NHS
Frimley

Annual report and accounts

2024-2025

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Performance Report

Foreword

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Since our inception on July 1, 2022, here at NHS Frimley Integrated Care Board (ICB) we have remained steadfast in our commitment to enhancing healthcare, community wellbeing and resilience. Despite the challenges posed by rising demand and financial pressures, our focus has been on collaboration, addressing health inequalities and improving access to services. By leveraging digital tools and data, we tackle both immediate needs and the root causes of health disparities, while embracing innovation to adapt to the evolving needs of our community.

The successes outlined in this annual report reflect the dedication of our exceptional staff, whose hard work has fostered innovative practices and strengthened partnerships across the system.

This year has brought significant changes, both within our organisation and across the Frimley Health and Care Integrated Care System. In March 2025, our Chief Executive, Fiona Edwards, left to join NHS England's regional director team. Sam Burrows stepped into the role of interim Chief Executive on April 1, 2025.

As you read through this report, you will see how our meaningful engagement with local communities is central to everything we do. A prime example is our Reconnect, Reset, Rebuild programme, which facilitated meaningful conversations between communities, staff and stakeholders about health, care and wellbeing. The programme reached 190 individuals across 16 sessions, bringing together a wide range of insights and perspectives to help shape future priorities.

We are deeply committed to tackling health inequalities. This year, two successful programmes stand out: the Lung Cancer Screening Programme, which led to 52 early diagnoses of lung cancer, with 75% detected at treatable stages 1 and 2, and the Bharani Practice in Slough, which improved cervical screening uptake to 80% by overcoming cultural and language barriers through a personalised approach.

Looking ahead, we recognise the challenges the coming year will bring. With the Government's request for all ICBs to reduce running costs by 50%, we face difficult decisions due to financial constraints. However, despite these pressures, we remain committed to working collaboratively with our partners, communities and staff to continue delivering high-quality care. By focusing on innovation, efficiency and teamwork, we will work to safeguard the health and wellbeing of those we serve.

We are proud of the progress we have made and the impact we have had, but we know there is still much more to do. As we continue to navigate the challenges ahead, we remain focused on our mission to improve the health and wellbeing of our communities, ensuring that every individual has access to the care they need, when they need it. Together, with our staff, partners and communities, we will continue to drive positive change for Frimley.

Performance Overview

The Performance Overview section of the Annual Report and Accounts provides a short summary about NHS Frimley Integrated Care Board (ICB), including our purpose, main objectives and strategies, achievements and principle risks to achieving our objectives.

Our purpose

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

The Frimley Health and Care ICS serves a population of over 800,000, registered with 68 GP practices across the places of: Bracknell Forest; Royal Borough of Windsor and Maidenhead; Slough; North East Hampshire; and Surrey Heath and Farnham.

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

Our activities

NHS Frimley commissions:

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

Our organisational structure and ambitions

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

Main objectives and strategies

Our main objectives and strategies are grounded in the four main strategic objectives of the ICS:

1. Improve outcomes for our population health and healthcare
2. Tackle inequalities in outcomes, experience and access
3. Enhance productivity and value for money
4. Help the NHS support broader social and economic development

Recognising our region's diverse and complex healthcare needs, our strength is our partnerships and collaboration across organisations to improve health and wellbeing. Our Joint Forward Plan focuses on three overarching goals:

- Enhance community health and wellbeing.
- Deliver high-quality, accessible care.
- Ensure long-term sustainability of healthcare services.

To achieve these, we are committed to:

- Reducing health inequalities and increasing healthy life expectancy.
- Evolving clinical services to improve patient outcomes and experiences.
- Strengthening our workforce and increasing capacity.
- Optimising shared resources for financial sustainability.

Key Ambitions

Starting Well

- Addressing health inequalities through a focused approach to meeting the needs of vulnerable children who experience deprivation and poverty.
- Initiatives to improve the lives of babies and children in the first 1001 days through to primary school.
- Supporting and strengthening partnerships around health visiting and school nursing, working in partnership between the NHS, local authorities and Public Health to make improvements in these vital roles.

Living well

- A renewed focus on cardiovascular disease and its causes which contribute to hundreds of avoidable deaths annually.
- Working with partners across Places and Public Health to help our population maintain healthy weights.
- Supporting our population to quit smoking by through access to advice and alternatives.

People, places and communities

- A clear approach to timely and effective engagement with our population in our five Places and across the system.
- Ensuring all diverse populations are represented with the creation of an ICS inclusivity framework.
- Exploring citizen leadership and creating opportunities to develop decision making in our communities.

Our people

- Creating a joint workforce model for health and care to give our people fulfilling and varied career opportunities.
- Widening access to employment and keeping the people we have by ensuring we provide great places to work.
- Strengthening partnership working and new models of care for our staff, residents and their communities.

Leadership and cultures

- Delivery of our system equality, diversity and inclusion ambitions.
- Leadership networks utilised to accelerate spread and adoption of system change.
- Nurturing a shared learning culture to create the space for stimulate radical thinking, meaningful collaboration and bold action to tackle inequalities.

Outstanding use of resources

- Reduce the need for acute and specialist services through investment in preventative and wellbeing interventions.
- Optimise medication use and adopt digital innovation to deliver greater value for our population.
- Make best use of estates, community assets and anchor institutions by sharing capacity with a system-wide ambition to reduce our carbon footprint.

Our business model and environment

Throughout 2024-25 NHS Frimley continued to manage itself through several business models and, through partnership working, benefitted from economies of scale.

During November and December 2023 NHS Frimley consulted with staff and partners to help shape our operating model and organisational design programme. From April 2024 implementation of the new operating model and organisational design programmes commenced with completion achieved in the summer of 2024.

Inclusivity

We have placed creating an inclusive and compassionate culture at the heart of the way we work. We have adopted and embedded the Frimley Leadership Behaviours as a commitment to building our culture:

- Frimley leaders are trustworthy and create trusted partnerships.
- Frimley leaders value being human.
- Frimley leaders focus on wellbeing for themselves and others.
- Frimley leaders inspire change through shared purpose.
- Frimley leaders focus on healthier communities.
- Frimley leaders are inclusive and embrace diversity.

Collaborative Commissioning and Health Needs assessment

Collaborative arrangements with neighbouring ICBs and local authority partners have continued and strengthened. Some examples are listed below:

- NHS Hampshire and Isle of Wight – NHS continuing healthcare, funded nursing care, maternity and children's health services for Hampshire residents.

- NHS Surrey Heartlands and Surrey County Council – Joint children's commissioning team.
- Surrey County Council, Hampshire County Council, Bracknell Forest Council, Slough Borough Council, Royal Borough of Windsor and Maidenhead Council, Hart District Council, Waverley Borough Council, Rushmoor Borough Council and Surrey Heath Borough Council – a wide range of voluntary and non-statutory services.

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

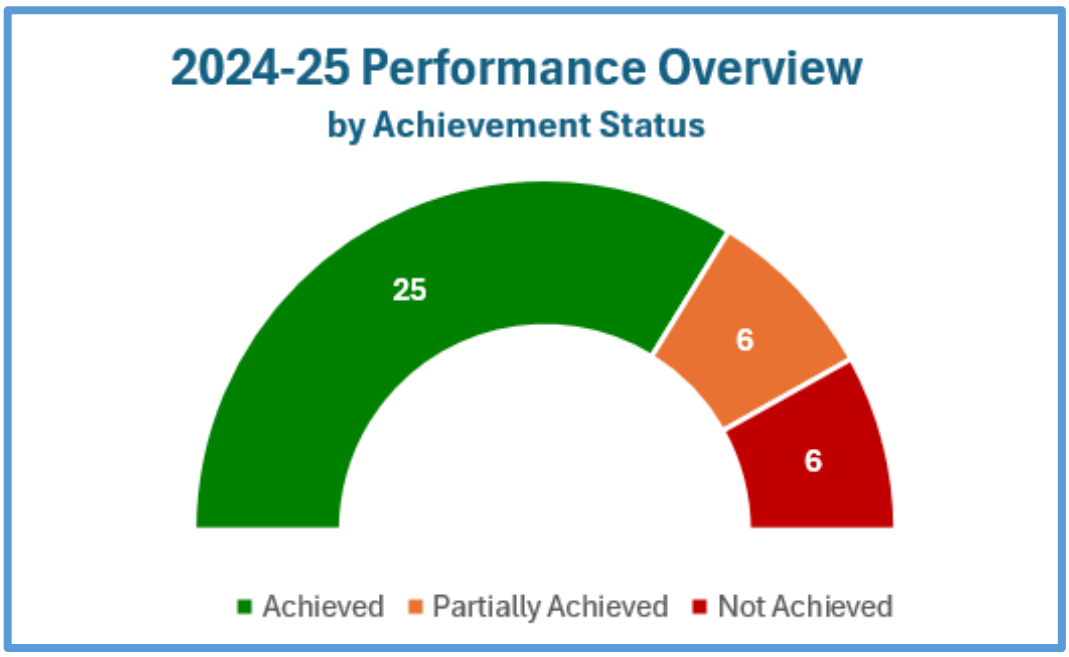
Operational Performance Appraisal

Performance Appraisal

To provide a fair and balanced appraisal of performance this report includes a detailed Performance Analysis section aligned with the 32 bulleted National NHS objectives for 2024/25 published in March 2024 within the 2024/25 priorities and operational planning guidance document. These objectives are a well-grounded basis for how NHS performance can be assessed.

Despite a year of considerable challenges—including rising demand for services, financial pressures, and an organisational change programme required to reduce ICB running costs — Frimley ICB have delivered another year of very strong performance improvement towards the National Objectives set each year. We are very proud to report we have either exceeded, met or improved performance towards all but one of the National Objectives during the year. This remarkable performance is a testament to the dedication, resilience, and adaptability of our staff, partners, and local communities, who have worked tirelessly to ensure continued delivery of high-quality care.

Several of the 32 bulleted National NHS objectives have multiple components resulting in a total of 37 objectives reported in the Performance Analysis section. We achieved performance that exceeded or met the national ambition for 25 of the 37 objectives. We improved and partially achieved the national ambition on a further 6 objectives. We did not achieve the national ambition for the remaining 6 objectives however we did improve performance compared to the previous year towards 5 of those 6. Overall, achievement or improvements were made in 97% (36 of 37) of the national objectives. A gauge view of our year-end achievement status for each objective is shown in the chart on the next page:



Achieving these improvements across the full range of objectives set at the beginning of the year reflects the dedication and considerable efforts of all staff and partners across our system. From frontline healthcare professionals to administrative teams, from transformation teams to analytics teams and strategic partners, every individual has played a role in overcoming obstacles and driving improvements in patient outcomes. The unwavering commitment to service excellence has enabled us to navigate financial constraints while maintaining accessibility and standards of care.

As we look forward to a less certain future, we remain committed to building on this success, adapting to future challenges, and continuing to serve our communities with the same level of dedication and innovation. Our achievements this year reaffirm the strength of our workforce and partnerships, demonstrating the vital role that focused leadership, strong teams supported by data and analytics and collaboration play in delivering sustainable, high-quality healthcare.

Key Issues, Risks and Mitigations

Additional risks have arisen during the generation of this Annual Report due to Government decisions and instructions received from NHS England (NHSE) on 13 March for all ICBs to reduce running costs by 50%. Key risks and mitigation activity will likely continue to emerge and evolve after report publication as more details on the specific plans for ICBs and NHSE become known.

Risks to operational performance – current risks identified within the Frimley system that could affect delivery of system and NHS Frimley objectives and future performance over the coming year are:

1. Financial risk impacting performance:

NHS Frimley, alongside its ICS partner Frimley Health NHS Foundation Trust, is navigating substantial financial hurdles. For the fiscal year 2024-25, NHS Frimley achieved a modest surplus of £27k. A medium-term financial review conducted in September 2023 revealed a significant underlying deficit, necessitating stringent cost reduction measures to stay within the allocated budget for our population. These financial difficulties are closely tied to the

system's operational performance and workforce challenges.

The system is also grappling with specific financial issues, including:

- **Local inflation pressures:** these have consistently surpassed national forecasts, exacerbating the financial strain placed on the system to manage increased demand.
- **Operational challenges at Frimley Park Hospital:** persistent RAAC infrastructure problems have required additional investments within Frimley Health NHS Foundation Trust and across the system to manage demand pressures.

Mitigations: To address these challenges, the system has rolled out a robust financial strategy. This financial sustainability programme prioritises sustainable transformation over traditional NHS turnaround methods. Monthly financial performance reviews are conducted by portfolio Boards and the ICB Finance and Performance Committee.

Enhanced financial controls have been implemented for ICB corporate spending, including the introduction of a “No-Purchase Order, No Pay” policy early in the year. The System Resourcing Group continues to oversee all system-wide resourcing decisions diligently.

2. Risks of operational disruption:

- **System Working Disruption**: the announced ICB and NHSE transition process and resulting reductions in workforce are expected to increase the risk of delays or disruption to system working and key transformation initiatives. Due to the nature of current ICB activity this increases risk at the system level and is not confined to the ICB as an organisation.
- **Planning Disruption:** there is a current lack of clarity on the future remit of ICBs which increases the risk the ICB will not be able to fully implement recently submitted operational plans for 25/26. There was insufficient clarity and time available between the announcement and plan submission date to make material changes to the 25/26 plan.
- **Strategic Disruption**: there is a risk of longer-term strategic disruption due to the near-term uncertainty and the depth of funding and workforce reductions leaving the ICB without the correct capacity to deliver on its long-term ambitions. Clarity on the remit of ICBs and their role within the new 10-year plan and the “three shifts” will be a critical input for mitigation of this risk.

Mitigations: NHS Frimley is reacting swiftly and confidently to mitigate the above risks and are in proactive communications with NHSE, system partners and South East regional colleagues to gain a greater understanding of the future role, functions, scope and structure of ICB’s and to discuss potential opportunities for collaborative efforts between organisations.

3. Risk to patient care and outcomes:

- **Service delivery**: with the cuts requested, there is a risk that planned improvements and/or essential services may be delayed or reduced resulting in potential clinical safety risks and potential reduction in patient quality of care, particularly as an aging population and overall population growth continues to increase demand on system resource.
- **Quality of Care**: the initial focus on running cost reduction and restructuring may pose challenges in limiting services or provisions impacting patient care and as a result, lead to an impact in quality of care.

Mitigations: NHS Frimley teams are maintaining our collective focus on the overall quality, safety of our patient care. Risk mitigations will include the involvement of clinical

safety officers and clinical leads to ensure decisions have the minimum impact on patient quality of care.

4. Risk to workforce performance:
NHS Frimley has undergone a significant organisational change programme throughout 2024/25 which has resulted in a reduced workforce. Recent announcements requiring a further reduction in ICB running costs will require further change within Frimley during 2025/26 which brings with it the following risks:

- Reduced staff morale due to future uncertainty with a consultation process in the near-term and increased workload in the longer term as the ICB continues to fulfil statutory and mandatory roles.
- Increased sickness absence due to stress, anxiety and depression resulting in reduced capability and capacity to perform core duties.
- Loss of talent and expertise as our most talented staff seek employment elsewhere resulting in a significant loss of institutional knowledge and expertise, which is crucial for transformation and delivery of the efficiencies we need to achieve.
- Reduced capability and capacity to perform (potentially increasing) duties and responsibilities with the addition of Specialised commissioning, for example.

Mitigations: NHS Frimley, human resources, communications and engagement teams are working to mitigate workforce risks with clear and frequent staff communications. Work is underway across the organisation to minimise the risk of redundancies. Teams have been asked to focus on delivering a small number of strategically important transformation imperatives to deliver outcomes, provide clarity, focus efforts and maintain morale. In addition, we continue to actively engage and promote:

- Employee engagement sees a positive culture of openness and participation, where every member of staff is valued. NHS Frimley commits to engage staff in decisions that affect them and the services they provide, individually and through local partnership arrangements.
- Staff Partnership Forum is a well-established and active group which we engage with staff around organisation plans and actions, health and wellbeing activities, as well as any formal consultations and policy changes.
- A range of wellbeing services are available to staff at work or returning to work, including access to Occupational Health and an Employee Assistance Programme which includes access to counselling sessions. These are complimented by Wellbeing Champions from across the organisation who support general wellbeing activities.
- Our Frimley system has a long history of working in partnership with trade unions and addressing the issues that matter most to staff and their representatives.
- We have an established set of people policies aligned to Agenda for Change Terms and Conditions, best practice and employment legislation. Our policies play an important role in supporting an inclusive, trusted and fair culture and are designed to provide consistency and transparency for all colleagues.
- In accordance with the duty of candour, NHS Frimley is committed to conducting its business with openness, honesty and integrity and staff are encouraged to raise concerns about any suspected wrongdoing either via the Counter Fraud Team or with a Freedom to Speak Up Guardian (F2SU). The ICB is continuously working to embed and promote a culture where staff feel safe to speak up and raise concerns.

5. Ongoing risks:

- There is an ongoing risk of further increases in overall system pressure due to demand outstripping system capacity given the anticipated lower capacity available in the overall system.
- During the transition period, there is an increased risk of delays over the near-term to the delivery of sustainable transformational and efficiency improvement initiatives within the 25/26 plan designed to improve system productivity and reduce system pressure and expense.
- There are ongoing operational and financial impacts due to the delegation of specialised commissioning services to ICBs.
- There is a risk of insufficient capital funding to address significant infrastructure risks within the Frimley ICB system.

Mitigations: Important ongoing risk mitigations for the above include:

- Building Provider Collaboratives to ensure strong provider sponsorship of our wider sustainable transformation initiatives.
- Increasing the system-wide use of data and analytics and using our new Measurement Framework initiative to support sustainable transformation and efficiency improvement initiatives.
- Transforming referrals and our elective pathways to support the national priority 18-week wait target and to streamline referrals into community and mental health providers.
- Maintaining investment as possible, in our high performing virtual wards and remote monitoring programmes to reduce system pressure.
- Exploring opportunities to avoid admissions and work more closely with neighbourhood and community partners in delivering preventative and wellbeing interventions, with all portfolios actively engaged in ongoing efforts to reduce system pressure.
- Undertaking infrastructure facet surveys and petitions for sufficient funding to address risks identified.
- As at month 12, the ICB identified three control risks with mitigations. These have been outlined in detail in the ‘Control Issues’ section of this report.

Going concern

On the 13th March 2025, the government announced NHS England, and the Department for Health and Social Care will increasingly merge functions, ultimately leading to NHS England being fully integrated into the Department. The legal status of ICBs is currently unchanged.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated. If services will continue to be provided in the public sector the financial statements should be prepared on the going concern basis.

Transition work continues to progress rapidly across NHS Frimley and NHS Buckinghamshire, Oxfordshire and Berkshire West (BOB), as well as more broadly across the South East region. The focus remains on determining the optimal size and structure of Integrated Care Boards (ICBs), with the emerging preferred approach being to establish four ICBs across the South East, replacing the current six.

This model aims to ensure that:

- Each ICB serves a population of no less than one million.

- Each local authority is aligned with a single ICB to support effective devolution and integration.

To support this direction, the Joint Transition Executive is leading the development of a new ICB covering the Thames Valley, which will combine the current BOB population with the Berkshire East population currently served by NHS Frimley.

Simultaneously, Frimley colleagues are engaging with partners in Hampshire and Isle of Wight (HIOW) and the Surrey systems to ensure alignment with their respective devolution plans. These discussions are vital to creating a resilient, efficient, and locally responsive ICB model.

A joint proposition for the new ICB has been submitted to NHS England South East for review. This submission reflects collaborative work to ensure strategic alignment with neighbouring ICBs and regional objectives.

NHS England South East will test and challenge the joint plan, with final proposals expected to be submitted for Ministerial approval by the end of June. A joint ICB Board workshop took place on 10 June to support organisational design and begin shaping the future structure.

Both Frimley and BOB ICBs are committed to the ambition of forming a new strategic commissioning ICB by April 2026, the timeline is subject to the appropriate national processes and approvals. The new entity will align with the Model ICB Blueprint, operating efficiently within the £18.76 per head allocation, with functions aligned to strategic commissioning aims.

Regardless of the geographical and statutory organisational configuration, NHS Frimley's core functions will continue and therefore these developments do not affect the organisation's status as a going concern.

Performance Analysis

Introduction and performance summary

Our detailed performance analysis for 2024/25 is based on the National NHS performance objectives for 2024/25 as released by NHSE in its operational planning guidance for the year. This serves as a balanced and comprehensive assessment of performance and service delivery to demonstrate how Frimley ICB has discharged its functions during the year across 12 functional areas. During the year we have worked collaboratively with staff, partners and communities to improve our performance towards these nationally recognised objectives as well as locally identified priorities.

The ICB has made significant investments in 2024-25 in services to support the system and to service the unprecedented demand for NHS services seen nationally. The ICB has expanded its virtual wards service and has invested in additional information technology resource to implement remote monitoring.

We monitor performance by tracking a variety of indicators for the national and local performance objectives daily, weekly, and/or monthly via a team of NHS Frimley and CSU analysts who work alongside senior leads within each directorate. During the year we have been building capabilities to improve our performance monitoring processes by increasing automation to improve efficiency and creating the infrastructure to make data more easily available to a wider user base to inform decisions and drive actions that improve performance and patient outcomes. Valuable work is ongoing to leverage Frimley ICB's nationally well regarded expertise in data and analytics to extend and improve our performance monitoring. We are using analytics to further embed our outcome focused approach to transformation and service delivery across all areas.

Performance overviews are reported monthly to portfolio boards, our Finance and Performance Committee and ICB Board. The current values and historical trends of each indicator are presented alongside the annual plan and national targets or comparator values for benchmarking.

The 32 bulleted National Objectives and sub-components result in a total of 37 objectives spread across the 12 functional areas below:

- Quality and patient safety (1)
- Urgent and emergency care (2)
- Primary and community services (4)
- Elective care (4)
- Cancer (3)
- Diagnostics (1)
- Maternity neonatal and women's health (2)
- Mental health (8)
- People with a learning disability and autistic people (3)
- Prevention and health inequalities (4)
- Workforce (3)
- Use of resources (2).

A statement of our achievement status for each is included on the following pages.

Quality and Patient Safety

Objective: Implement the Patient Safety Incident Response Framework (PSIRF) ambition and increasing fill rates against funded establishment

Achieved – All system providers have transitioned to and implemented the Patient Safety Incident Response Framework (PSIRF) during 2024/25.

Urgent and emergency care

Objective: Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within four hours in March 2025.

Not Achieved - performance has improved by 6%, with a more stable improving trend during the reporting year, achieving a monthly average of 72% for the reporting year 2024/25 compared to 66% during the same period in 2023/24. Performance reached a high of 75% in January, but we have not reached the ambition of 78%.

NHS Frimley continued the work from last year which saw it become one of the most improved systems nationally for A&E performance (All Types), reaching a high of 76% in March 24. Our 24/25 UEC strategy aimed to mitigate the predicted 5% growth in Urgent and Emergency Care demand through a combination of Out-of-Hospital initiatives, enhanced Primary Care, and the implementation of new technologies such as Remote Monitoring and patient risk stratification.

We enhanced Type 3 performance by successfully relocating the Aldershot Urgent Care Centre onto the Frimley Park Hospital site. Type 1 performance was impacted by high levels of primary and secondary demand experienced during the first half of the year and the 3-month delay in opening the 74 additional beds in the new M-Block at FHFT, which meant this did not contribute an anticipated performance improvement during 24/25.

Achieving LOS reductions at FHFT through enhanced short stay and Same Day Emergency Care (SDEC) models are further critical components in our strategy to improve Type 1 performance during 25/26.

Objective: Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25.

Achieved - Performance has exceeded the target with an average of 28.5 minutes across 2024/25.

Primary Care and Community Services

Objective: Improve community services waiting times, with a focus on reducing long waits.

Achieved - We steadily improved waiting times throughout the year and achieved zero long waits in November 2024, which have remained at zero each month to March 2025.

Objective: Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with

their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.

a) **Achieved** - Performance for those getting a GP appointment within two weeks has followed a steady trend, averaging 89.4% for the year. It has exceeded the 85% target each month of the reporting year.

b) **Achieved** - Monthly average performance for assessment on the same or next day has improved by 3.1% from 80.9% in 2023/24 to achieving an average of 84.0% in 2024/25.

Objective: Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels.

Partially Achieved - UDAs delivered had a steady trend and were consistent with the volume delivered last year with Q4 2024 at 92% of the pre-pandemic Q4 2019 level.

Elective Care

Objective: Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties).

Not achieved - Performance has continued on a steadily improving trend over the last 24 months. The number of patients waiting over 65 weeks has reduced by 316 patients from April 2024 to Mar 2025, finishing the reporting year at 81 patients waiting.

We have made very good progress and continued to focus efforts on reducing all long waits during the year. We missed achieving zero 65+ week waits by the end of September due to patient choice and capacity issues in the vascular and dermatology specialties and finished the year with 81 patients waiting. The national priority for 2025/26 will focus on reducing the size of the total waiting list and improving performance towards the 18-week target.

Objective: Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%.

Achieved – As of February 2025, Frimley ICB has delivered activity exceeding the 107% target during each month and have achieved value weighted activity of 122.8% YTD.

Objective: Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25.

Achieved - Our performance has followed a steadily increasing trend throughout the year from 44.9% in April 2024 to 47.6% as of the latest data available which is for January 2025.

Objective: Improve patients' experience of choice at point of referral.

Achieved – Patient's experience of choice has been improved using mutual aid between sites within the Trust, typically utilising the Heatherwood site as the elective hub. FHFT has also utilised the national Digital Mutual Aid System (DMAS) to facilitate transfer of appropriate patients to alternative providers where they can be treated safely in a shorter period.

Cancer

Objective: Improve performance against the headline 62-day standard to 70% by March 2025.

Achieved - Performance has improved to an average of 71.4% across the 2024/25 reporting year, improving over the average of 68.6% for 2023/24 and exceeding the March 2025 target.

Objective: Improve performance against the 28-day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026.

Achieved - Performance has improved from 76.9% in April 2024 to 81% in March 2025.

Objective: Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.

Not Achieved - From the latest complete data available (as of July 2024*), our performance is under the trajectory needed to reach 75% by 2028.

*Please note: the data used to measure performance against this National Objective comes from several sources and has unusually high data latency of up to 8 months where 1-2 months is more typical. While not guaranteed, we do anticipate our full year performance will improve towards the 2028 trajectory target.

Cancer pathway transformation continues with a focus on referral optimisation, standardised protocols, and enhanced diagnostic capacity, while sustainability concerns around Surrey and Sussex Cancer Alliance (SSCA) funding pose a risk to long-term performance gains. NHS Frimley and FHFT continue to work closely with the SSCA to support improvements in cancer care and maintain our excellent performance.

Diagnostics

Objective: Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%.

Not Achieved - Performance has vastly improved from the average of 59.6% achieved during 2023/24 to an average of 90.6% for 2024/25 but has not yet reached 95%.

Monthly performance continued steady improvement during the year, reaching 94% during September, October and November. We have seen a slight increase in waits during the winter months and ended the year at 90% for the month of March 2025.

Maternity, neonatal and women's health

Objective: Continue to implement the three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment

Achieved - We continued to implement the four themes of the three-year delivery plan. Midwifery is currently fully staffed with no vacancies. Recent successes have included recruitment of tobacco dependency advisors for full implementation of smoke-free pregnancy service, compliance with saving babies lives, declaration of meeting all safety actions in the maternity incentive scheme and positive CQC survey results.

Objective: Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities.

Achieved - Our virtual hub brings together primary and secondary care to share and develop pathways and to improve access to support for women in the community. Implementation of locally commissioned services for pessaries and IUCDs for non-contraceptive services has enabled many women to receive this care from their local GP. We have collaborated with Healthwatch on their survey which reached 580 women including focus groups with local Asian and Nepalese women.

Mental Health

Objective: Improve patient flow and work towards eliminating inappropriate out of area placements.

Achieved – Great progress was achieved with a strong decreasing trend which resulted in the elimination of all inappropriate out of area placements for the first time in March 2025, well ahead of the March 2027 target date.

Objective: Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional CYP aged 0–25 compared to 2019).

a) **Achieved** - We have achieved an 11% increase in people accessing transformed models of adult community mental health during the year to date (as of Feb 25) and are 5% above the Frimley population proportion of the 400,000 national ambition (7,860).

b) **Partially Achieved** - We have achieved a 11% increase in people accessing perinatal mental health during the reporting year but are 24% below the Frimley population proportion of the 66,000 national ambition (943).

c) **Achieved** - Performance for people accessing children and young people services has improved by 18.6% over the 2023/24 average and has held steady during the reporting year. We are 18% above the Frimley population proportion of the 345,000 national ambition (9,180).

