way in accordance with the ICB Complaints Policy with close liaison with the Patient Safety Team in relation to any complaints about incidents that are also the subject of cross-system learning.

## **8. Monitoring Compliance**

- 8.1.1. This policy will be monitored by the ICB Quality Committee. The diagram below details the process by which information flows up to the committee:



8.1.2. The Executive Chief Nurse of the ICB will have overall responsibility for monitoring the policy.

8.1.3. The leadership and management functions of the PSIRF oversight are wider and more multi-faceted compared to previous response approaches. When working under PSIRF, NHS providers, Integrated Care Boards (ICBs), Healthwatch and regulators should design their systems for oversight in a way that allows organisations to demonstrate improvement, rather than compliance with prescriptive, centrally mandated measures.

Oversight of patient safety incident response has traditionally included activity to hold provider organisations to account for the quality of their patient safety incident investigation reports. Oversight under PSIRF focuses on engagement and empowerment rather than the more traditional command and control.

The mindset principles listed in 7.1.3 should underpin the oversight of patient safety incident response.

## 9. Staff Training

9.1.1. It is an expectation from NHSE/I that all staff, up to and including Board Level will complete online Patient Safety Awareness Training level 1.

9.1.2. Levels 2 will be considered appropriate for staff who have a patient-facing function.

9.1.3. Levels 3-5 will be allocated to job roles once cascaded by NHS England.

9.1.4. Those staff with responsibility for providing advice and support regarding the management of patient safety incidents will be required to undertake appropriate additional training relating to the management of conflicts of interest available on Electronic Staff Record (ESR) or e-Learning for Health (eLfH).

9.1.5. Completion of mandatory training will be monitored and reported to the relevant Committees, and action taken to address completion rates where necessary. Staff will be expected to maintain mandated training and local recommended training, where indicated.

## 10. Arrangements For Review

- 10.1. This policy represents the first of its kind and is intended to outline the core approach we will take.
- 10.2. If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the Integrated Care Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the Integrated Care Board.
- 10.3. A comprehensive review of our patient safety policy will be undertaken after 12 months to reflect the fact this time period is an initial implementation phase of the programme, and a significant amount of learning will be generated from this work. Following the initial one-year review, further review of the policy will take place every two years as minimum.
- 10.4. For any support with this policy please contact the Mid & South Essex ICB Nursing & Quality Team: [mseicb-me.patientsafety@nhs.net](mailto:mseicb-me.patientsafety@nhs.net)

## 11. Associated Policies, Guidance And Documents

### Associated Policies

- Incident Reporting Policy.
- Safeguarding Adults and Children (including Children in Care/Looked After Children) Policy.
- Freedom of Information Policy.
- Health & Safety Policy.
- Complaints Policy.
- Disciplinary Policy.
- Information Governance Policy.
- Raising Concerns Policy (due to be replaced by the Freedom to Speak up policy)

## 12. Equality Impact Assessment

- 12.1.1. The EIA has identified no equality issues with this policy.
- 12.1.2. The EIA has been included as **Appendix A**.

# Appendix A - Equality Impact Assessment

## INITIAL INFORMATION

<b>Name of policy:</b> Patient Safety Incident Response Framework	<b>Directorate/Service:</b> Nursing & Quality
<b>Version number (if relevant):</b> 1.0	
<b>Assessor's Name and Job Title:</b> Steve McEwen, Quality Manager	<b>Date:</b> August 2023

### OUTCOMES

*Briefly describe the aim of the policy and state the intended outcomes for staff*

This policy is designed to set out how the Nursing & Quality directorate will monitor and manage the Patient Safety Incident Response Framework.

This provides staff involved with the process to understand the required steps and for staff not directly involved to understand how the process works.

### EVIDENCE

*What data / information have you used to assess how this policy might impact on protected groups?*

The ICB monitors the composition of its workforce under the nine protected equality characteristics and reports on this annually. This information helps the ICB to assess the potential impact of its policies upon staff.

*Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?*

The policy is based on the NHS England guidance for Patient Safety Incident Response Framework. [NHS England » PSIRF](#)

The Staff Engagement Group have been consulted on the policy and their feedback was considered before the policy was finalised.

## ANALYSIS OF IMPACT ON EQUALITY

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

- **Positive outcome** – the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups.
- **Negative outcome** – protected group(s) could be disadvantaged or discriminated against.
- **Neutral outcome** – there is no effect currently on protected groups.

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

Protected Group	Positive outcome	Negative outcome	Neutral outcome	Reason(s) for outcome
Age			X	The management of the Patient Safety Incident Response Framework is not influenced by protected characteristics
Disability (Physical and Mental/Learning)			X	As above
Religion or belief			X	As above
Sex (Gender)			X	As above
Sexual Orientation			X	As above
Transgender / Gender Reassignment			X	As above
Race and ethnicity	X			It is noted that this policy includes a section on health inequalities (e.g. higher rates of disciplinary amongst ethnic groups). As a result of the change in culture due to PSIRF, this may have a positive impact.
Pregnancy and maternity (including breastfeeding mothers)			X	As above
Marriage or Civil Partnership			X	As above

### MONITORING OUTCOMES

Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals.

*What methods will you use to monitor outcomes on protected groups?*

By attendance at system partner meetings

### REVIEW

*How often will you review this policy / service?*

We will review this policy in one years' time, but review ahead of this if found necessary

*If a review process is not in place, what plans do you have to establish one?*

N/A

## Part I ICB Board meeting, 16 November 2023

### Agenda Number: 14.2

### Committee Terms of Reference

#### Summary Report

##### 1. Purpose of Report

To seek the Board's approval of changes to the Terms of Reference of the System Oversight and Assurance Committee (SOAC) and Quality Committee (QC).

##### 2. Executive Lead

Anthony McKeever, Chief Executive Officer (SOAC)  
Dr Giles Thorpe, Executive Chief Nursing Officer (QC)

##### 3. Report Author

Nicola Adams, Deputy Director of Governance and Risk.  
Sara O'Connor, Head of Governance and Risk.

##### 4. Responsible Committees

System Oversight and Assurance Committee and Quality Committee.

##### 5. Impact Assessments

Not applicable to this report.

##### 6. Financial Implications

Not applicable to this report.

##### 7. Details of patient or public engagement or consultation

Not applicable to this report.

##### 8. Conflicts of Interest

None identified.

##### 9. Recommendation(s)

The Board is asked to approve the amendments to the Terms of Reference of the System Oversight and Assurance Committee and Quality Committee.

## Committee Terms of Reference

### 1. Introduction

Committee Terms of Reference are reviewed at least annually and updated should any necessary amendments be identified in the interim period. Following review at committee, the System Oversight and Assurance Committee and Quality Committee are recommending updates to their terms of reference.

### 2. Amendments to System Oversight and Assurance Committee (SOAC) Terms of Reference

The following changes to the SOAC Terms of Reference were agreed by the committee on 8 November 2023:

- **Co-Chair:** The Terms of Reference have been updated to confirm the ICB Non-Executive Member as Co-Chair the Committee. George Wood, Non-Executive Member, has taken up this role.
- **Deputy Chair:** The original Terms of Reference (dated 1 July 2022) and those dated July 2023 state the Chief Executive Officer of MSEFT will be Deputy Chair of the committee. The committee agreed that the Chief Executive Officer of the ICB should be appointed as Deputy Chair, who will chair meetings should both Co-Chairs be unavoidably absent.

### 3. Amendments to Quality Committee (QC) Terms of Reference

The amendments to the QC Terms of Reference (and the associated work programme); agreed by the QC on 27 October; now include explicit responsibilities for statutory functions previously not sited, including:

- Learning Disabilities and Autism (including Downs Syndrome).
- Neurodiversity.
- Babies, Children and Young People's physical health.
- Children and Young People's mental health.
- Mental Health transformation.
- Special Educational Needs and Disabilities (SEND) transformation.

In addition, any requirements for specific health sectors and partners within the system to share learning/escalations will be presented by partners themselves to foster collaborative working. Finally, the Committee meeting length was increased to allow greater opportunity for discussion and reflection.

A similar update to the System Quality Group workplan and Terms of Reference is being completed.

### 4. Recommendation(s)

The Board is asked to approve the amendments to the Terms of Reference of the System Oversight and Assurance Committee and Quality Committee as detailed above.

## Part I ICB Board meeting, 16 November 2023

### Agenda Number: 14.3

### Board Assurance Framework

#### Summary Report

##### 1. Purpose of Report

To share the latest version of the Board Assurance Framework (BAF) with the Board.

##### 2. Executive Lead

Anthony McKeever, Chief Executive Officer and named Directors for each risk as set out on the BAF.

##### 3. Report Author

Sara O'Connor, Head of Governance and Risk

##### 4. Responsible Committees

Each committee is responsible for their own areas of risk.

##### 5. Conflicts of Interest

None identified.

##### 6. Recommendation/s

The Board is asked to consider and comment upon the Board Assurance Framework and seek any further assurances required.



## Board Assurance Framework

### 1. Introduction

The ICB Board is responsible for ensuring that adequate measures are in place to manage its strategic risks. This is discharged through oversight of the Board Assurance Framework (BAF) by the Audit Committee which reviews the BAF at each committee meeting.

### 2. Risks currently on the Board Assurance Framework

The current BAF, provided at **Appendix 1**, includes the following strategic risks:

- Workforce
- Primary Care
- Capital
- Unblocking the Hospital
- Diagnostics, Elective Care and Cancer Performance
- System Financial Performance
- Inequalities
- Mental Health Services

The BAF also includes an updated summary of Mid and South Essex NHS Foundation Trust and Essex Partnership University NHS Foundation Trusts' red risks (as set out in the latest Board reports available on their websites).

### 3. Recommendation(s)

The Board is asked to consider the latest iteration of the Board Assurance Framework and seek any further assurances required.

### 4. Appendices

**Appendix 1** - Board Assurance Framework November 2023.



Mid and South Essex  
Integrated Care  
System



Mid and South Essex









# Board Assurance Framework

November 2023

# Contents

- Summary Report.
- Individual Risks - controls, barriers, assurance and actions.
- Main provider risks (MSEFT & EPUT).

## BAF Risks – Summary Report

No	Risk and Key Elements	SRO(s)	Key Assurances (further information on individual risk slides)	RAG
1.	<b>WORKFORCE:</b> <ul style="list-style-type: none"> <li>Workforce Strategy</li> <li>Primary Care Workforce Development (see Primary Care Risk)</li> <li>Provider recruitment</li> <li>Managing the care market</li> </ul>	L Adams	<ul style="list-style-type: none"> <li>Regular Workforce reporting to System Oversight and Assurance Committee (SOAC) and People Board</li> <li>Regional Provider Workforce Return (PWR).</li> <li>Reduction in unfilled vacancies and Improved attrition and turnover rates.</li> <li>Reduction in bank and agency usage leading to positive impact on patient safety/quality.</li> <li>Improved resilience of workforce.</li> </ul>	<b>4 x 5 = 20</b> 
2.	<b>PRIMARY CARE</b> <ul style="list-style-type: none"> <li>Primary Care Strategy</li> <li>Workforce Development</li> <li>Primary Care Network Development</li> <li>Financial and contractual framework.</li> </ul>	P Green	<ul style="list-style-type: none"> <li>Patient Survey Results.</li> <li>Workforce Retention.</li> <li>Improved Patient to GP Ratio.</li> <li>Better patient access, experience and outcomes</li> <li>Consultation data (volume, speed of access), digital tool data (engagement and usage)</li> </ul>	<b>4 x 5 = 20</b> 
3.	<b>CAPITAL</b> <ul style="list-style-type: none"> <li>Making the hospital reconfiguration a reality</li> <li>Estates Strategy</li> <li>Integrated Medical Centre Programme</li> <li>Digital Priorities and Investment</li> </ul>	J Kearton	<ul style="list-style-type: none"> <li>Throughput of business cases to FIC.</li> <li>Delivery of Estates Strategy.</li> <li>Progress reporting on investment pipeline.</li> <li>Monthly reporting of capital expenditure as an ICS to NHSE.</li> </ul>	<b>4 x 4 = 16</b> 
4.	<b>UNBLOCKING THE HOSPITAL</b> <ul style="list-style-type: none"> <li>Managing 111 and Out-of-Hours</li> <li>Flow, Discharge, Virtual Ward projects</li> <li>Discharge to Assess</li> </ul>	E Hough	<ul style="list-style-type: none"> <li>Monthly MSE UEC Board monthly oversees programme and reports into SOAC and ICB Board.</li> <li>MSE Executive Discharge Group oversee patient flow.</li> <li>Hospital discharges monitored hourly/daily and shared with social care and CHC teams via situational awareness 10am system call.</li> </ul>	<b>5 x 4 = 20</b> 
5.	<b>DIAGNOSTICS, ELECTIVE CARE AND CANCER PERFORMANCE</b> <ul style="list-style-type: none"> <li>Clearing waiting list backlogs</li> </ul>	Dr M Sweeting	<ul style="list-style-type: none"> <li>SOAC maintains oversight of performance against all NHS Constitutional Standards.</li> <li>Diagnostics: MSE Diagnostic Reporting to System Diagnostic Board &amp; Diagnostic Performance Sub-Group.</li> <li>Cancer: MSEFT Cancer performance report: Fortnightly meetings with National Team as a Tier 1 Trust.</li> <li>RTT: Elective Care Board: MSEFT RTT Long Wait Report. 52+ week waiting list size growth is the significant risk overseen via elective board. Fortnightly meetings with National Team as a Tier 1 Trust.</li> </ul>	<b>5 x 4 = 20</b> 
6.	<b>SYSTEM FINANCIAL PERFORMANCE</b> <ul style="list-style-type: none"> <li>Financial Improvement Plan</li> <li>System Efficiency Programme</li> <li>Use of Resources</li> </ul>	J Kearton	<ul style="list-style-type: none"> <li>Delivery of the agreed position at year end. Forecast is £40.3m in line with plan and agreed additional funding.</li> <li>Improved delivery throughout the medium term (5 years) to system breakeven.</li> <li>Overseen by Finance &amp; Investment Committee and the Chief Executives Forum, also discussed at SLFG and SOAC.</li> <li>Internal and External Audits planned.</li> </ul>	<b>4 x 4 = 16</b> 
7.	<b>INEQUALITIES</b> <ul style="list-style-type: none"> <li>Inequalities Strategy</li> <li>Data Analytics</li> <li>Population Health Management</li> </ul>	E Hough	<ul style="list-style-type: none"> <li>Monitoring of Slope Index of Inequality (measure of social gradient in life expectancy) in MSE.</li> <li>Improvement in access and reduction of health inequalities as shown in the performance metrics, of which our priorities are currently being developed.</li> <li>Continued restoration of NHS services inclusively resulting in improved access to services and patient outcomes for the MSE population.</li> </ul>	<b>4 x 4 = 16</b> 
8.	<b>MENTAL HEALTH QUALITY ASSURANCE</b> <ul style="list-style-type: none"> <li>Workforce challenges</li> <li>Demand and capacity</li> <li>Performance against standards</li> <li>External scrutiny</li> <li>Addressing health inequalities/equitable offer across MSE.</li> </ul>	Dr G Thorpe	<ul style="list-style-type: none"> <li>CQC action plan progression.</li> <li>Clinical Quality Review Group.</li> <li>Quality Assurance visits.</li> <li>Improved flow and capacity, reduction in OOA placements and reduced length of stay.</li> <li>Mental Health Partnership Board &amp; Whole System Transformation Group (WSTG).</li> <li>Reports to SOAC identify key quality/performance risks and action being taken.</li> <li>Internal Audit of Oversight of Mental Health Services - Reasonable Assurance.</li> <li>Accountability review with focus on performance.</li> </ul>	<b>4 x 4 = 16</b> 

<b>Risk Narrative:</b>	<b>WORKFORCE:</b> Risks associated with the ICB and partner organisations not taking effective action to improve recruitment and retention of permanent staff to reduce reliance on bank/agency staff; and not taking effective action to ensure there is a reliable pipeline of staff to fill future vacancies.	<b>Risk Score: (impact x likelihood)</b>	<b>4 x 5 = 20</b>
<b>Risk Owner/Dependent:</b>	Lisa Adams, Interim Executive Chief People Officer	<b>Directorate: Committee:</b>	People Directorate System Oversight & Assurance
<b>Impacted Strategic Objectives:</b>	Diverse and highly skilled workforce	<b>BAF Risk Ref:</b>	PO1

**Current Performance v's Target and Trajectory**

Recruitment and Retention rates continue to show slight improvements through September, with bank usage on a decreasing trend and Agency use remaining fairly static. Turnover has continued to improve with all organisations seeing a reduction this month. ICB itself currently going through restructure resulting from a mandate to reduce costs, so the focus is on retaining critical skills where possible and an organisation design that can

**How is it being addressed? (Current Controls)**

<p><b>Focused workstreams of the reformed People Board across two areas: 1. Right Workforce Right Cost and 2. Great Place to Work and Build a Career:</b></p> <ol style="list-style-type: none"> <li>1. Overlay new National Workforce Strategy onto MSE workforce plans to reflect actions in 5-10 year workforce plans (broadening to include social care) whilst maintaining focus on immediate needs agreed at the Workforce Summit in June.</li> <li>2. Accelerate work on expansion of apprenticeship schemes – mapping programmes in key shortage areas.</li> <li>3. Agree better utilisation of roles that will transform capacity e.g. ACPSSs, Physician Associates &amp; ARRS.</li> <li>4. Achieve reduction in bank and agency spend where there is scope (at a minimum to achieve plan and compliance) – controls have been put in place for agency use as part of wider workforce efficiencies plan. Regular reviews of 'top 20' agency spend alongside a focus on recruitment into those posts. Regarding Bank, triple lock controls in place in MSEFT and medical &amp; nursing advisory groups are overseeing usage, so that there is greater leadership responsibility for approval of temporary staff.</li> <li>5. Continuous improvements to data &amp; evidence base used to drive workforce plans/make staffing decisions and leadership ownership of this data-driven approach.</li> <li>6. Cross-system recruitment campaigns to attract people into health, care and the voluntary sector in MSE.</li> <li>7. Roll-out and embed System Recruitment hub model, starting with Healthcare Support Workers (HCSW) recruitment and induction then scaling to other roles. Funding has been secured for this Centralised Recruitment Hub approach to include induction and retention initiatives. EPUT has agreed to host.</li> <li>8. Embed those elements of the EDI strategy that will have the most impact on our ability to recruit and retain.</li> <li>9. Accelerate commitment to flexible working via the roll-out of self-rostering.</li> <li>10. Unlock movement of staff by agreeing an MOU/Digital passport to be adopted by all stakeholder organisations.</li> </ol>	<p><b>Barriers (Gaps)</b></p> <ul style="list-style-type: none"> <li>• Vacancy data quality has improved and agreed baseline established –but work continues to increase granularity of data so that it can be better used to inform workforce planning and recruitment.</li> <li>• Very large volume of vacancies in already challenged domestic market.</li> <li>• Potential impact of industrial action on progress on Bank &amp; Agency efficiency - temporary staffing could drive up costs/usage.</li> <li>• Potential impact of industrial action on retention - whether perception of lack of progress or impact on wider morale.</li> </ul>
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**How will we know controls are working? (Internal Groups and Independent Assurance)**

- Regular Workforce reporting to SOAC (monthly) and People Board (bi-monthly).
- Regional provider workforce return (PWR).
- Reduction in unfilled vacancies.
- Improved attrition and turnover rates.
- Reduction in bank and agency usage leading to positive impact on patient safety/quality.
- Improved resilience of workforce tested via People Survey and regular 'pulse' surveys.

**Next Steps:**

- Drive scale and pace of changes via reformed People Board and the workstreams agreed in September. These workstreams have been designed to ensure traction on actions agreed earlier in the summer at the Workforce Summit. Each workstream will have a People Board Champion and a working group comprised of people across the system.

<b>Risk Narrative:</b>	<b>PRIMARY CARE:</b> As a result of workforce pressures and demand outstripping capacity, patient experience and pathways may not adequately meet the needs of our residents.	<b>Risk Score: (impact x likelihood)</b>	<b>4 x 5 = 20</b>
<b>Risk Owner:</b>	Pam Green – Basildon & Brentwood Alliance William Guy, Director of Primary Care.	<b>Directorate: Board Committee:</b>	Clinical and Professional Leadership Primary Care Commissioning Committee
<b>Impact on Strategic Objectives/ Outcomes:</b>	Patient Experience, Harm, Access, ARRS, Hospital performance, reputational damage.	<b>BAF Risk Ref:</b>	CPLPC02

Current Performance v's Target and Trajectory	Barriers (Gaps)
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<p><u>Workforce:</u></p> <ul style="list-style-type: none"> <li>Additional Roles Re-imburement Scheme (ARRS): Good progress has been made on the recruitment of Additional Roles Reimbursement Scheme staff: 120 FTEs recruited in 22/23. 87% of planned recruitment successfully delivered.</li> <li>Fellowship scheme: New scheme now in place and first fellows have commenced roles.</li> <li>Patient to GP Ratio: BB/Thurrock in top 10 worst ratio in country.</li> </ul> <p><u>Demand/Capacity:</u></p> <ul style="list-style-type: none"> <li>Patient Experience National Survey: Poor performance locally in terms of access.</li> <li>Available Appointments: 185k more consultations in 22/23 than in 21/22.</li> <li>Impact should be noticeable in the 23/24 (published July 24) survey.</li> </ul>	<ul style="list-style-type: none"> <li>National workforce challenges (recruitment and retention).</li> <li>Resource for investment in infrastructure (estate, digital, telephony etc).</li> <li>Increase in overall demand on primary care services.</li> <li>Overall funding of primary care.</li> </ul>
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How is it being addressed? (Current Controls)
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<ul style="list-style-type: none"> <li>Access Recovery Plan being presented to Board in November 23.</li> <li>Workforce development e.g. Additional Roles Reimbursement Scheme (ARRS) workforce and practice level initiatives. (impact over 3-5 years).</li> <li>Investment in Primary Care workforce / digital / estates (impact over 3-5 years).</li> <li>Initiatives for new GPs/ Partners and to support other roles in Practice Teams.</li> <li>Supporting succession planning.</li> <li>PCN Development.</li> </ul>
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How will we know its working? (Internal Groups & Independent Assurance)	Next Steps (and date):
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<ul style="list-style-type: none"> <li>Patient Survey Results.</li> <li>Workforce Retention.</li> <li>Improved Patient to GP Ratio.</li> <li>Resulting in better patient experience and access.</li> <li>Consultation data (volume, speed of access), digital tool data (engagement and usage)</li> </ul>	<ul style="list-style-type: none"> <li>Cloud based telephony – progress made on critical practices 11/43 already moved to CBT.</li> <li>Integrated Neighbourhood Team Scheme – submissions made. Alliances reviewing.</li> <li>Access Recovery Plan to be endorsed by Board in November 23</li> <li>Connected Pathways – initial recruitment round completed w/c 3<sup>rd</sup> November</li> </ul>
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<b>Risk Narrative:</b>	<b>CAPITAL:</b> Insufficient capital to support all Primary Care needs, necessitates prioritisation against the agreed matrix. This could result in delays to improvements impacting on access to and quality / performance of services. System wide capital is also constrained and delays in projects could impact on delivery within year.	<b>Risk Score: (impact x likelihood)</b>	<b>4 x 4 = 16</b>
<b>Risk Owner/Dependent:</b>	Jennifer Kearton, Director of Resources Ashley King, Director of Finance Primary Care & Strategic Programmes	<b>Directorate:</b>	System Resources
		<b>Board Committee:</b>	Finance & Investment Committee (FIC) Primary Care Commissioning Committee
<b>Impacted Strategic Objectives / Outcomes:</b>	Patient Experience, Equality of Access, Workforce, Harm	<b>BAF Risk Ref:</b>	SREST02

<b>Current Performance v's Target and Trajectory</b>	<b>Barriers (Gaps)</b>
<ul style="list-style-type: none"> <li>Delivering the capital plans as per the investment plan (pipeline).</li> <li>Future decisions to be made based on available capital and revenue resources.</li> </ul>	<ul style="list-style-type: none"> <li>Medium Term prioritisation framework to guide investment,</li> <li>Expectations of Stakeholders outstrip the current available capital.</li> <li>'New' accounting rules relating to the capitalising of Leases has resulted in greater affordability risk.</li> <li>Impact of financial position (potential 'triple lock').</li> </ul>

<b>How is it being addressed? (Controls &amp; Actions)</b>
<ul style="list-style-type: none"> <li>Developing medium term prioritisation framework for pipeline of investments.</li> <li>Oversight by Finance &amp; Investment Committee, System Finance Leaders Group and Executive / Senior Leadership Team.</li> <li>System Investment Group sighted on 'whole system' capital and potential opportunities to work collaboratively.</li> <li>Working with NHSE / Trusts to deliver the AcuteReconfiguration Programme.</li> <li>Prioritisation framework for Primary Care Capital now established.</li> <li>Prioritised list of investments developed that informed the submission of the 2023/24 capital plan (submitted first week of May 2023) as part e of overall financial plan.</li> <li>Current years plan within capital envelope.</li> <li>Work to commence on 2024/25 Capital Plan and ICS Infrastructure Strategy</li> </ul>

<b>How will we know its working? (Assurance)</b>	<b>Next Steps:</b>
<ul style="list-style-type: none"> <li>Throughput of business cases to FIC.</li> <li>Delivery of Capital/Estates Plans.</li> <li>Progress reporting on investment pipeline.</li> <li>Monthly reporting of capital expenditure as an ICS to NHSE.</li> </ul>	<ul style="list-style-type: none"> <li>Training for Board &amp; Exec (senior managers) on capital funding framework (Q4 23/24).</li> <li>Primary Care Projects Review (Q3 23/24).</li> <li>Infrastructure Strategy (indicative Mar 2024 but subject to national guidance).</li> <li>2024/25 Capital Plan Development &amp; Submission (Jan – Mar 2024 and subject to national guidance)</li> </ul>



<b>Risk Narrative:</b>	<b>UNBLOCKING THE HOSPITAL:</b> Risk of not maximising hospital discharge opportunities by prioritising patients and appropriately identifying discharge pathways.	<b>Risk Score:</b> (impact x likelihood)	<b>5 x 4 = 20</b>
<b>Risk Owner/Dependent:</b>	Emily Hough, Director of Strategy and Corporate Affairs Samantha Goldberg, Urgent Emergency Care System Director	<b>Directorate:</b> <b>Committee:</b>	Oversight, Assurance and Delivery. MSE Strategic UEC Board and System Oversight and Assurance Committee (SOAC).
<b>Impacted Strategic Objectives:</b>	Improving and transforming our services.	<b>BAF Ref:</b>	PLACE04
<b>Current Performance v's Target and Trajectory</b>		<b>Barriers (Gaps)</b>	
Emergency Department performance below constitutional standard, as are ambulance response times, although improvement in reducing ambulance delays 30+ minutes delays across MSEFT. Ambulance demand reverted to pre-pandemic levels. Stretched targets for Q4 to deliver 80% ED Performance and 90% 30 minute ambulance performance.		<ul style="list-style-type: none"> <li>Health and Social Care capacity to facilitate discharge into the right pathway impacts on MSEFT flow and community.</li> <li>Workforce challenges (See Risk PO1).</li> </ul>	
<b>How is it being addressed? (Current Controls)</b>			
<ul style="list-style-type: none"> <li>2022/23 Winter capacity physical/virtual beds at acute ended 30 June 2023, Hospices (Post FIC approval) ending 31 July 2023 and Community continue under review completed.</li> <li>MSEFT 'UEC Improvement Programme' launched in March 2023, focusing on improving a reduction in admissions, improving flow and discharge, and reducing length of stay. Collectively contributing towards 76% A&amp;E (all-type) performance against the four-hour standard, 30 minutes category 2 ambulance handovers and 92% bed occupancy.</li> <li>Trajectories for delivery of the 76% A&amp;E (all-type) performance against the four-hour standard compiled by hospital site, feeding into one aggregated MSEFT trajectory. Further trajectory submitted in September 2023 to stretch to a 80% performance delivery for quarter 4 of 2023/34.</li> <li>Increased focus on discharging pathway zero patients, and 21+ LOS patients.</li> <li>Community and Voluntary Sector (CVS) engagement in progress to support admission avoidance and discharge.</li> <li>Alliance plans for Transfer of Care Hubs continues (report to be submitted to Part I Board, 28 September 2023).</li> <li>SHREWD Resilience now fully operational and embedded into daily practice and seeking further opportunities to provide data to support operational and strategic planning.</li> <li>System Co-ordination Centres now operational and core function of the ICB overseeing Surge and proactively working with system partners.</li> <li>MSE is an early adopter for Alternative to Emergency Departments (A-tED) - tool identifying improvement opportunities to optimise utilisation of services.</li> </ul>			
<b>How will we know controls are working?</b> (Internal Groups and Independent Assurance)	<b>Next Steps</b>		
<ul style="list-style-type: none"> <li>Monthly MSE UEC Board monthly oversees programme and reports into SOAC and ICB Board.</li> <li>MSE Executive Discharge Group oversee patient flow.</li> <li>Hospital discharges monitored hourly/daily and shared with social care and CHC teams via situational awareness 10am system call.</li> </ul>	<ul style="list-style-type: none"> <li>MSE UEC Recovery Programme from national UEC Recovery Plan in place with provider trajectories. Oversight and responsibility with UEC System Director to track progression of action delivery with ICS partners at the monthly 'UEC Transformation &amp; Improvement Board'.</li> <li>Unscheduled Care Co-ordination Hub to maximise alternative pathway direct referrals / attendance/admission avoidance. Soft launch week undertaken in September with evaluation for completed. Scheme to be implemented from 13 November – 31 March 2024.</li> <li>Introduction of Pathway Light in IC24 (Completed) and recruitment campaign for 2023/24. Call and Clinical Assessment handlers onboarded since July 2023, which has significantly improved the call answering and reduced the call abandonments rate. Performance has seen IC24 ranked in the top 5 providers in the country.</li> <li>Introduction of the Transfer of Care Hubs (TOCH) from November 2023.</li> <li>MSE system with AGEM creating and adopting bed/capacity &amp; demand planning model. Pilot commenced in September and ICB Executive approved progression of platform build for one year from November 2023-November 2024. Currently in the procurement process for provider.</li> <li>Winter plan submitted. Triggers required for opening up acute beds as per winter plan approved by Health CEOs and monitored weekly.</li> <li>A-tED feedback scheduled for November 2023.</li> <li>System Co-ordination Centre physical room setup with screens displaying data support real-time decision making for operational patient flow.</li> </ul>		



<b>Risk Narrative:</b>	<b>DIAGNOSTICS, ELECTIVE CARE AND CANCER PERFORMANCE:</b> Risk of not meeting relevant NHS Constitutional Performance Standards.	<b>Risk Score: (impact x likelihood)</b>	<b>5 x 4 = 20</b>
<b>Risk Owner/Dependent:</b>	Matt Sweeting, Interim Director of Clinical Leadership and Innovation	<b>Directorate: Committee:</b>	Oversight, Assurance & Delivery. System Oversight & Assurance.
<b>Impacted Strategic Objectives:</b>	Recovery of constitutional waiting times standards for diagnostics, cancer and Referral to Treatment (RTT), achievement of Operational Planning commitments.	<b>BAF Ref(s):</b>	OAD2, OAD3 and OAD4

<b>Current Performance v's Target and Trajectory</b>	<b>Barriers (Gaps)</b>
<p><b>Diagnostics:</b> Increased backlog for 13+ weeks to 1,796 as at August 2023.</p> <p><b>Cancer:</b> Waiting times remain below NHS constitutional standards. MSEFT recovering the variance from the 23/24 plan submission in the number of people waiting over 62 days.</p> <p><b>Referral to Treatment:</b></p> <ul style="list-style-type: none"> <li>65+ week wait: MSEFT on trajectory to reduce to zero people by March 2024 to meet national expectation. As at August 2023 there were 2,752 patients.</li> <li>52+ week waits: 2023/24 plan submission to reduce. Required in order to meet the national expectation position of zero people by March 2025. As at August 2023 position has increased to 11,464 patients.</li> </ul>	<ul style="list-style-type: none"> <li><b>Cancer</b> - requires one registry – work now in place with programme group to introduce one Somerset cancer registry across the three MSEFT sites. <b>Cancer</b> - requires best practice pathways in place – programme refresh to enable this work to happen – supported by Stewards.</li> <li><b>Workforce - Cancer</b> - 2023/24 plan will incorporate sustainability for fixed term posts and includes CNS review and alternate workforce/skill mix – MSEFT reviewing substantive workforce and how can reduce reliance on Cancer SDF funding.</li> <li><b>Diagnostic Capacity</b> – capacity across diagnostics is impacting of delivery of the Faster Diagnostic Standard, this is being reported and overseen in terms of actions taken via the Diagnostic Performance Sub-Group of the MSE System Diagnostic Board and the Tier 1 Cancer meeting</li> </ul>

<b>How is it being addressed? (Current Controls)</b>
<p><b>Diagnostics:</b></p> <ul style="list-style-type: none"> <li>MSEFT developed recovery plans for all modalities and trajectories working through.</li> <li>Working with Trust to ensure clinical prioritisation and chronological booking – initial assigned risk code remaining in clinical system.</li> </ul> <p><b>Cancer:</b></p> <ul style="list-style-type: none"> <li>Day Zero Patient Tracking List (PTL) – focus across specific specialities. Daily review of PTL and next steps with all tracking focused on trajectory compliance.</li> </ul> <p><b>Referral to Treatment (RTT):</b></p> <ul style="list-style-type: none"> <li>Implementation and use of Gooroo software across the three MSEFT sites to maximise capacity utilisation for long waits through optimal clinical prioritisation and chronological booking.</li> </ul>

<b>How will we know controls are working? (Internal Groups and Independent Assurance)</b>	<b>Next Steps (Actions to be implemented and ongoing)</b>
<ul style="list-style-type: none"> <li>SOAC maintains oversight of performance against all NHS Constitutional Standards.</li> <li><b>Diagnostics:</b> MSE Diagnostic Reporting to System Diagnostic Board &amp; Diagnostic Performance Sub-Group.</li> <li><b>Cancer:</b> MSEFT Cancer performance report: Fortnightly meetings with National Team as a Tier 1 Trust.</li> <li><b>RTT:</b> Elective Care Board: MSEFT RTT Long Wait Report. 52+ week waiting list size growth is the significant risk overseen via elective board. Fortnightly meetings with National Team as a Tier 1 Trust.</li> </ul>	<p><b>RTT and Cancer:</b></p> <ul style="list-style-type: none"> <li>Fortnightly Tier 1 meetings continue with the national and regional team with oversight of actions and performance position.</li> </ul>

<b>Risk Narrative:</b>	<b>SYSTEM FINANCIAL PERFORMANCE:</b> The System is financially challenged with a deficit plan for 2023/24 of £40.3m. The system faces new and increasing challenges in-year across all areas which is likely to frustrate our attempts to delivery the deficit position for 2023/24. Financial recovery plans must deliver in order to provide sustainable services for our population.	<b>Risk Score: (impact x likelihood)</b>	<b>5 x 4 = 20</b>
<b>Risk Owner/Dependent:</b>	Jennifer Kearton, Director of Resources	<b>Directorate: Committee:</b>	System Resources Finance & Investment Committee
<b>Impacted Strategic Objectives:</b>	Financial sustainability	<b>Risk Ref:</b>	FIN01

<b>Current Performance v's Target and Trajectory</b>	<b>Barriers (Gaps)</b>
<p>The System has an agreed deficit plan of £40.3m deficit (MSEFT £50m deficit, EPUT breakeven, ICB £9.7m surplus).</p> <p><i>It should be noted that the system monthly position has continued to diverge from plan, and is at M6 £22.9m worse than plan at £45.0m deficit.</i></p>	<ul style="list-style-type: none"> <li>- New and emerging financial challenges being driven by performance, quality and delivery.</li> <li>- System pressures to manage delivery (capacity).</li> <li>- Team capacity, due to Industrial Action Impact, Inquiry resourcing and ICB Restructure</li> </ul>

<b>How is it being addressed? (Controls &amp; Actions)</b>
<ul style="list-style-type: none"> <li>• Monthly escalation meetings with Regional Colleagues and regular review with national team.</li> <li>• Central PMO focus on efficiency delivery and new ideas for continued momentum across the medium term planning period.</li> <li>• Organisational bottom up service and division review and improvement plans in plans</li> <li>• Continued oversight and by Chief Executive Officers, System Oversight and Finance and Investment Committees across organisations and ICB.</li> <li>• Control Total Delivery Group of System CFOs established</li> <li>• Engagement across the system with all disciplines to escalate the importance of financial control, value for money and improving value.</li> </ul>

<b>How will we know controls are working? (Internal Groups &amp; Independent Assurance)</b>	<b>Next Steps:</b>
<ul style="list-style-type: none"> <li>• Delivery of the agreed position at year end. Forecast is £40.3m in line with plan and agreed additional funding.</li> <li>• Improved delivery throughout the medium term (5 years) to system breakeven.</li> <li>• Being overseen by the Finance &amp; Investment Committee and the Chief Executives Forum, also discussed at SLFG and SOAC.</li> <li>• Internal and External Audits planned.</li> </ul>	<ul style="list-style-type: none"> <li>- Medium Term Financial Plan developed, to inform 2024/25 planning.</li> <li>- Agree trajectory for financial delivery, including consideration of enacting the forecast change protocol in conjunction with NHS England</li> <li>- Delivery of system efficiencies programme for 2023/24.</li> </ul>