Objective: Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery.

a) **Not Achieved** – Average performance for the reporting year has improved by 1.6% from 63.6% in 2023/34 to an average of 65.2% in 2024/25. Monthly performance exceeded the 67% target in September and October and finished the year with 65% achieving reliable improvement in March 2025.

b) **Achieved** - Average performance for the reporting year has improved by 2.3% from 45.4% in 2023/24 to 47.7% in 2024/25 and finished the year with 49% achieving reliable recovery in March 2025.

Objective: Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025.

Achieved – Performance averaged 66.7% during the reporting year and finished the year at 75.2% in March 2025, well above the 60% ambition.

Objective: Improve quality of life, effectiveness of treatment and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025.

Achieved - Performance has improved to an average of 67.8% during the reporting year to date (as of February 2025).

People with a learning disability and autistic people

Objective: Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025.

Achieved - We have achieved 86.3% by end of March 2025, exceeding the national target by over 11%.

Objective: Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12–15 under 18s for every 1 million population.

a) **Partially Achieved** - The monthly average number of adults reliant on inpatient care has reduced by 10% from 2023/24 to 2024/25 with a steadily decreasing trend. As of March 2025, we achieved a rate of 32 adults for every 1 million population, just above the target of no more than 30.

b) **Achieved** – After a peak in the monthly number of under 18s reliant on inpatient care during May/June 2024, a steadily reducing trend has improved performance resulting in Frimley ICB achieving a rate of zero (0) under 18s for every 1 million population as of March 2025, exceeding the national target.

Prevention and health inequalities

Objective: Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025.

Not Achieved - We have continued a trend of improved performance, increasing from a monthly average of 68.0% in 2023/24 to 71.7% in 2024/25, achieving 72.8% in March 2025 but have not yet met 80%.

Objective: Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025.

Achieved - Performance has increased by 7.7% during the reporting year and stands at 68.1% as of March 2025.

Objective: Increase vaccination uptake for children and young people year on year towards WHO recommended levels.

Partially Achieved – Against the backdrop of decreasing or stable vaccination uptake trends nationally, Frimley ICB achieved increases in uptake for HPV (2.3%), Meningitis B (4.4%) and Rotavirus (3.5%).Despite the challenges, work is ongoing to improve uptake with the support of the Childhood Improving Immunisation Uptake Teams for the under 5s in

areas of low uptake, as well as additional local projects to improve HPV and flu uptake working with partners across the system.

Objective: Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people.

Achieved – Frimley has continued our strong focus on reducing health inequalities and have recently established an ICS Core20PLUS5 Community of Practice to further support these efforts.

Workforce

Objective: Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions.

Achieved – Frimley ICB have worked to align with and implement the elements of the People Promise. Our 2024 staff survey results show positive improvements against our 2023 Staff Survey results with strengths in experiences relating to 'your job', 'your organisation' and 'your personal development'.

Objective: Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors.

Partially Achieved – An updated flexible working policy was launched on the 15th of July 2024, introducing day-one eligibility, unlimited requests and reason-neutral applications for flexible working. Data shows flexible working is largely approved, with the biggest reason for requests being change of hours (reduced, increased or days worked). Rotas are released at least six weeks in advance.

Objective: Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan.

Partially Achieved – Work continues in developing apprenticeships with excellent progress. Trajectory targets have been set and the Frimley Health NHS Foundation Trust (FHFT) celebrated National Apprenticeship Week for the fifth year running in February 2025 with masterclasses and events throughout the week. Thirty-three staff have completed functional skills qualifications in English and Maths and 64 staff have completed apprenticeships. In addition, 165 have completed the online work experience programme with over 100 having in-person work experience. Fifteen students have completed their T-levels having spent their placement year at FHFT.

Use of Resources

Objective: Deliver a balanced net system financial position for 2024/25.

Achieved – For the fiscal year 2024/25, NHS Frimley ICB achieved a modest surplus of £27k.

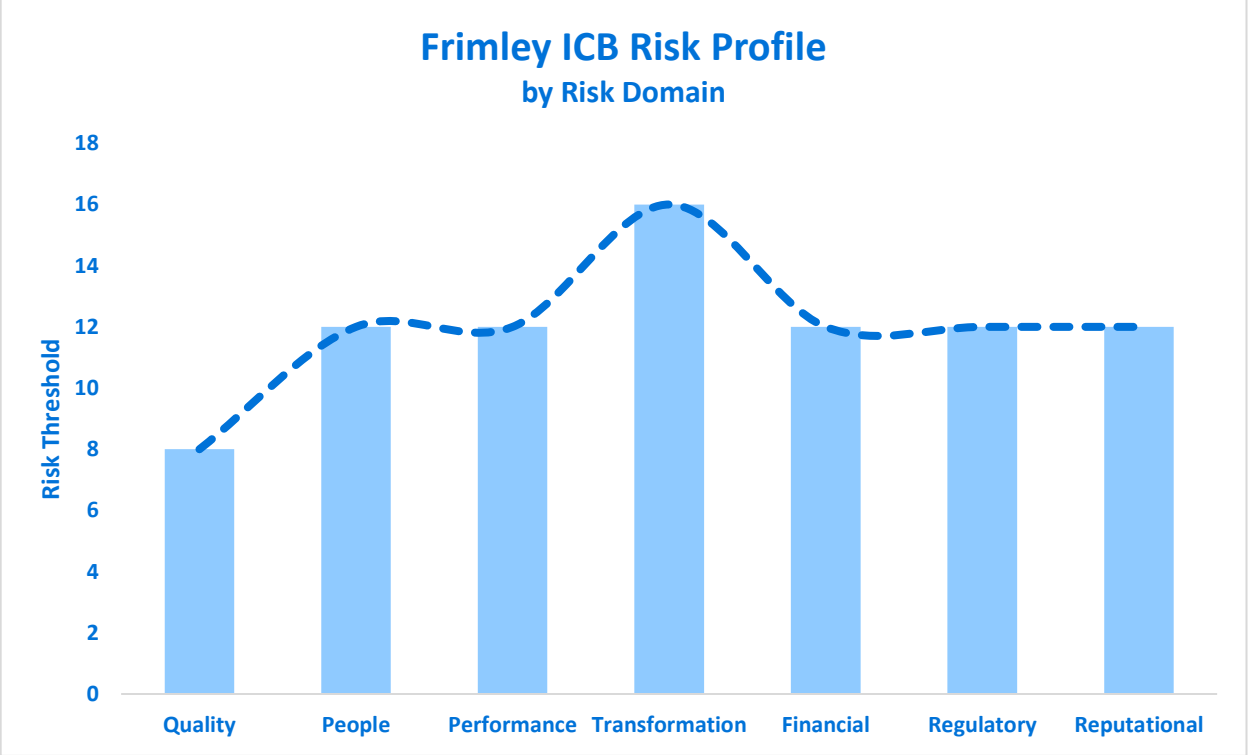
Objective: Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25

Achieved – Agency spending within the Frimley ICS was £20.0m for 2024/25, a 33.6% reduction compared to 2023/24.

Further Risk Discussion

NHS Frimley operates in a complex and evolving healthcare environment, where strategic and operational risks can significantly impact the delivery of our objectives. This section expands on the performance overview with details on our risk profile approach, how risks are managed within our risk management framework, changes in risk during the year, new and emerging risks, and how both ongoing and new risks could affect performance and delivery of plans in future years.

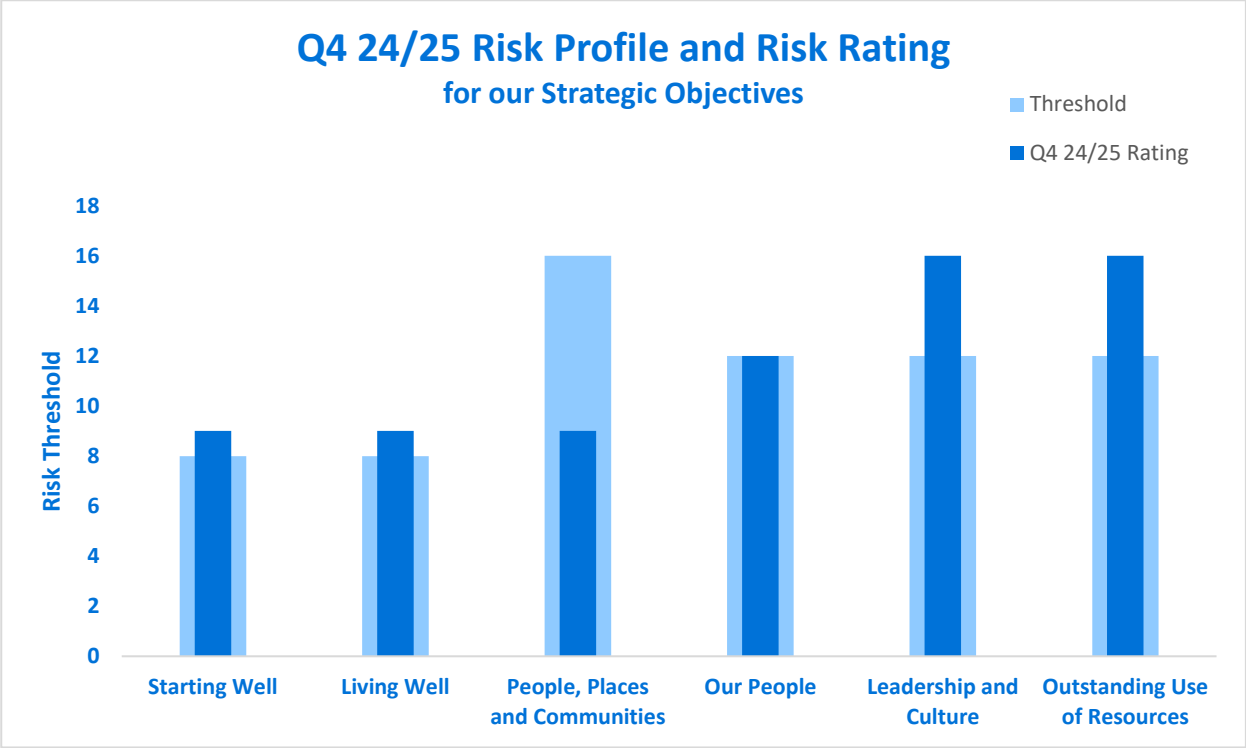
We recognise that no health and care is risk free and when balancing risk, we will tolerate some more than others. Our fundamental approach in balancing risk is illustrated in the Risk Profile below. We set and accept a lower risk threshold to take a cautious approach to risks which impact quality (clinical quality, safety and patient experience) which means we prefer safe delivery options and take decisions that aim to mitigate the level of risk. When driving transformation and innovation we will seek options that have bigger rewards but greater risks, accepting a higher risk threshold to get there. We use our risk profile approach to better understand and balance the risk with benefits.



We maintain a robust risk management framework, overseen by the Board, the Finance and Performance Committee and the System Quality Group (committees of the Board) to manage the principal risks in accordance with the specific Risk Appetite and Risk Threshold agreed by the Board. Risks are regularly reviewed and escalated through our governance structures, with assurance provided via internal audit and external scrutiny.

During the reporting year we updated and realigned our Board Assurance Framework (BAF) risk reporting to our 6 strategic objectives. We apply our Risk Profile approach to regularly

monitor the current risk rating against the risk threshold profile of our 6 strategic objectives to mitigate and manage risks that can affect the organisation achieving its objectives. A visual of this as of the end of Q4 2024/25 is shown below and detailed in the Annual Governance Statement. Overall risk has remained steady during the year. We were able to reduce the risk rating for Living Well from 12 to 9 during Q3 however the risk rating for Leadership and Culture increased from 12 to 16 during Q4 reflecting new controls for the Pharmacy Optometry and Dentistry (POD) Commissioning Hub and the transfer of Delegated Specialised Commissioning functions to the ICB.



Frimley ICB is now entering an even more dynamic and challenging operating environment, with significant pressures on workforce, finance, and system transformation. The mandated 50% reduction in running costs, announced in March 2025, has introduced a new layer of complexity for both ongoing and new risks to financial, operational and strategic objectives as we navigate substantial organisational change in the year ahead.

We anticipate our strategic objectives and the risks that may impact our ability to achieve our objectives during 2025/26 will evolve as more clarity emerges on the roles and plans for ICBs going forward.

Summary of financial performance

Financial overview

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

standards and can be sustained year on year.

Review of the financial year 2024-25

In common with the rest of the NHS in England, the ICB is facing a challenging financial environment.

The system also continues to have localised capacity and flow issues along with associated cost issues because of the ongoing Reinforced Autoclaved Aerated Concrete (RAAC) issues at Frimley Park Hospital. Like many other public buildings developed at that time, Frimley Park Hospital was built with a certain type of building material, known as RAAC planks, which formed the roof and walls, making up about two thirds of the building structure. RAAC planks are prone to deterioration due to things like water damage, temperature change and excess weight from services on the roof. The operational impact of the presence of RAAC and the consequent impact on operational efficiency both within the hospital and across the wider health system is huge. The buildings are continually inspected for signs of RAAC deterioration and the unpredictable nature of such deterioration and consequent need for short-notice remedial works means that the patient bed configuration within the Trust is in a constant state of flux. The issue also affects 30 areas such as theatres, which causes further disruption and adversely impacts operational efficiency. The system incurs direct costs in mitigating this disruption, both in and out of the hospital, as the system manages services and capacity to alleviate the demand for acute beds in order to allow the Trust the capacity headroom to ensure risks are appropriately mitigated. Indirect costs materialise in a reduction in the system's throughput, which means that productivity is not as high as it would have been were the issue not present.

Under the current financial flows regime, this impact manifests itself as a reduction in the additional income the system would otherwise have been able to secure for delivering a higher level of elective activity.

The RAAC pressures have been largely mitigated in year.

For 2024-25, Frimley ICB's total funding was £1,679.3m (2023-24 £1,571.6m). Of this, £1,663.4m (2023-24 £1,557.3) was allocated for healthcare programmes and £15.8m (2023-24 £18.1m) for the ICB's running costs.

The ICB closed its ledger at 31 March 2025 with a small surplus of £27k (2023-24: deficit £14.7m). In the year to 31 March 2025, the ICB spent £1,679.3m (2023-24: £1,571.6m), which equates to approximately £1,971 (2023-24: £1,868) for every person registered with our practices.

The ICB has made significant investments in 2024-25 in services to support the system and to service the unprecedented demand for NHS services seen nationally. The ICB has expanded its virtual wards service and has invested in additional information technology resource to implement remote monitoring. Further investment was made in minor injuries and minor illness services across the geography to ease the demand for urgent and emergency care with the acute provider.

The Frimley Integrated Care System (ICS), which for NHS financial purposes comprises Frimley ICB and Frimley Health Foundation Trust, has an overall surplus of £441k for the 2024-25 financial year (2023-24: deficit (£25.5m).

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

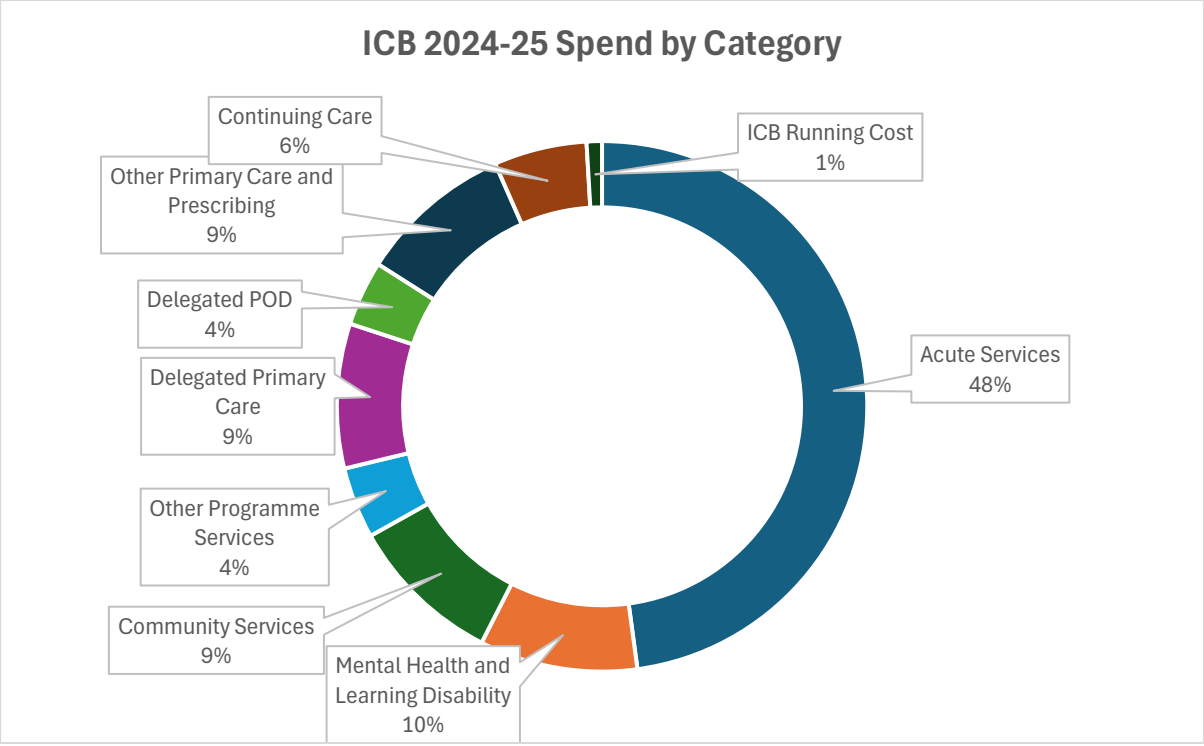


Figure 1: NHS Frimley's 2024-25 expenditure by category. These categories include acute services, mental health and learning disabilities, community services, other programme services, delegated primary care, delegated pharmacy, ophthalmology and dental, other primary care and prescribing, continuing care and ICB running costs.

Category	**2024-25 £m**	**Percentage (%)**	**2023-24 £m**	**Percentage (%)2**
Acute Services	803.8	47.9	753.1	47
Mental Health and Learning Disability	161.8	9.6	152.8	10
Community Services	157.5	9.4	152.3	10
Other Programme Services	72.9	4.3	49.3	3
Delegated Primary Care	148.1	8.8	140.7	9
Delegated Pharmacy, Ophthalmology and Dental	66.6	4.0	57.2	4
Other Primary Care and Prescribing	157.7	9.4	153.7	10
Continuing Care	95.1	5.7	95.4	6
ICB Running Cost	15.7	0.9	17.2	1
Total	**1679.2**	**100**	**1571.7**	**100**

Table 1 NHS Frimley's 2024-25 and 2023-24 expenditure by category and percentage of total annual spend.

Approximately half of the ICB's expenditure, £803.8 m (2023-24 £752.0m), is for acute

services. The ICB's main provider is Frimley Health NHS Foundation Trust (FHFT), with whom it spent £678.3m (*2023-24 £630.2m). Other main providers of acute services for the Frimley population include Royal Berkshire NHS Foundation Trust £34.6m (*2023-24 £32.7m), Royal Surrey County Hospital Foundation Trust £17.8m (2023-24 £16.0m), and Ashford St Peters NHS Foundation Trust £15.3m (2023-24 £11.9m). The ICB also spent £29.4 m (2023-24 £25.7m) with London Trusts. Acute expenditure also includes the cost of emergency ambulance services for the year of £36.6m (*2023-24 £33.6m), and Non-emergency Patient Transport services (NEPTS) £5.6m (2023-24 £4.9m).

The majority of mental health services are provided by Berkshire Healthcare NHS Foundation Trust £76.4m (2023-24 £72.5m) and Surrey and Borders Partnership NHS Foundation Trust £47.0m (2023-24 £44.4m).

Community services are provided mainly by Berkshire Healthcare NHS Foundation Trust £49.8m (2023-24 £47.7m) and Frimley Health NHS Foundation Trust £25.9 m (2023-24 £22.5m).

Under full delegated responsibility for Primary Care (GP) commissioning, ICB expenditure was £148.1m (2023-24 £140.7m). Most GP costs are funded through contracts held directly by NHS England and administered by Frimley ICB. The ICB also meets the cost of drugs prescribed by local GPs of £125.1m (2023-24 £116.0m) and pays for the GP 'out of hours' service at a cost of £6.8m (2023-24 £6.2m).

From 1 July 2022, the ICB took on full delegated commissioning responsibilities for pharmaceutical, general ophthalmic and dental (POD) services. The ICB spent £7.4m on optometry (*2023-24 £6.3m), £14.6m (2023-24 £13.6m) for pharmacy and £44.6m dentistry (*2023-24 £38.5m).

The ICB collaborates with its local authority partners, holding Section 75 agreements under the Better Care Fund guidance with Bracknell Forest Council, Slough Borough Council, Surrey County Council, Royal Borough of Windsor and Maidenhead and Hampshire County Council. This supports greater integration across health and social care services. In the year to 31 March 2025, the ICB spent £63.6m, which includes £5.9m Adult Social Care Discharge Care Fund, (2023-24 £57.2m, including £2.4m ASCDF) under the Better Care Funds in line with the minimum contribution requirement.

* 2023-24 comparative figures have been restated following the recategorisation of expenditure between 2023-24 and 2024-25.

Mental Health Investment Standard

All ICBs are required to increase spend in mental health by more than the ICB programme allocation base growth (prior to the application of the convergence adjustment).

For the purposes of MHIS, mental health spend is recurrent spend on Mental Health Services excluding Learning Disability, Autism and Dementia. It excludes spend on Mental Health Service Development Funding (SDF) funds.

The table below presents the total mental health spend compared to the ICB's total programme allocation for 2024-25 and 2023-24.

Financial Years	2024-25	2023-24
	£'000	£'000
Mental Health Spend	134,253	123,418
ICB Programme Allocation	1,663,435	1,557,345
Mental Health Spend as a proportion of ICB Programme Spend	8.1%	7.9%

During the year 2024-25, the ICB maintained this enhanced investment across core services and for some specific investments, including community Mental Health Transformation, Urgent and Emergency Care (newly introduced Mental Health Vehicles pilot programme), Health Inequalities, Inpatient Quality Transformation, Prevention and Early Intervention and Children and Young People's Mental Health.

For 2024-25, the Mental Health Investment Standard (MHIS) target of growing the mental health services by 6.7% (2023-24 9.06%), including cost uplift factor (CUF), resulted in a target spend of £131.7m (2023-24 £123.2m). The ICB achieved a total spend of £134.3m (2023-24: £123.4m) and therefore delivered the target.

Running Costs

The ICB receives a separate allocation for the costs of running the organisation based on the size of its population. It must not overspend against this amount. In the year to 31 March 2025, the ICB received £15.8m (2023-24 £18.1m) and spent £13.8m (2023-24 - £17.2m). On the 1 July 2023, staff from NHSE POD and complaints team were TUPE'd across to the ICB. Frimley ICB host the POD team for the South East region.

The ICB has come to the end of its organisational change programme which resulted in further compulsory redundancy costs of £0.2m during the 2024-25 financial year. The ICB created a redundancy provision of £2.2m in the 2023-24 accounts, of which £0.3m has been utilised and £1.9m has been released.

Financial Efficiency

The Financial Position for 2024-25 was supported by efficiency plans totalling £71.67m (2023-24 £75.8m), which were fully delivered during the financial year. Operational demands and ongoing strike action continued to impair transformational activities and we identified a number of one-off actions to mitigate against the underperformance. Saving schemes underperformed by £14.4m (2023-24 £25.4m) against a target of £66.1m (2023-24 £56.5m) whilst non-recurrent savings of £20.0m (2023-24 £44.8m) were identified against an initial plan of £5.6m (2023-24 £19.3m). The ICB has implemented a new PMO management solution in 2024-25 to improve oversight of transformation plans to support the earlier identification of remedial actions.

Better Payment Practice Code

The Better Practice Payment Code requires ICBs to aim to pay all valid invoices by the due

date or with 30 days of receipt of a valid invoice, whichever is later. NHS organisations are deemed to have complied with this measure if at least 95% of invoices are paid within 30 days or within contract terms. The ICB exceeded this target in 2024-25. Details of compliance with the code are given in note 5 to the accounts.

Agency Staff

The ICS had an agency ceiling in 2024-25 of £23.1m (2023-24 £32.9m) which was allocated to our system NHS provider, Frimley Health NHS Foundation Trust. The ICS spent £20.0m (2023-24 £30.1m) on agency staff, which is £3.1m less than the agency cost ceiling.

Joint Capital resource use plan 2024-25

The ICB was required to prepare and publish a joint capital resource use plan for 2024-25. There was no formal submission requirement in 24/25 as there had been in previous years. The plan details the use of the capital resource limit for both Frimley Hospitals Foundation Trust (FHFT) and Frimley ICB. The capital resource limit for FHFT for this year was £89.7m (2023-24 £60m). For the ICB, the capital resource was £1.2m. For 2023-24 this was £1.2m, plus an additional £1.7m for the impact of International Financial Reporting Standard IFRS16. The ICB fully utilised the capital resource in 2024-25, and FHFT overspent on the operational capital by £0.17m.

The table below shows a summary of the 2024-25 utilisation of the £89.7m of joint capital available to the Frimley system:

Organisation	Plan (£000's)	Outturn (£000's)	Variance (£000's)	Main categories of expenditure
FHFT	£40,259	£42,251	-£1,992	Site estates strategy, RAAC, med equip replacement plan and Digital Services strategy
Frimley ICB	£1,234	£1,234	£0	GRT spend & MIG schemes aimed at increasing clinical and administrative efficiencies across primary care
Total Operational Capital	**£41,493**	**£43,485**	**-£1,992**	
FHFT	£48,197	£46,601	£1,596	Slough CDC (£21.1m), MII Block ERF (£11.0m), NHP (£16.8m)
FHFT	£0	-£228	£228	Donated assets recognised in year
Total System CDEL	**£89,690**	**£89,858**	**-£168**	

Table 3: Summary of the 2024-25 utilisation of the £89.7m of joint capital available to the Frimley system.

The Joint Capital Plan for 2023/24 is available on the ICB website: https://www.frimley.icb.nhs.uk/policies-and-documents/our-plans/1842-nhs-frimley-joint-capital-resource-plan-2023-24/file

Financial Plan 2025-26

As of 30 April 2025, the Frimley Integrated Care Board (ICB) has submitted its final plans to NHS England, following the release of planning guidance. The plans have been developed in alignment with national priorities and reflect the financial, operational, and workforce strategies for the upcoming year.

The system refreshed its medium-term financial plan at the end of September 2024, confirming a significant underlying deficit. To maintain future financial sustainability, the ICS must achieve substantial recurrent savings, far exceeding previous levels. This will necessitate several challenging decisions.

In recognition of this, the Frimley Health and Care Integrated Care System continues to focus on the development and implementation of a multi-year system-wide financial sustainability plan. This plan outlines the framework for reducing the underlying system-wide deficit while supporting the strategic objectives of the Frimley Integrated Care Partnership.

The financial sustainability plan aims to ensure the long-term financial stability of organisations across the system. This system-wide approach has been formally agreed upon by all ICS Partners, including Berkshire Healthcare Foundation Trust and Surrey and Borders Partnership NHS Foundation Trust. The strategy focuses on cost containment and reduction, managing and mitigating growth to ensure any funding increases can be applied to reduce the system-wide deficit.

Partners will adopt a system-first approach to transforming services for the benefit of our population, regardless of organisational boundaries. We will focus on providing defined services and capacity to meet patient needs. Partners across the system have agreed not to engage in activities that primarily aim to transfer costs. Trust, transparency, and data sharing are key to delivering efficiently and effectively.

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

These areas include:

- Urgent and Emergency Care: Optimising demand management and improving proactive care for frailty.
- Mental Health: Reducing 12-hour waits in A&E and expanding mental health support teams.
- Primary Care: Improving general practice contract oversight and reducing unwarranted variation.
- Elective Care: Expanding outpatient transformation initiatives and maximising inpatient productivity.
- Community and Integrated Care: Applying 'discharge to assess' principles to improve patient flow from hospital to home.

Formal governance will be managed by the ICB Finance and Performance Committee, ensuring robust oversight and accountability for the financial sustainability plan.

This updated financial plan reflects the significant progress made across the system in developing a comprehensive strategy to address the financial challenges while enhancing the quality and accessibility of care for our population.

Financial Statements

Further details about the ICB's expenditure for the year ended 31 March 2025 are available in the published Financial Statements at the end of this document.

These statements have been prepared in accordance with the Directions issued by NHS England under the National Health Service Act 2006 and are audited by KPMG LLP. Our external audit fees for the year 31 March 2025 were £173.5k plus VAT (2023-24 £167.5k plus VAT).