<p><b>Risk Narrative:</b></p> <p><b>Risk Owner:</b></p> <p><b>Impacted Strategic Objectives:</b></p>	<p><b>INEQUALITIES:</b> Identification of groups at most risk of experiencing health inequalities and taking action to reduce these by improving access and outcomes.</p> <p>Emily Hough, Executive Director of Strategy and Corporate Affairs Emma Timpson, Associate Director of Health Inequalities and Prevention</p> <p>Reduction of Health Inequalities</p>	<p><b>Risk Score:</b> (impact x likelihood)</p> <p><b>Directorate:</b> <b>Committee:</b></p> <p><b>BAF Ref:</b></p>	<p><b>4 x 4 = 16</b></p> <p>Strategy and Partnerships Population Health Improvement Board.</p> <p>SP1</p>
<p><b>Current Performance v's Target and Trajectory</b></p>		<p><b>Barriers (Gaps)</b></p>	
<ul style="list-style-type: none"> <li>Basildon, Southend-on-Sea and Thurrock identified as having lower life expectancy and a greater inequality in life expectancy within their populations (source ONS 2020) .</li> <li>Core20PLUS5 (Adult) inequalities data packs are being actioned by the Alliances.</li> <li>Core20PLUS5 (Children &amp; Young People) inequalities data packs are currently being developed by the PHM team and will be shared with the Growing Well Board.</li> <li>Population Health Improvement Board will be establishing MSE system priorities. Key metrics and a dashboard will be established over coming months in collaboration with PHM and BI teams.</li> </ul>		<ul style="list-style-type: none"> <li>Availability of BI and PHM resource.</li> <li>Quality improvement support for interventions.</li> <li>Financial resources are not yet sufficiently adjusted to reflect needs of population groups (proportionate universalism).</li> </ul>	
<p><b>How is it being addressed? (Current Controls)</b></p>			
<ul style="list-style-type: none"> <li>Population Health Improvement Board (PHIB) provides system wide co-ordination and oversight for reducing health inequalities. PHIB along with the Alliances will provide oversight and direct priorities for the £3.4m p.a health inequalities funding.</li> <li>Health inequalities stocktake (Q2) provided to NHS England against the 2023/24 planning requirements and delivery against the Core 20 plus 5 framework, reported to Health Inequalities Delivery Group. MSE suggested maturity matrix status had improved from Foundation to Developing in areas of Prevention, Leadership and Hypertension case finding</li> <li>Health inequalities funding of £3.4m pa, ~80 projects commissioned in 22/23 in implementation with evaluation being supported by University of Essex. Alliances have appointed trusted partners for 3 year period from 1 Sept. 23 to support with management of Health Inequalities funding and PHIB approved 12 MSE system wide at scale schemes covering priority areas.</li> <li>Equality and Health Inequalities Impact Assessments (EHIA) undertaken for each project. Development of digital EHIA tool progressing well to embed common approach across the system.</li> <li>Developing a culture and system capability for addressing health inequalities progressing through comms and engagement regarding Core20plus5 frameworks, Tackling Health Inequalities workshop in partnership with RCGP, community collaborators programme and roll out of four questions to promote shared decision making</li> </ul>			
<p><b>How will we know controls are working? (Internal Groups and Independent Assurance)</b></p>		<p><b>Next Steps (Actions to be implemented by March 2024)</b></p>	
<ul style="list-style-type: none"> <li>Monitoring of Slope Index of Inequality (measure of social gradient in life expectancy) in MSE.</li> <li>Improvement in access and reduction of health inequalities as shown in the performance metrics, of which our priorities are currently being developed.</li> <li>Continued restoration of NHS services inclusively resulting in improved access to services and patient outcomes for the MSE population.</li> </ul>		<ul style="list-style-type: none"> <li>Launch of digital EHIA tool (December 2023)</li> <li>Creation of a health inequalities dashboard (January 2023)</li> <li>Improvement in identification of groups at greatest risk anticipated by (December 2023)</li> <li>Delivery of Alliance plans to reduce Health Inequalities (March 2024)</li> <li>1 of 7 ICSs identified as a CORE20PLUS accelerator site (March 2024)</li> </ul>	

<b>Risk Narrative:</b>	<b>MENTAL HEALTH QUALITY ASSURANCE:</b> MSE Mental Health (MH) services have been identified as experiencing significant issues impacting on patient safety, quality and access which could result in poor patient outcomes.	<b>Risk Score: (impact x likelihood)</b>	<b>4 x 4 = 16 (based on the highest rated risk referred to below)</b>
<b>Risk Owner/Dependent:</b>	Dr Giles Thorpe, Executive Chief Nurse	<b>Directorate:</b>	Nursing & Quality
<b>Impacted Strategic Objectives:</b>	Patient Experience, Workforce, Reputational Damage	<b>Committee(s):</b>	Quality / System Oversight & Assurance
		<b>Risk Ref(s):</b>	GOSD15, MHL01 & 02, MEN04, 11 & 12 (also related to PO1, Score =20)

<b>Current Performance v's Target and Trajectory</b>	<b>Barriers (Gaps)</b>
<ul style="list-style-type: none"> <li>• Sub-Optimal performance against several quality and contract indicators, lack of formal contractual oversight for escalation.</li> <li>• Demand, capacity and flow issues resulting in long length of stay and continued out of area (OOA) placements of patients above the Long Term Plan (LTP) expectation.</li> <li>• Significant external scrutiny from media, Care Quality Commission (CQC) / Regulators.</li> <li>• Confirmation that the Essex Mental Health Independent Inquiry (EMHII) chair commenced on 9<sup>th</sup> October, Chair to review terms of reference from November 1st.</li> <li>• Ongoing HM Coroners cases with possibility of Regulation 28 Prevention of Future Deaths Reports (PFDR).</li> <li>• Lack of equitable offer of services across MSE e.g. Autistic Spectrum Disorder (ASD) and wider neuro divergent pathway (NDD) .</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic approach to all age Mental Health service delivery pan-Essex.</li> <li>• Data Quality issues and IT systems.</li> <li>• Workforce challenges impacting on all services (see Workforce Risk PO1 - slide 4).</li> <li>• System pressures to manage delivery (capacity).</li> <li>• Flow through inpatient services.</li> </ul>

<b>How is it being addressed? (Controls &amp; Actions)</b>	<b>Next Steps:</b>
<ul style="list-style-type: none"> <li>• System Oversight and Assurance Committee (SOAC) monitor performance and quality of services with provider reports now taken to Quality Committee</li> <li>• Evidence Assurance Group established from 6<sup>th</sup> November, chaired by MSE ICB Executive Chief Nurse</li> <li>• Monthly 'Quality Together' meeting attended by NHSE, EPUT and ICB senior staff.</li> <li>• EPUT and ICB 'Safety huddles' held on a weekly basis.</li> <li>• Ongoing Quality Assurance Compliance Visits with EPUT compliance colleagues.</li> <li>• Risk Summit held 3 November 2023.</li> </ul>	<ul style="list-style-type: none"> <li>• Regular multi-agency discharge events (MADE) to be undertaken to ensure good flow and capacity (to be held weekly on Tuesday' (older people) and Fridays (Adult) with system partners).</li> <li>• Implement recommendations from CQC inspections and HM Coroner's PFDR.</li> <li>• Implementation of recommendations from England Rapid Review into Inpatient Services published June 2023 with focus on recommendations which state twelve months (June 2024).</li> <li>• ICBs working collaboratively across Essex to review the financial risk share agreement on inpatient acute mental health provision to include out of area expenditure.</li> <li>• Essex ICBs/EPUT establishing regular contract governance and oversight meetings.</li> <li>• Essex ICBs quality team continued joint working.</li> </ul>

<b>How will we know controls are working? (Internal Groups &amp; Independent Assurance)</b>
<ul style="list-style-type: none"> <li>• CQC action plan progression.</li> <li>• Clinical Quality Review Group.</li> <li>• Quality Assurance visits.</li> <li>• Improved flow and capacity, reduction in OOA placements and reduced length of stay.</li> <li>• Mental Health Partnership Board &amp; Whole System Transformation Group (WSTG).</li> <li>• Reports to SOAC identify key quality/performance risks and action being taken.</li> <li>• Internal Audit of Oversight of Mental Health Services - Reasonable Assurance.</li> <li>• Accountability review with focus on performance.</li> </ul>

# Partner Organisation Self Identified Key Risks (and scores\*)

**MSEFT** - 10 Red Risks at 1 November 2023. Risk scores remain as per previous report

- Financial Sustainability (25)
- Constrained Capital Funding Programme (25)
- Workforce Instability (16)
- Capacity and Patient Flow Impacting on Quality and Safety (16)
- Estate Infrastructure (20)
- Planned Care and Cancer Capacity (16)
- Delivery of Clinical and Operational Systems to Support delivery of business objectives (16)
- Health and Wellbeing Resources (16)
- Knowledge and Understanding (16)
- Cyber Security (15)
- Integrated care system working\*\* (16)

\*No change in scores since previous ICB Board meeting.

\*\*relates to the impact of the senior leadership changes and ICB restructuring on system working. but expected to reduce once ICB restructure is complete.

# Partner Organisation Self Identified Risks

## **EPUT** as of September 2023

### 5 Red Strategic Risks (all scored 20)

- People (National challenge for recruitment and retention)
- Statutory Public Inquiry (Essex Mental Health Services)
- Capital resource for essential works and transformation programmes.
- Use of Resources (control total target / statutory financial duty)
- Demand and Capacity

### 2 Red Corporate Risks (each scored 20)

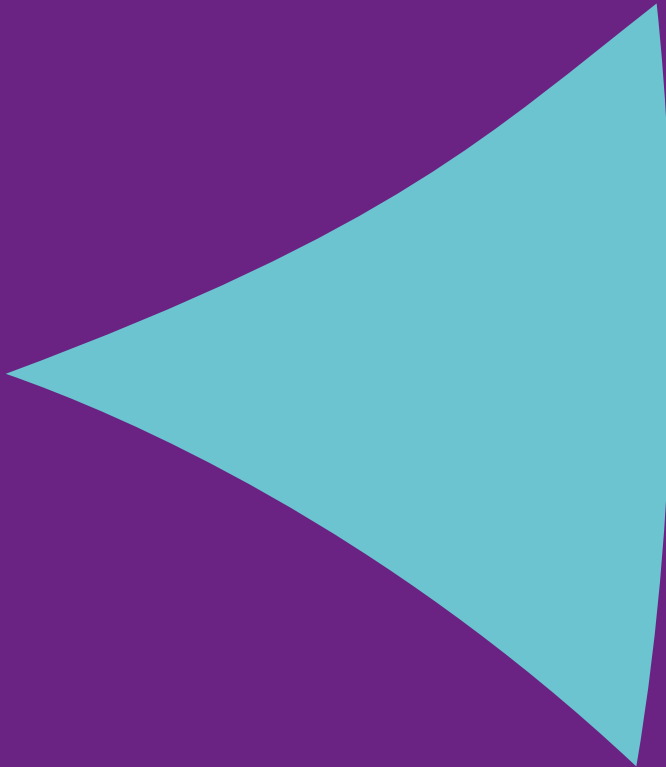
- Engagement and supportive observation
- Pharmacy Resource



Mid and South Essex  
Integrated Care  
System



Mid and South Essex



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## Part I ICB Board meeting, 16 November 2023

**Agenda Number: 14.4**

### Committee Minutes

#### Summary Report

##### 1. Purpose of Report

To provide the Board with a copy of the approved minutes of the latest meetings of the following committees:

- Audit Committee (AC), 8 August 2023.
- Finance and Investment Committee (FIC), 14 September 2023.
- Primary Care Commissioning Committee (PCCC), 6 September 2023 and 4 October 2023.
- Quality Committee (QC), 18 August 2023.
- System Oversight and Assurance Committee (SOAC), 9 August 2023.

##### 2. Chair of each Committee

- George Wood, Chair of AC.
- Joe Fielder, Chair of FIC.
- Sanjiv Ahluwalia, Chair of PCCC.
- Dr Shahina Pardham, Interim Chair of QC.
- Anthony McKeever and George Wood, Co-Chairs of SOAC.

##### 3. Report Authors

Nicola Adams, Deputy Director of Governance and Risk.  
Sara O'Connor, Head of Governance and Risk.

##### 4. Responsible Committees

As per 1 above. The minutes have been formally approved by the relevant committees.

##### 5. Conflicts of Interest

Any conflicts of interests declared during committee meetings are noted in the minutes.

##### 6. Recommendation/s

The Board is asked to note the approved minutes of the Audit Committee, Finance and Investment Committee, Primary Care Commissioning Committee, Quality Committee and System Oversight and Assurance Committee meetings.



# Committee Minutes

## 1. Introduction

Committees of the Board are established to deliver specific functions on behalf of the Board as set out within their terms of reference. Minutes of the meetings held (once approved by the committee) are therefore presented to the Board to provide assurance and feedback on the functions and decisions delivered on their behalf.

## 2. Main content of Report

The following summarises the key items that were discussed / decisions made by committees as recorded in the minutes approved since the last Board meeting.

### Audit Committee (8 August 2023)

- Review of risk management processes including the Board Assurance Framework and Corporate Risk Register and a deep dive into pharmacy, optometry and dentistry risks. The Committee were assured that processes are in place to manage risks but would be developed over the coming year.
- The committee noted updates and received assurances on contract governance; mandatory training; Information Governance; Internal Audit; Counter Fraud; and Waivers.
- The committee approved the Emergency Planning Resilience and Response core standards submission (for Board approval), the Business Continuity Policy, Business Continuity Plan, Incident Response Plan and Incident Coordination Centre Plan.

### Finance & Investment Committee (14 September 2023)

- Received assurances on and discussed month 4 finance report and the financial position; the efficiency programme; and tele-dermatology service.
- Three business cases were reviewed and supported.
- A deep dive on financial risks around prescribing and continuing healthcare provided some assurances as to how the risks were being managed.
- The committee supported the Decision Making Policy for approval by the Board; the commitment of capacity monies; renewal of licencing agreements and the member of the committee who would attend the new Integrated Pharmacy Medicines Optimisation Committee (IPMOC).

### Primary Care Commissioning Committee (6 September and 4 October 2023)

- Received updates on primary medical services contracts including GPs and dentistry in relation to contract management; primary care access recovery plan; primary care risks; primary care quality and safety and the primary care collaborative working concept.
- The committee approved the Integrated Neighbourhood Team (INT) Framework; the closure of two risks; actions required to support the National Pharmacy Independent Prescribing Pathfinder (NPIPP) Programme and the resources required to secure winter access services.

### System Oversight and Assurance Committee (9 August 2023)

- Received updates and assurances in relation to workforce; escalations from the People Board; quality; performance; finance; hospital discharge letters; financial recovery; performance and activity risks; winter planning.
- Two matters were referred to the Chief Executive Forum.

## Quality Committee (18 August 2023)

- Received updates and assurances on patient safety and quality risks; progress with implementing CQC recommendations; acute care; infection prevention and control; mental health, including the taskforce; adults and children safeguarding; financial recovery programme; medicines optimisation; draft data quality dashboard; and patient safety.
- The committee approved the closure of two risks; the CQC/Ofsted action plan; the Patient Safety Incident Response Framework and policy (for approval by the Board); ratification of the quality accounts of Ramsey Springfield.

### **3. Findings/Conclusion**

The Quality Committee raise two escalations relating to the variety and complexity of issues focussed on the delivery of care following recent CQC inspection of core medical services at MSEFT; and optimising care for patients on dependency-forming medication and managing withdrawals action plan as published by NHS England. Both items would be raised in the quality report to the Board.

Other than items that required approval by the Board and the items raised by the Quality Committee there were no other items or risks escalated to the Board.

### **4. Recommendation(s)**

The Board is asked to note the approved minutes of the Audit Committee, Finance and Investment Committee, Primary Care Commissioning Committee, Quality Committee and System Oversight and Assurance Committee meetings.

## Minutes of the Audit Committee Meeting

Held on 8 August 2023 at 1.00 pm

Via MS Teams and Face to Face at Phoenix Court

### Attendees

#### Members

- George Wood (GW), Non-Executive Member, MSE ICB – Audit Committee Chair.
- Dr Geoffrey Ocen (GO), Associate Non-Executive Member, MSE ICB.

#### Other attendees

- Jennifer Kearton (JKe), Director of Resources, MSE ICB.
- Nicola Adams (NA), Deputy Director of Governance and Risk, MSE ICB.
- Tendai Mwangagwa (TM), Deputy Director of Finance for Financial Services & Management, MSE ICB.
- Darren Mellis (DM), Senior Financial Control Manager, MSE ICB.
- Jane King (JKi), Governance Lead (Minute Taker), MSE ICB.
- Sara O'Connor (SOC), Head of Governance and Risk, MSE ICB (for Item 4).
- William Guy (WG), Director of Primary Care, MSE ICB (for Item 6).
- Janette Joshi (JJ), Deputy Director System Purchase of Healthcare, MSE ICB (for Item 7).
- Rachel Stinson (RS), HR Manager, MSE ICB (for Item 8).
- Jim Cook (JC), Deputy Director of EPRR and Operational Resilience, MSE ICB (for Item 9) MSE ICB.
- Jane Marley (JM), Head of Information Governance, MSE ICB (for Item 10).
- Iain Gear (IGe), Information Governance Manager, MSE ICB.
- Nathan Ackroyd (NA), Senior Manager, KPMG LLP.
- Eleni Gill (EG), Lead Counter Fraud Manager, WMAS.

#### Apologies

- Emma Larcombe (EL), Director, KPMG LLP.
- Nancy Waldron (NW), Senior Internal Auditor, WMAS.

### 1. Welcome and Apologies

GW welcomed everyone to the meeting. Apologies were noted as listed above.

### 2. Declarations of Interest

GW reminded everyone of their obligation to declare any interests in relation to the issues discussed at the beginning of the meeting, at the start of each relevant agenda item, or

should a relevant interest become apparent during an item under discussion, in order that these interests could be managed.

Declarations made by ICB Board and committee members were also listed in the Register of Interests available on the ICB website.

There were no further declarations raised.

### 3. Minutes and Action Log

The minutes of the last meeting of the ICB Audit Committee on 20 June 2023 were received.

**Outcome: The minutes of the meeting held on 20 June 2023 were approved as an accurate record.**

The Committee reviewed the Action Log. It was noted that outstanding actions 23, 30, 36 and 42 were all within timescales for completion.

The Committee noted the following matters arising:

20/06/2023 (Item 4) – Action plans following the Patient, Carer and Resident Engagement audit and Emergency Preparedness Response and Resilience (EPRR) audit were now in place following the ‘requires improvement’ outcomes received for both audits.

### 4. Board Assurance Framework and Corporate Risk Register

SOC presented the Board Assurance Framework (BAF) and advised it was the version submitted to the last Board on 20 July 2023. The next iteration would be updated in readiness for the Board meeting on 28 September 2023.

Since the last Audit Committee meeting in June 2023, 56 risks remained on the Corporate Risk Register. The number of red risks had reduced from 16 to 14, amber risks remained the same at 34 and green risks had increased from 6 to 8.

Work was underway to ensure that risks were allocated to the correct directorate following the publication of the new ICB organisational structure. It was anticipated that several existing risks would move to the Alliances.

The paper outlined 4 risks recommended for closure by the relevant leads. There were no concerns raised by the Audit Committee prior to the relevant committees being asked to formally approve their closure and it was noted that closed risks could be reopened at any time.

The implementation of the RLDatix DCiQ risk management system would be progressed following release of the ICB’s new organisational structure. The system would provide risk leads with more autonomy to update risk profiles and would improve risk reporting.

**Outcome: The Committee NOTED the Board Assurance Framework and Corporate Risk Register update.**

## 5. Risk Deep Dive – ‘Unblocking the Hospital’

In advance of the Audit Committee meeting, the Chair agreed to defer the deep dive on the ‘Unblocking the Hospital’ risk to the October 2023 meeting, due to the impact of unplanned leave within the Oversight, Assurance and Delivery Directorate.