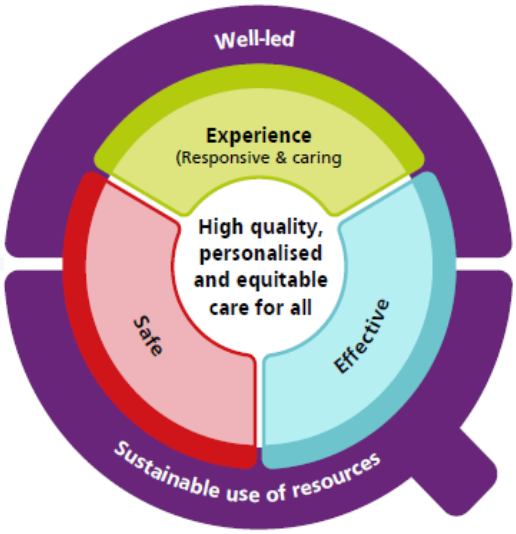
Improving quality

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

In line with our duty under section 14R of the Health and Social Care Act 2012, we have collaborated with Frimley Health and Care ICS partners to ensure all our statutory duties relating to improving the quality of services are met. Our Frimley System Quality Group provides the governance and compliance function for the ICB, processes are in place for escalation and reporting to the ICB Board and to regional and national quality and safety boards.

The System Quality Group continued to meet monthly, using the assurance and surveillance agendas on a rotational basis. The group's terms of reference are reviewed annually to reflect any local, regional or national changes.

Frimley ICB builds on and reflects the National Quality Board (NQB) guidance on quality, risk response and escalation in Integrated Care Systems. The NQB defines quality care as care that is safe, effective, provides a personalised experience, is well-led and sustainably resourced. It also clear that quality care must be equitable, focused on reducing inequalities and addressing wider determinants.



Patient safety

During 2024/25 we continued to engage with stakeholders and ICS partners supporting the transition to the Patient Safety Incident Response Framework (PSIRF).

The Never Events Framework remains in place at time of writing, with a national review underway following a consultation to help determine its future. Never Events are considered red flags as they highlight potential weaknesses in how an organisation manages fundamental safety processes.

Between 1 April, 2024, and 31 March, 2025, Frimley ICB had a total of 7. In comparison,

there were 5 in the previous year.

Complaints

NHS Frimley values complaints, which are vital to continuously improve the quality and experience of local health services and are a measure of how services interact and are coordinated across patient pathways. NHS Frimley is committed to improving and listening to people who use our services. We strive to continually improve commissioned services and ultimately standards of care.

NHS Frimley received 324 PALS enquires from 1st of April 2024 to 31st of March 2025 and 46 formal complaints for the same period.

Complaints to the Parliamentary and Health Service Ombudsman

There were no requests for information from the Parliamentary and Health Service Ombudsman during the last financial year.

GP, Community Pharmacy, Optometry and Dentistry (POD) Complaints

Since 1 July 2023, NHS Frimley has hosted a complaints and concerns function on behalf of the ICBs in NHS England South East region in relation to GP, Dental, Pharmacy and Optometry (POD).

The following figures reflect concerns and enquires and the formal complaints which have been received that relate to the NHS Frimley region for the period 1st of April 2024 to 31st of March 2025.

1st April 2024 to 31st March 2025.	**Frimley ICB**	
	Concerns	**Complaints**
GP	37	149
Dentist	12	24
Pharmacy	2	5
Optometry	0	1

Infection Prevention and Control

Over the past year, the Infection Prevention and Control (IPC) team has continued to strengthen the relationships with system partners. This has been achieved by collaborative working and sharing experiences and learning across the system, as well as continuously promoting and providing education and training opportunities.

Healthcare Associated Infection:

- Nationally Clostridioides difficile has risen significantly, this has also been mirrored within the Frimley Health and Care ICS. As a team we have participated in UKHSA and NHSE programmes to address these challenges.

- Numbers of E. coli bacteremia have also continued to rise, the NHS Frimley team in conjunction with the Frimley Health NHS Foundation Trust IPC team have taken steps to review data to then develop themes to determine the coming years workplan. Plans are to encompass elements of antibiotic stewardship plus learnings from the recent Hydration Project, to then disseminate across both primary and social care.

The NHS Frimley IPC team's infectious diseases priorities have focused on the ongoing threat of a national measles outbreak and the High Consequence Infectious Diseases of Clade 1b mpox:

- Measles pathway developed with our primary care provider to deliver post exposure prophylaxis HNIG to unimmunised infants plus pregnant people.
- Mpox pathway also has our primary care provider delivering post exposure prophylaxis of the mpox vaccine to identified contacts.

The IPC team's core workstreams include:

- Continuing to audit primary care with social care engaging in the audit process to support their CQC inspections.
- Providing outbreak management support for social care organisations – with norovirus and influenza reaching record highs in Winter 2024-2025.
- Providing training on specialist respiratory PPE for primary care to support in the event of a measles outbreak.
- IPC Champions sessions focusing not only on seasonal infections but also horizon scanning for organisms of interest to support knowledge.

Learning From Deaths

Learning from Deaths has been successful in driving NHS providers to develop a more structured and standardised approach to mortality reviews and to learn and improve outcomes for patients.

NHS Frimley, along with system partners, has an established Mortality Review Group (MRG). This maximises on the success of the above by having focused oversight and to enable a review of processes but more importantly to share learning and support improvement. The MRG has been recognised regionally as best practice and other systems are keen to learn about our systems, processes and relationships.

The group triangulates intelligence from a variety of sources, including Medical Examiner and Coroners' Inquest feedback, learning from the LeDeR Programme, and intelligence from provider 'Learning from Deaths' quarterly reports.

The MRG aims is to improve quality of care, reduce health inequalities and prevent premature mortality.

Frimley ICS Immunisations Programme

The autumn/winter programme focused on flu and Covid-19 vaccinations being given at the same time (co- administration) where possible. Overall, there has been lower uptake this season of both the flu and Covid-19 vaccinations than the autumn/winter 2023, which was reflected nationally.

- Covid vaccination uptake in Frimley was 47% (National uptake 44.4%)
- Influenza vaccination uptake in Frimley is 55.04% (National uptake 51.08%)

- 31% of Covid vaccinations were co-administered with Flu
- Older adults have the highest uptake out of all the cohorts: Over 65 Years: Covid 64% / Flu 75%, Care Home Residents: Covid 78% / Flu 82% (Frimley)

A new vaccine programme started in September for respiratory syncytial virus (RSV) The delivery of this programme for pregnant women is by the maternity services and opportunistically by primary care. For older adults in primary care for those 75-to 79 this vaccine is provided by local GP services.

In total, over 22,000 RSV vaccinations have been administered in the Frimley system.

- Older adults catch up programme uptake in Frimley is 65.6% (National uptake 55%)
- Older adults routine programme uptake in Frimley is 37.7% (National uptake is 31%)
- Maternity programme uptake in Frimley is 40.1% (National uptake 37%)

NHS Frimley has continued to focus on vaccine equalities this year and has utilised NHSE funding to support local initiatives/projects to enhance the uptake of vaccinations to the vulnerable and hard-to-reach groups, as well as Making Every Contact Count (MECC). These initiatives have involved all parts of our system:

- primary care networks (PCNs);
- community pharmacies;
- local authorities;
- volunteer services;
- charities; and
- community groups.

We look at new ways to increase the immunisation of our population to ensure as many people are vaccinated to prevent ill health, however we have seen a decline in uptake in all programmes.

We have developed our vaccination strategy following the publication of the National Vaccination Strategy in December 2023. This brings together seasonal, life course vaccines and outbreaks. We have a governance process to ensure the delivery of the vaccine programme in the Frimley System working together in partnership.

The key areas are that vaccination services are delivered in a joined-up way that provide high quality and convenient to access services, as well as tailored to the needs of local people, this is achieved through delivery by a number of different providers.

*Data taken from the Federated data platform March 2025.

Medicines Optimisation

In the rapidly evolving landscape of modern medicine, effective medication management is crucial to patient wellbeing. The Medicines Optimisation Team plays a key role in ensuring medications are used safely, effectively and efficiently to improve outcomes and healthcare delivery. Central to their work is promoting evidence-based, rational prescribing. Embedded across both clinical and operational pathways, the team offers expert guidance on prescribing, dosing and monitoring. This proactive approach enhances patient safety, supports chronic condition management and helps prevent adverse drug events.

NHS Frimley Medicines Board (MB)

The NHS Frimley Medicines Board (MB) oversees medication-related decisions across the

Integrated Care System (ICS), providing strategic direction on medicines policy and supporting medicines optimisation workstreams. Operating with delegated authority from NHS Frimley, the MB ensures medicines use aligns with system-wide strategies, working closely with subgroups, programme boards and regional/national bodies. It also collaborates with neighbouring ICSs to manage cross-border patient care and considers prescribing recommendations from Mental Health providers.

The MB is supported by multiple subgroups that focus on specific areas of medicines optimisation, safety, digital strategy, pharmacy workforce, and antimicrobial stewardship. The Medicines Optimisation Group, ICS Medicines Safety Group, and FHFT Drug and Therapeutics Committee, ICS Community Pharmacy Group, ICS Workforce and the Pharmacy Digital Strategy Group all report directly to the MB. The ICS Antimicrobial Stewardship Group also feeds into the MB independently. This structure ensures a coordinated approach to medicines policy, patient safety and pharmacy workforce development within the Frimley Health and Care Integrated Care System (ICS).

In 2024/2025, the MB met six times, with generally strong attendance, though participation from some peripheral organisations was inconsistent. Communication has improved through a standardised feedback template and a publicly available Decisions Summary. Regular meetings with the NHS Frimley Finance Team, now expanded to include local health and pharmacy providers, ensure a system-wide approach to financial planning.

Medicines-related risks are actively tracked, with subcommittee training on escalation processes. The Policy for Sponsorship and Joint Working with the Pharmaceutical Industry was updated and a centralised register of joint working projects is being compiled, with MB approval now required for new initiatives.

The MB remains engaged with regional governance groups and contributes to policy development, ratifying outputs before adoption within the ICS. Key collaborations with Buckinghamshire, Oxfordshire and West Berkshire ICS and Surrey Heartlands ICS include streamlining Blueteq approvals, managing formulary differences across ICS boundaries, and continuing the COVID Medicine Delivery Unit Service. The MB has also reviewed specialty Formulary chapters to align guidance with best practices.

Synopsis of key deliverables achieved across 2024/2025

A key summary of our work across 2024/2025 include:

NICE and NHS England updates

The Medicines Board incorporated 91 new NICE Technology Appraisals and two Highly Specialised Technology Appraisals into the Frimley Health Formulary. Additionally, 68 NHSE Specialised Service Circulars were reviewed to ensure formulary alignment with NHSE guidance.

Formulary and policy updates

The Board approved 41 new formulary drug applications, removed or reclassified 10 items and updated nine Traffic Light classifications. Four South East Regional Medicines Optimisation Group policies were ratified.

Guidance and safety measures

Approved 44 new guidance documents, 14 position statements and 14 Shared Care agreements. A Valproate patient safety alert plan was implemented, along with actions on nine safety alerts and two coroner's reports.

Governance and risk management

Board members and subcommittees received risk management training, particularly on the

4Risk tracking database. Policies on industry collaboration were updated and decision summaries are now publicly available. Key governance agreements include:

- three Service Level Agreements (SLAs)
- six Terms of Reference
- three Business Cases
- six Industry Collaboration Projects
- one Rebate Scheme

Safeguarding

2024-25 has seen continuous collaboration of safeguarding partnerships across the Frimley system. This includes responding to Working Together recommendations 2023 to review and publish ICB responsibilities for Lead Safeguarding Partners (LSP) and Designated Safeguarding Partners (DSP) naming representation for each Multiagency Safeguarding Board.

NHS Frimley is an active statutory partner for seven safeguarding boards: Slough, Surrey (adult and children), Royal Borough of Windsor and Maidenhead, Hampshire (adult and children) and Bracknell Forest. Led by the Deputy Chief Nurse, Safeguarding, NHS Frimley has a highly competent and experienced safeguarding team of professionals with expertise for statutory named roles which includes: Designated Nurse for Safeguarding Children, Designated Professional for Safeguarding Adults, Designated Professional for Children in Care, Named Lead Domestic Abuse and Exploitation. Medical appointments include Designated Doctors for Children, Children in Care and for Child Death. NHS Frimley also employs the expertise of named GPs. The Deputy Chief Nurse sets the safeguarding strategy across the ICS for health organisations. This post is directly managed by NHS Frimley's Chief Nursing Officer.

Babies, Children and Young People (CYP) and Adults Safeguarding discharge of duties

Key reviews and recommendations are communicated by way of a quarterly safeguarding report presentation to NHS Frimley's executive management via the ICS Safeguarding Strategy Group, the Quality Boards and the ICS Named and Designated Professionals Meetings and at relevant training events. NHS Frimley's safeguarding team provide quarterly safeguarding reports to NSSG which confirms safeguarding highlights and recommendations for escalation to the national NHS safeguarding team. NHS Frimley are fully compliant with the uploading of data into the national safeguarding database managed by NHS England, this includes confirmatory status of requirements of the Safeguarding Accountability and Assurance Framework.

1. **National Reviews and Independence inquiry recommendations include:**

    i. Child Protection in England

National child safeguarding practice review into the murders of Arthur Labinjo Hughes and Star Hobson (CSPRP, 2022). Learning from these reviews have been shared across the ICS during teaching events and national seminars. The conviction of Letby during 2023 and arising recommendations for health services and neonatal units is being reported upon nationally and also assurance monitored via NHS Frimley quality and maternity boards.

These reviews led to a national response and publication of an overarching strategy to

improve early identification and help for families where children are at risk of abuse and strengthen multiagency response to Child Protection. Published in 2023 ‘Safer Homes, Built on Love’ forms a multi-faceted base to reset and improve national safeguarding systems.

ii. Working Together for Safeguarding Children 2023

The revised statute was published December 2023 and was seen as the starting base upon which ‘Safer Homes Built on Love’ can begin recommended reforms. Followed by the Children and Families Bill (due to be made statute 2025), this calls for greater responsibilities of the three safeguarding partners, NHS Frimley, local authorities and police to work together and jointly chair each safeguarding board. Independent scrutiny is strengthened and more formal engagement among the education partnerships. Each safeguarding board has published their new arrangements which demonstrate the new titles of Lead Safeguarding Partner (LSP – CEO level) and Designated Safeguarding Partner (DSP – executive board level) identified for NHS Frimley, local authorities and police.

iii. Multi-agency safeguarding and domestic abuse

Child Safeguarding Practice Review Panel paper set out key findings from reviews where domestic abuse featured (CSPRP, 2022). NHS Frimley has responded to increasing information relating to harms caused by domestic abuse and the statutory extensions of definitions by employing a named lead for domestic abuse and exploitation based within the safeguarding team. The implementation of a sexual offences strategy detailing how to respond to sexual abuse have been disseminated across NHS health trusts. New published information relating to domestic abuse and findings from domestic homicide reviews form part of safeguarding single and multiagency training.

iv. Safeguarding children with disabilities in residential settings

This is an important national safeguarding practice review into safeguarding children with disabilities and complex needs in residential settings. The phase 1 and 2 reports were published by 2023 and set out recommendations to improve the safety, support and outcomes for children with disabilities and complex health needs living in residential settings (CSPRP, 2022 CSPRP, 2023). This report has been reported within ICS safeguarding meetings and the Children in Care Groups across NHS Frimley, as well as within each safeguarding board. The Children in Care Designated Nurse is working with NHS Frimley’s Children and Young People directorate to ensure recommendations arising are implemented.

v. Serious Violence Duty

NHS Frimley has been part of each areas Serious Violence Strategy development across the ICS which has continued during 2024/25. The Adult Designated Safeguarding Professional is the serious violence lead for NHS Frimley and communicates key strategic developments to the Safeguarding Strategy Group.

2. Assurance against Safeguarding Accountability and Assurance Framework (SAAF) 2022 implementation.

During 2024-25 NHS Frimley reported assurance with compliance with the SAAF to NSSG quarterly. In addition, NHS Frimley and providers complete quarterly and annual safeguarding reports. These include the following but is not exhaustive:

- assurance on Child Death overview compliance and any themes arising;
- Looked after Children reporting which also includes information on unaccompanied asylum seeking children and care leavers, compliance with in area and out of area health assessments;

- Female Genital Mutilation known incidence and progress of Child Protection Information Systems; and
- prevalence of known domestic abuse is also included.

Each safeguarding report is underpinned by the voice of the child and/or adult, particularly so during a child or adult safeguarding practice review.

3. **and 4. As set out in Working Together to Safeguard Children 2023, the three safeguarding partners must together set out how they will work together with other agencies to safeguard and promote the welfare of children in their local area. They must also publish an annual report setting out what they have done as a result of the arrangements, including child and adult safeguarding practice reviews and how effective these arrangements have been in practice**

NHS Frimley works with seven safeguarding partnerships, each have published local safeguarding arrangements. The safeguarding partners must publish a report at least once in every 12-month period. These reports have set out what they have done as a result of the arrangements, including on child safeguarding practice reviews and how effective these arrangements have been in practice.

The following links for each safeguarding board demonstrates the working together arrangements and annual reports published within each website:

i. Slough: Children and Adult: Slough Safeguarding Children Partnership - scsp (sloughsafeguardingpartnership.org.uk)
ii. Bracknell Forest: Children and Adult: Bracknell Forest Safeguarding Board
iii. Hampshire (North East Hampshire) Children: Homepage - Hampshire SCP
iv. Hampshire (North East Hampshire) Adult: Hampshire Safeguarding Adults Board | Working together to safeguard adults at risk (hampshiresab.org.uk)
v. Royal Borough of Windsor and Maidenhead: The Royal Borough Windsor & Maidenhead Safeguarding Partnership website (rbwmsafeguardingpartnership.org.uk)
vi. Surrey (Surrey Heath) Children: Homepage - Surrey Safeguarding Children Partnership (surreyscp.org.uk)
vii. Surrey (Surrey Heath) Adult: Surrey Safeguarding Adults Board (surreysab.org.uk)

5. **As set out in Working Together to Safeguard Children 2018, ICBs are responsible for the provision of effective clinical, professional and strategic leadership in child safeguarding, including the quality assurance of safeguarding through their contractual arrangements with all provider organisations and agencies, including from independent providers.**

NHS Frimley confirms they have followed the statutory assurance processes set out in the Safeguarding Accountability and Assurance Framework.

Working with people and communities

Frimley Health and Care ICS is ambitious in its aims to build healthy communities, reduce health inequalities and improve healthy life expectancy.

It has a strong reputation for working with people and communities, built on trust and long-standing partnership working with a wide range of stakeholders and partners from across NHS Frimley, NHS providers, local authorities, Healthwatch and the voluntary, community and social enterprise sector, as well as other public services, working collaboratively to deliver its aims.

NHS Frimley recognises that insight supports transformation and public involvement is essential. Working in partnership with patients, carers, families and local people within their own communities brings a different perspective to our understanding and can challenge our view of how we think services are received and should be delivered in the future.

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

We have included links to further information, examples and case studies outside this annual report to expand upon and help bring this section to life.

A broad overview of our work with people and communities and how people can get involved in our work can be accessed on our Frimley Health and Care website.

https://www.frimleyhealthandcare.org.uk/get-involved/

Frimley People and Communities Strategy

Our People and Communities Strategy is a core system wide strategy that has been developed by NHS Frimley with a wide range of system partners, stakeholders, staff and communities. It reinforces our partnership approach, core areas for delivery and ensures community voices shape our work.

www.frimleyhealthandcare.org.uk/media/6581/v2-draft-people-and-communities-strategy.pdf

Our approach to working with people and communities

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

As part of a wide-reaching engagement programme, we continue to develop our online Community Panel. The panel is one way of ensuring that local people and communities are at the heart of our decision making. It helps us to understand the needs of our local communities - what is working well for people and what the challenges are.

A commitment to inclusive and effective communications

Embedding equality, diversity and inclusion is at the heart of thinking, planning and delivery. We are committed to ensuring we are inclusive and accessible in our communication, sharing information, stories and messages in a way that everyone can understand - recognising when we need to offer alternative formats and approaches to help us connect with the diverse communities we serve. We are committed to ensuring that information is:

- easily accessible
- timely and relevant
- in a language that is easy to understand
- translated as appropriate
- available in other formats (Braille, audio, etc)
- provided through a variety of channels and formats
- tested and evaluated for effectiveness

Developing partnerships and relationships

By working in partnership with a range of stakeholders, we have created more opportunities for shared ownership across different work programmes, helping to reduce health inequalities. Our partners have key access points to local communities, enabling us to design the most effective ways to strengthen connectivity and accessibility.

We continue working together to reach all parts of our community, ensuring coordinated communications, messaging and campaigns that reduce duplication and improve efficiency. Through shared resources, data and insights, as well as joint training opportunities, we enhance our collective impact. This approach supports sustainable solutions to health and care at a local level whilst offering the ability to work at scale where appropriate.

Examples of partnership development in 2024/25 include:

- VCSE Alliance - over the past year, the Voluntary, Community, and Social Enterprise (VCSE) Alliance within our system has moved from its initial development phase into a more established and impactful role. With further funding secured until March 2026, the Alliance continues to strengthen its collaborative approach, ensuring that the voices and contributions of the voluntary sector are fully embedded in our system's work. As the Alliance continues to evolve, it remains a vital partner in shaping a more inclusive and community-led health and care system.
- System Communications and Engagement Leadership network - established in 2023, we continue to work collaboratively with our partners such as NHS providers, local authorities, Healthwatch and voluntary and community sector organisations to engage with residents and avoid duplication, sharing resources and insight across the system. This has already proven to be useful when supporting system pressures and when launching community engagement programmes.

- New Hospital Programme- NHS Frimley and Frimley Health NHS Foundation Trust are working closely together on the New Hospital Programme for Frimley Park Hospital. The programme is committed to working with patients, staff, volunteers, local communities, and other stakeholders throughout the development of the new hospital.

  A key element in delivering an effective new model of care is the involvement of and scrutiny from representatives from our partner local authorities. In 2024, a dedicated Frimley Park Hospital Joint Health Overview and Scrutiny Committee was set up, bringing together councillors from Surrey County Council, Hampshire County Council and Bracknell Forest Council to represent the views of their local communities.

  The programme offers a system-wide opportunity to improve health and care support for our populations.

Delivering insight and involvement and demonstrating impact

Throughout the year NHS Frimley has demonstrated delivery of effective support and expertise for both day-to-day activities and large scale, complex and sensitive communications and engagement work. It is our ambition that we continue to create further opportunities to better understand the insight, feedback and data available to us from a multitude of different sources. Whether through our analytics team, partner engagement, public feedback, complaints or learning from community development work, we have a unique ability to bring these elements together to 'tell the stories' which underpin our shared understanding and drive meaningful action.

Reconnect, Reset, Rebuild – community engagement

The publication of the Lord Darzi review, Grenfell recommendations and the Government's announcement to work towards a new 10-year plan for the NHS, provided an opportunity for a large scaled listening and engagement programme across the Frimley system.

In November 2024, we launched the Reconnect, Reset, Rebuild programme to engage communities, staff, and stakeholders in meaningful conversations about their health, care, and wellbeing to shape future priorities together. The conversations identified priorities, explored new opportunities, and built on previous engagement efforts, emphasising collaboration with individuals, professionals, and local organisations.

Over the course of the engagement:

- 190 individuals actively contributed across 16 stakeholder sessions bringing together diverse insights and perspectives
- Over 60 organisations participated, demonstrating a strong collective commitment to shaping the future of health and care.
- 103 Community Panel responses were received.
- 1,000 people were engaged in conversations, supported by 20 community, charity and voluntary sector organisations.

The insight and feedback gathered was submitted to the national Change NHS consultation.

The next phase of this work will focus on bringing the insights and findings together from various activities, sharing findings widely across the system and embedding them into our ongoing work. This will help encourage conversations that support system wide decision-making and inform future plans, strategies and policies.

Communication campaigns

Throughout the year we run a number of communication campaigns to support and educate the communities which we serve. The NHS can be a complicated landscape to navigate, so our campaigns aim to support people to know what is available to them and how to access them. Our campaigns cover a range of topics, from informing patients about the impact of industrial action or system pressures to launching new initiatives and vaccination programs. Below are just two examples of large campaigns that have been run in 2024-25.

Make The Right Choice

The Make The Right Choice campaign educates and supports residents in choosing the right service for their health care need.

Make The Right Choice describes the alternatives to attending Accident and Emergency departments and is a crucial campaign during times of system pressure – such as the winter months, during industrial action or impacted through bank holidays.

The campaign is delivered in the community through a variety of channels such as:

- Local news articles and radio interviews
- Print stories in resident magazines and newsletters
- Digital stories for websites and online newsletters

- Posters, pull-up banners and postcards in public areas
- Social media campaigns and digital advertising.

This campaign was refreshed following patient feedback and insight for winter 2024-2025 and now features a more simplistic and eye-catching design. The story-telling approach has further enhanced the campaign, resulting in greater engagement.

Stay Well This Winter 2024-25

Our winter campaign started in November 2023 and consisted of six main overarching themes:

- Know where to go for help
- Look after yourself and others
- Long term conditions – such as cardiovascular and respiratory
- Get winter ready
- Caring for children
- Look after your mental health

The campaign launched across social media and print (through various resident newsletters), as well as being distributed with partners for wider sharing.

Throughout the course of the campaign, we posted on social media platforms (X, Facebook and Instagram) 305 times and achieved a reach of 68,789 and 66,777 impressions.

Continued commitment

NHS Frimley remains committed to fostering meaningful involvement of people and communities in shaping health and care delivery. Moving forward, we recognise the vital role that ongoing collaboration and partnership working in achieving our shared vision. We will continue to strengthen these partnerships, acknowledging that collective action is essential for achieving lasting and impactful change.

As we move into the next year, we look forward to building upon the progress made, amplifying the voices of those we serve, and embedding inclusivity and collaboration as core principles of our work with people and communities.

Equality, Diversity and Inclusion

Our commitment to equality, diversity and inclusion

NHS Frimley has renewed a commitment to equality, diversity, and inclusion. We are working with our communities and partners to tackle inequalities and supporting our workforce (for example establishing a Mirror Board to create opportunities for a diverse succession pipeline to the Board and ensures diversity of thought in Board discussions) as an inclusive and compassionate employer.

Our Equality Diversity and Inclusion (EDI) policy statement has helped us focus on understanding where our highest inequalities lie, so we can implement the relevant actions to help address these and invest in efforts to improve the lives of our people and the communities we serve. In addition, we ensure our work adheres to the principles enshrined in the NHS Constitution and goes beyond the legal requirements of legislation such as the Human Rights Act 1998, the Equality Act 2010 and the Health and Social Care Act 2012 (section 14T). These include:

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

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

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

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

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

The overall aim of the PSED is to make sure that NHS Frimley takes equality into account as part of their decision-making process. A full breakdown of our work to reduce inequalities and compliance with PSED, Equality and Human Rights Committee’s Monitoring Project, NHS England’s Sexual Safety and Equality Improvement Plan can all be found in our EDI Annual Report which is available to view and read in full on our website.

Our Zero Tolerance statement

NHS Frimley is committed to a strict policy of zero tolerance. We believe all forms of diversity contribute to a positive and enriching experience for staff and the community we serve.

Zero Tolerance means we will never ignore, tolerate or condone discrimination, bullying, harassment, abuse or victimisation of any kind in any form. This includes, but is not limited to, a person’s age, disability, gender reassignment, marital or civil partnership status, pregnancy or maternity status, race, religion or beliefs, sex, sexual orientation, or socio-economic background.

This applies to all staff working for or on behalf of NHS Frimley, including suppliers or providers, as well as our service users.

Health inequalities

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. Reducing them is a matter of fairness and social justice and is central to the Frimley Health and Care ICS long-term strategy. Our Creating Healthier Communities strategy drives initiatives to address disparities in health outcomes across populations.

Key health challenges include cardiovascular and respiratory diseases, COPD, hypertension, diabetes, obesity, mental health issues and alcohol abuse, varying across our five Places (Bracknell Forest, Farnham and Surrey Heath, North East Hampshire, Royal Borough of Windsor and Maidenhead and Slough).

The deprivation gap in life expectancy is driven by preventable diseases. We aim to tackle root causes by reducing modifiable risk factors such as obesity, alcohol and tobacco use, through a targeted, personalised support. Our Living Well ambition supports building strong, resilient and healthy communities.

Our goal is a shift from treating illness to preventing it, fostering a culture of prevention and self-care. Addressing health inequalities are embedded across all our work programmes rather than treated as a standalone issue.

CORE20PLUS5 approach

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement. The approach focuses on three core components. There is strong strategic alignment between this approach and the Frimley Health and Care ICS strategic objective of reducing health inequalities. Our strategy will remain the core way in which we deliver the transformational effort required to achieve this change.

Our priority will be to ensure we target those who have the greatest need and the poorest health and wellbeing outcomes. The Joint Forward Plan and the NHS England 2024-25 priorities and planning guidance reconfirms the need for action on ambitions set out in the NHS Long Term Plan, continuing to ensure action taken addresses health inequalities and deliver on the CORE20PLUS5 approach.