**Outcome: The Committee NOTED the Unblocking the Hospital’ Risk Deep Dive would be deferred to the October 2023 meeting.**

## 6. Pharmacy, Optometry and Dentistry risks update

As agreed at the Audit Committee on 7 March 2023, the Director of Primary Care was invited to the meeting to provide an update on the risks previously identified to the ICB following delegation of Pharmacy, Optometry and Dental (POD) services in April 2023. The paper explained there had been some mitigation of those risks, in addition to further risks being identified.

WG advised that the key financial risk against the 2023/24 primary care services budget was GP prescribing, POD services were fully funded, or any associated risks were minor or had been mitigated.

NHS England’s (NHSE) Planning Requirement for 2023/24 included an improvement in Units of Dental Activity (UDA’s) towards pre pandemic levels, a number of actions had been identified to deliver this requirement. For Optometry and Pharmacy services there was an NHSE requirement to provide direct access to a range of services which were included in the ICB’s Recovering Access to Primary Care Services plan and would be reported through the Primary Care Commissioning Committee.

Access to dental services nationally and locally remained an area of concern. Dental practices were working hard to maintain level of provision currently provided and WG advised the level of provision across MSE was good. A dental needs assessment was underway to inform the ICB’s future commissioning strategy. A future Optometry and Dentistry commissioning strategy was also required.

Prior to delegation, a collective of Local Pharmacy Committees informed NHSE of the challenges faced by the service. A number of actions were undertaken by NHSE but pharmacy providers remained challenged. Across the region a number of providers had ceased to provide regulated services. The Hertfordshire and West Essex ICB hosted team continued to work with pharmacy providers.

In response to GO, WG confirmed that dental budgets were ringfenced to dental services only and could not be allocated to other areas of the organisation, therefore dental services did not present a financial risk to the ICB. Historically, there had been an underspend against dental budgets which had presented the ICB with opportunities to explore, including a dental access pilot, working with nursing homes, and orthodontist waiting list clearing. Dental workforce retention and recruitment were also a major challenge.

GW enquired what the levels of children’s dental health care provision was in mid and south Essex, particularly within areas of deprivation and whether there was a back-log of children waiting for dental treatment. WG explained the ICB were prioritising children’s dental treatment and had recently commissioned additional appointments via an 18-month dental



access pilot which would increase dental availability for the mid and south Essex population. In addition, the Dental Transformation Steering Group were looking at what further could be done to improve access to dentistry for children and were looking at oral health initiatives such as supervised toothbrushing which would help with prevention.

GW commented that whilst dental access for children must be a priority, access for the whole local population must be improved.

JKe took the opportunity, during the primary care services discussion, to highlight that the majority of waivers listed in the Waiver Report (Item 13) were related to Local Enhanced Service (LES) contracts which ran alongside GP contracts. The value of the LES contracts varied as they were linked to the size of individual practice lists. Where practices did not sign up to provide locally enhanced services, alternative arrangements were offered to provide access for patients. Work had been undertaken to standardise LES contracts across mid and south Essex however, some variation remained as, occasionally, the LES services on offer differed. Standardisation of LES services across mid and south Essex was expected by March 2024.

In response to GW, WG confirmed that Learning Disability Health Checks were a GP enhanced service and payment was based on actual performance.

GW referred to the primary care BAF slide and expressed concern that demand was exceeding supply in primary care and the impact this may have on patients and the wider system. WG explained the results of the Patient Experience National Survey indicated that, of the patients questioned, where they had not been able to access primary care, only a small number had reported accessing an Accident and Emergency (A&E) department as an alternative. GW queried whether this data was captured at acute level and if it reflected the findings of the survey. WG commented that acute reporting also indicated that low numbers presented at A&E as an alternative to visiting a GP.

WG outlined primary care governance arrangements and explained that primary care transformation, finance and quality matters were reported to the Primary Care Commissioning Committee (PCCC). Primary Care Quality team colleagues attended PCCC meetings and were regular attendees of the ICB's Quality Committee. The Medical Director/Deputy Medical Director represented the PCCC, and was the primary care voice, at the System Oversight and Assurance Committee (SOAC). SOAC received ad hoc reports on primary care matters such as service provision and winter planning.

As part of the ICB's primary care quality assurance process, WG advised that Practice business continuity plans were reviewed by the Primary Care Quality team. The ICB also had a role to ensure continuity of primary care services should issues arise with primary care provision in mid and south Essex.

**Outcome: The Committee NOTED the Pharmacy, Optometry and Dentistry risk update.**

## 7. Contract Governance

JJ presented the Register of Procurement Decisions taken, either for the procurement of a new service or any extension or material variation of a current contract. The ongoing contract governance programme of work would be closely aligned to the implementation of

the new Provider Selection Regime during 2024 which would govern the arrangement of healthcare services in England. JJ added that the contract governance programme of work included a constant cycle of review which was undertaken on a regular basis and involved meetings with budget holders.

GO enquired how contract governance work would be affected by System changes. JKe advised that lots of work was already taking place looking at corporate efficiencies and how the system could improve by working closer together. The ICB Contracts team already worked closely with the Contracts team at Mid and South Essex NHS Foundation Trust. In the future, contract governance work would also need to be undertaken with the local authorities.

JKe advised that the Provider Regime was likely to be further delayed.

GW enquired why the waivers relating to General Acute Services were of high value and why so many patient pathways were outside of our providers in mid and South Essex. JJ explained it was largely due to patient choice but also as a result of directing certain cohorts of patients for specialist treatment e.g., to Moorfields Specialist Eye Hospital.

**Outcome: The Committee NOTED the Contract Governance update.**

## 8. Mandatory Training Compliance

RS presented the Mandatory Training Compliance Report which provided a compliance summary as of 30 June 2023. The report acknowledged that further work was required to ensure all competency requirements were updated. Connect Online had recently been updated to provide advice and guidance on the Electronic Staff Record (ESR) in general, and work was underway to outline the training modules staff were required to complete to ensure they appear accurately within staff members' ESR portal.

GW enquired whether Board members were included in the ESR staff data reports. RS confirmed they were and added that work was due to commence on compiling a schedule of Board development sessions.

Following withdrawal of the online Conflicts of Interest (Col) training provided by Health Education England at the end of 2022, guidance, and policy on the management of Col in ICBs and online training was still awaited from NHSE. Whilst there was currently no replacement online Col course available through ESR, a new Col Training pack was being developed by the Deputy Director of Governance and Risk and the Head of Governance and Risk which would be rolled out from Q3 of 2023/24, unless the ESR course became available beforehand. Basic Col training would also be provided via the corporate induction programme for new employees. The Governance Team provided ongoing support to managers in relation to the identification and management of Col, including procurements requiring committee/Board approval.

The paper recommended that updated figures as at the end of September 2023 were provided to the Committee.

**ACTION:** Provide Mandatory Training compliance data as at end of September 2023 to the Audit Committee.

**Outcome: The Committee NOTED the Mandatory Training Compliance update.**



## 9. Emergency Preparedness Resilience & Response

JC presented the Emergency Preparedness Resilience & Response (EPRR) report which provided an update on the EPRR activities undertaken since the last report was issued.

As part of the NHS EPRR Framework, providers and commissioners of NHS-funded services must show they can effectively respond to business continuity, critical and major incidents while maintaining services to patients. The NHS core standards for EPRR are the basis of the EPRR annual assurance process. The ICB was responsible for monitoring each commissioned provider's compliance with relevant core standards and lead the local assurance process for the system – the outcome of this process would be reported to the committee later in the year. Overall, the ICB was reporting an improvement in its compliance rating with the EPRR Core Standards from 'Partially Compliant' in 2022/23 to 'Substantially Compliant' in 2023/24. There is still work to be completed to achieve a rating of 'Fully Compliant'. Where the ICB was showing as amber for 2023/24, the EPRR work plan had clear actions to improve the rating or was clear on what was required by the ICB to improve from Amber to Green. The NHSE Core Standards submission deadline was 24 August 2023.

The organisational restructure would have implications for ICB on-call arrangements which would be reviewed on completion of the appointments to the new organisational structure. The ICB would also undertake an exercise ahead of Winter 2023/24 to test the ICB Incident Response Plan to ensure it remained robust and fit for purpose.

GW noted Wren House was referenced in the Core Standards submission and queried what the contingency plan was when Wren House was no longer available. JC confirmed there were alternative options in place and further options were being investigated. Business Continuity Planning was an annual cycle and would be revisited once the reorganisation had taken place.

GW enquired whether the ICB or Local Authority had overall responsibility for the Wethersfield Centre to ensure the population was protected in the event of a major incident or emergency situation. JC confirmed Wethersfield was the overall responsibility of the Home Office, the ICB's role was to ensure continuation of primary care services for the Centre. JC confirmed that the Wethersfield site and any issues arising were discussed regularly across multi-agency forums. JC confirmed that Wethersfield was included on the Braintree District Council Risk Register. JKe added that Wethersfield also formed part of the Braintree Council Business Continuity Plan.

**ACTION:** JC, NA and JKe to follow up with Braintree Council for confirmation they own the risks given it is primarily an accommodation facility, not health.

In response to GO, JC confirmed appropriate and necessary staff would be required to be on site if an issue arose.

**Outcome: The Committee NOTED the EPRR update.**

**Outcome: The Committee APPROVED the following EPRR documents:**

- EPRR Core Standards Submission 2023/24
- Business Continuity Policy v1.1

- Business Continuity Plan v1.0
- Incident Response Plan v1.1
- Incident Coordination Centre Plan v1.0

## 10. Information Governance

IGe presented the Information Governance report which provided an overview of the work undertaken towards the Data Security and Protection Toolkit (DSPT) submission following the 'Standards Not Met' submission for 2022/23. An action plan was submitted alongside to bring the ICB back to 'Standards Met' which had been completed and was awaiting review by NHSE. The ICB received a high confidence rating in its DSPT audit and was working through the recommendations provided to strengthen compliance for the coming toolkit year.

GW thanked IGe and the IG team for the work undertaken on the DSPT submission.

In response to GO, IGe explained that a tabletop exercise would be undertaken to identify whether there were any issues identified across the provider organisations DSPT submissions. IGe advised there was an ICS IG working group which met regularly and shared good practice. GW queried why there would be differences between organisations. JM advised this would be due to each organisation (data controllers) having difference governance processes in place.

**Outcome: The Committee NOTED the Information Governance update.**

## 11. Internal Audit Progress Report

JKe explained that a representative from the Internal Audit team at West Midlands Ambulance Services (WMAS) was unable to attend the meeting but any questions the Committee had could be passed on to the auditors to respond to. No questions were raised. JKe confirmed an updated progress report would be presented to the October Committee which would outline position of internal audits and plans.

**Outcome: The Committee NOTED the Internal Audit update.**

## 12. Counter Fraud

EG presented the Counter Fraud progress report. Since the last report to the Audit Committee, there had been five new referrals. No fraud was identified for four of the cases for the ICB and were therefore closed. One new investigation was opened which related to false claims for staff that were not in post.

GO enquired whether there was similar primary care/primary care network fraud awareness training as for the ICB. EG explained she was in discussion with JKe regarding the inclusion of Counter Fraud training on induction sessions. Bespoke training had been provided to the finance team. Also, Regular awareness notices were disseminated via GP Bulletin.

## 13. Waiver Report

The Waiver Report was discussed at under Item 6 (Pharmacy, Optometry and Dentistry risks update and Item 11 (Contract Governance).

## 14. Losses and special payments

There were no losses or special payments to report to the Committee.

## 15. Minutes of other ICB Committees

GW was concerned to note from the Part I Quality Minutes from 21 April 2023 that there had been issues with tertiary centres declining to share post infection review outcomes.

**ACTION:** GW to follow up with Executive Chief Nurse on issues with tertiary centres declining to share post infection review outcomes.

## 16. AOB

NA explained that Specialised Commissioning Delegation should transfer from NHSE to the ICB from April 2024. The transfer of delegation would affect the governance of the ICB, therefore new governance would be presented to the Board via the Audit Committee.

It was expected that the Pre-delegation assessment framework would require approval from the Audit Committee in September 2023 and as the Committee were not due to meet until October, the Committee agreed to receive the framework when available for virtual approval.

## 17. Items to Escalate

There were no items to escalate.

## 18. Date of Next Meeting

1.00pm – 3.00pm, Tuesday, 10 October 2023.

## Minutes of ICB Finance & Investment Committee Meeting

Held on 14 September 2023 at 14.30

Meeting held virtually via MS Teams

### Attendees

#### Members

- Joe Fielder (JF) Non-Executive Member, Committee **Chair**, MSE ICB
- Mark Bailham (MB) Associate Non-Executive Member, MSE ICB
- Jennifer Kearton (JK) Director of Resources, MSE ICB
- Loy Lobo (LL) Finance and Performance Committee Chair, EPUT
- Julie Parker (JP) Finance and Performance Committee Chair, MSEFT
- Karen Wesson (KW) Acting Director of Assurance and Planning, MSE ICB
- Anthony McKeever (AMcK) Chief Executive Officer, MSE ICB

#### Other attendees

- Michelle Angell (MA) Interim Director of Corporate Services, MSE ICB
- Maria Crowley (MC) Interim Director Children, Mental Health & Neurodiversity, MSE ICB (for agenda item 6 - All Age Autism Outreach Service)
- Barry Frostick (BF) Chief Digital and Information Officer, MSE ICB (for agenda item 17 Any Other Business – Office 365)
- William Guy (WG) Director of Primary Care (for agenda item 7 - Dental Procurements)
- Emily Hough (EH) NHS England (starting role of Director of Strategy and Corporate Services, MSE ICB 2 October 2023)
- Carolyn Lowe (CW) (for agenda item 9 – Continuing Healthcare Deep Dive)
- George Martin (GM) Learning Disability/Autism Health Equalities Commissioner, Essex County Council (for agenda item 6 - All Age Autism Outreach Service)
- Darren Mellis (DM) Senior Financial Control Manager, MSE ICB (for agenda item 13 - External Audit Tender Award)
- Nina van-Markwijk (Nv-M) Finance Director, MSEFT
- Paula Wilkinson (PW) Director of Pharmacy and Medicines Optimisation, MSE ICB (for agenda item 8 - EoE Home Oxygen Service Procurement and item 9 – Prescribing Deep Dive).
- Emma Seabrook (ES) Resources Business Manager, MSE ICB (minutes)

### 1. Welcome and Apologies

The Chair welcomed everyone to the meeting in particular Emily Hough, who will join the ICB on 2 October 2023 as Executive Director of Strategy and Corporate Services.

Introductions were conducted; apologies were received from Nicola Adams, Deputy Director of Governance and Risk, MSE ICB.

The Committee were confirmed quorate.

## 2. Declarations of Interest

The Chair asked members to note the Register of Interests and reminded everyone of their obligation to declare any interests in relation to the issues discussed at the beginning of the meeting, at the start of each relevant agenda item, or should a relevant interest become apparent during an item under discussion, in order that these interests could be managed.

JP advised of her appointment as Board Member for Estuary Housing Association and would update her declaration of interest form accordingly.

## 3. Minutes of the previous meeting

The minutes of the meeting held 16 August 2023 were received.

The Chair highlighted the following minor corrections:

- Section 5, (Page 2) to read *allow the opportunity 'to' ask questions*.
- Section 5 (Page 2) Consequent to be amended to 'consequence'.

**Outcome: With the above corrections the minutes of the meeting held on 16 August 2023 were approved as an accurate record.**

## 4. Action log/ Matters arising

The action log was discussed and updated accordingly. There were no matters arising.

## 5. Reflection on Month 4 Finance Report

JK referred the Committee to the Month 4 Finance Report circulated post the August meeting and highlighted a year-to-date system deficit of £29m (off plan by £14m). Following a query from the Chair around the trend from Months 1 to 3 reporting, JK highlighted a steady accrual of approx. £7m deficit each month. Early indication shows a worsening position in Month 5 reporting.

The year-to-date system position was supported by non-recurrent measures of £17m. JK advised efficiencies within MSEFT had been evenly profiled with a managed approach to the release of non-recurrent measures in the expectation efficiencies would gain traction from the second half of 23/24.

In addition to non-recurrent pressures in workforce and agency spend JK flagged the Month 5 position was further compounded by the impact of industrial action and seasonal annual leave.

JK highlighted the risk position had reduced by £50m at Month 4 to £60m.

Work was progressing to develop the Medium-Term Financial Plan overlayed with the Financial Recovery Plan and the Efficiencies programme; current modelling suggests MSE would breakeven in 2027/28. It was agreed an update on the Medium-Term Financial Plan was brought to an upcoming meeting.

Following a query from MB as to the position in other systems, JK advised a recent national briefing confirmed the difference between the year to date and forecast ambition is

replicated in every system within the East of England. CHC and Prescribing pressures are presenting at a national level.

Increased activity within the Independent Sector continues to present as a challenge, JK spoke of a national steer to not take any action to restrict activity over winter.

The Committee were informed of a heightened system risk around the construct of the elective recovery flows following a reduction of 2% to the Elective Recovery threshold.

JP highlighted the need to incorporate lessons learned to ensure better decision making in planning for 24/25.

**Outcome: The Committee noted the update.**

**ACTION:** JK to provide an update on the Medium-Term Financial Plan to a future committee meeting.

## Business Cases for approval

6. This item has been minuted confidentially.
7. This item has been minuted confidentially.
8. This item has been minuted confidentially.

## Items for Assurance

9. Deep Dive on Financial Risks

### Prescribing

JK highlighted prescribing pressures on the ICB budget was reflected across the country. The aim of the deep dive was to furnish the Committee with broader information of the risks and what mitigation is in place to manage them.

PW reported national price pressures within the market was a significant risk and noted that the team were working on the Medicines Optimisation Local Enhanced Scheme, (MOLES) with Primary Care Networks (PCNs), monitoring them against their savings target. Pharmacists were also working within the PCNs to carry out structured medication reviews and reduce overprescribing.

PW informed the Committee of an anticipated £2m rebate for Direct Acting Oral Anticoagulants (DOACs) and reported that MSE benchmark well amongst other ICBs in England in terms of spend (slightly less than the national average) however this was growing by 12.32%

*Nv-M present*

JP encouraged PW links in with Charlotte Williams (Chief Strategy and Improvement Officer, MSEFT) to see if there was any data analysis, innovation and tools to help inform where there are outliers/ opportunities.

As the agenda item had not been given the allocated time, PW was welcomed back to a future meeting.



**Outcome: The Committee noted the update.**

## Continuing Healthcare (CHC)

CL presented the risks relating to CHC and highlighted mitigations to manage the risk. CL advised of some targeted work that had taken place within the team to reduce the forecast outturn to £114m following financial concerns presented in M4 reporting.

Work had taken place within the CHC Team to review and cleanse current packages:

- bringing committed costs in line with actual costs for domiciliary care packages, ensuring that packages had the correct end dates
- removing from committed cost patients that were in hospital
- amending committed cost of opened packages for which invoices had not been received (justification of this assumption was under review)
- adjusting committed spend for the alternative pathway for rapidly deteriorating patient packages to a maximum of 12 weeks as opposed to a whole year.

In addition to the cleansing undertaken CL reported the reduction of spend for Discharge to Access (DTA) and the merge of units for Broadcare (patient management system). CL spoke of an improved pathway for rapidly deteriorating patients providing an increase in nursing bed capacity within hospices.