We have recently established the ICS CORE20PLUS5 Community of Practice which will drive focused action, recognizing that some of the full effects on health inequalities may take years to realise, but short-term outcomes can be measured to demonstrate impact.

CORE20 is based on Index of Multiple Deprivation and in our ICS, we have opted to focus on deciles 1-4, which accounts for 20% of our ICS population rather than deciles 1-2. This is because our system is less deprived than other parts of the country. There are certain communities who experience particularly pronounced health inequalities and for each 'Plus' group we are ensuring the gap in unmet need is identified and there is action we can take, that is measurable, to improve their outcomes. The '5' – the five key clinical areas prioritised in the NHS Long Term Plan (maternity, SMI, Chronic Respiratory Disease, early cancer diagnosis, hypertension case finding) - requiring accelerated improvement, with the addition of smoking cessation as a thread running through these five areas. Stopping smoking has a positive impact in all five clinical areas of focus.

Based on the data, insights and evidence we have gathered from the system partners, the two 'PLUS' groups at the system-level include adult carers and adults with learning disabilities. In addition, race and ethnicity will be a thread running through all five clinical areas, CORE20 populations and Plus groups. Addressing race and ethnicity disparities is fundamental to promoting equity and crucial for reducing healthcare inequalities. We aim to work iteratively with Plus groups, where the focus may change over time but in a structured way.

We work closely with NHS England at both regional and national levels and with the Office for Health Improvement and Disparities (OHID), forging strong partnerships and leveraging these connections to gather insights from best practices. We actively participate in various Boards, including the South East Prevention and Health Inequalities Board, fostering a culture of collaboration and knowledge exchange.

As part of the CORE20PLUS5 Connectors Programme we delivered the ‘Smile Project’ in collaboration with Rushmoor Voluntary Services. It was designed to drive targeted action to improve health inequalities in Rushmoor. The focus was on oral health for primary-aged children as the impacts of poor oral health disproportionally affect vulnerable and socially disadvantaged individuals in society. The Smile Project promoted the health messages of preventing tooth decay, including looking after teeth and correct brushing, healthy eating (reducing sugar), wellbeing and visiting the dentist. Children received free toothpaste and toothbrushes, as part of the project. This initiative aligns with our broader Whole Systems Approach to Obesity in Rushmoor, which promotes physical activity and sugar-smart eating through a whole-school partnership with key stakeholders, including the Rushmoor Headteachers Forum, local councils and health services.

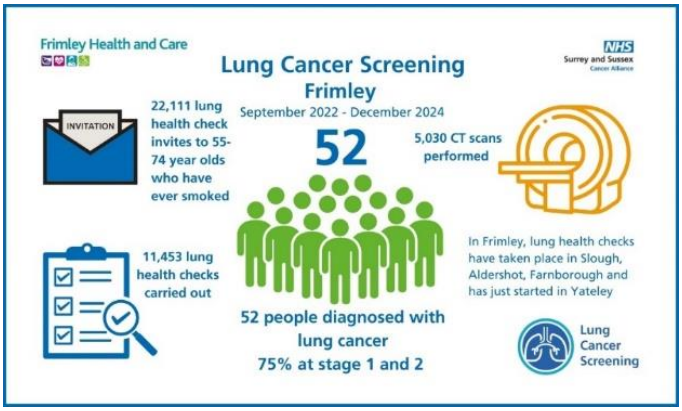
The work is ongoing to ensure the quality and completeness of our data sets, which in turn will inform strategies to enhance outcomes, improve patient experience, and reduce health inequalities. We will also explore collaborations with the Anchors Institutions programmes to further enhance outcomes for residents, particularly those residing in the most deprived areas.

CORE20PLUS5 Ambassadors Programme

The National Healthcare Inequalities Improvement Programme has completed three cohorts of the Core20PLUS Ambassador Programme with two representatives from NHS Frimley graduating from programme, along with a Health Inequality Finance Fellow. They are committed to narrowing healthcare inequalities and ensuring equitable access, excellent experience and optimal outcomes for all – particularly Core20PLUS populations who are more likely to experience healthcare inequalities. Our ambassadors will play a pivotal role in promoting the importance of reducing inequalities across the healthcare system and driving this crucial agenda forward.

Preventative screening and early diagnosis

Despite advancements in early cancer diagnosis and treatment, health inequities remain with many facing barriers linked to income, education and location. Screening uptake varies widely across different groups across Frimley and we are working closely with system partners to understand and address these disparities. By improving access to screening and enhancing early diagnosis programmes, we can ensure more people benefit from timely detection and treatment, supporting the CORE20PLUS5 ambitions.



The Lung Cancer Screening Programme aims to find lung cancer earlier, often before symptoms develop. Since the launch of the lung health checks in Frimley in 2022, 22,111 health check invites have been sent to 55-74 year olds. 11,453 health checks have been carried out and 5,030 CT scans performed. 52 people have been diagnosed with lung cancer. Three-quarters were diagnosed at stages 1 and 2 making it easier to treat. This compares to less than 30% found at an early stage outside of screening. There have also been a number of incidental findings as part of the project, which may have otherwise gone undetected. These findings have allowed for early intervention and referral to appropriate services, further improving health outcomes for the individuals identified. In Frimley, lung health checks have taken place in Slough, Aldershot, Farnborough and Yateley. NHS England's ambition is to have lung health checks rolled out to all eligible patients by 2029. You can find out more on the NHS website (Lung cancer screening - NHS).

Smoking causes nearly twice as many cancer cases in lower-income groups compared to higher-income groups. People in deprived areas are 2.5 times more likely to smoke and face greater challenges in quitting, exacerbating health inequalities. Encouragingly, data from the Surrey and Sussex Cancer Alliance shows that more people from deprived communities are now being diagnosed with lung cancer at an earlier stage. This reflects the positive impact of the lung cancer screening programme in Frimley, helping to reduce health inequalities and improve outcomes for those most at risk. To further support this effort, we have co-located our community Smoking Cessation service to provide tailored advice and support for residents who smoke, which has been extremely beneficial in encouraging more people to quit and improving overall health outcomes.

Cervical Screening

Primary care teams play a vital role in delivering cervical screening and encouraging patients to book appointments. Targeted interventions by GP practices are improving cervical screening uptake among population groups that have traditionally faced more barriers to attending screenings. Three practices in Farnborough, Datchet and Slough have successfully increased uptake through text reminders in multiple languages, culturally sensitive outreach, online booking links, proactive calls to address concerns and flexible out-of-hours appointments, ensuring more equitable access to this vital preventive service.

The Bharani Practice in Slough, serving a population where 75% are from Black, Asian and Minority Ethnic communities, has tackled cultural, language and practical barriers with a culturally sensitive, personalised approach. As a result, they have achieved higher (80%) cervical screening uptake than similar practices, demonstrating the impact of tailored, inclusive engagement.

Breast Screening

The East Berkshire Breast Screening Service, in partnership with the Thames Valley Screening and Immunisation Team and the NHS Frimley Health Inequalities Team, has been actively engaging with community groups to promote the benefits of breast screening. They also attended the Women's Health event in Slough last year, which was well received and generated positive feedback. At the start of the national breast screening campaign Dr Lalitha Iyer, Chief Medical Officer, was interviewed on Asian Star Radio to highlight the importance

of attending screenings. With 5,000 women in Slough missing their screening invitations in the past year and with 85% of Frimley ICS' deprived population residing in Slough, one of the UK's most ethnically diverse towns where over 150 languages are spoken, these efforts are crucial in encouraging more women to take up this life-saving opportunity.

In February 2024, two workshops in Aldershot attended by 60 individuals from the Nepalese community raised awareness and understanding of the importance of participating in bowel screening. Participants indicated a 95.5% level of confidence in independently completing the screening kit following the workshop.

Cardiovascular Disease Prevention – Hypertension

Cardiovascular disease is strongly associated with health inequalities, particularly in Frimley ICS, where circulatory diseases contribute significantly to the gap in life expectancy between the most and least deprived areas. Therefore, ensuring resilience and support for practices in hypertension management and control remains crucial.

We've committed to preventing cardiovascular disease (CVD), aiming to reduce up to 300 strokes and 230 heart attacks annually, taking a whole-system approach.

Data from Connected Care has enabled us to target our efforts effectively, to ensure the best outcomes for our population. We have focused on reducing inequalities and tackling variations in outcomes, with the CORE20PLUS populations, as well as our priority population groups experiencing health inequalities relating to CVD prevention and targeting communities with low achievement. The ICS CVD Prevention Board regularly focuses on data comparison between adults in the 'plus' groups and the general population to identify any gaps in provision and enable equality of outcomes. Our shared goal is to increase the percentage of patients with hypertension treated according to NICE guidance to 80% by March 2025. As of 31st March 2025, our current achievement across the system is 74.4% (Connected Care data). This represents an improvement on last year's achievement. Working in partnership on CVD is essential for success. Our Public Health authorities commission the NHS Health Checks for people aged 40-74 which is key for identification of CVD and have developed innovative access to blood pressure monitors.

ICS teams have also organised blood pressure monitoring sessions across communities, including Nepali Elders Coffee Mornings, the Muslim Women's Group, and various community-led events such as Emergency Services Day and housing association initiatives, particularly in priority neighbourhoods.

We have developed community hypertension pilots, providing blood pressure monitors in targeted locations for vulnerable people working closely with our voluntary and community sector colleagues, supporting vulnerable communities including inclusion health groups. As part of our library project, blood pressure monitors are now available on loan at a few of our libraries in North East Hampshire and Surrey Heath.

We are leveraging digital tools like AccurX Florey for batch messaging and collaborating with our primary care colleagues to share key data and best practices. Strengthening relationships with community pharmacies is also a priority, as they play a vital role in reaching seldom-heard communities that are often missed through traditional methods. Referrals to the community pharmacy is improving.

To encourage staff to take control of their health, we have set up testing stations across NHS Frimley offices for staff to know their numbers. As NHS staff are also part of the communities we serve, our wellbeing matters too. By taking care of ourselves, we can have an even greater positive impact on the communities we serve.

The resources we've developed, including a dedicated page on the ICS website, translated materials, our easy reads, videos and case studies, are all being used as exemplars of good practice across the country. Patient education and awareness continue through our health improvement campaigns, focusing on key risk factors, and we look forward to participating in the Know Your numbers campaign again this September.

Inclusion Health Groups

Inclusion health is an umbrella term for individuals who are socially excluded and typically face multiple, interacting risk factors for poor health, including stigma, discrimination, poverty, violence and complex trauma. People in inclusion health groups often have negative experiences with healthcare services due to barriers in service design. These challenges can lead to avoiding future contact with NHS services, despite having high healthcare needs, resulting in significantly poorer health outcomes and earlier death compared to the general population. NHS Frimley is committed to improving access, experience and outcomes for those in inclusion health groups, working to overcome barriers and ensure equitable care for vulnerable populations. For example page 54 details two projects: outreach events targeting asylum seekers in hotels and Gypsy, Roma and Traveller engagement.

Carers (identified as part of the System Plus group under the CORE20PLUS5 framework)

Approximately 9% (76,000 individuals) of the Frimley ICS population are estimated to be carers, according to the 2021 Census. However, Carers UK suggests the actual number may be double, indicating around 152,000 unpaid carers in our system. Currently, 21,295 adult carers are coded in Frimley ICS, with 3,432 (16.1%) in the Core 20 group (decile 1-4). Of these, 103 also have a Learning Disability. The average age of carers is nearly 60, with a higher proportion being female (~70%). Identifying, coding and providing the necessary support for carers is essential to ensuring their health and wellbeing.

Carers Hubs are well established and the number of carers continue to increase. The Princess Royal Trust for Carers, covering the North East Hampshire and Farnham, supports carers through their Carers Hubs by offering blood pressure monitoring via a loan scheme. This initiative will be launched at the upcoming Carers Wellbeing Days planned in the next few months. Several services, including Smoking Cessation, weight management, alcohol and drug services and cancer screening, will also support the event, raising awareness and ensuring carers can access the relevant support in the community.

Hospital carers training – in collaboration with Action for Carers Surrey, Princess Royal Trust for Carers and Frimley Health NHS Foundation Trust, we are delivering carer training to staff and volunteers across hospital sites. The training, aimed at identifying, recording and signposting carers to support, was held in July 2024, with 22 staff members trained, with two further sessions planned for April and June 2025.

Carer Awareness Week – ICS partners hosted separate and joint events at Frimley Park Hospital, Berkshire Health NHS Foundation Trust and Wexham Park to promote the identification, recording and signposting of carers to services. These events were held in the hospital foyers to ensure maximum access.

Places:

- **North East Hampshire and Farnham** – outreach led by CAB Rushmoor and Rushmoor Borough Council is targeting priority groups, including carers, with blood pressure checks, information sharing and smoking cessation. At least six events are planned annually, starting with dates in January and February.
- **Rushmoor** – we are engaging differently with our large local Nepali community by piloting a community health and wellbeing worker model. This approach involves door knocking to identify carers, vulnerable individuals and connect them with essential support, from smoking cessation and vaccinations to assistance with housing issues like mould.
- **Carers Champions Rollout** – Six GP practices are collaborating to maintain Carers Registration and signpost carers to appropriate services, including Carers Contingency Planning.
- **Royal Borough of Windsor and Maidenhead** – The Carers Community Fund is funding small projects to support carers across the borough.

Carers GP support officers - two carers GP support officers have been recruited and are working closely with GP practices to embed Carers Quality Markers. They are also supporting practices in nominating carers champions to enhance identification and support for carers.

Healthy Weights

This priority is vital for the health of our population. This includes both NHS programmes such as Digital Weight Management programmes and local authority commissioned Tier 2 weight management. The ICS and local areas have embarked on a coordinated approach to healthy weight management – a whole system approach to obesity which is progressing well by taking a life course approach. We have developed a Healthy Weights Framework.

A session for our Integrated Care Partnership dedicated to Healthy Weights led by our DPHs was well received, it was attended by over 50 people and we will look to scope and develop a Frimley ICS Healthy Weights Action Plan – following on from the ICP session.

NHS Digital Weight Management Programme

The Digital Weight Management Programme (DWMP) aims to reduce health inequalities by providing additional personalised support for people with characteristics that suggest they may be less likely to complete behavioural and lifestyle change programmes designed to reduce and manage their weight. he DWMP is now well embedded, working in collaboration with local authorities. As of 31st March 2025, the total number of eligible GP referrals made into the programme is 1,802, achieving 119% of the target set by NHSE. This represents an improvement on last year's achievement. We are currently ranked fourth nationally and first in the South East for uptake, having consistently delivered high referrals across the region. The programme in 2024/25 also seeks a quality improvement ambition of 90% eligible GP referrals and we are currently achieving 89%.

This programme is more acceptable and accessible to some groups than others and forms part of a range of services for weight management to ensure equity. This also fits in with the work of several of our Places who have embarked on a whole-system approach to obesity work – which is progressing well.

Smoking

Effective tobacco control is crucial for ICSs to achieve their goals related to health inequalities. We must leverage our ICS strategy, health and wellbeing strategies and other

relevant local plans to ensure that a range of stop-smoking interventions is accessible to everyone. In line with the NHS Long Term for tobacco dependency treatment services, we continue to deliver the In-House In-Patient and Maternity pathway at Frimley Health NHS Foundation Trust. This program provides Tobacco Dependence Treatment Services, including opt-out behavioural support and pharmacotherapy, offering highly effective, evidence-based treatments to patients upon admission. Supporting individuals who smoke in managing their nicotine use while in the hospital and beyond. For in-patients and maternity, the program systematically identifies tobacco addiction as part of routine care and provide effective treatment options.

The inpatient service provides full coverage across the Trust and are now submitting data at the highest quality, which is extremely positive. The numbers of patients having their smoking status recorded has increased significantly and the Trust are already seeing patients attending hospital months after their initial Tobacco Dependency Advisor assessment, who have quit completely.

Between January and December 2024, a total of 4,243 smokers were referred to the Tobacco Dependency Advisors (TDAs), with 2,826 individuals being seen and a further 214 receiving follow-up care. The Community Stop Smoking Services received 1,341 referrals during 2024–25, resulting in 500 individuals successfully quitting smoking, although 645 were lost to follow-up.

Referral data post-discharge indicates that high-quality interventions are being delivered, with a 32% quit rate among those referred, which is an encouraging outcome, particularly considering that TDAs are not currently operating a 7-day service.

Smoking status is now recorded for approximately 73% of all hospital admissions, a substantial improvement from the 15% baseline prior to the inpatient service rollout. In comparison, the national average stands at 16.6%. This represents a significant step forward in embedding smoking status as a routine part of patient care.

While this progress is encouraging, there is still more work to be done to build on this momentum and achieve 100%. Increased staff training in Very Brief Advice (VBA) has been a key focus and in 2024–25, 1,360 staff members received training, significantly strengthening our capacity to have meaningful conversations around smoking. Additional training also takes place informally on the wards, although capturing this data is more challenging. Overall, The Frimley ICS Tobacco Strategic Oversight Group has been established in collaboration with local authority Public Health colleagues and Trust partners to reduce smoking prevalence across the ICS and implement the NHS Long Term Plan objectives related to tobacco. The group is responsible for driving the smokefree agenda, overseeing the implementation of the Inpatient Tobacco Dependency Programme and maternity pathway, and ensuring a sustainable, resilient program that supports more people in secondary care to quit smoking.

We have launched smoke-free campaigns as part of our ongoing health improvement efforts, aligning with national initiatives such as Stoptober and No Smoking Day. Community events were organised across several areas to support these efforts. In Slough during Stoptober, 438 assessments were completed, identifying 105 smokers. Additionally, 130 individuals set a quit date (including through the Quit with Bella App), with eight successful quits so far. The campaign featured a radio initiative broadcasted in three languages - English, Urdu and Hindi - to cater to Slough's diverse population. With approximately 75,000 listeners per week across all platforms, the campaign successfully heightened public awareness. Positive feedback emphasised the importance of delivering health messages in community languages. The campaign also included a project with the Pakistani Welfare Association and

insight work on smoking within Polish communities, with plans for further engagement with the Polish community in the future.

To further aid smoking cessation, information and advice are now available at food banks in North East Hampshire and Farnham. Additionally, smoking cessation services have co-located with Camberley Citizens Advice Bureau, which has proven successful and further co-location opportunities are being explored across Surrey Heath and Farnham.

Smokefree Generation programme - collaboration with local authorities on SMS Quit Smoking pilot

NHS Frimley is collaborating with local authority Public Health teams to pilot an innovative initiative aimed at encouraging smokers to quit. This pilot program involves signposting smokers to local stop smoking services through personalised SMS text messages sent to targeted patient groups. Data from Connected Care suggests that there are approximately 76,773 patients who smoke across the ICS which is around 10%, representing a significant portion of the population that could benefit from cessation support. The pilot seeks to leverage a targeted, centralised approach to effectively reach smokers and motivate them to engage with cessation services. Using the Connected Care system, tailored text messages will be sent to agreed cohorts of patients to promote local stop smoking services. To ensure the messages are accessible and resonate with the diverse community, translations will be provided in the languages spoken within the population.

Alcohol harm reduction

Alcohol-related deaths in England have significantly risen over the past four years. Analysis by the Institute of Alcohol Studies suggests 55-74 year-olds are now the heaviest-drinking age group, which it says could be driving current trends. In response, ICS partners unanimously agreed on the need to establish an Alcohol Professionals Network to strengthen collaboration across Trusts, providers and commissioners, enhancing links between primary care, secondary care and community services.

The network aims to improve early intervention, prevention and referral pathways to reduce alcohol-related hospital admissions and increase access to community support. Key priorities include:

- embedding AUDIT-C screening in primary and secondary care settings;
- strengthening early intervention and prevention strategies;
- developing mutual aid networks and training for professionals;
- enhancing communication and coordination between services; and
- supporting Combating Drugs Partnership referral targets and promoting consistency in alcohol prevention.

The network fosters a multidisciplinary approach where professionals share insights, data, and best practices to enhance service delivery. A key focus is training and development, with a new integrated smoking and alcohol education package being worked up to offer bite-sized sessions to optimise staff time.

The leadership of this group has been instrumental in driving meaningful change, fostering collaboration across multiple agencies, including Alcohol Change UK. The network has spearheaded community outreach efforts, hosting conversation events with marginalised groups to raise awareness of alcohol-related risks. These sessions have provided critical insights that will shape future interventions and support services.

To ensure long-term impact, we are now embedding alcohol awareness into broader health initiatives, including Making Every Contact Count (MECC) training and the Healthy Workplace

Alliance in Bracknell. By integrating alcohol education into these programmes, we are fostering sustained engagement with our communities and reinforcing prevention strategies across multiple touchpoints.

NHS Frimley has actively supported national social media campaigns and previously ran a standalone project last year. Moving forward, the focus is on developing a targeted communications plan that drives long-term behaviour change. A new social media campaign is set to launch in the coming months, aiming to enhance engagement and awareness across key health priorities.

Alcohol Care Team

We have a fully established Alcohol Care Team providing a seven-day service across both Frimley Park and Wexham Park Hospitals. The Alcohol Specialist Nurses offer an in-reach service for inpatients experiencing acute alcohol-related issues, including those presenting to Emergency Departments (ED). The service is led by a Consultant Hepatologist and Gastroenterologist, whose clinical expertise has been instrumental in shaping and evolving the service. Additionally, Liver Specialist Nurses work closely with the Alcohol Specialist Nurses to support the liver pathway, ensuring that high-risk drinkers are referred for FibroScans and provided with essential information packs upon discharge. To strengthen early intervention and care coordination:

- specialist teaching programmes are being delivered for staff and students;
- ED staff are being trained to routinely complete AUDIT-C screening as part of the admission process;
- a one-page summary of drug and alcohol support services has been developed, now available alongside referral forms in primary care - helping match patients to the most appropriate pathway; and
- referral forms have been integrated into the electronic patient record in secondary care, expanding access for staff and improving referral rates to community services.

These developments are driving better patient outcomes, increasing referrals to community support and ensuring a joined-up approach across primary, secondary, and community care.

Building a thriving community for health and wellbeing

Bracknell Forest Council, in partnership with NHS Frimley and the local voluntary, community and faith sectors, is leading a co-production programme focused on community health and wellbeing. Using local health data, Bracknell's town centre was identified as the focus for the pilot year of the programme. The programme is working directly with residents in identified town centre housing to:

- co-design solutions that improve health, wellbeing and community cohesion;
- empower communities by supporting resident-led initiatives; and
- create a sustainable model that helps individuals and families thrive, not just live.

By placing residents at the heart of the conversation, this initiative aims to build a healthier, happier and more connected community.

Sport England Award for Britwell Place expansion

Get Berkshire Active has been awarded funding from Sport England's Place Expansion Programme to develop a place-based partnership in Britwell, Slough. This initiative aims to address systemic barriers to physical activity and promote healthier lifestyles in the community. Slough Borough Council's Public Health team is collaborating with Get Berkshire Active and other local partners to support the successful delivery of this project. The initiative

will tackle systemic barriers to physical activity, train local leaders and engage Britwell residents in co-developing sustainable solutions.

Environmental matters

Reducing the environmental impact of prescribing in Frimley

NHS Frimley's Medicines Optimisation Team has achieved some significant outcomes by working to reduce the environmental impact of medication use across the system. It is well known that climate change and pollution has a negative impact upon health, increasing incidence of cardiovascular disease, respiratory disease, infectious diseases, dementia and mortality. Therefore, work to reduce these things will be beneficial for people living locally and elsewhere.

Notable achievements over the past year include:

- NHS Frimley has achieved the biggest reduction in the carbon footprint of inhaler prescribing in the South East;
- an insulin pen recycling scheme has been rolled out across the system, turning used insulin pens into furniture and light fittings;
- a project supporting care homes to reduce wasted medications led to a reduction in waste of 3,700 items of medication;
- over-prescribing of the antibiotic amoxicillin, was reduced by 50%, reducing the exposure of individuals and the environment to unneeded antibiotics and reducing the development of resistant organisms; and
- NHS Frimley ICS Medicines Board agreed to include environmental impact of medications in formulary decision.

Environmental impact of our estates

NHS Frimley seeks to manage the estate with recognition of the estates' environmental impact. Recent examples of this approach include construction projects in progress as part of the DHSC Upgrades Programme. The new primary care facility previously housing two practices on the Heatherwood Hospital site, has relocated two practices, removing the use of old and unsustainable accommodation.

NHS Frimley are currently constructing Bracknell Centre for Health, in partnership with Bracknell Forest Council. This development has exceeded Building Research Establishment Environmental Assessment Methodology (BREEAM) excellent status at design stage - the leading sustainability assessment for built environment and infrastructure. The design has a significant dependency on renewables with Photovoltaics providing some of our power and Air Source Heat pumps supplying heating and hot water. Similarly, the design for a new facility in Ascot will follow the same environmental standards, where NHS Frimley are also on target to meet the BREEAM excellent status.

NHS Frimley is also updating the Grade II King Edward VII site to improve management of resources such as power, lighting and heating. For example, during 2024-25, all lightbulbs across the King Edward VII site were replaced with LED (light-emitting diode) bulbs to reduce energy consumption.

In addition to this, NHS Frimley is involved in several projects with system partners to improve the utilisation of system-wide estate.

Office usage and staff travel

NHS Frimley supports staff by encouraging remote working. This enables the organisation to minimise the office space it occupies, the utilisation of printing and other emission-generating activities such as the heating and cooling of office spaces.

As a direct result of reduced office working, in-year carbon dioxide emissions relating to electricity and gas use at the King Edward VII site have improved upon baseline expected carbon emissions by 7.42% and 23.28% respectively, representing a total 111 tonnes of carbon dioxide emissions saved at this site alone in 2024-25.

During 2024-25, NHS Frimley provided staff with the ability to access lease cars at improved rates from a trusted NHS lease provider. All lease cars driven by NHS Frimley staff through this scheme are electric or hybrid, to ensure that emissions from staff travelling in salary-sacrifice lease cars are as sustainable as possible.

System Green Plan Refresh 2025

NHS Frimley is currently working towards a refresh of the 2022-25 Frimley Health and Care Green Plan, due on 31 July 2025, to meet the statutory duties detailed in the ‘Delivering a Net Zero National Health Service’ report and reinforced by the Health and Care Act 2022.

Task Force on Climate-related Financial Disclosures (TCFD)

The DHSC Group Accounting Manual (GAM) has adopted a phased approach to incorporating the recommended Taskforce on Climate-related Financial Disclosures (TCFD), as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports.

Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally, by NHS England.

TCFD recommended disclosures, as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025-26 financial year.

A phased approach allows NHS Frimley to gradually build capacity and enhance disclosure practices over time, ensuring a smooth transition towards full compliance with TCFD requirements. It also provides an opportunity for learning and knowledge sharing within the NHS community, as organisations collaborate and exchange best practices for addressing climate-related risks and opportunities.

As an NHS organisation and spender of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Greener NHS Sustainability means spending public money well, protecting the environment by making smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising natural resources costs.

The TCFD framework focuses on the governance structures and processes that NHS Frimley has in place to oversee climate-related risks and opportunities. For 2024-25, the phased approach incorporates the disclosure requirements of the following 'pillars': governance, risk management, and metrics and targets.

These pillars encompass the key aspects detailed below.

- **Board oversight:** This involves describing the role of the board of directors and governors in overseeing climate-related issues. It includes the board's responsibility for endorsing NHS Frimley's climate strategy, overseeing its implementation and ensuring that climate-related risks and opportunities are integrated into decision making processes.
- **Management's role:** This entails describing management's role in assessing and managing climate-related risks and opportunities. It includes detailing how management identifies, evaluates and address climate-related risks across NHS Frimley's operations and value chain
- **Integration into strategy:** This involves explaining how climate-related risks and opportunities are integrated into NHS Frimley's overall strategy. It includes describing how climate considerations inform strategic planning, business model development and investment decisions.
- **Risk Management processes:** This entails disclosing NHS Frimley's processes for identifying, assessing and managing climate-related risks. It includes detailing how climate risks are identified, evaluated, and monitored as well as the measures taken to mitigate or adapt to these
- **Metrics and incentives:** This involves describing how NHS Frimley incentivises and monitors progress on climate-related objectives. It includes disclosing any performance metrics, targets, or incentives related to climate change as well as how progress against these objectives

Climate related risks are managed, like all ICB risks, through the ICB's standard risk management process. When climate related risks are identified, they are recorded on the local risk register and evaluated for the risk's likelihood and impact, with a clear plan for mitigation and timeline for actions to be addressed. Any escalated risks are reviewed on an ongoing basis by the Chief Financial Officer, System Estates Board, the Finance and Performance Committee and the Integrated Risk Group.

The role of the Integrated Risk Group is to provide an assessment of complex, significant or recurrent risks that are escalated to it via the Corporate Risk Register (comprised of strategic risks rated 15 and above) and monitor progress against plans and oversee the mitigation of any significant risks; it is also responsible for providing assurance to the ICB Board on the completeness and accuracy of the Board Assurance Framework. The Board reviews its Board Assurance Framework at its meetings in public.

NHS Frimley has been unable to make as much progress as anticipated with the above-outlined environmental sustainability reporting requirements due to the impact of competing operational challenges on management bandwidth, such as the organisational change programme and the rising demand for NHS services. Despite the recognition of the significance of this framework, these challenges have impacted NHS Frimley's ability to develop its plans to ensure the timely establishment and implementation of the TCFD pillars. Whilst this formal documentation has not been completed, NHS Frimley has made progress towards reducing the environmental impact of the organisation, as described above.

In 2025-26 NHS Frimley shall formalise the sustainability efforts of the organisation to ensure

full documentation of the TCFD pillars. This will include the identification of metrics and targets to be measured and reviewed throughout the period.

Health and Wellbeing Strategy

NHS Frimley Integrated Care Board takes an active role on all five Health and Wellbeing Boards (HWBBs) across Slough, Bracknell Forest, Royal Borough of Windsor and Maidenhead, Hampshire and Surrey County Councils. Health and Wellbeing Boards provide a strong focus on establishing a sense of place within the Frimley system. They instil a mechanism for joint work with partners from local government, the NHS, other public services and the voluntary and community sector. Health and Wellbeing Boards have a statutory duty, with NHS Frimley to produce a Joint Strategic Needs Assessment (JSNA) and a joint Health and Wellbeing Strategy for local populations. These strategies ensure organisations plan and work together to improve the health and wellbeing of local residents, increase healthy life expectancy and reduce inequalities in health.

Across our system, all Health and Wellbeing Boards are in the process of reviewing and refreshing their local joint Health and Wellbeing Strategies. This is with an ambition to increase healthy life expectancy and is in the context of changing local population needs and national policy shifts including the ambition to support more people at home rather than in hospital and the increased focus on preventing illness and disease.

Each of our Places (Bracknell Forest, North East Hampshire, Royal Borough of Windsor and Maidenhead, Slough and Surrey Heath and Farnham) has arrangements for delivering the priorities in their local strategies, including being supported by our five Place Boards. These collaborative working arrangements have helped to create stronger connections with Health and Wellbeing Boards to ensure we collectively build the most appropriate local services which benefit from the combined understanding, connection and expertise of all our partners involved.

Examples of the work undertaken across all our Places, including ‘case studies’ and ‘real stories’, help bring our work to life and demonstrate NHS Frimley’s impact by working with our partners across health, social care, communities and the voluntary sector.

You can read our annual Health and Wellbeing Board report on the NHS Frimley website.

Social Matters, Human Rights, Anti-Corruption and Anti-Bribery

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

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

This section covers the following:

- **Social Matters, Human Rights**
  - Asylum Seekers support
  - Gypsy, Roma and Traveller engagement
- **Anti-corruption and bribery**
  - Counter Fraud
  - Cyber Security

Social Matters, Human Rights

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

Outreach events targeting asylum seekers in hotels

A collaborative effort between Rushmoor Citizens Advice Bureau and Rushmoor Borough Council has led to the delivery of outreach events targeting asylum seekers housed in local hotels. Activities include:

- physical activities to promote health and wellbeing;
- sexual health team providing essential services and information;
- primary care support to address healthcare needs; and
- interactive sessions designed for children and young people, fostering engagement and education.

This joint initiative aims to improve healthcare access and outcomes for asylum seekers, addressing their specific needs in an inclusive, supportive environment.

Gypsy, Roma and Traveller engagement

We are collaborating with primary care colleagues in Surrey Heath to carry out a targeted initiative focused on the Gypsy, Roma, and Traveller (GRT) communities. This work aims to:

- identify and record GRT individuals who are underrepresented in health data;
- provide health checks to address their specific health needs; and
- recognise that GRT communities are the highest group of unpaid carers in the country, as per the census, and support them in balancing caregiving responsibilities with taking care of their own health and wellbeing.

This initiative is crucial to ensure that GRT individuals receive the care and support they need while fulfilling their caregiving roles.

Anti-Fraud, Bribery and Corruption

The ICB is committed to maintaining high standards of honesty, openness and integrity within the organisation. In line with the NHS Counter Fraud Authority Strategy 2023-2026, the ICB is committed to eliminating, fraud, bribery, and corruption, money laundering and other economic crimes within the NHS to protect public resources for health and care. The ICB has a zero-tolerance appetite to fraud, bribery and corruption, money laundering and other

economic crimes. NHS Frimley has published its Anti-Fraud, Bribery and Corruption, Money Laundering and Economic Crime Statement on its website: https://www.frimley.icb.nhs.uk/policies-and-documents/corporate-policies

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

As part of its role, the NHS Counter Fraud Authority is required to provide annual assurance to the Cabinet Office of how the NHS is identifying and mitigating the risk of fraud, bribery and corruption. In order to do this, all NHS funded services are required to provide assurance against the 12 NHS Counter Fraud Authority Requirements of the Government Functional Standards. The 12 Functional Standards are split equally between governance and counter fraud bribery and corruption practices. Details of the ICB's counter fraud arrangements are described in the Annual Governance Statement.

Cyber Security

The health and social care sector is increasingly aware that protecting patient care and sustaining national services includes having resilient cyber security, as outlined in the Cyber Security Strategy for Health and Social Care: 2023 to 2030.

NHS Frimley is working closely with the South, Central and West Commissioning Support Unit to ensure it has in place technology which is able to resist and recover from cyber-attacks, prevents cyber-related crime from harming patients and critical national infrastructure and encourages an environment that promotes innovation, technological progress and interoperability.

This includes:

- projects facilitated by the South, Central and West Commissioning Support Unit (SCW CSU) to support cyber security risk management;
- endpoint Protector software rolled out across NHS Frimley and GP estate. This helps to protect the network from unapproved and unencrypted removable media devices;
- ensuring the starters and leavers process is used correctly;
- ongoing promotion of the Data Security and Protection (DSP) toolkit, which is now closely aligned to the National Cyber Security Centres Cyber Assessment Framework, across core organisations to support information flow, including new suppliers and the upstream supply chain;
- instigated a programme of quarterly cyber reporting to analyse the performance of the security measures in place and to also inform business strategies and investment plans;
- promoting a cyber security culture across NHS Frimley by providing best practice guidance and cyber focused campaigns;
- full engagement with NHS England initiatives for cyber security to ensure secure and proactively monitored communications;
- full engagement with the National Cyber Security Centre to guide policies and process development to ensure best practice is always maintained; and
- development of a cyber strategy which will both align to ICBs vision and mission and co-ordinate the ICS member organisations to work collaboratively to achieve a long-term cyber security direction and objectives, to ensure confidentiality, availability and integrity of all NHS and patient data.

Emergency Preparedness Resilience and Response, Systems Resilience and System Coordination Centre

The Emergency Preparedness Resilience and Response (EPRR), System Resilience and the System Coordination Centre (SCC) and Vaccination Team are made up of highly trained individuals led by the Accountable Emergency Officer and Head of EPRR/Systems Resilience and SCC. The team has unique skills and experience to manage any type of incident at any time of the day or night while overseeing the day-to-day management and resilience of the Frimley system, sharing and collating all relevant information pathways across our health sector – regionally and nationally and a wider multi-agency network of Category 1 and 2 responders, partnership organisation and voluntary agencies.

The team works using a cyclical process throughout the year to provide NHS Frimley with a robust and effective EPRR and System Resilience and SCC workplan, to fully comply with the annual EPRR assurance process and to ensure our legal duties as stipulated by the Civil Contingencies Act 2004 and EPRR Framework are met to the highest possible standard.

EPRR Assurance

All NHS organisations are required to undertake a self-assessment against the EPRR national core standards. The core standards drive NHS Frimley's annual EPRR workplan. The EPRR team along with the Head of EPRR and SCC and the Accountable Emergency Officer oversee this work.

NHS Frimley reported its compliance against the 2024-2025 NHS England Core Standards for EPRR to the Board in November 2024 where it was 'substantially compliant' (meeting 44 of the 47 applicable core standards). The three core standards that were rated as 'partially compliant' have a plan in place to become compliant within the following 12 months, these each related to the planned ICB business continuity refresh following the organisational consultation and will reflect changes in teams and departments.

In addition to our own EPRR assurance against the core standards, NHS Frimley oversee and support our local health partners with their assurance. This is achieved via quarterly meetings where current progress against the core standards and focuses for the quarter ahead are discussed.

Our local partners are:

- Frimley Health NHS Foundation Trust
- Berkshire Healthcare NHS Foundation Trust
- HCRG Care Group

Plans and checklists

The EPRR/System Resilience and SCC team have a number of plans, policies and protocols within their portfolio and all plans are subject to annual reviews.

Design, review and validation through testing and exercising of these plans is part of the annual EPRR assurance process. All plans, action cards and checklists are shared with other ICBs as appropriate, to allow for joint working on specific areas and to share best practice.

NHS Frimley's footprint overlaps with three Local Resilience Forums (LRFs) - Thames Valley, Surrey and Hampshire/Isle of Wight - each having their own Local Health Resilience Partnerships (LHRP). It is a requirement of the EPRR Core Standards to be an engaged member of the LRF and LHRPs. The EPRR team undertake this function for NHS Frimley and are engaged on a wide range of workstreams including planning for major incidents, risk, business continuity and training.

Business Continuity Management

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

- An NHS Frimley Business Continuity Plan with supporting Action Cards (when managing a Business Continuity Incident);
- Nominated Business Continuity Champions (BCCs) across NHS Frimley;
- An NHS Frimley Business Impact Analyses for each work stream; and
- BCM training on ESR and one-to- one training with BCCs;

System Coordination Centre (SCC) and Vaccination Programme Team

The Frimley System Coordination Centre (SCC) was accredited by NHS England in late 2023. Frimley SCC work closely with the Urgent and Emergency Care team, System Resilience Team, Emergency Planning Resilience and Response team and Frimley Health NHS Foundation Trust's (FHFT) Operations Centre (TOC). Frimley SCC is the central coordination service to providers of care across the ICS footprint, with the aim to support patient access to the safest and best quality of care possible.

We have focussed on further development of the SCC during 2024 in line with best practice in other areas and the evolving requirements of NHSE requirements and we will continue to align with the purpose, key deliverables and minimum operating requirements outlined by NHS England.

The Frimley SCC and System Resilience team continue to respond to local and national incidents by standing up as an Incident Coordination Centre (ICC) which is available seven days a week, 8am – 8pm. Our continual response to all the incidents that have occurred and are still occurring, has been in line with our statutory Emergency Preparedness Resilience and Response duties.

The vaccination programme has just finished its 12th campaign and since the conception of the Frimley vaccination programme in December 2020, Frimley SVOC have coordinated the smooth operational delivery of the programme enabling over 2.3 million vaccinations to be given to our most vulnerable patients.

System Resilience

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

- System Resilience calls are held twice per week, with further escalation calls stood up as required to address increasing risks or specific areas of pressure.

- Strategic (Gold) and Tactical (Silver) calls are able to be stood up during times of heightened pressure.
- The System Resilience team also produce an internal brief sheet daily which outlines previous day activity – this is primarily used for reporting to the regional team on the daily ROC call.
- The Frimley ICS Surge and Escalation Protocol has been reviewed in line with the NHSE National Escalation Framework and the South East Regional Operational Pressures Escalation Levels (OPEL) Framework. Additional work has also been completed to identify the triggers for System OPEL 4 declaration, system-wide Critical Incidents / Business Continuity Incidents, and Stand Down – this work is now being linked to a South East region-wide approach with a defined set of metrics/triggers.
- Planning and assurance continue for Bank Holiday periods, winter and key areas of identified or anticipated high system pressures. These plans take a whole-system approach to identifying services available, risks and mitigations over any set time period and have proven useful additions to standing plans and procedures by system tactical and strategic managers.

Sam Burrows

Interim Accountable Officer

19 June 2025

Accountability Report

Corporate Governance Report

Corporate Governance Report

Members Report

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

Composition of our Integrated Care Board

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

The Board is comprised of the following nineteen voting members: the Chair; the Chief Executive Officer; five Chief Officers; four Non-Executive Members; two Primary Care Partner Members; three Local Authority Partner Members; three NHS Provider Partner Members. In addition to the voting members, there is also non-voting membership comprised of the following role: System Lead for Equality, Diversity and Inclusion. The Regional Director of Strategy and Transformation (NHSE) was also a regular attendee throughout 2024-25.

The Board welcomed three new members in 2024/25:

- Lance McCarthy, Chief Executive Officer at Frimley Health Foundation Trust (FHFT) was appointed to the Board on 14 October 2024 and replaced the previous incumbent, Neil Dardis, as Provider Partner Member. During the interim period between appointments (April – August 2024) Caroline Hutton, Interim Chief Executive Officer at FHFT attended our Board meetings in a Non-Voting capacity.

- The ICB's Constitution was updated to align with the revised NHS ICB Model Constitution issued by NHS England in May 2024 (which replaced the version from May 2022). The new Model Constitution set out a number of changes, including the requirement for ICBs to appoint from amongst its Non-Executive Members, a Deputy Chair and a Senior Non-Executive. To strengthen its resilience and decision-making capacity the ICB Board agreed to increase the number of its voting Non-Executive Members from two to four. Sajjad Khan and Gareth Shepherd, joined the Board on 6 January 2025 as new Non-Executive Members.

In line with Clause 3.4.2 of the Constitution, namely, “no individual shall hold the position of the Chair of the Audit Committee and the Deputy Chair at the same time” – the Chair appointed Paul Farmer, Non-Executive Member and Chair of the Remuneration Committee as the Deputy Chair and Ilona Blue, Non-Executive Member and Chair of the Audit Committee as the Senior Non-Executive Member.

The five Places which make up the ICB are comprised of (i) Bracknell Forest (ii) North East Hampshire and Farnham (NEHF) (iii) Surrey Heath (iv) Slough (v) Royal Borough of Windsor and Maidenhead (RBWM).

To align with the new Operating Model for NHS Frimley – the internal management arrangements for the five Places has been streamlined into two teams that sit within the portfolio of the Chief Transformation and Digital Officer. The East Berkshire Place and Communities Team is comprised of three Places (Bracknell Forest, Slough, Windsor and Maidenhead) and the two other Places - North East Hampshire and Farnham, Surrey Heath form their own Places and Communities Team. These two Places and Communities Teams work to manage the place-based delivery plans for the five Place and report to the new established single Place and Communities System Board. Stakeholders and local authority colleagues work alongside each of the leadership teams, meeting regularly together at their local Place Committees. Details of the five Places can be found on the NHS Frimley website.

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

There were 12 meetings of the Frimley Board in 2024-25. Six of these were held as meetings in public and six were held in private seminar mode. All meetings were quorate.

Dr Priya Singh is the Chair of the ICB and Fiona Edwards is the CEO and Accountable Officer.

In March 2025 Fiona Edwards announced her decision to stand down from her role as CEO and Accountable Officer. Sam Burrows, the Chief Transformation, Delivery and Digital Officer was appointed as the Interim CEO and Accountable Officer, effective from 1 April 2025.

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

Voting membership in 2024-25

Non-Executive Members	
Dr Priya Singh, Chair	**1 April 2024 – 31 March 2025**
Ilona Blue, Non-Executive Member and Chair of the Audit Committee	**1 April 2024 – 31 March 2025**
Paul Farmer, Non-Executive Member and Chair of the Remuneration Committee	**1 April 2024 – 31 March 2025**
Gareth Shepherd, Non-Executive Member	**6 January 2025 – 31 March 2025**
Sajjad Khan, Non-Executive Member	**6 January 2025 – 31 March 2025**
Executive Members	
Fiona Edwards, Chief Executive Officer	**1 April 2024 – 31 March 2025**
Richard Chapman, Chief Finance Officer	**1 April 2024 – 31 March 2025**
Sarah Bellars, Chief Nursing Officer	**1 April 2024 – 31 March 2025**
Dr Lalitha Iyer, Chief Medical Officer	**1 April 2024 – 31 March 2025**
Caroline Corrigan, Chief People Officer	**1 April 2024 – 31 March 2025**
Sam Burrows, Chief Transformation & Digital Officer	**1 April 2024 – 31 March 2025**
NHS Provider Partner Members	
Lance McCarthy, Frimley Health Foundation Trust	**15 October 2024 – 31 March 2025**
Alex Gild, Berkshire Health Foundation Trust	**1 April 2024 – 31 March 2025**
Graham Wareham, Surrey and Borders Partnership Foundation Trust	**1 April 2024 – 31 March 2025**
Local Authority Partner Members	
Karen Edwards, Rushmoor Borough Council	**1 April 2024 – 31 March 2025**
Grainne Siggins, Bracknell Forest Council	**1 April 2024 – 31 March 2025**
Rachael Wardell, Surrey County Council	**1 April 2024 – 31 March 2025**
Primary Care Partner Members	
Dr Prash Patel, Magnolia House Surgery	**1 April 2024 – 31 March 2025**
Dr Huw Thomas, Claremont & Holyport Surgery	**1 April 2024 – 31 March 2025**
Non-Voting Members	
Safina Nadeem, Equality, Diversity and Inclusion System Lead	**1 April 2024 – 31 March 2025**
Regular attendees	

David Radbourne, Regional Director of Strategy and Transformation (NHSE)	**1 April 2024 – 31 March 2025**
Caroline Hutton, Interim CEO, FHFT	**1 April 2024 – 14 October 2024**

Profiles of our Board can be found on the NHS Frimley website.

For details of **declared conflicts of interest** published on our website please click here on the Civica Declare.

Tables showing ICB Board Attendance for 2024-25:

Voting members:

Name	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Dr Priya Singh	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	**11/12**
Fiona Edwards	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**12/12**
Rich Chapman	✓	✓	✓	✓	**A**	✓	✓	✓	✓	✓	✓	✓	**11/12**
Sarah Bellars	✓	✓	✓	✓	✓	**A**	✓	✓	✓	A	✓	✓	**10/12**
Sam Burrows	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**12/12**
Caroline Corrigan	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	A	✓	**10/12**
Dr Lalitha Iyer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**12/12**
Ilona Blue	**A**	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**11/12**
Paul Farmer	✓	✓	**A**	✓	✓	✓	✓	✓	✓	✓	✓	✓	**11/12**
Dr Huw Thomas	✓	✓	✓	✓	**A**	✓	✓	✓	✓	✓	A	✓	**10/12**
Dr Prash Patel	✓	✓	**A**	✓	✓	✓	✓	✓	✓	✓	✓	✓	**11/12**
Lance McCarthy							✓	✓	✓	✓	✓	✓	**6/6**
Alex Gild	✓	✓	✓	A	A	✓	✓	✓	✓	✓	**A**	✓	**9/12**
Graham Wareham	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**12/12**
Karen Edwards	✓	✓	✓	✓	✓	✓	✓	✓	**A**	✓	✓	**A**	**10/12**
Rachael	**A**	✓	**A**	**A**	**A**	**A**	✓	A	**A**	A	✓	**A**	**3/12**

Wardell													
Grainne Siggins	✓	✓	A	A	✓	✓	✓	✓	✓	✓	✓	✓	**10/12**

Non-voting members and other attendees:

Name	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Safina Nadeem	✓	✓	✓	✓	✓	✓	**A**	✓	✓	✓	✓	**A**	**10/12**
Caroline Hutton (interim)	✓	✓	✓	✓	A								**4/5**

✓ Attended **A** Absent **D** Deputy

In line with the NHS Leadership Framework,, the Board undertook regular development sessions during the course of 2024-25 to ensure the effectiveness of its leadership and ongoing focus on strategic planning.

Members of the Board are required to adhere to the Seven Nolan Principles of Public Life and with the requirements of the Fit and Proper Persons Test.

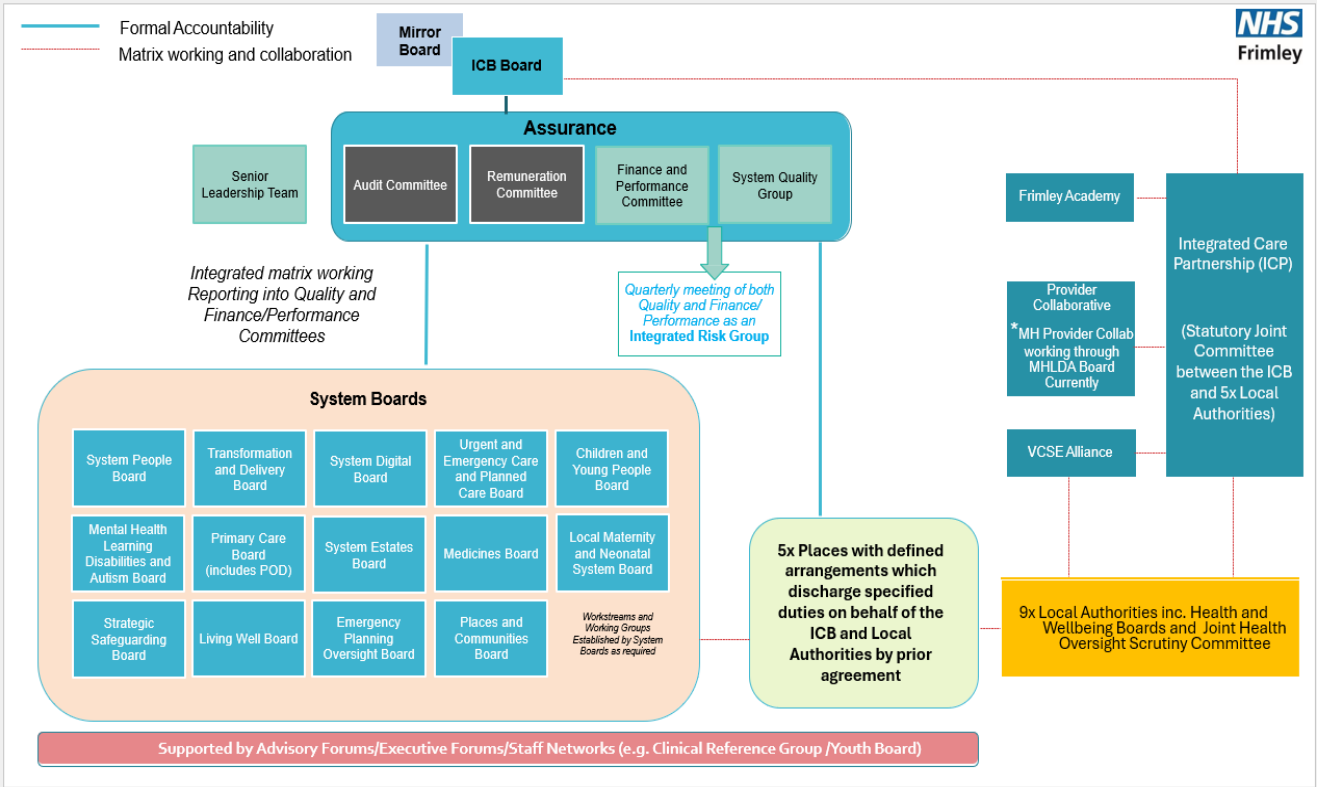
NHS England developed the Fit and Proper Person Test Framework in response to recommendations made by Tom Kark KC in his 2019 review of the Fit and Proper Persons Test also known as the “Kark Review”. The Framework also took into account the requirements of the Care Quality Commission (CQC) in relation to directors being fit and proper for their roles. The NHS England Fit and Proper Persons Test Framework is designed to assess the appropriateness of an individual to discharge their duties effectively in their capacity as a board member and applies to Executive and Non-Executive Directors of NHS Trusts and Foundation Trusts, NHS England and the Care Quality Commission for both permanent and interim appointments. From September 2023 onwards, the duty was extended to members of ICB Boards. The ICB commissioned the SCW CSU to conduct Fit and Proper Person Tests on the Board.

At its meeting in September 2024, the Chair provided assurance to the Board that the ICB had discharged its duties in respect of implementing the new Fit and Proper Persons Test Framework and all members of the Board were deemed to be “Fit and Proper Persons”.

Frimley Integrated Care Board Governance Structure

The NHS Frimley governance structure is shown below, it is comprised of four committees of the Board,14 portfolio System Boards and five Places, supported by various system collaboratives and groups.

During the course of 2024-25, to further embed the new Operating Model for NHS Frimley, three new system boards were established: Places and Communities Board; Emergency Planning and Oversight Board and the Living Well Board.



NHS Frimley discharges its statutory duties via a distributed leadership and operating model. The NHS Frimley ICB Board, a unitary Board is comprised of NHS Executives, Non-Executives, local authority, provider partner and primary care partner membership. The ICB Board receives assurance through its four principal committees. These are the Audit Committee, Remuneration Committee, Finance and Performance Committee and System Quality Group. Members of the Finance and Performance Committee and the System Quality Committee meet together on a quarterly basis as the Integrated Risk Group.

The four committees of the Board sit above 14 system boards for which they are formally accountable.

These 14 system boards cover a range of portfolios and are responsible for providing the Board and its committees with assurance on risk and delivery against their allocated budgets.

The 14 system boards are listed as follows:

- System People Board
- Transformation and Delivery Board
- System Digital Board
- Urgent and Emergency and Planned Care Board
- Children and Young People Board
- Mental Health Learning Disabilities and Autism Board
- Primary Care Board
- System Estates Board
- Medicines Board

- Local Maternity and Neonatal System Board
- Strategic Safeguarding Board
- Living Well Board
- Emergency Planning Oversight Board
- Places and Communities Board

Many of these system boards are further supported by advisory forums, workstream groups, and staff networks. The Senior Leadership Team also features on this distributed leadership and operating model, which is a formally established executive group comprised of ICB Chief Officers which provides further assurance to the Board. The Mirror Board is a development programme for system leaders.

There are also five Places, each with defined arrangements which discharge specified duties on behalf of NHS Frimley and local authorities by prior agreement, which are formally accountable to the Board and which work closely with the committees and system boards. These five Places also interface in a collaborative way with the system's nine local authority committees (including Health and Wellbeing Boards and Joint Oversight Scrutiny Committees).

The Integrated Care Partnership is a statutory joint committee between NHS Frimley and five local authorities and via matrix working supports and feeds into the ICB's Place arrangements, as well as the wider system Voluntary, Community and Social Enterprise (VCSE) Alliance, Provider Collaborative and the Frimley Academy.

In line with its Constitution, NHS Frimley has established two statutory assurance committees – namely, the Audit and Remuneration Committees. NHS Frimley has established two further principal assurance committees to assist it with the discharge of its functions. The Board has delegated functions to the following committees, as set out within its Scheme of Reservation and Delegation:

- Audit Committee
- Remuneration Committee
- Finance and Performance Committee
- System Quality Committee

Audit Committee

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

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

In 2024-25, the Audit Committee met on six occasions. All meetings were quorate in line with its Terms of Reference which stipulates that a minimum of two voting members, including the Chair are required for quoracy.
Membership for 2024-25 was as follows:

- Ilona Blue, Audit Chair and Non-Executive Member

- Paul Farmer, Non-Executive Member
- Sajjad Khan, Non-Executive Member*

*Sajjad Khan joined the Audit Committee at his appointment on 6 January 2025 and was present for the 11 March 2025 meeting only.

Remuneration Committee

The NHS Frimley Remuneration Committee oversees and monitors the Pay Policy for the organisation – it is responsible for the adoption of any pay frameworks for NHS Frimley employees, including senior managers, board members and non-executive members (excluding the Chair). The Board also delegates responsibility for oversight of the nominations and appointment process for board members and oversight of executive board member performance.

The Remuneration Committee met on five occasions in 2024-25. All meetings were quorate in line with its Terms of Reference with a minimum of two voting members present. Membership for 2024-25 was as follows:

- Paul Farmer, Chair and Non-Executive Member
- Ilona Blue, Non-Executive Member
- Priya Singh, ICB Chair

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

Personal data related incidents

In 2024-25, there were no reported Serious Untoward Incidents relating to data security breaches.

Statement of Disclosure to Auditors

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

- So far as the member is aware, there is no relevant audit information of which the ICB auditor is unaware that would be relevant for the purposes of their audit report.
- The member has taken all the steps that they ought to have taken in order to make him or herself aware of any relevant audit information and to establish that the ICB auditor is aware of it.

Modern Slavery Act

NHS Frimley ICB fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the financial year ending 31 March 2025 is published on the NHS Frimley website.

Statement of Accountable Officer's Responsibilities

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

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

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

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

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

To the best of my knowledge and belief, and subject to the disclosures set out below, I have properly discharged the responsibilities set out under the National Health Service Act 2006 (as amended), Managing Public Money and in my ICB Accountable Officer Appointment Letter.

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

Sam Burrows
Interim Accountable Officer
19 June 2025

Governance Statement

Introduction and context

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

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

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

Between 1 April 2024 and 31 March 2025, the ICB was not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.'