MSE had been approached by NHS England to be a pilot for an all-age establishment calculator as one of the first ICBs to adopt all age continuing care (and would as a result receive £5k funding).

JK flagged a huge amount of work undertaken within the team and welcomed attendance at a future Committee for CL to further showcase the proactive work undertaken so far.

**Outcome: The Committee noted the update.**

***ACTION: Update on Continuing Healthcare to be added to the forward plan for a future agenda item.***

## 10. Finance update

JK provided a verbal update on early indications of Month 5 reporting which highlighted a system deficit of £39m. Following a steady accrual of approx. £7m deficit per month for Months 1-4 this would see a step change in the August period and was strongly impacted by industrial action and annual leave. Discussions were taking place nationally with Treasury around potential support around industrial action.

JK highlighted the position as extremely challenging and flagged consideration to evoke the forecast outturn change protocol in the near future. She added the need to focus on a best, worse and likely case position for year end.

***ACTION: Month 5 Finance Report to be circulated by ES.***

**Outcome: The Committee noted the Month 5 finance update.**



## 11. Interim Teledermatology Service update

KW presented the paper to provide the Committee with an update on the progress of the Integrated Teledermatology Service across mid and south Essex since its award in February 2023. It was highlighted the service did not commence until July 2023 due to some technical and build issues. KW highlighted the current underspend against the contract plan.

KW advised of engagement with primary care to further promote the service and reduce demand on acute care. The team were also working with MSEFT to support management of the waiting list.

The Committee:

- **Noted the update to the contract award.**
- **Noted that the mobilisation was delayed from February 2023 go live with the service commencing July 2023 due to delays in contract signature and technological testing.**
- **Noted the current underspend against the contract plan.**
- **Enacted the option to extend the service until the 31 March 2024.**

## Financial Governance

### 12. Efficiency Programme

Nv-M presented the report to provide the Committee with an update on the system efficiency position for 2023/24 and the work underway to progress schemes to delivery.

Nv-M highlighted an £85.5m of schemes had been identified to date against the £119.6m (an increase from £68.5m as reported in Month 4).

Since the last report, MSEFT have converted several schemes totalling £13.5m into Project Initiation Documents (PIDs) (Theatres and Outpatients programme), which demonstrated progress in the development of efficiency projects.

The Committee were referred to the trajectory of delivery for the remainder of the year in section 4 of the report. Nv-M advised of work taking place to look at 2024/25 efficiencies and was liaising with system colleagues to identify what non-recurrent efficiencies could be included as recurrent efficiencies for next year.

**Outcome: The Committee noted the contents of the efficiency report and the actions being taken to develop plans against the full efficiency target for each organisation.**

*Nv-M left the meeting.*

### 13. External Audit Tender Award

JK presented a verbal update to the award of the statutory External Audit Service for MSE. JK highlighted a contract term of three years from 1 Oct 2023 – 30 Sept 2026, with an option to extend for a further two years. The Committee were informed the audit environment was extremely challenging with Suppliers choosing not to engage with new work or extensions to external audit contracts and this was reflected throughout the region.

DM highlighted savings against the forecasted budget for the service over the contract.

**Outcome: The Committee noted the award of the External Audit Service Contract.**

#### 14. Decision Making Policy

MA presented the draft Decision-Making Policy which set out an ethical framework that underpinned and applied a priority setting processes required to enable the ICB to discharge its statutory functions within the financial envelope it is set by NHS England. MA explained the policy had been developed in partnership with public health and clinical colleagues and sets out the framework to ensure a fair and equitable service for allocating resources across MSE ICS.

The policy was aligned to the ICB planning cycle and Scheme of Reservation and Delegation.

The policy looked to introduce a bi-annual investment and disinvestment Committee to consider cases in accordance with a commissioning cycle pinned to operational planning.

JP referred to Appendix F – Prioritisation Framework and queried if the weightings set in 2009 remain current and need to be included. JK suggested the following inclusion '*the weightings will be reviewed annually inline with priorities*'. MA agreed to review Appendix F outside of the meeting.

JK highlighted the need for agility to consider immediate investment and decommissioning decisions. MA advised of a mechanism for the CEO Forum to consider any urgent cases.

NA and colleagues were thanked for their input.

**Outcome: The Committee approved the Decision-Making Policy and recommended to the ICB Board for consideration.**

#### 15. Winter Capacity Monies

Following the announcement of £200m Government funding (approx. £4m for MSE) JK highlighted there had been no further guidance as to when and how funding would be released. The funding was being released in recognition the position was difficult and was not to be used to commission new services. The system must continue to operate as it was with regards to capacity.

The Chief Executive Forum collectively agreed capacity monies were used to focus on core health services and not to support delivery of new schemes. KW highlighted the risk around open escalation beds to ease pressure on the ED and informed the Committee the ICB would continue to fund Mountnessing Court and Halstead Ward Intermediate Care.

KW advised of £1.5m residual costs (funded via capacity winter monies) to be held centrally to support some works required for St Peters Hospital. The residual pot would also support the enacting of escalation beds within MSEFT should they be required (agreed set of triggers).

**Outcome: The Committee**

- **Noted that continuation of the capacity funding for the two community hospital wards, these were the wider community bed work**
- **Endorsed that capacity monies would be used to support winter and the commitments will be determined at the Chief Executive Forum on the 11 September 2023**

- **Supported the extension of the evaluation from January 2024 to February 2024 to allow more time for any schemes to demonstrate their effectiveness for future investment consideration.**

## 16. Feedback from System Groups

The minutes of the System Finance Leaders Group and System Investment Group were presented for information; there were no comments.

## 17. Any other Business

### **Office 365**

BF presented the paper to request approval to renew the ICB (Corporate and GP) Microsoft Licencing agreement following a competitive procurement exercise via national framework negotiated by NHS England.

A five-year contract term had been agreed protecting the ICB from inflationary pressures for the period and the value of the contract was below the budget allocation, but required approval of the FIC, in accordance with the scheme of reservation and delegation due to its overall value.

**Outcome: The Committee APPROVED the ICB renewal of the licensing agreement for Microsoft with the chosen supplier.**

### **Integrated Pharmacy Medicines Optimisation Committee (IPMOC)**

MB confirmed he was the Finance and Investment Committee representative for the Integrated Pharmacy Medicines Optimisation Committee (IPMOC).

## 18. Items for Escalation

To the ICB Board:

- *This item has been minuted confidentially.*
- Decision Making Policy

## 19. Date of Next Meeting

Wednesday 18 October 2023,  
10.00am – 12.30pm  
Boardroom, Phoenix Court, Christopher Martin Road, Basildon SS14 3HG

## Minutes of ICB Primary Care Commissioning Committee Meeting

Wednesday, 6 September 2023, 10.00am – 12.00pm

### Via MS Teams

#### Attendees

##### Members

- Sanjiv Ahluwalia (SA), Associate Non-Executive Member – Chair.
- William Guy (WG), Director of Primary Care.
- Pam Green (PG), NHS Alliance Director for Basildon Brentwood.
- Dr Anna Davey (AD), ICB Primary Care Partner Member.
- Paula Wilkinson (PW), Director of Pharmacy and Medicines Optimisation.
- Ashley King (AK), Director of Finance Primary Care and Strategic Programmes (Nominated deputy for Jennifer Kearton).
- James Hickling (JH), Deputy Medical Director (Nominated deputy for Dr Matt Sweeting - check).
- Kate Butcher (KB), NHS Deputy Alliance Director for Mid Essex (Nominated deputy for Dan Doherty).
- Ellie Carrington (EC), Deputy Head of Nursing for Primary Care Quality (Nominated deputy for Viv Barker).
- Michelle Cleary (MC), Transformation & Engagement Lead, South East Essex Alliance (Nominated deputy for Caroline McCarron)
- Romi Bose (RB), Transformation & Engagement Lead, Thurrock Alliance (Nominated deputy for Aleksandra Mecan)

##### Other attendees

- Jennifer Speller (JS), Deputy Director of Primary Care.
- Sarah Cansell (SC), Contracting Support Manager.
- Nicola Adams (NA), Deputy Director of Governance and Risk.
- Jane King (JKi), Governance Lead (minute taker).
- Daniel Brindle (DBr), Primary Care Estates Officer.
- Jackie Graham (JG), Dental Finance Manager.
- Jackie Barrett (JB), Deputy Director of Nursing Mid / Basildon Brentwood
- Caroline Regan (CR), Primary Care Administrator
- Ali Birch (AB), Head of Primary Care Oversight and Assurance
- Karen Samuel-Smith (KSS), Chief Officer, Community Pharmacy Essex.
- Sheila Purser (SP), Chairman, Local Optical Committee.
- Bryan Harvey (BH), Chairman, Essex Local Dental Committee.

## Apologies

- Dan Doherty (DD), NHS Alliance Director for Mid Essex.
- Caroline McCarron (CMc), NHS Deputy Alliance Director for South East Essex.
- Aleksandra Mecan (AM), NHS Alliance Director for Thurrock.
- Dr Matt Sweeting (MS), Interim Medical Director.
- Vicky Cline (VC), Head of Nursing, Primary Care Quality.
- Jennifer Kearton (JK), Director of Resources.
- David Barter (DBa), Head of Commissioning.
- Les Sweetman (LS), Deputy Director of Programme Delivery.
- Dr Brian Balmer (BB), Chief Executive Essex Local Medical Committee

### 1. Welcome and Apologies

SA welcomed everyone to the meeting and was pleased to advise that Local Committee representatives were in attendance and would be invited to future PCCC meetings. A round of introductions took place.

Apologies were noted as listed above. It was noted the meeting was quorate.

PG took the opportunity to explain, as part of the organisational restructure, the Primary Care workstream would fall under the remit of the Basildon and Brentwood Alliance, therefore PG would have greater involvement as the Alliance Director.

### 2. Declarations of Interest

The Chair asked members to note the Register of Interests (and the register recording details of GP Practices attended by Members) and reminded everyone of their obligation to declare any interests in relation to the issues discussed at the beginning of the meeting, at the start of each relevant agenda item, or should a relevant interest become apparent during an item under discussion, in order that these interests could be managed.

Members noted the register of interests. Under Item 7, it was noted that JS declared she was a patient of Beacon Health Group, however this item did not require any specific action to manage the noted conflict. Under Item 8 it was noted that AD was a patient of the Mid Essex dental provider, however this item did not require any specific action to manage the noted conflict.

### 3. Minutes

The minutes of the ICB Primary Care Commissioning Committee (PCCC) meeting on 2 August 2023 were received.

JS highlighted that page 2 should read 'APMS contract finalisation was progressing as expected.'. Additionally, JS requested that commercially sensitive references were removed from Item 8. JH's job title required amendment to Deputy Medical Director.

**Outcome: The minutes of the ICB PCCC meeting on 2 August 2023 were approved subject to the amendments required.**



## 4. Action Log and Matters Arising

The action log was reviewed and updated accordingly. It was noted that whilst the outstanding actions (20, 30, 43, 44, 45, 46) were all within timescales for completion, a number of these could be considered as a whole under integrated ways of working in Primary Care. PG and WG agreed to consider combining some of the actions. SA requested that an item on a Primary Care collaborative working concept was added to the next agenda.

**ACTION:** Primary Care collaborate working concept to be added to the next agenda.

Actions 13 and 41 were reported as complete.

## 5. POD Relationship Management Proposal

The Committee noted this item was deferred until the next meeting and would be incorporated into the Primary Care collaborative working concept item.

## 6. This item has been minuted confidentially.

## 7. Primary Medical Services Contracts and Highlight Report

### Contracts and Highlight Report

JS provided an update on key activities and issues in relation to Primary Care Medical Services contracts. Since the last report it was noted that the Clinical Systems team had provided dates for the merging of systems for the two approved practice mergers in Mid Essex Alliance and South East Essex Alliance.

*This paragraph has been minuted confidentially.*

The ICB had received £1.4m to support transition to Cloud Based Telephony (CBT). A meeting with the National Procurement Hub was due to take place on 12 September 2023 for those practices due to move across to CBT.

There were a number of time-limited APMS contracts that would imminently require a decision regarding actions at contract end. The Committee were provided with the specific decisions, and it was noted that work would be required to develop a commercial strategy for these contracts.

*This paragraph has been minuted confidentially.*

Since the papers were issued, the Pseudo Dynamic Purchasing System (PDPS) procurement process had completed and the full list of 'Approved Providers', covering all geographical areas across mid and south Essex, was finalised. The full list would be circulated to the Committee after the meeting.

**ACTION:** Full list of Pseudo Dynamic Purchasing System (PDPS) 'Approved Providers' to be circulated to the Committee.

AK enquired how many practices were expected to attend the National Procurement Hub meeting and whether a budget of £1.4 was sufficient to support transition to CBT. AB advised there were currently 45 practices on the CBT 'critical' list and that the majority had

accepted the meeting with the National Procurement Hub. AB expected the allocated CBT budget to be sufficient CBT contracts needed to be signed by 31 March 2024

AK advised that the issues previously raised by the Committee regarding operational pressures due to premises capacity in primary care had been escalated via the appropriate channels.

The Primary Care team had received requests for information on Freedom to Speak Up processes, employee wellbeing and occupational health support services via multiple providers.

**Outcome: The Committee NOTED the Primary Medical Services Contracts & Highlights update.**

*A further section has been minuted confidentially.*

## 8. Primary Dental Services Contracts and Highlight Report

WG provided an update on the key activities and issues in relation to Primary Dental Services contracts. There were three requests for an NHS Contract Review.

*This section has been minuted confidentially.*

### **Oral health and dental access pilot**

WG provided an overview of domiciliary and care home dental provision in mid and south Essex and the proposed pilot to improve dental services for this population. A Task and Finish group was set up in collaboration with dental professionals and colleagues from Primary Care Oversight & Assurance, Age-well and Alliance delivery lead, along with expertise of clinicians and provider of domiciliary care in MSE (Mid & South Essex). The pilot scheme would see trained Dental Champions working closely with care homes to support personalised mouth care for residents.

The Committee agreed that oral health impacted on other areas of health and that the pilot was a worthwhile project. AD hoped there would be sufficient interest at the price point offered.

JS agreed with PG that quantitative and qualitative data would need to be collected to evaluate this dental service provision. An improvement in oral health for this cohort of patients was expected.

**Outcome: The Committee APPROVED the proposal for the care home/domiciliary dental pilot for a period of 18 months.**

## 9. Integrated Neighbourhood Team (INT) Framework Update

The purpose of the framework was to support health and care leaders by providing a clear understanding on the requirements of the Fuller Stocktake. The framework comprised a network of professionals, volunteers, and community members. A key aspiration of proficient INTs was to instigate a positive cultural shift, one that empowers the public to assume greater control over their own health and well-being.

*Approved 4 October 2023*



PG advised that four workshops and a “Next Steps” meeting had taken place which had played a pivotal role in advancing the understanding and implementation of the INT framework. The workshops were well attended with strong representation from key individuals and roles within the Alliances and played a pivotal role in advancing the understanding and implementation of the INT framework.

SA commented that the framework was heading in the right direction in terms of engagement, support and facilitation and stressed that engaging people about how they want to be involved in the development of INTs was key to their success.

**Outcome: The Committee APPROVED the Integrated Neighbourhood Teams Framework and NOTED the Update**

*BH joined the meeting at 11:29.*

**10. This item has been minuted confidentially.**

**11. Primary Care Access Recovery Plan (inc. Digital)**

WG presented an overview of the ICB’s proposed approach to the Primary Care Access Recovery Plan. The presentation focussed on the “front end” of primary care but recognised that a much broader, whole system series of actions were required.

WG explained that the results of the 2023 GP Patient Survey demonstrated that Primary Care services were well liked by the mid and south Essex population. However, experience in trying to access primary care had deteriorated both locally and nationally post pandemic. As general practice was the main route of entry into NHS services for our population, an effective Access Model was key to supporting the wider Organisational Target Operating Model and enable patients to access other NHS services in a more systematic approach.

The presentation proposed the development of “Connected Pathways”, a team and concept that will underpin the redesign of out of hospital services to improve the approach taken to manage urgent and episodic demand across Mid and South Essex. The team would ensure digital solutions are integrated with the wider transformation programme and accompanied by a comprehensive communications campaign that would help inform our population of the new model of primary care, the important and increasing role of providers such as community pharmacy and the new roles such as ARRS staff that may provide care for them in the future. “Connected Pathways” required investment of £1.8m over 2 years which would be fully funded from System Development Funding (SDF) monies provided by NHS England for Primary Care Transformation.

An update on the Access Recovery Plan would be shared at the October Committee meeting and subsequently presented to the November Board meeting.

SP noted some inaccuracies in the eye care pathway approach and requested for the Local Optical Committee (LOC) to have opportunity to provide input to ensure accuracy. SP advised that LOC would also be able to provide minor eye care training to practices.

SA concluded there was no dissent from the Committee on the proposal.

**Outcome:** The Committee NOTED the Primary Care Access Recovery Plan (inc. Digital) and ENDORSED the proposed approach to the Access Recovery Plan and proposed usage of System Development Fund monies to fund the Connect Pathways Development.

**12. This item has been minuted confidentially.**

### **13. Primary Care Medical Services Risk Management**

WG presented the Primary Care Medical Services risk update. There were 11 risks in total, with 1 'red' rated risk related to Primary Care Demand and Capacity, 8 'amber' rated risks and 2 'green' rated risks which were recommended for closure. Work was in progress to update the register to better reflect the Pharmacy, Optometry and Dentistry risks and would be brought back to the October committee meeting.

The Committee noted the latest Primary Care Board Assurance Framework (BAF) slide was submitted to the Part I Board meeting held on 20 July 2023 and that the Primary Care BAF slide would be updated again prior to the Board meeting on 28 September 2023.

Following agreement of the ICB's new organisational structure, the ICB's risk register would be reviewed to ensure each risk was aligned to the correct Directorate/Alliance and the correct risk lead identified.

**ACTION:** Add Pharmacy, Optometry and Dentistry risks to October agenda.

**Outcome:** The Committee NOTED the Primary Care Medical Services Risk Management update.

**Outcome:** The Committee APPROVED the closure of risks SRDT01 and SRDT02.

### **14. Primary Care Quality and Safety**

EC presented the Primary Care Quality and Safety update which provided the Committee with oversight on the reporting/quality assurance needed to ensure that primary care clinical services were providing safe, effective and quality care to the patients across MSE.

Of the 147 GP Practices across mid and south Essex, 3 practices were rated as 'inadequate', and 5 were rated as 'requires improvement' by the Care Quality Commission (CQC). Active support was provided to these practices and regular meetings held with the CQC to ensure the assurance required as part of the review process was received.

The CQC had recently conducted inspections at Balfour Medical Practice (Thurrock), Kelvedon and Fearing (Mid Essex), Dr Bekas (SEE) and Aegis Medical Centre (Basildon and Brentwood), formal reports and ratings for these inspections were yet to be published. A new CQC report had been received for Hollies Practice (South East Essex) who were rated 'good' in all areas.

Two Freedom to Speak Up cases were open. One was being considered as part of an ongoing quality improvement plan and the second was in the first phase of collation of information. The ICB's Freedom to Speak Up Guardian was aware and would be kept updated. Any identifiable shared learning would be uploaded onto the Primary Care Quality Hub on conclusion and agreement of action.