Scope of responsibility

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

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

Governance arrangements and effectiveness

The main function of the ICB Board is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically, and complies with such generally accepted principles of good governance as are relevant to it.

The ICB's Constitution, which is based upon the NHS ICB Model Constitution template, was approved by the Board at its inaugural meeting on 1 July 2022. The ICB's Constitution was updated to align with the revised NHS ICB Model Constitution issued by NHS England in May 2024 (which replaced the version from May 2022). The ICB increased the number of voting Non-Executive Members from two to four and this amendment to the Constitution was approved by NHS England in July 2024. The Board approved its fully updated Constitution at its September meeting in public.

The Constitution sets out the ICB's governance arrangements, roles and responsibilities of the Board and its membership. Embedded within the constitution are the ICB's Standing Orders. These Standing Orders, combined with the Scheme of Reservation and Delegation and Prime Financial Policies, form the procedural governance framework. The Scheme of Reservation and Delegation sets out the functions reserved for the Board, those which are delegated to the Executives and those duties which are delegated to committees of the Board.

The ICB has a unitary Board, which is made up of Executive Officers, Partner Members (Provider, Local Authority, Primary Care) and Non-Executive Members.

To support the Board in carrying out its duties effectively, committees reporting to the Board are formally established to provide assurance on matters within each of the committee's remit, as set out in their Terms of Reference. This includes two statutory committees, the Audit committee, and the Remuneration Committee and two additional committees, the Finance and Performance Committee and the System Quality Committee. The ICB has also established an executive group to support it with risk management. The Integrated Risk Group is comprised of members of both the Finance and Performance Committee and the System Quality Committee.

Furthermore, the ICB Board is supported by a Senior Leadership Team. The Senior Leadership Team has executive powers, as delegated in the Scheme of Delegation and Reservation and Standing Financial Instructions.

The membership and attendance records for the Board and its committees, together with highlights of their work is set out in the separate Membership Report.

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

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

UK Corporate Governance Code

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

Discharge of Statutory Functions

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

Responsibility for each duty and power has been clearly allocated to a Chief Officer. Responsibility for each duty and power is clearly outlined in the ICBs Scheme of Reservation and Delegation, within the financial limits policy delegations are allocated to a lead Chief Officer. Chief Officers have confirmed that their structures provide the necessary capability and capacity to undertake all of the ICB's statutory duties.

Risk management arrangements and effectiveness

The ICB is committed to ensuring that risk management is embedded within its normal management processes, structures and organisational culture.

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

At the start of 2024/25, the ICB Board undertook a wholesale refresh of its 2023/24 Strategic Objectives to ensure alignment with the six ICS strategic ambitions and the new NHS Frimley ICB Operating Model and governance architecture. With the result that the Board increased its overall number of Strategic Objectives from five to six. The Board Assurance Framework, accompanying Risk Appetite Statement and Risk Management Strategy and Corporate Risk Register, were also updated to align with the six new Strategic Objectives for 2024/25. The 2024/25 Strategic Objectives and accompanying seven principle risks are set out below:

1. **Starting Well – "We want all children to get the best start in life".**

Risk: Children and young people, and their families, may not have their agreed needs met, with the result of lasting negative impact for them their families and health and social care in the future.

2. **Living Well – "We want all people from across all our communities to have the opportunity to live healthier life".**

Risk: If we are unable to effectively implement and integrate the whole system strategy that supports the transformation of care to out of hospital settings, then the anticipated reduction in hospital activity may not be achieved. This may exacerbate health inequalities, leading to increased pressure on partner organisations, higher healthcare costs with the risk to our recurrent financial sustainability and poorer access, outcomes and experiences of local communities

3. **People, Places and Communities – "We will ensure the voices of our residents, facilities and carers shape the ways we create healthier communities".**

Risk: A new approach to the Integrated Care Partnership, Place governance and ICB team changes, policy uncertainty (better care fund and adult social care discharge funding) and financial challenges for all system partners (health and local authorities) could create a challenging partnership environment and prevent delivery of our shared priorities and goals.

4. **Our People – "We want to be known as a great place to work, live and make a positive difference".**

Risk: We do not have the capacity and capability to deliver the required changes, realise the savings required and associated Organisational Design Plan.

Risk: We do not have the capacity and capability to deliver the Work Well Programme, that delivers the required impact for residents of Frimley.

5. **Leadership and Culture – "We will work together to build a kind, inclusive and collaborative cultures which harness the risk diversity of people from across the system".**

Risk: If we do not create an inclusive culture, then we will not have the leadership capacity and capability to deliver for the communities we serve. If the ICB does not create an open, positive, transparent and inclusive culture then the cases of bullying, sexual misconduct, aggression and poor employee experience will lead to high number of employee relations cases, Freedom to Speak Up cases, as well as direct impact on delivery against our strategic workforce objectives.

6. **Outstanding use of resources – "We will offer the best possible care and support where it is most needed, in the most affordable ways".**

Risk: The system fails to deliver the greatest possible value for the health and wellbeing of the population with the resource with which it is entrusted. The risk materialises owing to the failure to deliver in-year financial balance and recurrent financial sustainability and/or secure sufficient capital and revenue resource to achieve strategic and operational aims; including the delivery of the new hospital and associated transformation both of which are essential prerequisites to the minimisation of health inequalities and maximisation of health life years.

The ICB has a Risk Appetite Statement which sets out the broad risk tolerances (thresholds) for the organisation.

The Board agreed its 2024-25 Risk Appetite in the following domains as:

Domains	Risk Appetite	Risk Threshold
Quality	Cautious	8
People	Open	12
Performance	Open	12
Transformation	Seek	16
Financial	Open	12
Regulatory	Open	12
Reputational	Open	12

The Board Assurance Framework sets out the principal risks to the achievement of the ICB's strategic objectives and is a practical means through which the Board can assess controls against delivery. The Board Assurance Framework is a primary source of evidence in describing how the ICB is discharging its responsibilities for internal control. The Board Assurance Framework sets out the controls in place to manage these risks and the assurances available to support judgements on whether the controls are having the desired impact and describes the actions to further reduce each risk. The Corporate Risk Register is comprised of risks with a residual risk score of 15 and above. Embedding risk management supports achievement of the ICB's corporate objectives through managing risk to delivery.

As of 31 March 2025, the ICB holds seven principle risks on the Board Assurance Framework and 23 risks rated 15 and above on the Corporate Risk Register.

The Board reviews its Board Assurance Framework at its bi-monthly meetings in public and considers progress with the achievement of its Strategic Objectives. The effects of the risk controls show whether the Strategic Objectives sit in or out of agreed Risk Appetite Statement. As of 31 March 2025, four of the six Strategic Objectives were sitting outside Risk Appetite Statement. The Board continues to receive assurance on plans to bring the Strategic Objectives back within agreed Risk Appetite Statement taking account of the challenges that are impacting on the ICB's ability to mitigate some risks to within their agreed Risk Appetite Threshold, for example: Strategic Objective 6 – Outstanding Use of Resources. For more details, please see the board papers published on our website: https://www.frimley.icb.nhs.uk/policies-and-documents/board-papers

During the course of the year, the Audit Committee has been provided with regular progress reports at its bi-monthly meetings on risk management processes. In Q3 2024-25, the Audit Committee agreed and finalised the Risk Management Framework for the ICB – this document provides detailed guidance to System and Place Boards on risk scoring and escalation criteria and sets out the processes for effective risk management within the ICB, using the Risk Management Reporting System (4Risk).

On a quarterly basis, members of the Finance and Performance Committee and the System Quality Committee meet together as the Integrated Risk Group, an executive advisory group of the ICB board. The role of the Integrated Risk Group is to provide an assessment of complex, significant or recurrent risks that are escalated to it via the Corporate Risk Register (comprised of strategic risks rated 15 and above) and monitor progress against plans and oversee the mitigation of any significant risks; it is also responsible for providing assurance to the ICB Board on the completeness and accuracy of the Board Assurance Framework. The Board reviews its Board Assurance Framework at its meetings in public.

I have ensured that strategic issues and risks aligned to the delivery of the NHS Operational Plans for 2024-2025 have featured on the agendas of Board meetings to show how the ICB is working to: reduce health inequalities in line with the Core20PLUS5 approach; reduce elective recovery waits and improve performance against the core cancer diagnostic standards; improve access to community and primary care services; improve access to mental health services and workforce retention. The Board has maintained its focus on its long-term strategic objectives of reducing health inequalities and maximising healthy life years for the population of Frimley.

Capacity to Handle Risk

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

All staff are involved in risk management and are encouraged to be open and honest when reporting incidents and risks. The Senior Leadership Team lead on risk within their respective portfolios and System Boards and senior managers, as risk-owners, have responsibility for ensuring that risks are operationally managed, and other staff record and update controls, assurances and action plans on Committee, System, Place or Team risk registers.

Staff have access to a dedicated risk management section on the intranet, which includes step by step guidance on how to add and edit risks on the 4Risk database. Staff have access

to the Risk Management Framework which provides detailed guidance on how to score, inherent, residual and target risks.

Training on the use of the 4Risk database is provided by the Governance Team and the CSU Team.

Risk Assessment

The ICB's Risk Management Strategy and Policy requires that anyone responsible for managing a risk must identify the key controls and mitigating actions necessary to reduce the risk score to agreed and specific tolerance levels. Most of the risks managed by the ICB are inherent to its operations and can be mitigated rather than completely eliminated. Risks are reviewed by Committees, System and Place Boards.

Staff are required to be familiar with anti-fraud, anti-bribery, and security policies and through training and raising awareness via the issuing of fraud alerts, guided by the ICB counter-fraud services.

Staff are also required to be familiar with the terms of the Conflicts of Interest, Gifts and Hospitality and Standards of Business Conduct Policies.

NHS Frimley ICB has a zero-tolerance approach to fraud, bribery and corruption, money laundering and other economic crimes.

The ICB was audited on its Board Assurance Framework and Risk Management Processes for the financial year 2024-25 and achieved a Reasonable Assurance Rating. The Internal Auditors reported that they “found that the risk management framework and Board Assurance Framework are well designed and have been implemented. This includes the establishment of policy and key procedures, clearly defined roles and responsibilities, an escalation framework, the development of risk appetite, and the design and use of both the Board Assurance Framework and Corporate Risk Register. Additionally, we noted a strong link between the Corporate Risk Register and the Board Assurance Framework, and strategic objectives, as well as robust oversight arrangements. However, there are a few areas that need improvement, including clarifying risk descriptions, differentiating controls from assurances, tracking mitigation progress in the Board Assurance Framework, and enhancing communication of risks for awareness and consistency among stakeholders.”

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

Other sources of assurance

Internal Control Framework

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

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The overarching governance framework has been reviewed by internal audit, the outcome of which informs the Head of Internal Audit Opinion. The external auditors provide me with their opinion through their Auditors Annual Report. Our Internal Auditors RSM provide their Assurance through their Annual Head of Internal Audit Opinion.

RSM has four Audit Opinions, which are described below:

1. The organisation does not have an adequate framework of governance, risk management or internal control. **No Assurance.**
2. There are weaknesses in the framework of governance, risk management and internal control such that it could become inadequate of ineffective. **Partial Assurance.**
3. The organisation has an adequate and effective framework of governance, risk management and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective. **Reasonable Assurance.**
4. The organisation has an adequate and effective framework for risk management and internal control. **Substantial Assurance.**

I have been provided with a Head of Internal Audit Opinion of “Reasonable Assurance”. This RSM opinion equates with the opinion provided by PwC in their 2023-24 Head of Internal Audit Opinion of “Reasonable / Moderate Assurance”.

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

Conflicts of interest management

The Health and Care Act 2022 places responsibility on ICBs to manage their conflicts of interest. Frimley ICB has a Conflicts of Interest Policy which is included with the ICB’s governance handbook and published on the website.

At the start of 2024, NHS England rolled out Module 1 mandated e-learning training for all ICB staff, which forms part of their statutory and mandatory training.

On 17 September 2024, NHS England issued updated Conflicts of Interest Guidance to ICBs, this replaced the previous guidance from 2017. NHS England also issued new Conflicts of Interest e-learning Modules 2 and 3, which are aimed at decision making staff (including those who are part of procurement, commissioning and contracting teams) board members and the Chair. The ICB’s Conflicts of Interest Policy was updated to align with the new NHS England guidance – in particular, the requirements in relation to the Provider Selection Regime.

In line with its Terms of Reference the Audit Committee satisfies itself that the ICB’s policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

The Independent Local Counter Fraud Specialist also undertakes an annual proactive review of conflicts of interest declarations for decision makers using open-source data and the findings are reported to the Audit Committee. The Local Counter Fraud Specialist finalised the proactive review of Conflicts of Interest in April 2025; the findings were reported to the Audit Committee in May 2025. The Local Counter Fraud Specialist provided substantial assurance to the Audit Committee that the ICB had a robust process to manage conflict of interest.

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

I can confirm there have been no conflict-of-interest breaches reported between 1 April 2024 and 31 March 2025.

Data Quality

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

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

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

If data quality issues are identified our ICB analytics teams' flag these within our reporting and work collaboratively with providers to investigate and resolve the root cause.

Information Governance

The NHS Information Governance Framework sets out how an organisation should develop its processes and procedures by which it will handle information about patients and employees, in particular personal identifiable information.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance framework and have developed information governance processes and procedures in line with the Data Security and Protection toolkit.

Every NHS organisation annually reports its compliance via the Data Security and Protection Toolkit. The Data Security and Protection Toolkit (DSPT) submission for 2023-24 for the ICB

was published in June 2024 and the ICB achieved a “Standards Met” rating. As of 31 March 2025, the ICB was working towards meeting the new standards in the Data Protection and Security Toolkit, which has been revamped to align with the Cyber Assurance Framework.

We ensure all staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities.

Business Critical Models

In line with best practice recommendations in the 2013 MacPherson Review into the quality assurance of analytical models, the ICB has an appropriate framework and environment in place to provide quality assurance of business-critical models, in line with the recommendations contained in the report.

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

Third party assurances

The ICB business critical models primarily rely on activity and finance data produced by the CSU which is assured through the CSU own processes.

Where the ICB relies on third party providers, these are subject to audit requirements that are reported to the Audit Committee.

As Chief Executive Officer, I receive assurance through service auditor reports that relevant controls are in place for business-critical models and have been operating throughout the year.

The ICB receives assurance reports from the following organisations:

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

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

- respective responsibilities in the Service end to end process;
- a high-level description of the governance and assurance arrangements in place at the Service Organisation including arrangements for effective risk management and assurance;
- a high-level description of the Service control environment;

- an assertion by the Service Organisation management regarding the design of internal controls over the process; and,
- a low-level description of the Service's control objectives and supporting key controls.

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

In drawing a conclusion on third party assurances (whilst three of the seven Service Auditor Reports were qualified), the ICB considers that none of these have impacted on the ICB control environment for the period 2024-25.

Control Issues

During the period 1 April 2024 to 31 March 2025, Internal Audit carried out a number of audit reviews which covered our governance, risk management and/or control arrangements. The Head of Internal Audit Opinion is informed by these reports and is set out within this annual report.

I am pleased to have received the following Internal Audit Opinion of Reasonable Assurance "The organisation has an adequate and effective framework of governance, risk management and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective" which we will build on in 2025-26.

In 2024-25, the ICB identified the following three control issues with mitigations at Month 12:

M12 Governance Statement:

- **Finance, Governance and Control – Finance Procurement**

Risk: There is a risk that the emerging requirement to deliver wide-ranging changes to DHSC, NHS England and ICBs is an additional management ask which will need to be accommodated alongside the requirement to deliver business as usual activities. If this risk crystalises it could, at worst, result in failure to deliver short and / or long-term sustainability in financial and / or operational performance. The likelihood of this risk materialising is increased by the existing strained demand and resource environment, on top of which Frimley has the additional challenge of managing a RAAC hospital, its role in delivering the new hospital, and delivering the system transformation needed to ensure the new hospital is viable.

- **Quality and Performance – Access to Service/Capacity**

. **Risk:** The system is operating in an environment which is highly challenged both in terms of the demand it is required to service and the resource available to provide capacity to meet that demand, which may adversely impact on the ICB's ability to deliver improved outcomes for its population and reduce health inequalities. The ICB is working to mitigate the risk by focussing on prevention to reduce the demand for healthcare interventions and improve access through digital transformation.

- **Finance, Governance and Control – Internal Audit**

Risk: Internal audit opinions for 1) S117 - mental health placements and 2) Financial Performance/Cost Improvement Plans (CIPs) - both received partial assurance ratings which are detailed within the Head of Internal Audit Opinion section below. The Audit Committee maintains oversight and scrutiny on all internal audit recommendations and receives regular progress updates on the completion of these actions.

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

The ICB provides an annual self-assessment against 62 metrics on the NHS Oversight Framework to NHS England.

Between 1 April 2024 and 30 June 2024 NHS Frimley was under segment one of NHS England's System Oversight Framework. In Quarter two of 2024-25 (as a result of performance falling below plan on two areas: urgent and emergency care performance and waiting lists for planned care procedures) NHS Frimley was moved to segment two of NHS England's System Oversight. NHS Frimley continued to remain in segment two throughout Quarters three and four.

Throughout the course of the year, the ICB has worked in partnership across the Frimley Health and Care System to take a leading role in monitoring and oversight, supported by NHS England and NHS Improvement Regional Teams. In addition, there were regular touch points with NHS England covering performance, quality, workforce planning and resources across a range of portfolios within the Integrated Care System covering strategic and operational issues, as well as formal quarterly oversight meetings.

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

The Chief Finance Officer has delegated responsibility to determine arrangements to ensure a sound system of financial control. The Board receives reports from the Chief Finance Officer at its meetings.

The Senior Leadership Team, the Finance and Performance Committee, and the System Quality Committee provide critical oversight on investments from both a clinical and financial perspective. The Finance and Performance Committee receives regular reports from its sub-committee the Frimley ICB Provider Selection and Contracting Group.

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

- business is conducted in accordance with the law and proper standards;
- public money is safeguarded and properly accounted for;
- affairs are managed to secure economic, efficient and effective use of resources; and
- reasonable steps are taken to prevent and detect fraud and other irregularities.

The ICB uses internal audit functions to confirm controls are operating effectively, to provide independent assurance and advise on areas of improvement. Audit report findings are discussed in detail at the Audit Committee and summarised in the Head of Internal Audit Opinion Statement. Following completion of the audit work, the external auditors issue an independent and objective opinion on the ICB's arrangements for securing economy, efficiency and effectiveness in the use of resources.

Delegation of functions

NHS Frimley has a signed a delegation agreement (DA) with NHS England and held full commissioning responsibilities for delegated services during the 2024/25 reporting period.

To the best of ICB leadership's knowledge, the commissioning of all delegated services has been compliant with the 10 core commissioning requirements – as set out in the 2024/25 Delegated Commissioning Assurance Guidance, published by NHS England – including the requirement that all conditions set out in the DA are being met. The ICB leadership is able to provide the necessary evidence of core commissioning requirements compliance should NHS England or a third party (e.g. external auditors) ask for such evidence.

The ICB has established formal arrangements for the reservation and delegation of decisions, and these are set out within the Scheme of Reservation and Delegation. The Board remains accountable for all its functions, including those that it has delegated. The Scheme of Reservation and Delegation is supported by the accompanying Standing Financial Instructions, which sets out the financial delegated limits and detailed operational delegations to ICB staff. Delegated functions are also set out in the articles of the Constitution and Standing Orders.

The delegation of functions to the ICB from NHS England includes General Practice, Pharmacy, Optometry and Dentistry (POD). In 2023-24, NHS Frimley assumed the hosting responsibility (for all six ICBs in the South-East Region) for the POD Team which provides commissioning support, contracting and regulatory functions for these services; and for the centralised Complaints Team managing GP and POD Complaints on behalf of all six ICBs in the South-East Region.

Following extensive consultation with the ICBs in the South-East Region and staff, it was agreed that the Complaints Team function should be integrated into the wider complaints function within each ICB. This change should help to streamline the complaints process at a local level and facilitate greater opportunities for learning from complaints and service improvement.

An Internal Audit assurance review of Delegation of Community Pharmacy Services was undertaken in 2024-25 which gave a Reasonable Assurance rating.

At its meeting in March 2025 the ICB Board approved the recommendation that from 1 April 2025 onwards, it would assume delegated responsibility from NHS England for the commissioning of 59 Specialised Services (including ambulance services). The delegation of these 59 Specialised Commissioning Services from national to regional levels would provide the ICB with a significant opportunity to improve the service offer to its local populations. The ICB will (on behalf of the five other ICBs in the South-East Region) assume the hosting responsibility for the staff which commission these Specialised Services from July 2025.

In 2024-25 no ICB functions were delegated to other statutory organisations.

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

NHS Frimley reported its compliance against the 2024-2025 NHS England Core Standards for EPRR to the Board in November 2024 where it was ‘substantially compliant’ (meeting 44 of the 47 applicable core standards). The 3 core standards that were rated as ‘partially compliant’ have a plan in place to become compliant within the following 12 months, these each related to the planned ICB business continuity refresh following the organisational consultation and will reflect changes in teams and departments.”

Counter fraud arrangements

NHS Frimley has appointed an independent Counter Fraud Specialist firm (called TIAA) who supports the organisation to ensure that it remains fully compliant with the 12 Government Functional Standards, through an agreed Annual Counter Fraud Work Plan. The Local Counter Fraud Specialist from TIAA reports to the Audit Committee.

The Chief Finance Officer is the executive lead responsible for ensuring that fraud, bribery and corruption is prevented, detected and investigated.

The Local Counter Fraud Specialist works with the Chief Finance Officer and the Chair of the Audit Committee to submit the ICB’s Annual NHS Counter Fraud Authority Self-Review Tool. An action plan is produced on the findings of this tool which is monitored at the Audit Committee for any areas not deemed as fully compliant with the standards.

The 2024-25 Annual NHS Counter Fraud Authority Self-Review Tool assessed the ICB as an overall Green rating with two amber ratings that related to (1) Requirement 3 - Fraud Bribery and Corruption Risk Assessment risks are scored using the Government and NHS Counter Fraud descriptors and methodology and (2) Requirement 8 – the ICB is using the Case Management System CLUE to record investigations. The Local Counter Fraud Specialist is in the process of embedding the prescribed fraud risk systems and processes (as prescribed by the NHS Counter Fraud Authority) and will provide assurance to the Audit Committee on plans that are being developed to achieve full compliance on these amber rated scores in 2025-26.

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

Between 1 April 2024 and 31 March 2025 the Counter Fraud Specialist reported regularly to the Audit Committee on allegations and investigations, all cases were investigated and closed by year end. Two historical cases that were carried forward from previous years remain open and are pending criminal and civil action. No material unrecovered losses are reported.

No whistleblowing referrals have been received in 2024-25.

The ICB has established a positive training and awareness culture to ensure all staff receive training in person, virtually and through the dedicated online e-learning package. Awareness articles produced by the Local Counter Fraud Team have been disseminated to all staff and published online for all staff to access.

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

Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 April 2024 – 31 March 2025 for the ICB, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the ICB's system of risk management, governance and internal control.

The Head of Internal Audit concluded that:

"The organisation has an adequate and effective framework of governance, risk management and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective."

The Internal Auditors completed the following Internal Audit Reviews, as part of the 2024-25 Internal Audit Plan, and identified 2 high, 25 medium and 3 low risk findings to improve weaknesses in the design of controls and/or operating effectiveness.

	Area of Audit	**Level of Assurance Given and Priority Actions Identified**
1.	Financial Performance/ Cost Improvement Plans	Partial Assurance 1 High, 8 Medium and 1 Low priority actions
2.	Section 117 – ICB/ Place Focus	Partial Assurance 1 High and 7 Medium priority actions
3.	Board Assurance and Risk Management	Reasonable Assurance 4 Medium and 2 Low priority actions

	Area of Audit	Level of Assurance Given and Priority Actions Identified
4.	Delegation of Community Pharmacy Services	Reasonable Assurance. 2 Medium priority actions
5.	Workforce Planning	Reasonable Assurance. 4 Medium priority actions
6.	Data Security and Protection (DSPT) Toolkit – Self Assessment Submission Overall Risk Assurance Rating Across five Cyber Assessment Framework Objectives	Using the NHS England definitions – the internal auditors determined their overall confidence level in the veracity of the ICB's self-assessment submission as "Medium". The internal auditors assessed twelve outcomes and found that for ten outcomes, the ICB rating matched the organisation's self-assessment. However, two outcomes did not meet the required achievement levels, so in line with NHS England guidance have been classed by the ICB internal auditors as "High Risk".
7.	Population Health	Advisory Review

The Internal Auditors identified one high priority action for the Financial Performance and /Cost Improvement Plans (CIPs) Internal Audit that related to "the new electronic Project Management Office (e-PMO) Tool which had been launched to include all efficiency schemes; however, it was still in its infancy and in development". The Management Team acknowledged that further work was required to develop the e-PMO Tool to ensure that it captured information on all CIP schemes, ensuring that there was adequate governance, oversight and monitoring in place to realise savings. Assurance on the performance of the CIP programme is reported to the Finance and Performance Committee.

The Internal Auditors identified one high priority action for the Section 117 / ICB Place Focus Internal Audit that related to "the absence of formally written and approved policies and procedures, process notes and guidelines on how the section 117 aftercare process takes place in practice within the organisation, including approach to ending the aftercare services. There is risk of a lack of consistency in the application of the process and possible incorrect or incomplete application of the key steps of the process." The Management Team responsible for section 117 aftercare procedures have been working to implement the recommendations, namely, to apply a consistent and collaborative approach to section 117 applications and panels with system stakeholders. A draft section 117 aftercare policy has now been shared with system stakeholders for further input, ahead of sign off by the System Quality Group in early 2025-26. The Audit Committee will receive assurance on progress with all open and outstanding internal audit recommendations.

In 2024, the Data Security and Protection Toolkit (DSPT) was updated to align with the National Cyber Security Centre's (NCSC) Cyber Assessment Framework (CAF) and is now comprised of 47 outcomes (8 of which are mandated by NHS England); each organisation selects four further outcomes from the five CAF objectives. NHS England determines that overall confidence levels can be either, low, medium or high. Overall risk rating across all tested outcomes can either be, very low, low, medium, high or very high. The High-Risk Rating has not impacted the overall Head of Internal Audit Opinion.

The Internal Auditors also followed up and reported to the Audit Committee on outstanding management actions from 2023-24 Internal Audit Reports, which found that "the organisation had made adequate progress in implementing the agreed actions".

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

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

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

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

- ICB Board;
- Audit Committee;
- Finance and Performance Committee;
- System Quality Committee;
- Integrated Risk Group; and
- Internal Audit.

Conclusion

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

Sam Burrows

Interim Accountable Officer

19 June 2025

Remuneration Report

Definition of Senior Manager

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

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

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

Remuneration Committee

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

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

- Confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including senior managers/directors (including board members) and Non-Executive Directors excluding the Chair.
- No committee member is present for discussions about their own remuneration or terms of service.

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

Remuneration of Very Senior Managers

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

Statement of Policy

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

Senior Managers Service Contracts

There have been no payments made for loss of office to any senior manager who was a member of the ICB Board between April 2024 and March 2025.

Salaries and allowances – 1 April 2024 to 31 March 2025 (Subject to Audit)

The table below shows the salaries and allowances paid to senior managers from April 2024 to March 2025 for NHS Frimley ICB.

Name	Title	Note	Salary and Fees (Bands of £5,000)	All Taxable Benefits (To the nearest £100)	Annual Performance Pay and Bonuses (Bands of £5,000)	Long Term Performance Pay and Bonuses (Bands of £5,000)	All Pension-related benefits (Bands of £2,500)	Total (Bands of £5,000)
			£000		£000	£000	£000	£000
Sarah Bellars	Chief Nursing Officer, Caldicott Guardian, and Freedom to Speak Up Guardian (Primary Care)		155-160	100	0	0	0	155-160
Fiona Edwards	Chief Executive (Accountable Officer)	v	215-220	0	0	0	50-52.5	265-270
Lalitha Iyer	Chief Medical Officer		180-185	200	0	0	12.5-15	195-200
Priya Singh	Chair		35-40	0	0	0	0	35-40
Ilona Blue	Non-Executive Member (NEM), Senior Non-Executive Member, Conflicts of Interest Guardian, and Chair of Audit Committee	i	15-20	100	0	0	0	15-20
Caroline Corrigan	Chief People Officer	iv	110-115	300	0	0	25-27.5	135-140
Samuel Burrows	Chief Transformation Digital and Delivery Officer		155-160	100	0	0	27.5-30	185-190
Richard Chapman	Chief Finance Officer		170-175	0	0	0	0	170-175
Paul Farmer	Non-Executive Member (NEM), Deputy Chair and Chair of the Remuneration Committee	i	15-20	0	0	0	0	15-20
Huw Thomas	Primary Care Partner Member	ii	70-75	100	0	0	0	70-75
Prash Patel	Primary Care Partner Member		20-25	0	0	0	0	20-25
Safina Nadeem	ED & I System Lead	iii	75-80	0	0	0	10-12.5	85-90

Gareth Shepherd	**Non-Executive Member (NEM)**	**I, vi**	**0-5**	**0**	**0**	**0**	**0**	**0-5**
Sajjad Khan	**Non-Executive Member (NEM)**	**I, vi**	**0-5**	**0**	**0**	**0**	**0**	**0-5**

i. Non-Executive Members are not entitled to join the pension scheme and therefore disclose no pension-related benefits
ii. In 2024-25 Huw Thomas held two separate posts within NHS Frimley ICB, GP Board Member and Senior Clinical & Care Professional Lead Royal Borough of Windsor and Maidenhead.
iii. Safina Nadeem was a regular non-voting board attendee.
iv. In 2024-25 Caroline Corrigan was seconded to Buckinghamshire, Oxfordshire and Berkshire West ICB until 31 December 2024, details of NHS Frimley's share of the pay are shown in the table above. The seconded position salary is shown in the table below.
v. In 2024-25 Fiona Edwards was seconded to NHS England, details of NHS Frimley's share of the pay are shown in the table above. The seconded position salary is shown under the Staff Sharing Agreement Section below.
vi. Sajjad Khan and Gareth Shepherd became Non-Executive Members of the ICB on 6th January 2025

Emma Boswell, Tracey Faraday-Drake, Nicola Airey, Caroline Farrar and Stephen Dunn ceased to be members of the Senior Leadership Team as of 1 April 2024, so do not need to have their pensions disclosed.

The table above does not include disclosure regarding the remuneration of the provider partner or local authority representatives on the ICB Board as they do not receive any remuneration from the ICB. Karen Edwards, Grainne Siggins, ~~and~~ Rachael Wardell, Neil Dardis, Alex Gild and Graham Wareham are voting members of the Board.

Salaries and allowances – 1 April 2023 to 31 March 2024 (Subject to Audit)

The table below shows the salaries and allowances paid to senior managers from April 2023 to March 2024 for NHS Frimley ICB.

Name	Title	Note	Salary and Fees (Bands of £5,000)	All Taxable Benefits (To the nearest £100)	Annual Performance Pay and Bonuses (Bands of £5,000)	Long Term Performance Pay and Bonuses (Bands of £5,000)	All Pension-related benefits (Bands of £2,500)	Total (Bands of £5,000)
			£000	£000	£000	£000	£000	£000
Nicola Airey	Executive Place Managing Director for Surrey Heath		120-125	0	0	0	0	120-125
Sarah Bellars	Executive Director of Quality and Nursing, Caldicott Guardian, and Freedom to Speak Up Guardian (Primary Care)		145-150	100	0	0	0	145-150
Emma Boswell	Executive Director of Development and Improvement	iii	105-110	100	0	0	0	105-110
Fiona Edwards	Chief Officer (Accountable Officer)		210-215	100	0	0	0	210-215
Tracey Faraday-Drake	Executive Place Managing Director for Slough		120-125	200	0	0	30-32.5	155-160
Caroline Farrar	Executive Place Managing Director for Royal Borough of Windsor and Maidenhead		120-125	0	0	0	30-32.5	155-160
Lalitha Iyer	Executive Medical Director		170-175	200	0	0	0-2.5	170-175
Priya Singh	Chair	i	60-65	0	0	0	0	60-65
Ilona Blue	Non-Executive Member, Conflicts of Interest Guardian, and Chair of Audit Committee	i	15-20	100	0	0	0	15-20
Caroline Corrigan	Chief People Officer	iv	120-125	100	0	0	30-32.5	155-160
Samuel Burrows	Chief Transformation Officer		145-150	100	0	0	37.5-40	185-190
Richard Chapman	Chief Finance Officer		160-165	0	0	0	0	160-165
Paul Farmer	Non-Executive Member and Chair of the	i	15-20	0	0	0	0	15-20

	Remuneration Committee							
Huw Thomas	**Primary Care Partner Member and Clinical Lead**	**ii**	**70-75**	**100**	**0**	**0**	**0**	**70-75**
Prash Patel	**Primary Care Partner Member**		**20-25**	**0**	**0**	**0**	**90-92.5**	**110-115**
Stephen Dunn	**Executive Director of System Delivery**		**125-130**	**200**	**0**	**0**	**0**	**130-135**
Safina Nadeem	**Equality, Diversity and Inclusion Lead**	**iii**	**70-75**	**100**	**0**	**0**	**20-22.5**	**90-95**

i. Non-Executive Members are not entitled to join the pension scheme and therefore disclose no pension-related benefits
ii. In 2023-24 Huw Thomas held two separate posts within NHS Frimley ICB, GP Board Member and Senior Clinical & Care Professional Lead – Royal Borough of Windsor and Maidenhead.
iii. Safina Nadeem and Emma Boswell were regular non-voting board attendees.
iv. In 2023-24 Caroline Corrigan was seconded to Buckinghamshire, Oxfordshire and Berkshire West ICB, details of NHS Frimley's share of the pay is shown in the table above. The seconded position salary is shown under the Staff Sharing Agreement Section below. In 2023-24, the Place Convenors form part of the Senior Leadership team to manage the place-based delivery plans but are not voting members of the Board.

The table above does not include disclosure regarding the remuneration of the provider partner or local authority representatives on the ICB Board as they do not receive any remuneration from the ICB. Karen Edwards, Grainne Siggins, ~~and~~ Rachael Wardell, Neil Dardis, Alex Gild and Graham Wareham are voting members of the Board.

Staff Sharing Agreement

Caroline Corrigan is employed by NHS Frimley ICB and was seconded to NHS Buckinghamshire, Oxfordshire, and Berkshire West ICB (BOB) in 2024-25 as Interim Chief People Officer for 2 days per week. This secondment commenced in the previous financial year on 1st November 2023 and ended on 31st December 2024. The secondment and associated salary uplift was fully funded by BOB.

Fiona Edwards is employed by NHS Frimley ICB and was seconded to NHS England in 2024-25 for 1 day a week. This secondment commenced on 25 February 2025.

The table below shows the salaries and allowances paid to the senior manager on a staff sharing agreement from April 2024 to March 2025 for NHS Frimley ICB.

Name	Title	Salary and Fees (Bands of £5,000)	All Taxable Benefits (To the nearest £100)	Annual Performance Pay and Bonuses (Bands of £5,000)	Long Term Performance Pay and Bonuses (Bands of £5,000)	All Pension-related benefits (Bands of £2,500)	Total (Bands of £5,000)
		£000		£000	£000	£000	£000
Fiona Edwards	Secondment to NHS England	0-5	0	0	0	0-2.5	5-10
Fiona Edwards	NHS Frimley ICB - Chief Executive (Accountable Officer)	215-220	0	0	0	50-52.5	265-270

Name	Title	Salary and Fees (Bands of £5,000)	All Taxable Benefits (To the nearest £100)	Annual Performance Pay and Bonuses (Bands of £5,000)	Long Term Performance Pay and Bonuses (Bands of £5,000)	All Pension-related benefits (Bands of £2,500)	Total (Bands of £5,000)
		£000		£000	£000	£000	£000
Caroline Corrigan	Secondment to NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	50-55	0	0	0	7.5-10	60-65
Caroline Corrigan	NHS Frimley ICB – Chief People Officer	110-115	300	0	0	25-27.5	135-140

The table on the following page shows the salaries and allowances paid to the senior manager on a staff sharing agreement from April 2023 to March 2024 for NHS Frimley ICB.

Name	Title	Salary and Fees (Bands of £5,000)	All Taxable Benefits (To the nearest £100)	Annual Performance Pay and Bonuses (Bands of £5,000)	Long Term Performance Pay and Bonuses (Bands of £5,000)	All Pension-related benefits (Bands of £2,500)	Total (Bands of £5,000)
Caroline Corrigan	Secondment to NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	25-30	0	0	0	5-7.5	35-40
Caroline Corrigan	NHS Frimley ICB – Chief People Officer	120-125	100	0	0	30-32.5	155-160

Pension Benefits – 1 April 2024 to 31 March 2025 (Subject to Audit)

Name	Title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2025 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2025 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2024	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2025	Employer's contribution to stakeholder pension
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Fiona Edwards	Chief Executive (Accountable Officer)	2.5-5	0	10-15	0	145	44	232	0
Lalitha Iyer	Chief Medical Officer	0-2.5	0	30-35	70-75	200	29	272	0
Sarah Bellars	Chief Nursing Officer, Caldicott Guardian, and Freedom to Speak Up Guardian	0	0	50-55	130-135	1,129	0	1,200	0

	(Primary Care)								
Caroline Corrigan	Chief People Officer	2.5-5	0	35-40	0	512	33	618	0
Samuel Burrows	Chief Transformation Digital and Delivery Officer	0-2.5	0	20-25	0	227	13	282	0
Richard Chapman	Chief Finance Officer	0-2.5	0	60-65	150-155	1,197	0	1,324	0
Huw Thomas	Primary Care Partner Member	0	0	25-30	60-65	585	0	560	0
Prash Patel*	Primary Care Partner Member	-	-	-	-	-	-	-	-
Safina Nadeem	ED & I System Lead	0.0-2.5	0	10-15	0	174	9	210	0

*The ICB has not received the pension information requested from NHSBSA for Dr Prash Patel and therefore has not been able to provide the required disclosure for this individual on the 2024-25 Pension benefits table above. Therefore this has led to a qualification on the ICB's 2024-25 Remuneration Report and Staff Reports in the 2024-25 Audit opinion.

Where the member had no 2024-2025 service or the real increase in their lump sum was negative, the nil band is disclosed.

Emma Boswell, Tracey Faraday-Drake, Nicola Airey, Caroline Farrar and Stephen Dunn ceased to be members of the Senior Leadership Team as of 1 April 2024, so do not need to have their pensions disclosed.

Some individuals disclosed above may be affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 were moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted with a Zero.

Pension Benefits – 1 April 2023 to 31 March 2024 (Subject to Audit)

Name	Title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2025 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2025 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2024	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2025	Employer's contribution to stakeholder pension
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Fiona Edwards	Chief Officer (Accountable Officer)	0	0	5-10	0	64	46	145	0
Lalitha Iyer	Executive Medical Director	0-2.5	0	25-30	65-70	61	109	200	0
Sarah Bellars	Executive Director of Quality and Nursing, Caldicott Guardian, and Freedom to Speak Up Guardian (Primary Care)	0	37.5-40	45-50	130-135	831	194	1,129	0
Caroline Corrigan	Chief People Officer	2.5-5	0	30-35	0	378	75	512	0
Samuel Burrows	Chief Transformation Officer	2.5-5	0	15-20	0	136	56	227	0
Richard Chapman	Chief Finance Officer	0	37.5-40	55-60	145-150	891	195	1,197	0
Huw Thomas	Clinical Chair and Place Based Clinical Lead for Royal Borough of Windsor and Maidenhead	0	0	25-30	70-75	529	0	585	0
Emma Boswell	Executive Director of Development and Improvement	0	25-27.5	30-35	90-95	553	104	727	0
Tracey Faraday-	Executive Place Managing Director for Slough	0-2.5	0	10-15	0	117	37	183	0

Drake									
Nicola Airey	**Executive Place Managing Director for Surrey Heath**	**0**	**27.5-30**	**40-45**	**105-110**	**774**	**110**	**978**	**0**
Caroline Farrar	**Executive Place Managing Director for Royal Borough of Windsor and Maidenhead**	**0-2.5**	**0**	**25-30**	**0**	**287**	**160**	**493**	**0**
Stephen Dunn	**Director of System Delivery & Flow**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Prash Patel	**GP Board Member|921|Community Health Services**	**2.5-5**	**10-12.5**	**10-15**	**40-45**	**199**	**91**	**315**	**0**
Safina Nadeem	**ED & I System Lead**	**0-2.5**	**0**	**10-15**	**0**	**118**	**35**	**174**	**0**

Where the member had no 2023-2024 service or the real increase in their lump sum was negative, the nil band is disclosed. Stephen Dunn chose not to be covered by the pension arrangements during the year.

Some individuals disclosed above may be affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 were moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted with a Zero.

Cash Equivalent Transfer Values

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

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

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

Real Increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement or for loss of office

There are no compensation payments for early retirement or loss of office for the period 1 April 2024 to 31 March 2025.

Payments to past directors

There are no payments to past directors for the period 1 April 2024 to 31 March 2025.

Fair Pay Disclosure (Subject to Audit)

Percentage change in remuneration for the highest paid director for 1 April 2024 – 31 March 2025

Reporting bodies are required to disclose the percentage change in the remuneration of the highest paid director. The highest paid director received no performance related pay in 2024-25 or 2023-24.

In 2024-25, eight directors had annualised remuneration greater than £150,000 in the twelve month period to the 31st March 2025. In 2023-24, six directors had annualised remuneration greater than £150,000. This was due to change in pay for two directors which increased their remuneration over the £150,000 threshold.

Percentage Changes	2024 – 2025	2023 – 2024	Change	% Change
Highest Paid Director (Midpoint)				
Salary and Allowances	£227,500	£217,500	£10,000	5%
Performance Pay and Bonuses	0	0	0	0%
Employees of the Entity Taken as a Whole (Average)				
Salary and Allowances	£66,999	£62,926	£4,073	6%
Performance Pay and Bonuses	0	0	0	0%

Percentage change in remuneration for the highest paid director for 1 April 2023 – 31 March 2024

Percentage Changes	2023 – 2024	2022 – 2023	Change	% Change
Highest Paid Director (Midpoint)				
Salary and Allowances	£217,500	£202,500	£15,000	7%
Performance Pay and Bonuses	0	0	0	0%
Employees of the Entity Taken as a Whole (Average)				
Salary and Allowances	£62,926	£61,299	£1,627	3%
Performance Pay and Bonuses	0	0	0	0%

Pay Ratio Information (Subject to Audit)

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid director/member in NHS Frimley ICB between April 2024 and March 2025 was £225,000-£230,000 (Midpoint £227,500), (2023-24, £215,000-£220,000 (mid-point £217,500), with the year on year variance relating to salary increases in the 2024-25 period, and the relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Annualised staff remuneration in the period ranged from £24,071 to £223,708 (2023-24, £22,383 to £213,055) with the year-on-year variance relating to salary increases in the 2024-25 period. This was a 7.54% increase for lower band and 4.76% increase for upper band. A total remuneration change, which are total salaries and allowances divided by number of employees is £66,998.66 (2023-24 £62,926.25) which is a 6.46% change from last year.

The median pay ratio has decreased from 2023/24 to 2024/25 as a result of average staff salary increasing at a higher percentage than that of the highest paid employee.

1 April 2024 – 31 March 2025	**25th percentile**	**Median**	**75th percentile**
Total remuneration (£)	40,028	56,454	78,814
Salary component of total remuneration (£)	39,405	56,454	78,814
Pay ratio information	5.68:1	4.03:1	2.89:1

1 April 2023 – 31 March 2024	**25th percentile**	**Median**	**75th percentile**
Total remuneration (£)	42,618	50,984	70,585
Salary component of total remuneration (£)	42,618	50,952	70,417
Pay ratio information	5.1:1	4.27:1	3.08:1

No staff were in receipt of non-consolidated performance related pay during the year and the benefits in kind (related to travel expense mileage payments) were minimal as staff continue to work hybrid. Between April 2024 and March 2025, no employees received remuneration greater than the highest-paid director. Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Remuneration of Frimley ICB's staff is shown in the table in the Staff Report section.

Staff Report (Subject to Audit)

Under the Equality Act 2010, it is essential that the ICB collects and reports on its current relevant workforce information. To do this, it is updated on a regular basis to ensure that current policies, practices and support mechanisms remain relevant to the needs and requirements of the workforce.

The ICB employs permanent staff and also uses a limited amount of agency staff, classified as 'other'. It also buys in services from Commissioning Support Units and other ICBs. The following table sets out the staff costs for the permanent and agency staff for between April 2024 and March 2025.

Note: This only reflects the headcount of staff on the ICB's Payroll as at 31 March 2025.

Number of Senior Managers 1 April 2024 to 31 March 2025

Band	Permanent	Other
Very Senior Manager	7	8
Senior Manager	126	47
Total	133	55

Very Senior Managers include Chief Officers and Directors and also Non-Executives and all Clinical Leads. Senior Managers include all other managers Band 8b and above.

The number of Other Very Senior Managers increased in 2024-25 compared to 2023-24. This is as a result of a review and standardisation of historical arrangements inherited from predecessor organisations for clinical roles and the engagement of new clinical leads for the digital and population health workstreams.

Number of Senior Managers 1 April 2023 to 31 March 2024

Band	Permanent	Other
Very Senior Manager	12	6 *
Senior Manager	112	41 *
Total	**124**	**47**

* The prior year has been updated as Clinical Leads were previously included in Very Senior Manager and are now included in Senior Managers.

Staff numbers and costs 1 April 2024 to 31 March 2025 (Subject to Audit)

Employee Benefits	Permanent employees	Other	Total
	£'000	**£'000**	**£'000**
Salaries and wages	22,582	1,359	23,941
Social security costs	2,531	0	2,531
Employer Contributions to NHS Pension scheme	4,888	0	4,888
Apprenticeship Levy	98	0	98

Gross employee benefits expenditure	30,100	1,359	31,459

Staff numbers and costs 1 April 2023 to 31 March 2024 (Subject to Audit)

Employee Benefits	Permanent employees	Other	Total
	£'000	**£'000**	**£'000**
Salaries and wages	20,185	2,002	22,188
Social security costs	2,360	0	2,360
Employer Contributions to NHS Pension scheme	3,907	0	3,907
Apprenticeship Levy	90	0	90
Termination benefits	956	0	956
Gross employee benefits expenditure	27,498	2,002	29,500

For the period from 1 April, 2024 to 31 March, 2025, NHS Frimley ICB's average staff turnover was 1.33% (For 1 April 2023 to 31 March 2024, 1.18%)

NHS Frimley ICB is required to publish information related to the organisation's gender pay gap. This information is available here.

Staff numbers (headcount) 1 April 2024 to 31 March 2025 (Subject to Audit)

Description	Permanent	Other
Very Senior Managers	7	8
Senior Managers	126	47
Manager	126	8
Clerical and Administrative	100	7
Nurse	15	0
Medical and Dental	0	0
Pharmacist – trained	0	0
Pharmacy Technician	4	0
Total	378	70

Staff numbers (headcount) 1 April 2023 to 31 March 2024 (Subject to Audit)

Description	Permanent	Other
Very Senior Managers	12	6 *
Senior Managers	112	41 *
Manager	129	22
Clerical and Administrative	81	14
Nurse	10	0
Medical and Dental	6	3

Pharmacist - trained	1	0
Pharmacy Technician	4	0
Total	355	86

Very senior managers include individuals whose remuneration is determined by the remuneration committee and have the ESR title 'Very Senior Manager.' Senior managers include Agenda For Change Bands 8b, 8c, 8d and 9, as well as Clinical Leads. * The prior year has been updated as Clinical Leads were previously included in Very Senior Manager and are now included in Senior Managers.

Total headcount has seen a small increase of seven individuals in year despite the impact of the organisational restructure. This is a result of the significant number of vacancies held by NHS Frimley which were utilised to minimise compulsory redundancies where appropriate, with some subsequent recruitment into the new structure.

Staff Sickness Absence 1 April 2024 to 31 March 2025

We have a well-established and detailed Sickness Absence Policy. A range of wellbeing services are available to support staff at work or returning to work, including access to Occupational Health and an Employee Assistance Programme which includes access to counselling sessions. These are complimented by Wellbeing Champions from across the organisation who support general wellbeing activities. The People Team work with managers to ensure staff absence is managed in the most supportive and appropriate way, in accordance with policy and best practice.

Staff sickness absence is recorded in the Electronic Staff Record (ESR) and is set out in the table below for the period 1 April 2024 to 31 March 2025.

Average FTE	Average Annual Sick Days per FTE	Total FTE Days Sick	Sum of FTE Days Available
361.07	9.6	3,470	131,789

Note the staff number figure in the table above is average full time equivalent whereas the staff number table show the actual headcount on 31st March 2025.

Staff Sickness Absence 1 April 2023 to 31 March 2024 (Subject to Audit)

Average FTE	Average Annual Sick Days per FTE	Total FTE Days Sick	Sum of FTE Days Available
419.5	6.4	3,211	125,203

Average annual sick days per FTE have increased in year, this is due to a small number of employees on long term sickness which greatly impacts the average of the data. These employees are being actively supported by the People Team, with their absences managed in line with NHS Frimley's Sickness Absence policy.

Cost Allocation and Setting of Charges for Information

We certify that the ICB has complied with HM Treasury's guidance on cost allocation and the setting of charges for information.

Principles for Remedy

The Parliamentary and Health Service Ombudsman's six Principles for Remedy (below for information) are embedded into the Complaints Policy and Procedure in use by the ICB to ensure that the approach taken to complaints handling is reasonable, fair and proportionate and meets the needs of individuals. As commissioners, the ICB is committed to ensuring high-quality, clinically effective services, treatments and interventions that meet the needs of patients and that through the highlighting of complaints and concerns the ICB can make improvements to these services.

The six Principles for Remedy are:

1. Getting it right
2. Being customer-focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right
6. Seeking continuous improvement

The EDI Director is the Freedom to Speak Up Guardian (F2SU) to give independent support and advice to staff who want to raise concerns.

The Chief Nursing Officer, alongside the F2SU Guardian hold the role of the Freedom to Speak up Guardian for Primary Care. The ICB continues to support Primary Care to build a sustainable F2SU models.

Employee Engagement and Consultation

NHS Frimley promotes and supports a positive culture of openness and participation, where every member of staff is valued. NHS Frimley commits to engage staff in decisions that affect them and the services they provide, individually and through local partnership arrangements.

Working in partnership with staff enables us to learn about individuals experiences and views and prioritise the best ways to support and work together, with strong, supported teams who share organisational learning to shape the delivery of high-quality care for all.

NHS Frimley enables regular communication and engagement with staff through a range of channels including individual 1:1s, appraisals, team briefs and meetings, weekly staff bulletins and monthly organisational all staff briefs.

The ICB also participates in the NHS National Staff Survey which is aligned to the NHS People Promise and enables us to act on staff feedback to improve staff experience.

The ICB is also proud to promote a growing number of active Staff Networks. These are an important mechanism offering a safe space to allow colleagues to discuss their experiences and help the ICB to shape the organisational culture to create a fairer and inclusive work environment for all.

Staff Partnership Forum

We have a well-established and active Staff Partnership Forum through which we engage with staff around organisational development plans and actions, health and wellbeing activities, as well as any formal consultations and policy changes.

Membership includes colleagues of various levels, representing each directorate and work is underway to refresh the Terms of Reference and membership to ensure it aligns to the new organisational structure. The Forum continues to be pivotal to improving communication and engagement with staff, listening to feedback and suggestions, taking ownership of issues affecting colleagues and making recommendations to make improvements.

This year the Staff Partnership Forum has played an active role in contributing to the development of the OD Plan, Staff Survey results action planning and improving staff experience. The Staff Partnership Forum has also continued to have an important voice through the final implementation stages of our Organisational Design and Change programme.

Partnership Forum

The NHS has a successful tradition of partnership working between Government, Trade Unions and Employers. Our Frimley system has a long history of working in partnership with trade unions and addressing the issues that matter most to staff and their representatives.

The ICB Trade Union Recognition Agreement underpins our commitment to working in partnership with our Trade Union colleagues. We continue to prioritise and strengthen partnership working with all NHS Staff Council Trade Unions and their members, working jointly to improve the experience of staff, patients and the communities we serve.

Strong partnership working and staff voice will ensure we continue to improve and innovate services for our staff, patients and service users.

People policies

We have an established set of people policies aligned to Agenda for Change Terms and Conditions, best practice and employment legislation. Our policies play an important role in supporting an inclusive, trusted and fair culture and are designed to provide consistency and transparency for all colleagues.

All policies are developed to ensure a safe and supportive working environment is in place for all colleagues and the ICB meets its duty of care for staff health and safety at work.

When applying any of the people policies, the organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010): age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

All new policies have an Equality & Health Inequalities Impact Assessment (EHIA) to ensure they are not detrimental to colleagues on the basis of any protected characteristics as

defined in the Equality Act 2010. We regularly monitor the diversity of our workforce and the EHIA goes one step further to consider colleagues who are not covered by any of the protected characteristics, for example carers.

We have adopted the published National People Policy Frameworks developed by NHS England including Freedom to Speak Up, Pregnancy and Baby Loss, Menopause, Flexible Working and Sexual Misconduct. We have aligned our policy review schedule to the planned publication of future National People Policy Frameworks which supports our commitment to align our policies to the Long-Term Workforce Plan and reflect the People Promise.

We will continue our planned programme of work to review existing policies and develop supporting toolkits, resources and guidance which are staff focused, simple and easy to read, inclusive and accessible in partnership with our Trade Unions and staff representatives.

Staff Training and Development

Budgets for individual staff/ team training and development have been identified and devolved to teams. Separate budgets have been identified for high cost/ professional training and for commissioning in house training on in demand topics. In house courses are only commissioned for those topics where suitable courses cannot be sourced from within the wider System or through other avenues such as the NHS Leadership Academy.

All staff are required to undertake statutory and mandatory training on a variety of topics to keep standards high, ensure compliance with regulations, and to keep colleagues safe at work. New training requirements have been introduced including the Oliver McGowan training and Speak Up training.

The training staff are required to do depends on their role. Some training is required to be completed either annually, every three years or once in a person's employment.

To enhance leadership capabilities and align with the wider Integrated Care System (ICS) strategy, Frimley ICB has continued to refine its Learning and Development approach and process. A key focus has been ensuring all training contributes directly to workforce retention, performance, and efficiency. Learning budgets are under review to enhance monitoring, ensuring spending aligns with strategic priorities.

To further this ambition two key initiatives have been launched this year. A Wider Leadership Forum has been launched for Chiefs and their direct reports, providing a collaborative space to enhance leadership capabilities and strategic alignment. A Line Manager Forum has also been introduced to strengthen managerial skills, ensuring leaders are equipped to support and develop their teams effectively.

NHS Frimley has continued to enable teams and individuals to undergo structured development programmes proven to enhance performance within healthcare settings via our learning process, which is being automated for ease of user experience. Additionally, central initiatives such as the rollout of IEQ9 personality profiling has been used to support leadership development, fostering better self-awareness and collaboration among senior leaders.

Equality

Equality, Diversity, and Inclusion (EDI) remains central to all work undertaken across Frimley Integrated Care Board (ICB). We continue working towards three main equality objectives:

1. **Continuing to improve staff declaration of protected characteristics**

The ICB is committed to developing, supporting and sustaining a diverse and inclusive workforce that is representative of our communities. In 2024 we collaboratively designed and circulated written communications around improving declaration of protected characteristics. This included a step-by-step guide on updating information and a “Frequently Asked Questions” section to help staff understand why this information is important and reassure them that it is not used in a negative manner.

We can see measurable improvement by comparing data from 2023 and 2024, for example 23% of our workforce did not declare whether they had a Disability in 2023 versus 16% not declaring in 2024. We can also see that 19.5% of staff did not state their race in 2023, decreasing to 10% in 2024. This may infer more trust in how data is being used to inform the ICB’s EDI strategy and is reassuring as it aligns with our Anti-Racism work as an organisation and across our System.

2. **Improving the representation and experiences of Global Majority staff**

The ICB went through a restructure in 2024 and was keen through its’ EHIA not to disproportionately impact Global Majority staff. We are pleased to see that our Asian and Black staff groups have both increased by 1% from 2023 to 2024. Furthermore, by embedding our Inclusive Recruitment Toolkit, we were able to have EDI trained panel members at 81% of our interviews. Qualitative feedback to the EDI Team has included that staff felt more comfortable and confident having an EDI panel member.

The ICB continues to hold Staff Networks for Black, Asian and Minority Ethnicity (B.A.M.E.) members. This serves as a Safe Space for staff to share lived experiences and find peer support. Tricky issues that members face are anonymised and fed back to the EDI Working Group for actioning by the group and wider organisation. This governance route allowed us to identify the need for work around Microaggressions. We co-designed a Toolkit with other staff networks during 2024 and launched this towards the end of the year alongside facilitated discussions on its’ content. We are awaiting Staff Survey results to understand its’ impact for our staff and what ongoing work may need to continue in this space.

3. **Creating a positive and inclusive culture**

The ICB has demonstrated this commitment by continuing to hold and develop an EDI Working Group, which has representation from staff across the organisation. This group identified tricky issues around completing our Equality Impact Assessments, which were a 2-step process that proved lengthy and complex for colleagues.