*This paragraph has been minuted confidentially.*

There were five Serious Incident reviews open. The Safeguarding Team continued to support primary care practitioners and any lessons learnt would be shared through the GP Bulletin if the cases were identified as Serious Incidents.

There were 128 new concerns and complaints received for Primary Care for the period Apr-July 2023 with highest number (89) received in July, post delegation of NHSE Primary Care Complaints function. The impact of the increase had led to extending of current timeframes for responses however new methods of complaint triage were being trialed in an attempt to address the surge.

**Outcome: The Committee NOTED the Primary Care Quality and Safety update.**

## **15. Minutes from Dental Commissioning and Transformation Group**

The minutes of the Dental Commissioning and Transformation Group meeting held on 12 July 2023 were received.

**Outcome: The Committee NOTED the minutes from the Dental Commissioning and Transformation Group.**

## **16. Items to Escalate**

There were no items to escalate.

## **17. Any other Business**

There was no other business.

## **18. Date of Next Meeting**

9.30am–11.30am, Wednesday, 4 October 2023.

## Minutes of ICB Primary Care Commissioning Committee Meeting

Wednesday, 4 October 2023, 09.30–11.30am

Via MS Teams

### Attendees

#### Members

- Sanjiv Ahluwalia (SA), Primary Care Commissioning Committee Chair.
- William Guy (WG), Director of Primary Care.
- Pam Green (PG), Alliance Director for Basildon Brentwood.
- Dr Anna Davey (AD), ICB Primary Care Partner Member.
- Viv Barker (VB), Director of Nursing for Patient Safety.
- Paula Wilkinson (PW), Director of Pharmacy and Medicines Optimisation.
- Ashley King (AK), Director of Finance Primary Care and Strategic Programmes (Nominated deputy for Jennifer Kearton).
- James Hickling (JH), Deputy Medical Director (Nominated deputy for Dr Matt Sweeting).
- Caroline McCarron (CMc), Deputy Alliance Director for South East Essex.
- Kate Butcher (KB), Deputy Alliance Director for Mid Essex (Nominated deputy for Dan Doherty).
- Margaret Allen (MA), Deputy Alliance Director for Thurrock (Nominated deputy for Aleksandra Mecan).

#### Other attendees

- Jennifer Speller (JS), Deputy Director of Primary Care.
- Sarah Cansell (SC), Contracting Support Manager.
- Nicola Adams (NA), Deputy Director of Governance and Risk.
- Jane King (JKi), Governance Lead (minute taker).
- Daniel Brindle (DBr), Primary Care Estates Officer.
- Ali Birch (AB), Head of Primary Care Oversight and Assurance.
- Simon Williams (SW), Deputy Alliance Director Basildon Brentwood.
- David Barter (DBa), Head of Commissioning.
- Ellie Carrington (EC), Deputy Head of Nursing for Primary Care Quality.
- Emma Timpson (ET), Associate Director for Health Inequalities and Prevention (Item 10 only).
- Karen Samuel-Smith (KSS), Chief Officer, Community Pharmacy Essex.
- Emma Spofforth (ES), Secretary, Local Optical Committee.
- Bryan Harvey (BH), Chairman, Essex Local Dental Committee.
- Dr Brian Balmer (BB), Chief Executive Essex Local Medical Committee.

#### Apologies

- Dan Doherty (DD), Alliance Director for Mid Essex.

Approved 1 November 2023

- Dr Matt Sweeting (MS), Interim Medical Director.
- Jennifer Kearton (JKe), Director of Resources.
- Aleksandra Mecan (AM), Alliance Director for Thurrock.
- Vicky Cline (VC), Head of Nursing, Primary Care Quality.
- Les Sweetman (LS), Deputy Director of Programme Delivery.

## 1. Welcome and Apologies

SA welcomed everyone to the meeting.

Apologies were noted as listed above. It was noted the meeting was quorate.

## 2. Declarations of Interest

The Chair asked members to note the Register of Interests and reminded everyone of their obligation to declare any interests in relation to the issues discussed at the beginning of the meeting, at the start of each relevant agenda item, or should a relevant interest become apparent during an item under discussion, in order that these interests could be managed.

Members noted the register of interests. Under Item 10, JH advised he was the Chair of the local Cardiovascular Disease Prevention Group. No action was required to manage the conflict of interest.

## 3. Minutes

The minutes of the ICB Primary Care Commissioning Committee (PCCC) meeting on 4 September 2023 were received.

**Outcome: The minutes of the ICB PCCC meeting on 4 September 2023 were approved.**

## 4. Action Log and Matters Arising

The action log was reviewed and updated accordingly. It was noted that the outstanding actions (30, 46 and 59) were all within timescales for completion.

## 5. Primary Care Medical Services Contracts Report

JS provided an update on key activities and issues in relation to Primary Care Medical Services contracts.

The Committee noted the request for change in contractor status for the Leigh Surgery from partnership to individual status (30 September 2023) and from individual to partnership status (2 October 2023). The Committee recognised that it was the responsibility of Officers to make decisions on changes in contractor status, but that this would be notified to the Committee.

The APMS contract finalisation was progressing as expected.

Following the update to the September Committee, discussions had taken place with a potential provider of primary care services in respect of the Beaulieu Park Scheme. However, since the papers were issued, the Primary Care Team had received notification



that the provider had withdrawn interest. The Committee would be kept informed of developments.

**ACTION:** The Committee to be kept informed of Beaulieu Park Scheme developments.

As part of the Primary Care Access Recovery Programme (covered under Item 8), work continued with practices on the transition to Cloud Based Telephony (CBT).

The ICB expected to conclude a review and reissue of GP contracts (initially commenced by NHS England and Attain in 2021 prior to delegated commissioning of GP services) by the end November 2023. To maintain stable and current contractual arrangements, processes were being implemented to ensure that future changes to the GP contract were issued to all practices via the national contract variation documentation.

Concerns had been raised about whether all practices were summarising patients' medical records in line with national guidance. Work was underway with the Information Governance and Quality teams to review the position and identify implications and options to address the issue.

No questions were raised.

**Outcome:** The Committee NOTED the Primary Care Medical Services update.

**6. This item has been minuted confidentially.**

**7. This item has been minuted confidentially.**

**8. Access Recovery Update**

WG presented the update report on access recovery, noting that the purpose of the report was to share the draft Access Recovery Plan for mid and south Essex and to update the Committee on actions undertaken since the last committee meeting in September.

The principles of the approach had been discussed with NHSE. The final version of the MSE Access Recovery Plan would be brought back to the Committee in November for approval and onward presentation to Board for endorsement at the end of November 2023.

**ACTION:** Final Access Recovery Plan to be added to the November 2023 agenda for approval.

WG confirmed that 4 of the 6 nationally mandated self-referral pathways into Community Health Services were in place to enable patients' direct access to key services, rather than having to see a primary care practitioner prior to referral.

Of the 2 outstanding mandated self-referral pathways, it was not considered appropriate to self-refer to the Audiology Service at this time as there was no initial clinical 'red flag' assessment undertaken prior to self-referral which may identify underlying issues requiring urgent treatment, particularly as there may be delays in accessing the Audiology Service.

For the second outstanding mandated self-referral, it was agreed inappropriate to self-refer into the Community Equipment Service without first having a needs-assessment undertaken. Patients who required equipment generally were already under the

management of another team for a complex set of reasons and had received clinical assessment.

JH agreed there may be delays in accessing audiology services and suggested a self-referral into an assessment was the way to proceed for equipment needs.

SA enquired whether there were any KPIs to measure implementation progress of the Access Recovery Plan. WG acknowledged that feedback from NHSE was that clarity was required on plan deliverables, milestones and metrics. Retrospective analysis work was underway and would be fed back to the Committee.

**ACTION:** Outcome of retrospective analysis work on Access Recovery Plan deliverables, milestones and metrics to be fed back to the Committee.

SA queried whether engagement work on the total triage system had been undertaken with Primary Care workforce. WG explained that feedback had been received from Primary Care Networks (PCNs) via Access Capacity submissions and whilst total triage and care navigation was a high priority for many, a number of practices had raised concerns. An engagement group involving practices using total triage and care navigation had been set up to share learning and good practice.

ES noted the report stated that pathways for optometry and dentistry had not been connected sufficiently for them to work well and queried what aspect was not working. WG clarified that although the pathway worked well, improvements could be made to public awareness, that it was not necessary to go via the GP for eye problems.

JH commented that a total triage system was not suitable for all GP practices and should not be mandated. WG confirmed that total triage would not be mandated and would ensure this was made clear in plans.

SA enquired what local patient engagement in developing connected pathways had taken place. WG explained that to date plans were largely aligned with the national model but agreed that patient engagement could be strengthened.

JS added the access recovery approach would be individualised for each practice and the 'Support Level Framework' conversations were designed to achieve this.

PG acknowledged that whilst total triage would not be mandated, there were lots of practices who wanted to adopt this system and there had been lots of positive feedback from practices already using *Total Triage*.

**Outcome: The Committee NOTED the draft Access Recovery Plan for mid and south Essex.**

## 9. Primary Care collaborative working concept

WG provided a verbal update on the ICB Primary Care collaborative working concept, advising that AD was heavily involved in the discussions. As part of the organisational restructure, a senior leadership team and executive team from across the Alliances and Primary Care was in the process of being established who were working with colleagues from Medicines Optimisation and the Clinical Professional Leadership team to begin to focus on how to collectively deliver a target operating model and how to best utilise the skills and resources available. Clinical engagement was an important part of the process



and would ensure Pharmacy, Optometry and Dentistry colleagues have a clear voice and role. Although the working concept would be implemented immediately, it was subject to transition to the new organisational structure in December 2023.

SA was very supportive of the plans and welcomed strengthened working practices between Alliances and within the wider ICB. SA requested that a paper setting out details of the proposed concept and outlining where the various roles and responsibilities would sit was presented to a future Committee.

**ACTION:** Paper setting out details of the proposed Primary Care collaborative working concept outlining the various roles and responsibilities to be presented to a future Committee.

**Outcome:** The Committee NOTED the Primary Care collaborative working concept update.

**10. This item has been minuted confidentially.**

## **11. National Pharmacy Independent Prescribing Pathfinder Programme**

PW presented the National Pharmacy Independent Prescribing Pathfinder Programme, noting the ICB was successful in their application to take part in the Community Pharmacy Independent Prescribing (CPIP) Pathfinder and was awarded funding from NHS England to pilot 4 community pharmacy sites.

The aim of the programme was to establish a framework for future commissioning of NHS community pharmacy clinical services, incorporating independent prescribing for patients in primary care. The service was due to commence in November 2023 when the Electronic Prescription Service went live. The pathfinder would allow 'walk in' patients, as well as those referred to the Community Pharmacy Consultation Service (CPCS) by NHS111 or GPs, to access the service if considered appropriate by the CPIP. Prescribing would be in line with the MSE ICB formulary and NICE guidelines, drug costs would be charged back to the patient's registered GP and costs of dispensing funded from within the community pharmacy global sum.

CPIPs would be able to see patients seeking immediate care for a wide range of conditions which may require a prescription for treatments not available over the counter (OTC).

ES commented that it would be useful to be involved in independent prescribing discussions to raise awareness of Independent Prescribing Optometrists who should be considered in the development of independent prescribing pathways.

*This paragraph has been minuted confidentially.*

**Outcome:** The Committee NOTED the National Pharmacy Independent Prescribing Pathfinder update and AGREED the following:

- **An MOU is signed to establish the pathfinder programme.**
- **Four community pharmacy sites to be identified to take part in the pathfinder programme.**
- *This item has been minuted confidentially.*
- **A project support officer is recruited (secondment or services commissioned).**

## 12. Primary Care Risk Management

WG presented the latest Primary Care Risk Register which contained a total of 6 risks. There was 1 red rated risk around Primary Care Demand and Capacity and 5 amber rated risks. As the risk around delegation of Pharmacy, Optometry and Dental (POD) services had reduced significantly over the past six months, consideration would be given to removing the risk from the register.

A Community Pharmacy risk had been added regarding the impact of global pressures on pricing that continued to affect the Pharmaceutical market. Additionally, a Community Dentistry risk was added around the financial and workforce pressures. WG advised that as strategic work on POD services progressed further risks could be identified.

The Primary Care Board Assurance Framework (BAF), presented to the Board on 28 September 2023, set out the Primary Care Demand and Capacity risk.

SA commented that it was useful to see the risks and mitigations that were put in place which provided assurance that issues raised during PCCC discussions were captured and action taken, which demonstrated that the Committee worked well together.

**Outcome: The Committee NOTED the Primary Care Risk Management update.**

## 13. Minutes from Dental Commissioning and Transformation Group

The minutes of the Dental Commissioning and Transformation Group meeting held on 9 August 2023 were received.

**Outcome: The Committee NOTED the minutes from the Dental Commissioning and Transformation Group.**

## 14. Items to Escalate

Recommended to the Finance and Investment Committee for approval - Clearance of Orthodontist Waitlist.

## 15. Any other Business

### Winter Access Scheme

WG presented the 2023/24 Winter Access Scheme, noting that the ICB had identified £700k of non-recurrent monies to invest in initiatives operated at PCN level. Input on the Scheme was received from the Alliances, Primary Care team and Clinical Lead representatives and based on feedback and learning from previous initiatives. A limited number of conditions would be determined on how funding could be used but PCNs would be approached for proposals on how they would wish to use the money.

SW enquired how soon discussions with PCNs could commence regarding the Scheme proposals. WG said that discussions should be able to commence once the access template was finalised which was expected to be the following week.

JH was broadly in support of the Scheme, but stressed it must provide value for money. JH queried whether there was a verification process for the investment or whether the impact of the Scheme on patients could be evidenced.

*Approved 1 November 2023*

WG advised that previously funds were retrospectively paid following demonstration that the additional resource had been used. WG said it was important that primary care providers were empowered to be able to drive the best use of monies to get the best outcomes for population and make primary care more sustainable.

The committee unanimously agreed that winter planning discussions should commence as early as possible to give practices time to plan the best use of available resources.

SA enquired why the Winter Access Scheme was aimed at General Practice rather than wider Primary Care providers and why it was at PCN level, not at practice level.

WG explained that historically winter access schemes were aimed at general practice, however, consideration was being given to invest additional monies in pharmacy services over the winter period. There were a number of national developments at pharmacy level that, if cascaded early enough, could form part of this year's winter response. In the future a more holistic approach would be taken across Primary Care.

WG explained that winter access schemes had previously been orchestrated at PCN level and delivered at practice level and had worked well. JS added that by being based at PCN level, universal coverage was provided as not all practices would be able to deliver. When schemes were orchestrated via PCNs it encouraged collaborative working to ensure everyone benefitted. Feedback from practices and PCNs regarding this approach from last year was encouraging.

SA commented that as primary care resources were being used for the Winter Access Scheme, PCNs should be invited to consider how all primary care providers in mid and south Essex should be supporting access. JS gave assurance that all primary care providers were supporting access via the Integrated Neighbourhood Teams and Primary Care Access Recovery Plan discussions. Currently, if PCNs were mandated to engage other primary care providers it would create difficulties with governance.

BB agreed that PCNs were not currently at the right level of maturity to consider commissioning support from other primary care providers. In terms of measuring access outcomes and successes, the biggest problem was due to workforce issues which also affected the wider system. BB commented there were insufficient measures of patient satisfaction and staff morale and attitude in primary care.

**Outcome: The Committee SUPPORTED the intended use of primary care resources to secure a winter access service that improves proactive and reactive access to primary medical services for patients with respiratory conditions.**

*This paragraph has been minuted confidentially.*

## 16. Date of Next Meeting

9.30am, Wednesday 1 November 2023 via Microsoft Teams

## Minutes of Part I Quality Committee Meeting

Held on 18 August 2023 at 10.00 am – 12.00 noon

### Via MS Teams

#### Members

- Shahina Pardhan (SP), Associate Non-Executive Member, deputising for Neha Issar-Brown, Non-Executive Member & Chair of Committee.
- Giles Thorpe (GT), Executive Chief Nurse.
- Joanne Foley (JF), Patient Safety Partner.
- Wendy Dodds (WD), Healthwatch Southend.
- Paula Wilkinson (PW), Director of Pharmacy and Medicines Optimisation.
- Sam Crawford (SC), Head of Provider Quality, Essex County Council.
- Frances Bolger (FB), Interim Chief Nurse, EPUT

#### Attendees

- Yvonne Anarfi (YA), Deputy Director for Safeguarding.
- Viv Barker (VB), Director of Nursing for Patient Safety.
- Jackie Barrett (JB), Deputy Director of Nursing for Patient Safety.
- Lilian Beasant (LB), L & L Consultancy Group.
- Ross Cracknell (RC), Senior Quality Manager Mental Health.
- Emma Everitt (EE), Business Manager, Nursing and Quality.
- Karen Flitton, (KF), Patient Safety Specialist.
- Matt Gillam (MG), Deputy Director of Nursing.
- James Hickling (JH), Deputy Medical Director, Quality, Assurance and Governance.
- Laura Marshall (LM), L & L Consultancy Group.
- Stephen Mayo (SM), Director of Nursing for Patient Experience.
- Alix McMahan (AMcM), Complaints Manager.
- Linda Moncur (LM), Director of Safeguarding.
- Zafiat Quadry (ZQ), Alliance Lead and Quality and Safety Lead.
- Gemma Stacey (GS), Designated Clinical Officer for SEND – *from item number 14.*
- John Swanson (JS), Head of Infection Prevention & Control.
- Stephanie Williams (SW), Quality Manager.
- Helen Chasney (HC), Governance Officer (minute taker)

#### Apologies

- Ronan Fenton (RF), Medical Director.
- Alison Clark (AC), Head of Safeguarding Adults and Mental Capacity, Essex County Council
- Vicky Cline (VC), Head of Nursing – Primary Care.
- Maria Crowley (MC), Director of Children, Mental Health and Neurodiversity
- Peter Devlin (PD), Director of ASC Mental Health, Essex County Council

- Carolyn Lowe (CL), Deputy Director of All Age Continuing Care.
- Steve McEwen (SMc), Quality Manager
- Amba Murdamootoo (AM), Deputy Director of Clinical Quality and Patient Safety, NHSE
- Sara O'Connor (SO), Head of Corporate Governance.
- Owen Richards (OR), Chief Officer, Healthwatch Southend

## 1. Welcome and Apologies

SP welcomed everyone to the meeting. Apologies were noted as listed above. The meeting was confirmed as quorate.

## 2. Declarations of Interest

SP reminded everyone of their obligation to declare any interests in relation to the issues discussed at the beginning of the meeting, at the start of each relevant agenda item, or should a relevant interest become apparent during an item under discussion, in order that these interests could be managed.

Declarations of interest made by Integrated Care Board (ICB) members are listed in the Register of Interests available on the ICB website.

FB declared that her employment status is the Interim Chief Nurse for EPUT, whilst providing a handover to GT at MSE ICB.

## 3. Minutes & Matters Arising

The minutes of the last Quality Committee meeting held on 30 June 2023 were reviewed and approved, subject to the following amendments.

- Page 10, paragraph 1 (Maternity Services) – delete the wording ‘vacancy rate’ as duplication.
- Page 14 (Quality Escalation Group minutes) – sentence should read ‘VB advised JS would be leading the system approach with the aim of understanding what is driving the increased rates of C. Diff and subsequent actions to improve the current position.’

SP referred to the Patient Safety & Quality Risks and asked if the launching of the impact tool in September was on track. SM confirmed that discussions were held with NHS England (NHSE) and Suffolk and North East Essex (SNEE) ICB were submitting on behalf of the 3 ICBs. FB confirmed that EPUT had made their submission and the submission for MSEFT was underway. The MSE ICB submission should be ready by the end of August.

SP asked if assurance had been provided on the resolution of issues highlighted by the Care Quality Commission (CQC). VB commented that assurance was unable to be provided currently due to not receiving the MSEFT formal report as yet.

**Resolved: The minutes of the Quality Committee meeting held on 30 June 2023 were approved, subject to the amendments being made.**



## 4. Action log

The action log was reviewed and the following updates were noted.

- Action 24 – Information was included in the Infection Prevention and Control Report. Action to be closed.
- Action 36 – Action due date to be updated to 6-8 weeks until the submission process for the dissertation has completed.

**Resolved: The Committee noted the Action Log.**

## 5. Patient Safety and Quality Risks

SM advised that there were 3 red risks relevant to the work of the Quality Committee. The other red risks, which were also quality related, sat with other directorates. The 3 red risks related to (i) mental health quality and assurance, (ii) acute quality and assurance, and governance processes, and (iii) maternity workforce.

There were 9 amber quality risks in total. The maternity risks relate to governance processes and quality, the CQC Section 31 warning notice and the maternity transformation. SM suggested aggregating the risks together under 1 maternity risk.

The other amber risks related to learning disabilities health checks, backlog of serious incidents, infection prevention and control, and other backlog and data quality issues which could also be aggregated under 1 risk, and retrospective claims for CHC teams.

SM advised that there was a recommendation by the relevant leads to close the statutory safeguarding responsibilities risk and the medicines management risk regarding the fuel cost crisis and the risk of national power outage impacting on those oxygen concentrators due to the work programme plans in place. No areas of concern were raised by the Audit Committee.

GT commented that it would be beneficial to have aggregated true System risks as the providers risks should be sitting on their own sovereign risk registers. A review of the Quality Committee risk register will be completed, involving partner organisations so that an amalgamation of the provider risks was being fed into the System risk register.

SM provided assurance to SP that the likelihood of the amber risks becoming red risks were minimal.

**Resolved: The committee noted the update on patient safety and quality risks and approved closure of the following risks:**

- **Ref GOSD09 – Statutory Safeguarding Responsibilities**
- **Ref CPL05 – Fuel crisis and enhanced risk of wider power outage**
- Action 40: GT, SP, NIB and SoC to review existing risks and develop a System risk register relevant to the Quality Committee.

## 6. CQC Recommendations Progress Table

JB advised that the ambition was to have a progress table in relation to the CQC improvement plan for MSEFT and EPUT.

JB advised that the MSEFT improvement plan actions related to the domains of well-led, safe, effective and responsive, and included legacy actions dated back to 2020. There were no actions in the CQC domain of caring. There were 132 'Must Do' actions and 126 'Should Do' actions and 177 actions in progress. Of those, 20 actions were overdue. In total 21.7% of the improvement plan was completed. The Trust was dealing with the actions through a range of tools, such as quality improvement projects and trust programmes.

VB confirmed the expectation was that the dashboard would be presented to System Oversight and Assurance Committee (SOAC) on 13 September 2023 and Quality Committee on 27 October 2023. VB provided assurance that the Evidence Assurance Group and the Evidence Review Group tested the evidence and agreed assurance against those actions.

FB advised that the CQC action plan and governance processes had been discussed at a meeting with the ICB Chief Executive and MSEFT on 21 July 2023. Each 'Must Do' and 'Should Do' action had a number of underlying actions, and the dashboard would provide full oversight of progression.

JH provided an update on the mortality statistics and advised that a recoding exercise had been completed up to March 2023 due to the expected death rate being lower than anticipated. The expectation was for an improvement in the numbers reported for August 2023 update, however, figures showed that no improvement had been made and a report would be provided to SOAC. There was focus on the backlog of Structured Judgement Reviews (SJRs) which was causing concern, and a meeting would be held with East of England (EoE) Medical Directorate representatives at the end of August 2023 to agree the direction of travel.

RC gave an update on the position at EPUT and advised that the report had been received from CQC and the action plan was sent to the CQC in the last week, incorporating multiple inspections over the last 10 months. There were 41 actions including 26 'Should Do' actions. In the last 10 months, 20 actions had been completed. Progression update meetings were being held between ICB and EPUT colleagues.

FB advised that an overarching CQC action plan had been developed with KPMG. The next step would be including all the recommendations from other reports. The focus of the action plan had changed to front line ownership rather than the Executive Team. A quality assurance framework was being developed. GT would chair future Evidence Assurance Group meetings. A monthly highlight report was being developed for SOAC showing progression with the 'Must Do' and 'Should Do' actions. A deep dive into the CQC action plan was completed with the 3 ICBs and the Trust.

GT noted that the methodology from gaining assurance around EPUT's response to CQC and other reports, their approach and ambition to develop a quality assurance framework and their focus on ownership at service level provided a good level of assurance with learning that could be shared with the acute setting.



**Resolved: The committee noted the verbal update on the progress of the CQC recommendations.**

## 7. Acute Care

JB advised that MSEFT were not meeting their trajectories for referral to treatment (RTT), cancer harm reviews and serious incidents (SIs). The Trust was also an outlier for Summary Hospital-level Mortality Indicator (SHMI) and the delayed letters incident was also highlighted. The CQC report was published following the inspection of core medical services across the 3 sites, which raised concerns relating to nutrition and hydration, and care of mental health patients which resulted in a Section 29A warning notice. The CQC had revisited and whilst areas of improvement were recognised, there were other areas of concern identified.

GT commented that the variety and complexity of issues which focused on the delivery of care should be escalated.

FB raised concern regarding the number of outstanding harm reviews for Ophthalmology. GT commented that an understanding would be required of the risk stratification process. VB confirmed that the harm reviews poor performance was noted and discussions would be held. SP highlighted that the breach for Ophthalmology was 52 weeks, whereas the others were 104 weeks and raised concern that the harm reviews were not being carried out, then the number was being under-reported. VB advised that this would be looked into further.

SP asked for further detail on the moderate and severe harm reviews and in which areas they had occurred for a targeted approach. In terms of escalation, VB advised that the granular detail would go through the providers' Quality Committee and then their own Board. An escalation to the ICB Board would occur if there were ongoing concerns that assurance was not being provided.

**Resolved: The Committee noted the Acute Care Report.**

- Action 41: JB to provide a report to the committee on the moderate and severe harm reviews, including the service area in which they have occurred.

## 8. Infection Prevention and Control (IP&C)

JS advised that the numbers for *Clostridioides difficile* (C.diff) remained high, with MSEFT currently being the highest in the region. The first ICS C.diff workstream meeting would take place in September. The C.diff cases continued to be reviewed, with the Trust undertaking a bedside scrutiny process which was more aligned to the Patient Safety Incident Reporting Framework (PSIRF) process. The area of concern was a discrepancy with cleaning hours, which required additional funding to achieve national standards. The Basildon site had the lowest amount of cleaning hours and the highest rate of C.diff. The team were reviewing alternative ways of managing C.diff.

Concerns had been noted relating to antimicrobial stewardship. Southend Alliance had not met the requirement of prescribing and was being supported by the EoE service with further data. It was noted that Southend had the highest amount of care homes per population, which was being translated to admissions to hospital with presumed Sepsis.

JS confirmed that the C.diff collaborative workstream meeting was being held on 26 September would focus on regionally agreed key priorities to tackle C.Diff regarding isolation, testing and cleanliness. The biggest focus as a system would be cleanliness and adhering to the national standards.

JS provided an update on the burns unit and advised that there had been no further outbreaks or incidences of MRSA, with limited evidence of MRSA transmission whilst on the unit.

**Resolved: The Committee noted the Infection Prevention and Control update.**

## 9. Mental Health, including MH Task Force

RC advised that the CQC report for EPUT had been received. There had been a number of Secretary of State (SoS) announcements recently, including the Public Inquiry and the stepping down of the Chair. An update in relation to the new Chair, terms of reference and timeline were awaited. SM explained that with regards to the Essex Mental Health Public Inquiry, we would be looking for a perspective from the 3 ICBs.

The new Health Safety Investigations Body was due to go live on 1 October 2023 and would focus on patients in mental health settings, looking at how providers could learn from deaths in their care, how young people with mental health needs appeared in inpatient services, how out of area placements occurred and how to develop safer staffing models.

An England Rapid Review had been published with associated recommendations and an update was awaited. There were 13 recommendations arising from the Rapid Review which required a system response including from NHS England.

The Hadleigh Psychiatric Intensive Care Unit at Basildon has closed whilst undergoing refurbishment, which would reduce the number of Paediatric Intensive Care Unit (PICU) beds and was due to reopen at the end of October. There had not been a surge in demand, however, EPUT were working with local private bed providers to escalate if required.

The closure of the Hadleigh Unit and the reduction of PICU beds impacted on patient experience and potentially quality of care as patients would need to travel out of the area.

GT referred to children and young peoples' mental health and advised that throughout August there was a reduction in the capacity of Tier 4 beds, which should improve in September, but does place pressure on the system. There was also an issue with the specialist Eating Disorder Unit in Cambridge and Peterborough, and a targeted piece of work was being undertaken to establish if children can be placed at alternative sites to receive the appropriate care and support. We will be working with the Essex Collaborative in relation to the peripatetic offer for children and young people.

FB advised that staff debrief sessions were held and NHS England had been working with MSEFT and EPUT to identify support and equipment required and how the environment could be adapted. Different training packages had also been shared with the Trust.

**Resolved: The Committee noted the Mental Health update report.**

## 10. Adults and Children Safeguarding System Report

### 10.1 Safeguarding Report

LM advised that there were concerns regarding non-accidental injuries for children. A system working group was set up and several mitigations were being worked through. Concerns were raised with the compliance of admittance criteria into the asylum accommodation in Wethersfield and the health status of some residents. Further training would be provided to security staff to heighten awareness of PREVENT and trafficking.

**Resolved: The Committee noted the Adults and Children Safeguarding System Report.**

### 10.2 Essex Safeguarding Adults Board (ESAB) Safeguarding Adult Reviews (SARs) Thematic Learning

YA advised that there was a requirement to show what learning the ICB had taken from the Adult Safeguarding Action Reviews and that were reflective of some of the services commissioned.

There were 6 reviews published in November 2020, 4 cases for MSEFT and 2 for SNEE. The Continuity of Care Team had provided assurance that the All Age Continuing Care (AACC) team was working closely with partners and that improvements were being made.

SP asked if there was a timeline for implementation of changes and how assurance would be evidenced. YA advised that assurance had been received that the backlog of reviews was in progress. There was a requirement to look at Older Adults and the ICB's responsibility in terms of safeguarding, working in partnership with other providers.

SP referred to the challenges and asked how they would be rectified. YA advised that there was good engagement. A workshop on mental health capacity was held across the system.

LM advised that a safeguarding assurance framework was in place. The learning from SARs would be picked up with the working programmes for health across safeguarding organisations. There was also an MSE working group, with safeguarding leads from all providers, where examples of programmes of work are provided to manage any safeguarding concerns or enables preventative work to deliver the national framework for safeguarding. The safeguarding assurance framework would be shared at next meeting.

**Resolved: The Committee noted the ESAB SARs Thematic Learning.**

- Action 42: LM to share the safeguarding assurance framework at the next Quality Committee meeting.

## 11. Financial Recovery Programme

LM advised that the finance team were responsible for financial turnaround and the proposals that come through to deliver £120 million savings. At the recent System Transformation Improvement Group (STIG) £83 million was identified as efficiency savings. Each provider who would be submitting an efficiency proposal also submitted a quality impact assessment. The proposals were presented at the SQG meeting to ensure provider awareness. Concerns were raised with regards to patient safety. There were draft plans in

place, mostly focused on workforce for EPUT and MSEFT to reduce the bank and agency spend. The acute hospitals were running above normal financial run rate, so not maintaining their in-year budget, however, assurance was received that improvements would be made by end of Quarter 2.

PG noted that good quality saves money and improves outcomes for individuals. It was intrinsic to system recovery that staffing levels were improved.

GT asked if there was confidence of an improvement in the completion of Equality Impact Assessments. LM advised that the reports were indicating that there has been no impact on protected characteristics.

**Resolved: The Committee noted the Financial Recovery Programme.**

## 12. Medicines Optimisation

ZQ advised that we have outlier status for anti-microbial stewardship and as part of Medicines Optimisation Locally Enhanced Scheme (MOLES), there were very detailed targeted meetings. There was an awareness of the variation between the Alliances and so learning and good practice were being shared and 'Train the Trainer' sessions were being held. The acute sector was working on the intravenous to oral switch and were now meeting the CQUIN target set by NHSE England of 71%.

An action plan had been published by NHS England in relation to optimising care for patients with dependency forming medication and managing withdrawals. There was more work to do to meet the actions set by NHSE, which would require collaborative working.

A risk was identified at the System Quality Group in relation to Sodium Valproate in the epilepsy service at NELFT. A meeting was held with colleagues from NELFT and MSEFT. The Lead Consultant from Basildon had agreed to run a dedicated session with the relevant NELFT nurse to mitigate the risk.

JH commented that it was positive to create joint services with regards to opioid prescribing and asked if there was an ability to commission the services for de-prescribing to cope with the demand, due to the high numbers involved. PW advised that the community MSK service was being commissioned, which focused on supporting people with high dosage opioids for pain management. Campaigns were planned for early next year to avoid people going on to prescribing opioids in the first place. JH commented that this patient cohort required multiple consultations and resources were limited but should remain a priority.

**Resolved: The Committee noted the Medicines Optimisation Report.**

## 13. Draft Quality Dashboard

SM introduced LB and LM from L & L Consultancy Group who had been working with the ICS to develop a dashboard to improve reporting. An example of the dashboard was provided in the papers.

LB advised that the maternity dataset had been produced. The next steps for maternity would be to identify other areas, such as patient safety, to identify themes and trends by neighbourhoods and geography. The aim was for Business Informatics and the ICB to build the other dashboards. The Infection Prevention and Control dataset was underway and the

next priorities would be mental health, children and young people with SEND and safeguarding. The handover document was currently being drafted based on the lessons learnt from the development of the maternity dashboard.

SM advised that there will be a workshop in October in relation to the next steps with GT and the senior quality team.

**Resolved: The committee noted the draft quality dashboard.**

#### **14. Southend Send CQC/Ofsted Inspection Report and Action Plan**

GS advised that the SEND inspection report was published on 9 June 2023 and delivered the outcome that the local area partnership arrangements lead to inconsistent experiences and outcomes for children and young people. The report acknowledged areas of improvement, but also highlighted 6 key areas which required improvement.

The Southend Local Area Partnership have developed a strategic action plan aligned to the Southend SEND strategy. The action plan outlined how the recommendations would be met and was underpinned by a detailed document. This was being worked on with system partners to ensure that the milestones were achievable. The action plan would be received by SEND Partnership Board and Health and Wellbeing Board in Southend for monitoring and Quality Committee would receive an update in the bi-annual report.

GT explained that the action plan would be received by Quality Committee in the bi-annual update as per the committee workplan so that assurance can be provided to the MSE ICB Board.

**Resolved: The committee approved the CQC/Ofsted action plan.**

#### **15. Update from ICB Board 20 July 2023**

FB advised that the mental health strategy was positively received, and agreement was provided for the set-up of the implementation group for delivery of the strategy. The SEND strategy was approved. The Fuller Stocktake Report talked about the primary care networks (PCN) strategy and that discussions were nearing completion. The PCNs submitted their priorities for neighbourhood teams at the end of June, which were urgent and episodic, complex care and preventative.

PG advised that the biggest issues were the transformation of primary care and the associated quality aspects. The challenge was getting the quality narrative in that change from organisationally bound teams to integrated matrix neighbourhood teams, which were sharing information in a different way. A quality framework would be required which sat alongside the integrated neighbourhood teams to evaluate success for better patient outcomes, experience and also staff satisfaction. FB advised that the work EPUT was currently doing on their system quality assurance framework would form a good model and basis for discussion.

JH commented that the integrated neighbourhood team purpose was to provide a seamless service for patients. If there was a service operating for PCN that was subcontracted to a mental health trust, there would be the challenge of accountability and responsibility. SP queried the process for that agreement of accountability. GT advised that the Quality Improvement methodology would be utilised, looking at the integrated neighbourhood



teams which had been established. A workshop with nursing and quality, alliance director and clinical and professional leadership would be held to discuss the way forward.

PG advised that Southend had started to analyse the impact of their work, which should feed into the quality aspects of the financial recovery.

**Resolved: The Committee noted the verbal update from the ICB Board 20 July 2023.**

## 16. Patient Safety Specialist Updates:

The Committee noted the NHS Patient Safety updates dated 27 June 2023 and 25 July 2023.

KF advised that the ICB was holding 2 systems events, online and face to face, in the run up to World Patient Safety Day.

**Resolved: The Committee noted the Patient Safety Specialist updates.**

## 17. Patient Safety Incident Response Framework (PSIRF)

### 17.1 ICB PSIRF Governance Processes

KF advised that the main changes related to widening the patient safety network to enable a System surveillance point and to incorporate the smaller independent hospitals. The governance mapping proposed the mobilisation/refreshment of 3 new meetings which were the System Patient Safety Steering Group, System Incident Response Group and a PSIRF peer review forum, which would bring the System together post implementation, in line with ICB responsibilities.

Following endorsement, the aim was to mobilise these meetings in Quarter 3 and the terms of reference would be brought to a future Quality Committee meeting for approval.

In response to a query, it was confirmed that the representation from community pharmacies would be included.

**Resolved: The committee endorsed the PSIRF governance processes.**

### 17.2 ICB PSIRF Policy

KF advised that the policy was in the final stages of production and the plan would be to circulate to key stakeholder groups for comment. The policy would then be circulated to Committee members at the end of September for virtual signoff, prior to transition to PSIRF in October.

**Resolved: The committee noted the verbal update on the PSIRF Policy and approved that the policy would be sent for virtual signoff.**

## 18. Quality Accounts – ICB Responses

FB confirmed that 2 quality accounts had not been received for an ICB response, which will be discussed in the Providers contract meetings.

**Resolved: The committee ratified the quality accounts of Ramsey Springfield.**

Action 43: VB to confirm that a discussion has been held with the Providers who have not submitted their quality accounts for an ICB response.

## 19. Discussion, Escalations to ICB Board and reports due for next meeting

HC confirmed that approved minutes of Quality Committee meetings were submitted to the Part I Board ICB meetings. In addition, FB submitted a regular Quality Report to the Board highlighting issues discussed at the committee and any urgent escalations.

The escalations were noted as follows:

- The variety and complexity of issues focused on the delivery of care following the recent CQC inspection of core medical services at MSEFT.
- Optimising care for patients on dependency-forming medication, and managing withdrawals action plan as published by the NHS England.

## 20. Alliance Primary Care

SP advised that the report was submitted for information only and has already been received by the Primary Care Committee.

**Resolved: The committee noted the Alliance Primary Care Report.**

## 21. Any Other Business

### 21.1 Palliative and End of Life Care Strategy

SM advised that the Palliative and End of Life Care Strategy would be circulated virtually for Quality Committee endorsement in readiness for submission to ICB Board on 28 September 2023 for signoff.

Action 44: To circulate the Palliative and End of Life Care strategy virtually to Quality Committee members for endorsement prior to submission to ICB Board on 28 September 2023 for signoff.

## 22. Date of Next Meeting

Friday, 27 October 2023 at 10.00 am to 12.00 noon via MS Teams.



## Integrated Care Board (ICB) System Oversight & Assurance Committee

Minutes of meeting held 9 August 2023 at 1.00 pm – 3.00 pm via Teams

### Attendees

#### Members (Voting)

- Anthony McKeever (AMcK), Chief Executive Officer and Joint Chair of Committee, MSE ICB
- Simon Wood (SW), Regional Director for Strategy & Transformation NHSE/I East of England and Joint Chair of the Committee.
- Elizabeth McEwan (EM), Assistant Director of Programmes NHSE/I East of England.
- Karen Wesson (KW), Interim Director of Oversight, Assurance and Delivery, MSE ICB.
- Kostas Karamountzos (KK), EEAST.
- Selina Douglas (SDo), Executive Director of Partnerships, North East London Foundation Trust.
- Matthew Hopkins, (MH) Chief Executive, MSEFT.
- Lisa Adams (LA), Interim Chief People Officer, MSE ICB.
- Jennifer Kearton (JK), Interim Director of Resources, MSE ICB.
- Alexandra Green (AG), Chief Operating Officer, EPUT.
- Pam Green, (PG), Alliance Director Thurrock.

#### Other attendees

- Andrew Pike (AP), Chief Operating Officer, MSEFT.
- Diane Sarkar (DS), Chief Nursing Officer, MSEFT.
- Viv Barker (VB), Director of Nursing – Patient Safety (on behalf of Frances Bolger).
- Selina Dundas (SDu), Interim Director of Human Resources, MSEFT.
- Rochael Nicolas-Gaspard (RNG), Head of Workforce Planning, MSE ICB.
- David Walker (DW), Chief Medical Officer, MSEFT (for item number 9).
- Phil Read (PR), Associate Director System Development, MSE ICB.
- Stephanie Dawe (SDa), Chief Executive, Provide.
- Kate Butcher (KB), Deputy Alliance Director, Mid Essex.
- James Hickling (JH), Associate Medical Director for Quality Assurance & Governance / Nominated lead from Clinical and Multi-Professional Congress.
- Jonathon Dunk (JD), Chief Commercial Officer, MSE ICB.
- Ed Cox (ED), Director of Clinical Policy, MSE ICB.
- Susan Graham (SG), Director of Operational Performance, EPUT.
- Claire Routh, (CR), Senior Head of Communications, MSE ICB.
- Ruth Harrison, (RH), Moorhouse Consulting.
- Katie Bartoletti, (KB), Staff Officer, MSE ICB.
- Helen Chasney, Governance Officer, MSE ICB (minute taker).

#### Apologies Received

- Barry Frostick (BF), Chief Digital and Information Officer, MSE ICB.
- Dan Doherty (DD), Alliance Director (Mid Essex), MSE ICB.
- Claire Hankey (CH), Director of Communications & Engagement, MSE ICB.
- Aleksandra Mecan (AM), Alliance Director Thurrock.

- Frances Bolger (FB), Interim Chief Nurse, MSE ICB.
- Sara O'Connor (SO), Head of Governance and Risk, MSE ICB.
- Vickie Bennett (VBe), Business Manager (People Directorate), MSE ICB.

## 1. Welcome and Apologies (presented by A McKeever)

AMcK welcomed everyone to the meeting and introduced Matthew Hopkins, Chief Executive, MSEFT. Apologies were noted as above. It was confirmed that the meeting was quorate.

## 2. Declarations of Interest (presented by A McKeever)

AMcK reminded everyone of their obligation to declare any interests in relation to the issues discussed at the beginning of the meeting, at the start of each relevant agenda item, or should a relevant interest become apparent during an item under discussion, in order that these interests could be managed. Declarations made by ICB Board members are listed in the Register of Interests available on the ICB's website.

There were no declarations of interest raised.

## 3. Minutes (presented by A McKeever)

The minutes of the last SOAC meeting held on 12 July 2023 were reviewed and approved, subject to the minor amendments listed below:

- Page 3, paragraph 5: Item to read 'A robust bank and agency recovery plan is being implemented to bring results into line with the 3.3% target' (the system was currently at circa 6.6%). The 'plan versus actuals' slide indicated the system was close to meeting the trajectory, but further work was required.'
- Page 6, paragraph 8 (Finance Report): Item to read 'The revenue position was currently £9.8 million behind plan and the scale of deficit was increasing in year.'

**Outcome: The minutes of the meeting held on 12 July 2023 were approved, subject to the minor amendments noted above.**

## 4. Action log and Matters Arising (presented by A McKeever)

Members noted the action log and the following verbal updates were provided:

- **Action 121 (Quantify staff required to deliver vaccinations):** AG confirmed that quantification had taken place and individuals, including healthcare assistants had been confirmed to meet the needs, with a list of reservists. It was noted that due to the seasonal fluctuations there would be an impact on the temporary workforce figures.
- **Action 125 (Draft Terms of Reference for SOAC):** AMcK advised that the Chair of the ICB was identifying an appropriate ICB Non-Executive Member to be appointed as Chair of SOAC.
- **Action 127 (Outcome of Moorhouse work and the system PMO):** JK advised that an update would be circulated following the meeting.
- **Action 128 (System support request for managing mental health patients):** DS confirmed that good progress had been made and a system response was provided to Basildon Hospital recently, with staff de-briefing sessions and a review of further training opportunities to support staff in caring for patients with mental health issues.
- **Action 130 (Reminder to send a deputy):** Reminders had been given. Action can be closed.

- **Action 132 (Offer of permanent contracts to cancer nurse specialists):** KW advised that most posts would remain as fixed term. Work was ongoing to review quantum and requirement of nurse specialists and longer-term contracts had been secured on a temporary basis for this year. A resolution was required due to the loss of the £3million funding at the end of 2024/25 and how that cost would be absorbed by the Trust/System.

## 5. Workforce Report (presented by L Adams)

LA advised that the data identified 2 key trends; the staff in post trend was off plan and there was an over reliance of bank and agency staff, although improvements had been made recently.

There was a high-level reporting approach that complied with national reporting and was used to identify trends. Further work was to be done regarding workforce analytics to provide a more detailed picture to drive decision making across the system.

The June workforce summit had facilitated detailed discussion about how workforce issues could be addressed. Since the last SOAC meeting formal notes were sent to the CEO of MSEFT and EPUT setting out key actions to work on with partner organisations. Key areas were identified where significant improvements could be made as follows:

- Agreeing target numbers for trainee nursing associates.
- Utilising the system academy for healthcare support workers to fill vacancies.
- Mapping apprentices to different roles.
- Identify number of physician assistants intending to be employed from this year's graduating cohorts.
- Identify roles to utilise qualified Advanced Clinical Practitioners (ACPs) who were not currently working in ACP roles.
- Review skill mix and identify vacancies that could be converted to permanent ACP positions.

LA advised that a key principle to be included was the shared efforts of Human Resources, Finance and Clinical Leadership to address the key areas identified.

LA provided an update on the MSEFT workforce and reported that there was a considerable focus on recruitment, looking at reducing barriers and accelerate recruitment times. There was also a significant focus on retention and reviewing the flexible working process. Onboarding processes would be revised and a buddy system to support new staff members in their early weeks would be introduced.

HR and Finance were working together to review where enduring vacancies could be converted into new roles and funding could be transferred. The organisational design was being reviewed to deliver a sustainable approach for workforce planning, with a revised medical staffing model being developed by a dedicated workforce planner. Vacancy numbers continued to be high, and all vacancies were checked to ensure validity.

Work was ongoing to reduce the usage of bank and agency staff, working closely with medical and nursing advisory groups. Bank or agency spend was scrutinised before sign-off and was supporting the downward trajectory.

AMcK welcomed the granularity, specificity, and shared nature of the work.

SDu highlighted that the overall staff in post on the workforce numbers excluded the foundation trainees and was an example of where data should be clear in respect of comparisons.

Significant progress had been made on nursing and midwifery vacancies and the System was in the top league in the region for recruitment of international nurses. There were challenges with regards to nursing and healthcare workers inductions due to capacity, which was resolved by being based at Brentwood Hospital. There was a focus on healthcare support workers and the opportunity to work with the Anchor Programme, the Prince's Trust and Department of Work and Pensions to support people in opening up career pathway opportunities. A recruitment event, one per site, would be held. There were 150 applications received for Broomfield and 6 offers were issued to international radiographers. Vacancies and turnover had reduced for 10 consecutive months and there was a focus on retention and reviewing staff feedback following the staff surveys.

SW requested clarification on adherence to the plan figures. AMcK commented that bank and agency spend was beginning to impact on financial pressures. SDu advised that staff in post figures on the report differed to the staff in post figures on ESR, which predominantly related to 262 foundation trainees and a deeper review would be undertaken. SDu advised the vacancy rate was around 12.5%, having decreased from 16% last year, with nursing and midwifery vacancies down by approximately 10%.

AMcK requested that data issues were reviewed to ensure robust reporting as the plan line did not reach the 3% national cap but was below the 6% which applied previously.

DS advised that the Trust was awarded the national preceptorship interim quality mark. Promotional and development work was ongoing with the Band 6 nursing vacancies, reviewing the current Band 5s for development opportunities. There was an enhanced focus on retention and ensuring the right support was provided in terms of practice development on the wards.

SW requested the rationale for any discrepancies in data should be reflected in future reports. LA commented that the data was taken from the provider workforce return and triangulation was required to reflect what happened nationally.

## **5.2 Escalations from People Board**

There were no escalations from People Board.

AMcK welcomed the separate data presented in relation to the community collaborative, noting this indicated 210 nursing and midwifery vacancies were being covered by 188 WTE bank and agency spend. A detailed understanding of these figures would be pursued in future discussions. In particular, it was important to understand where vacancies were being carried and how bank and agency staff were being deployed to ensure that this reflected key priorities, such as expanding capacity in virtual wards and stroke / rehabilitation services to support early discharge.

**Outcome: The Committee noted the Workforce Report.**

- Action 134: SDu to perform a deeper review to ascertain the location of the vacancies due to the difference in figures being reported and ESR.

## **6. Quality Report (presented by V Barker)**

VB advised that the focus was on the recent Care Quality Commission (CQC) inspections at MSEFT and EPUT. Regular meetings were held with both organisations. Following the Section 29A warning notice and the repeat visit, the last dataset was submitted and feedback was awaited. The Rapid Quality Review meeting was deferred, however the Quality Together

meeting was held and resulted in actions relating to supporting ongoing issues in the organisation.

DS advised that the first draft reporting matrix to show performance against CQC actions was developed and would be presented at the next Committee meeting.

AMcK requested consideration of the contrast between NOF2 and the recent changes in the ratings from the CQC inspection at EPUT. SW confirmed that the NOF2 rating for EPUT required review and the process would begin shortly. AMcK offered support with the discussions with NHS England regarding how the CQC ratings and the national framework ratings correlate.

**Outcome: The Committee noted the Quality Report.**

- Action 135: SOC to add Reporting matrix on performance against CQC actions to the next meeting agenda.

## **7. Performance Report (Presented by K Wesson)**

KW advised that work was ongoing to promote the communication of the benefits to using advice and guidance (A&G) with primary care and Alliances, focussing on Gastro, Neurology and Renal.

With regards to Referral to Treatment (RTT), MSEFT continued to report 0% on 104 week waits. There was a potential risk relating to 78 week waits and work continued on mitigation. There were 37 patients awaiting plastics, 14 patients for allergy, 13 patients for ENT and 23 patients under the choice category. The total waiting list for MSEFT had reached over 180,000 people. To achieve the March 2025 position for 52 week waits and the planning guidance and submission, a reduction was required from circa 11,000 to 6,000 by March 2024.

AP advised that in relation to the RTT pressures. plastics had a clear plan for further surgeons to be trained, additional microsurgery theatre staff and an additional microscope to run parallel microsurgical lists. The recovery trajectory was December 2023, so 78 week wait breaches would be reported until that date. The System and the Trust needed to discuss the allergy pathway as the Trust had 1 remaining consultant undertaking the service and clinical nurse specialists were unable to see new patients. A small number would be carried until the issue was resolved. For ENT, pop-ons would be coming back to the Trust in response to the pressures in OMNESS, with a worst case scenario of 200 patients in any pop-on over the time period. The 65-week cohort was on track despite the recent industrial action and would be working with the region to reduce further. The total waiting list size was a concern; however, the admitted component was broadly stable, due to the non-admitted cohort of patients being received and further work was required with primary care colleagues. A range of avoidance schemes was being worked on from MSK to tele-dermatology. Work was ongoing with ophthalmology on how diagnostics could be used differently to change the profile of optometry referrals. A paper could be brought to the next meeting with regards to the required reduction for 52 week waits.

JH noted the improvements to the A&G issue and commented that the increase of 50% would not occur due to the exclusion of turnaround times in the Consultant Job Plans. DW advised that times were allocated for A&G and if demand increased, job plans would need to reflect that. AMcK suggested obtaining a shared perspective by discussing at the Elective Care Board.

SW asked if there would be capacity to carry out more elective and cancer activity due to the number of non-elective spells being less than planned and having a low occupancy rate. AP



advised that the occupancy and length of stay improvement was positive, although industrial action had possibly affected the numbers. The national team were advised that current schemes and current delivery, was heading for 102%. A range of additional schemes had been agreed to meet the planned 106%. There was a diagnostic and outpatient capacity issue with cancer, which would impact on RTT. Reasonable progress was being made and the trajectory was being delivered. The system needed to work together on the outpatient activity to stabilise the total waiting list. Ophthalmology and Orthopaedics were working with GIRFT and hoping to see a big productivity change, as the HCLC programme was enacted in Braintree and Orsett.

AMcK acknowledge the impact of the industrial action and congratulated the Trust on planning for the disruption caused. An analytical response had been requested by BF with regards to the increase in 52 week waits. It was noted the national team had acknowledged the work undertaken by AP to deal with significant backlog numbers and had requested him to feedback any good ideas for reducing the total number on lists. The importance to get an advantage on 78 week waits cohort was noted. The key metric being focused on was the numbers that were dated by November 2022, to prevent them becoming 65 week waits.

KW explained that ONMESS was an independent provider who was supporting the ENT position with MESFT and found that the RTT rules were being incorrectly applied. This meant that there were between 3,000 and 7,000 open pathways and an open validation programme of work was ongoing.

KW referred to the winter letters and advised that as a system a process was being worked on. The SDPP meetings had been re-established, where gaps in capacity would be identified, to show where there were surge pressures until the new financial year for planning. A paper would be drafted for the Chief Executives to articulate risks to ensure that a robust position was held this winter, without continually opening escalation beds.

SW commented that the figures for annual health checks for patients with learning disabilities and autism stated 50% off the trajectory and a recovery plan should be produced with a revised trajectory. AMcK advised of an issue with registrations. KW to produce a recovery plan with a realistic trajectory.

AMcK commented that despite the downturn in actual and forecast activity in out of area (OOA) placements, the financial costs would not reduce this year in the same way. The probable annual expenditure would be £11.3 million, compared to less than £11 million last year. A key driver was market conditions, including price and inflationary increases. Support was required in reducing the OOA placement numbers (bed days and the number of individuals affected) and included the financial aspect. AG to bring a report to a future meeting.

**Outcome: The committee noted the performance report.**

- Action 136: KW/AP to bring a report on the reduction required for the 52 week waits to the next SOAC meeting.
- Action 137: KW to produce a recovery plan with a realistic trajectory for the annual health checks for patients with learning disabilities and autism.
- Action 138: AG to produce a report on reducing the number of out of area placements (bed days and the number of individuals affected) and include the financial aspect.

## 8. Finance Report (Presented by J Kearton)

JK advised that on day 7 in the month, there was a deficit position year to date of £29 million, with a continuing adverse trend.

**Outcome:** The committee noted the finance report.

## 9. Part of this item has been minuted confidentially.

### 9.1 This section has been minuted confidentially.

### 9.2 Hospital Discharge Letters

DW advised that there were over 13,000 letters sent out and no patient harm was identified. The next stage would be to review with ICB, clinicians and finance teams to decide whether to extend to a further tranche of letters. The results of the open book costings from the peak practices would be received shortly which was likely to be a large cost. It was known from previous similar exercises that the level of harm was likely to be low. This therefore required review to ascertain whether this would be an efficient, effective and economic use of resources.

**Outcome:** The committee noted the hospital discharge letters report.

## 10. Financial Recovery Programme (Presented by P Read)

PR advised that the summary position was currently £67 million in delivery, including non-recurrent release. There was a further £30 million, of which £20 million was for further opportunities. A further plan on non-recurrent would be released later in the year. There were £55 million of opportunities currently being worked through with high confidence to reach the £120 million, but further assurance was required to close the £20 million gap.

In terms of the Financial Recovery Plan (FRP), a draft was sent with the report. Changes occurred on a daily basis but it was anticipated the final draft would be closed by the end of next week. PR requested members to feedback any comments.

In answer to a query, it was confirmed that the target requested by the national team for 90% of schemes to be in delivery by the end of Q3 would not be met, due to the management approach of non-recurrent releases.

AMcK requested clarification on the gap of £30 million as this was previously reported as £22 million. JK confirmed that the risks were recalibrated and the 3 organisations would be re-evaluating their risks as there would always be an element of risk to mitigate.

MH advised that a discussion had been held with the national team regarding being radical to optimise the available capacity in the system, particularly with non-elective care. This would include community based capacity to optimise use of acute beds and how the overall approach to community beds was organised.

**Outcome:** The committee noted the Financial Recovery Programme Update.

## 11. This item has been minuted confidentially.



## 12. ICB Board Assurance Framework and Risk within the remit of SOAC (presented by A McKeever)

AMcK advised that the Board Assurance Framework set out the risks correctly and was presented to the Board on 20 July and invited members to comment. No comments were received.

## 13. Escalations (presented by A McKeever)

AMcK agreed that the following issues would be escalated to the Chief Executive Forum (CEF):

- This issue has been minuted confidentially.
- **Winter Planning** – Discussion on whether the right capacity was being optimised for the right patients to be in the right place at the right time to receive the right level of care.

**Outcome: The committee agreed that [confidential] and Winter Planning discussion would be escalated to CEF.**

## 14. Any Other Business

AP advised this year's winter plan required drafting by 11 September 2023. Following the national meeting, some aspects of the financial plan were not able to be moved until the centre had been fully assured by our capacities in the winter plan. At the next CEF, a timetable should be developed to which the rest of the plan could fit into place, otherwise there was a risk of developing a conventional looking winter plan. KW advised that the first meeting with system partners on 10 August would commence planning and a date could then be arranged before 8 September to enable challenge from Chief Executives before sign-off ahead of submission.

It was noted that there had been an increase on violence and aggression against staff groups at Orsett Hospital and that staff are aware that SOAC supported them in zero tolerance of poor behaviour.

## 15. Date of Next Meeting

Wednesday, 13 September 2023 – 1.00 pm to 3.00 pm via MS Teams.