We reviewed our process against other examples of best practice across the NHS and refined it into our “Equality and Health Inequality Assessment” (EHIA). We also developed an accompanying Toolkit for colleagues. Training sessions were delivered to staff across the ICB to upskill their knowledge of the new process, and also to cement their understanding of our Public Sector Equality Duty. We have seen an increase in the number of EHIAs from 4 in 2023 to 18 in 2024.

Our aim is to make a positive difference to all our colleagues and the communities we serve. Further information and case studies on how we meet our Public Sector Equality Duty, Equality and Human Rights Commission and NHS England Monitoring Projects are available on our website here: https://www.frimley.icb.nhs.uk/about-us/equality-diversity-and-inclusion

Freedom to speak up

In accordance with the duty of candour NHS Frimley is committed to conducting its business with openness, honesty and integrity and staff are encouraged to raise concerns about any suspected wrongdoing either via the Counter Fraud Team or with a Freedom to Speak Up Guardian (F2SU). The ICB is continuously working to embed and promote a culture where staff feel safe to speak up and raise concerns.

The role of the F2SU Guardian is to act as an independent and impartial source of advice at any stage of raising a concern, with access to anyone in the organisation, including the Chief Executive. Safina Nadeem, Equality Diversity and Inclusion Director is the Freedom to Speak Up Guardian for staff.

Our F2SU Policy is aligned to the national approach and is published on the ICB website and staff intranet. The F2SU Guardian records all reported cases and submits returns to the National Guardians Office on a quarterly basis. Themes of cases reported to the F2SU Guardian and lessons learned are presented to the Senior Leadership Team every six months and to the ICB Board for oversight on an annual basis.

Staff are signposted to information on the intranet about how to independently contact the Counter Fraud Team. Staff also have access to a range of Counter Fraud resources which promote how to raise concern about any suspected wrongdoing

Disabled Employees

Recruitment is carried out in accordance with the Integrated Care Board's (ICB) recruitment policy, and alongside the best practices that are compiled in our Inclusive Recruitment Toolkit. The organisation adheres to the Two Tick scheme in that the ICB guarantees to interview all applicants with a disability who meet the essential criteria for a job vacancy and to consider them on their abilities.

Where an individual identifies a disability the ICB will make reasonable adjustments throughout the recruitment process. This includes consideration of the use of Artificial Intelligence (AI) during applications. We understand that some assistive technology is used to support disabilities and want to support candidates using these for legitimate reasons. We have therefore included a statement in our recruitment process stating that AI use is monitored to "prevent any misrepresentation of abilities or qualifications. However, we understand that AI may be used to support applicants with disabilities, and we want to reassure you that any AI use for disability-related purposes will be respected."

We have seen a 3% increase in Disabled staff from 2023 to 2024. All new staff are encouraged to join our Disability and Wellbeing Network during their induction, as members or allies. This network improves the understanding of lived experiences of our staff. It explores ways to empower staff to thrive at work and influences ongoing policies and strategies within the ICB.

Employees who become disabled in the course of their employment will have a regular review with their manager to consider how to best support and continue to develop their abilities. Any reasonable adjustments that would assist them in the performance of their duties are considered.

Trade Union

Public sector organisations are required to report on trade union facility time, which is the paid time off for union representatives to carry out trade union activities. During the period April 2024 to March 2025 NHS Frimley had one member of staff who acted as a Trade Union official. The ICB has agreed flexible time to carry out trade union duties.

Table showing Trade union reporting requirement 2024-25

Number of employees who were relevant union officials during the relevant period	50 to 1,500 employees
Trade union representatives and full-time equivalents Trade union representatives:	1 FTE trade union representatives: 1
Percentage of working hours spent on facility time	0% of working hours:0 representatives 1 to 50% of working hours: 1 representative 51 to 99% of working hours: 0 representatives 100% of working hours: 0 representatives
Total pay bill and facility time costs	Total pay bill: £30,001,000 Total cost of facility time: £10,590.73 Percentage of pay spent on facility time: 0.04%
Paid trade union activities	Hours spent on paid facility time: 6 Hours spent on paid trade union activities: 214 Percentage of total paid facility time hours spent on paid TU activities: 2.8%

Fit and Proper Person Tests

NHS Frimley has complied with its duties in line with the Fit and Proper Person Test Framework by carrying out annual checks for all Board Members and submitting the annual assurance return to NHS England.

Expenditure on Consultancy

As detailed in note 5 of the financial statements, the ICB's total expenditure on consultancy service between April 2024 and March 2025 was £500,222.33 in comparison to £286,689.65 April 2023 and March 2024.

Off Payroll Engagements

It is a Treasury requirement for public sector bodies to report arrangements whereby individuals are paid through their own companies and so are responsible for their own tax and National Insurance arrangements. In addition, payments to GP practices for the services of employees and GPs are deemed to be “off-payroll” engagements. As a newly formed organisation after Quarter 1 in 2022, all NHS Frimley ICB's off payroll engagements are deemed to be under 3 years duration.

NHS Frimley confirms that all existing off-payroll engagements have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought

Length of all highly paid off-payroll engagements 2024-2025

For all off-payroll engagements as of 31 March 2025, for more than £245 per day:	
No. of existing engagements as of 31 March 2025	9
Of which the number that have existed:	
For less than one year at the time of reporting	5
For between one and two years at the time of reporting	3
For between two and three years at the time of reporting	1
For between three and four years at the time of reporting	0
For four or more years at the time of reporting	0

Length of all highly paid off-payroll engagements 2023-2024

For all off-payroll engagements as of 31 March 2024, for more than £245 per day:	
No. of existing engagements as of 31 March 2024	16
Of which the number that have existed:	
For less than one year at the time of reporting	8
For between one and two years at the time of reporting	8
For between two and three years at the time of reporting	0
For between three and four years at the time of reporting	0
For four or more years at the time of reporting	0

Off-payroll workers engaged at any point during the financial year 2024-2025

Off-payroll workers engaged at any point during the financial year 2024-2025:

No. of temporary off-payroll workers between 1 April 2024 and 31 March 2025	32
Of which:	
No, not subject to off-payroll legislation	0
No. subject to off-payroll legislation and determined as in-scope of IR35	32
No. subject to off-payroll legislation and determined as out of scope of IR35	0
No. of engagements reassessed for consistency / assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following the consistency review	0

Off-payroll workers engaged at any point during the financial year 2023-2024

Off-payroll workers engaged at any point during the financial year 2023-2024:

No. of temporary off-payroll workers between 1 April 2023 and 31 March 2024	68
Of which:	
No, not subject to off-payroll legislation	0
No. subject to off-payroll legislation and determined as in-scope of IR35	68
No. subject to off-payroll legislation and determined as out of scope of IR35	0
No. of engagements reassessed for consistency / assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following the consistency review	0

Off-payroll board member/senior official engagements 2024-2025

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1st April 2024 and 31st March 2025:

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members", and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on-payroll and off-payroll engagements.	14

Off-payroll board member/senior official engagements 2023-2024

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1st April 2023 and 31st March 2024:

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members", and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on-payroll and off-payroll engagements.	17

Exit packages, including special (non-contractual) payments from April 2024 to March 2025

Exit package cost band (inc. any special payment element)	Compulsory redundancies		Other departures agreed		Total		Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	**£**	**Number**	**£**	**Number**	**£**	**Number**	**£**
Less than £10,000	0	-	0	-	0	-	-	-
£10,000 - £25,000	0	-	0	-	0	-	-	-
£25,001 - £50,000	1	48,966.67	0	-	1	48,966.67	-	-
£50,001 - £100,000	1	94,486.67	1	80,299.49	2	174,716.16	-	-
£100,001 - £150,000	1	109,660	0	0	1	109,6600	-	-
£151,001 - £200,000	0	-	0	-	0	-	-	-
> £200,000	0	-	0	-	0	-	-	-
Total	**3**	**253,113.**	**2**	**80,299**	**4**	**333,413**	**0**	**0**

Type of Other Departures	Agreements	
	Number	**£**
Voluntary Redundancies including Early Retirement Contractual Costs	1	80,299.49
Mutually Agreed Resignations (MARS) Contractual Costs	0	-
Early Retirement in the Efficiency of the Service Contractual Costs	0	-
Contractual Payments in Lieu of Notice*	0	-
Exit Payments following Employment Tribunals or Court Orders	0	-
Non-Contractual Payments requiring HMT Approval**	0	-
Total	1	**80,299**

Exit packages, including special (non-contractual) payments from April 2023 to March 2024

Exit package cost band (inc. any special payment element)	Compulsory redundancies		Other departures agreed		Total		Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	**£**	**Number**	**£**	**Number**	**£**	**Number**	**£**
Less than £10,000	2	11,520.56	-	-	**-**	**-**	-	-
£10,000 - £25,000	1	20,000.00	1	15,251.00	**-**	**-**	-	-
£25,001 - £50,000	-	-	3	104,614.67	**-**	**-**	-	-
£50,001 - £100,000	-	-	3	292,564.38	**-**	**-**	-	-
£100,001 - £150,000	-	-	3	387,287.97	**-**	**-**	-	-
£151,001 - £200,000	-	-	1	151,234.93	**-**	**-**	-	-
> £200,000	-	-	-	-	**-**	-	-	-
Total	**3**	**31,521**	**11**	**950,953**	**0**	**0**	**0**	**0**

Type of Other Departures	Agreements	
	Number	**£**
Voluntary Redundancies including Early Retirement Contractual Costs	10	924,499.01
Mutually Agreed Resignations (MARS) Contractual Costs	-	-
Early Retirement in the Efficiency of the Service Contractual Costs	-	-
Contractual Payments in Lieu of Notice	1	26,453.94
Exit Payments following Employment Tribunals or Court Orders	-	-
Non-Contractual Payments requiring HMT Approval	-	-
Total	**11**	**950,953**

Redundancy and other departure cost have been paid in accordance with the provisions of NHS Agenda for Change Terms & Conditions. Exit costs in this note are accounted for in full in the year of departure. Where the ICB has agreed early retirements, the additional costs are met by the ICB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

Parliamentary Accountability and Audit Report

Frimley ICB is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts and fees and charges are included as notes in the Financial Statements.

Sam Burrows
Interim Accountable Officer
19 June 2025

Independent Auditor's Report to the Members of the Board of NHS Frimley Integrated Care Board

Report on the audit of the financial statements

Opinion

We have audited the financial statements of NHS Frimley Integrated Care Board ("the ICB") for the year ended 31 March 2025 which comprise the Statement of Comprehensive Net Expenditure, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the financial position of the ICB as at 31 March 2025 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State on 23 April 2025 as being relevant to ICBs in England and included in the Department of Health and Social Care Group Accounting Manual 2024/25; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the ICB in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Accountable Officer of the ICB ("the Accountable Officer") has prepared the financial statements on the going concern basis, as they have not been informed by the relevant national body of the intention to either cease the ICB's services or dissolve the ICB without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accountable Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the ICB over the going concern period.

Our conclusions based on this work:

- we consider that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified, and concur with the Accountable Officer's assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the ICB's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the ICB will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the ICB's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the ICB's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected, or alleged fraud.
- Assessing the incentives for management to manipulate reported expenditure as a result of the need to achieve statutory targets delegated to the ICB by NHS England.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated statutory resource limits/other reasons specific to this audit, we performed procedures to address the risk of management override of controls, in particular the risk that ICB management may be in a position to make inappropriate accounting entries.

On this audit we did not identify a fraud risk related to revenue recognition because of the nature of funding provided to the ICB, which is transferred from NHS England and recognised through the Statement of Changes in Taxpayers' Equity. We therefore assessed that there was limited opportunity for the ICB to manipulate the income that was reported.

We also identified a fraud risk related to the completeness and accuracy of non-NHS expenditure in response to the need for the ICB to achieve a revenue resource limit delegated to it by NHS England and support the Integrated Care System's achievement of its delegated financial limit.

We performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included journals posted at the end of the year that reduced expenditure.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias
- Testing a sample of expenditure transactions recorded in the period after the year end in order to assess whether they had been recorded in the correct accounting period.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Board and other management (as required by auditing standards), and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

Firstly, the ICB is subject to laws and regulations that directly affect the financial statements including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the ICB is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: data protection laws, anti-bribery and employment law, recognising the nature of the ICB's activities and its legal form. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the directors and other management and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Accountable Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared, in all material respects, in accordance with the Department of Health and Social Care Group Accounting Manual 2024/25. Except in relation to the Directors' and senior managers pension benefit disclosure, the ICB has been unable to obtain the pension data required to be disclosed for one of its directors.

Accountable Officer's and Audit Committee's responsibilities

As explained more fully in the statement set out on page 67, the Accountable Officer of the ICB is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the ICB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the ICB or dissolve the ICB without the transfer of its services to another public sector entity.

The Audit Committee is responsible for overseeing the ICB's financial reporting process.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

Report on other legal and regulatory matters

Opinion on regularity

The Accountable Officer is responsible for ensuring the regularity of expenditure and income.

We are required to report on the following matters under Section 21(4) and (5) of the Local Audit and Accountability Act 2014.

In our opinion, in all material respects, the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Basis for opinion on regularity

We conducted our work on regularity in accordance with Statement of Recommended Practice - Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) issued by the FRC. We planned and performed procedures to obtain sufficient appropriate evidence to give an opinion over whether the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. The procedures selected depend on our judgement, including the assessment of the risks of material irregular transactions. We are required to obtain sufficient appropriate evidence on which to base our opinion.

Report on the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the ICB to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 67, the Accountable Officer is responsible for ensuring that the ICB exercises its functions effectively, efficiently and economically. We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We are also not required to satisfy ourselves that the ICB has achieved value for money during the year.

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the ICB had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if:

- we issue a report in the public interest under section 24 and Schedule 7 of the Local Audit and Accountability Act 2014; or
- we make written recommendations to the ICB under Section 24 and Schedule 7 of the Local Audit and Accountability Act 2014; or
- we refer a matter to the Secretary of State and NHS England under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the ICB, or an officer of the ICB, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in these respects.

The purpose of our audit work and to whom we owe our responsibilities

This report is made solely to the Members of the Board of NHS Frimley Integrated Care Board, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Members of the Board of the ICB, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Members of the Board of the ICB, as a body, for our audit work, for this report or for the opinions we have formed.

Delay in certification of completion of the audit*

As at the date of this audit report, we are unable to confirm that we have completed our work in respect of the ICB's accounts consolidation template for the year ended 31 March 2025 because we have not received confirmation from the NAO that the NAO's audit of the Department of Health and Social Care accounts is complete.

Until we have completed this work, we are unable to certify that we have completed the audit of NHS Frimley Integrated Care Board for the year ended 31 March 2025 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the NAO Code of Audit Practice.

Dean Gibbs
for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square
19 June 2025

* It has been confirmed with the NAO that **no** completion certificate can be issued on **any** NHS entity until the NAO has issued confirmation that their audit of the DHSC accounts is complete for the relevant financial year – i.e. there is no size threshold applied. This template assumes that this NAO confirmation has not been received at the date of our audit report, and therefore our certification is required to be delayed.

Annual Accounts
2024-2025

Statement of Comprehensive Net Expenditure for the year ended 31 March 2025

	Note	2024-25 £'000	2023-24 £'000
Income from sale of goods and services	2	(20,498)	(19,860)
Total operating income		**(20,498)**	**(19,860)**
Staff costs	3	31,459	29,053
Purchase of goods and services	4	1,667,815	1,559,037
Depreciation	4	781	778
Provision expense	4	(1,889)	1,958
Other operating expenditure	4	1,475	595
Total operating expenditure		**1,699,641**	**1,591,421**
Net Operating Expenditure		**1,679,143**	**1,571,561**
Finance income	6	(20)	(18)
Finance expense	6	106	57
Net expenditure for the Year		**1,679,229**	**1,571,600**
Total Net Expenditure for the Financial Year		**1,679,229**	**1,571,600**
Comprehensive Expenditure for the year		**1,679,229**	**1,571,600**

The notes on pages 122 to 152 form part of this statement

Statement of Financial Position as at 31 March 2025

	Note	2024-25 £'000	2023-24 £'000
Non-current assets:			
Property, plant and equipment	7	106	-
Right-of-use assets	8	3,520	4,302
Trade and other receivables	13	409	556
Total non-current assets		**4,035**	4,858
Current assets:			
Trade and other receivables	9,13	10,731	12,416
Cash and cash equivalents	10	647	-
Total current assets		**11,378**	**12,416**
Total assets		**15,413**	17,274
Current liabilities			
Trade and other payables	11	(114,066)	(114,591)
Lease liabilities	8	(914)	(944)
Borrowings	12	-	(399)
Provisions	14	(792)	(3,206)
Total current liabilities		**(115,772)**	(119,140)
Total Assets less Current liabilities		**(100,359)**	(101,866)
Non-current liabilities			
Lease liabilities	8	(3,173)	(4,047)
Provisions	14	(365)	(564)
Total non-current liabilities		**(3,537)**	**(4,611)**
Assets less Liabilities		**(103,897)**	(106,477)
Financed by Taxpayers' Equity			
General fund		(103,897)	(106,477)
Total taxpayers' equity:		**(103,897)**	(106,477)

The notes on pages 122 to 151 form part of this statement

The financial statements on pages 118 to 152 were approved by the Board on 18 June 2025 and signed on its behalf by:

Sam Burrows
Interim Chief Accountable Officer

Statement of Changes In Taxpayers' Equity for the year ended 31 March 2025

	General fund £'000
Changes in taxpayers' equity for 2024-25	
Balance at 01 April 2024	(106,477)
Changes in NHS Integrated Care Board taxpayers' equity for 2024-25	
Net operating expenditure for the financial year	(1,679,229)
Net gain/(loss) on revaluation of property, plant and equipment	
Net Recognised Expenditure	**(1,679,229)**
Net funding	1,681,809
Balance at 31 March 2025	**(103,897)**

	General fund £'000
Changes in taxpayers' equity for 2023-24	
Balance at 01 April 2023	(116,583)
Changes in NHS Integrated Care Board taxpayers' equity for 2023-24	
Net operating costs for the financial year	(1,571,600)
Net Recognised Expenditure	**(1,571,600)**
Net funding	1,581,706
Balance at 31 March 2024	**(106,477)**

The notes on pages 122 to 152 form part of this statement

Statement of Cash Flows for the year ended 31 March 2025

	Note	**2024-25 £'000**	2023-24 £'000
Cash Flows from Operating Activities			
Total Net Expenditure		(1,679,229)	(1,571,600)
Depreciation and amortisation	4	781	778
Interest paid	6	105	57
(Increase)/decrease in trade & other receivables	9	1,832	(5,733)
(Decrease) in trade & other payables	11	(525)	(5,316)
Provisions utilised	14	(725)	(983)
Increase/(decrease) in provisions	14	(1,888)	1,958
Net Cash Outflow from Operating Activities		**(1,679,649)**	(1,580,839)
Cash Flows from Investing Activities			
Interest received	6	21	18
(Payments) for property, plant and equipment	7	(106)	-
Net Cash Inflow from Investing Activities		**(85)**	18
Net Cash Outflow before Financing		**(1,679,734)**	(1,580,821)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		1,681,809	1,581,706
Repayment of lease liabilities	8	(1,029)	(954)
Net Cash Inflow from Financing Activities		**1,680,780**	1,580,752
Net Decrease in Cash & Cash Equivalents	10	**1,046**	(69)
Cash & Cash Equivalents at the Beginning of the Financial Year		**(399)**	**(330)**
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**647**	(399)

The notes on pages 122 to 152 form part of this statement

Notes to the financial statements

1 **Accounting Policies**

NHS England has directed that the financial statements of Integrated Care Boards (ICBs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2024-25 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Integrated Care Boards, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 **Going Concern**

On the 13th March 2025, the government announced NHS England, and the Department for Health and Social Care will increasingly merge functions, ultimately leading to NHS England being fully integrated into the Department. The legal status of ICBs is currently unchanged.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated. If services will continue to be provided in the public sector the financial statements should be prepared on the going concern basis.

Transition work continues to progress rapidly across NHS Frimley and NHS Buckinghamshire, Oxfordshire and Berkshire West (BOB), as well as more broadly across the South East region. The focus remains on determining the optimal size and structure of Integrated Care Boards (ICBs), with the emerging preferred approach being to establish four ICBs across the South East, replacing the current six.

This model aims to ensure that:
Each ICB serves a population of no less than one million.
Each local authority is aligned with a single ICB to support effective devolution and integration.

To support this direction, the Joint Transition Executive is leading the development of a new ICB covering the Thames Valley, which will combine the current BOB population with the Berkshire East population currently served by NHS Frimley.
Simultaneously, Frimley colleagues are engaging with partners in Hampshire and Isle of Wight (HIOW) and the Surrey systems to ensure alignment with their respective devolution plans. These discussions are vital to creating a resilient, efficient, and locally responsive ICB model.

A joint proposition for the new ICB has been submitted to NHS England South East for review. This submission reflects collaborative work to ensure strategic alignment with neighbouring ICBs and regional objectives.

NHS England South East will test and challenge the joint plan, with final proposals expected to be submitted for Ministerial approval by the end of June. A joint ICB Board workshop took place on 10 June to support organisational design and begin shaping the future structure.
Both Frimley and BOB ICBs are committed to forming a new strategic commissioning ICB by April 2026, the timeline is subject to the appropriate national processes and approvals.
The new entity will align with the Model ICB Blueprint, operating efficiently within the £18.76 per head allocation, with functions aligned to strategic commissioning aims.

Regardless of the geographical and statutory organisational configuration, NHS Frimley's core functions will continue. The above developments do not affect the organisation's status as a going concern and the statement of financial position has therefore been drawn up on 31st March 2025, on a going concern basis

1.2 **Accounting Convention**

These accounts have been prepared under the historical cost convention.

1.3 **Pooled Budgets**

The Integrated Care Board has entered into pooled budget arrangement with Local Authorities including Hampshire County Council, Bracknell Forest Council, Slough Borough Council, Royal Borough of Windsor & Maidenhead and Surrey County Council in accordance with section 75 of the NHS Act 2006. Under these arrangements, funds are pooled for joint health and social care provision under the Better Care Fund, and with additional arrangements for the purchase of Child and Adolescent Mental Health Services, Community Equipment and integrated health and social care initiatives (community nursing and mental health services, adult social care services and commissioning staff). Note 18 provides details of the income and expenditure.

The pools are hosted by the Local Authorities. The Integrated Care Board accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

1.4 **Operating Segments**

The ICB has one operating segment, commissioning of healthcare services, as reported in the Statement of Comprehensive Net Expenditure and the Statement of Financial Position.

1.5 **Revenue**

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:
• As per paragraph 121 of the Standard, the ICB will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
• The ICB is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the ICB to reflect the aggregate effect of all contracts modified before the date of initial application.
The main source of funding for the ICBs is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.
Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.
Payment terms are standard reflecting cross government principles.
The value of the benefit received when the ICB accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.6 **Employee Benefits**

1.6.1 Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Notes to the financial statements

1.6.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.7 **Other Expenses**

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.8 **Grants Payable**

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the ICB recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.9 **Property, Plant & Equipment**

1.9.1 **Recognition**

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the ICB;
- It is expected to be used for more than one financial year;
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.9.2 **Measurement**

IT equipment that is held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

Notes to the financial statements

1.9.3 **Subsequent Expenditure**
Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.10 **Leases**
A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration. The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.10.1 **The ICB as Lessee**
A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 4.72% is applied for leases commencing, transitioning or being remeasured in the 2024 calendar year under IFRS 16.For the 2025 calendar year, PES (2024) 09 confirms the incremental borrowing rate as 4.81%.

Lease payments included in the measurement of the lease liability comprise
-Fixed payments;
-Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
-The amount expected to be payable under residual value guarantees;
-The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
-Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.10.2 **The ICB as Lessor**
Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases
When the group is an intermediate lessor, it accounts for the head lease and the sub-lease as two separate contracts. The sub-lease classification is assessed with reference to the right-of-use asset arising from the head lease.

1.11 **Cash & Cash Equivalents**
Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.
In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the ICB's cash management.

Notes to the financial statements

1.12 **Provisions**

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

• A nominal short-term rate of 4.03% (2023-24: 4.26%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.

• A nominal medium-term rate of 4.07% (2023-24: 4.03%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.

• A nominal long-term rate of 4.81% (2023-24: 4.72%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.

• A nominal very long-term rate of 4.55% (2023-24: 4.40%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

1.13 **Clinical Negligence Costs**

NHS Resolution operates a risk pooling scheme under which the ICB pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with ICB.

1.14 **Non-clinical Risk Pooling**

The ICB participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the ICB pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.15 **Carbon Reduction Commitment Scheme**

The Carbon Reduction Commitment scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The ICB is registered with the

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

Allowances acquired under the scheme are recognised as intangible assets.

1.16 **Contingent liabilities and contingent assets**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably.

The ICB disclose a contingent liability of £316k for the 2024-25 period, relating to an ongoing legal challenge.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

Financial assets are classified into the following categories:

· Financial assets at amortised cost;
· Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.17.1 **Financial Assets at Amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.17.2 **Impairment**

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the ICB recognises a loss allowance representing the expected credit losses on the financial asset.

Notes to the financial statements

The ICB adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The ICB therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the ICB does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.18 **Financial Liabilities**

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.19 **Value Added Tax**

Most of the activities of the ICB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.20 **Losses & Special Payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.21 **Critical accounting judgements and key sources of estimation uncertainty**

In the application of the ICB's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.21.1 **Critical accounting judgements in applying accounting policies**

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the ICB's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

1.21.2 **Sources of estimation uncertainty**

The ICB had no material sources of estimation uncertainty in 2024-25.

1.22 **Transactions under Section 2 of the NHS Act 2006**

In 2024/25 NHS Frimley ICB has undertaken transactions with NHSE and Local Government Bodies to facilitate the development of a facility for the provision of integrated health services, including primary medical services.
The ICB has also acted as an intermediary in the construction of those premises receiving payments from NHSE and the local authority to be disbursed to the project's contractors, with the ICB acting as an agent of the local authority which is the owner of the premises.
Through contractual agreements, the ICB subleases these premises to the primary care providers occupying the premises assigning the right-of-use of the estate to those organisations.
NHS Frimley ICB has no material financial risk or reward associated to this development and therefore deemed all transactions relating to the construction of the estate to be pass-through costs which have been accounted for net, with no impact on the organisation's income or expenditure.

1.23 **New and revised IFRS Standards in issue but not yet effective**

● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted.The standard will not materially impact the accounts for 2025-26.

● IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective
for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted

● IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective
for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

2 Other Operating Revenue

	2024-25 Total	2023-24 Total
	£'000	£'000
Income from sale of goods and services (contracts)		
Non-patient care services to other bodies	**1,257**	1,052
Prescription fees and charges	**8,528**	7,683
Dental fees and charges	**10,604**	10,341
Other Contract income	**109**	784
Total Income from sale of goods and services	**20,498**	**19,860**
Total Operating Income	**20,498**	**19,860**

2.1 Disaggregation of Income - Income from sale of good and services (contracts)

	2024-25			
	Non-patient care services to other bodies	Prescription Fees and chargers	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000
Source of Revenue				
NHS	-	-	-	-
Non NHS	1,257	8,528	10,605	109
Total	**1,257**	**8,528**	**10,605**	**109**
Timing of Revenue				
Point in time	1,257	8,528	10,605	109
Over time	-	-	-	-
Total	**1,257**	**8,528**	**10,605**	**109**

	2023-24			
	Non-patient care services to other bodies	Prescription Fees and chargers	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000
Source of Revenue				
NHS	347	-	-	244
Non NHS	705	7,683	10,340	540
Total	**1,052**	**7,683**	**10,340**	**784**
Timing of Revenue				
Point in time	1,052	7,683	10,340	784
Over time	-	-	-	-
Total	**1,052**	**7,683**	**10,340**	**784**

3. Employee benefits and staff numbers

3.1.1 Employee benefits

	Total		2024-25
	Permanent Employees	Other	Total
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	22,582	1,359	**23,941**
Social security costs	2,531	-	**2,531**
Employer Contributions to NHS Pension scheme	4,888	-	**4,888**
Apprenticeship Levy	99	-	**99**
Gross employee benefits expenditure	30,100	1,359	**31,459**

	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	19,874	1,960	**21,834**
Social security costs	2,317	-	**2,317**
Employer Contributions to NHS Pension scheme	3,855	-	**3,855**
Apprenticeship Levy	91	-	**91**
Termination benefits	956	-	**956**
Gross employee benefits expenditure	27,093	1,960	**29,053**

The full staff cost note is in the staff report in the annual report.

Termination benefits of £333k were paid out in 24/25 but these were provided for at 31 March 2024.

3.2.1 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years".
An outline of these follows:

3.2.2 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

3.2.3 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1 April 2019. For 2024-25, employers' contributions were paid by the ICB to the NHS Pensions Scheme at the rate of 14.3% of pensionable pay, whilst NHS England paid the additional 9.4% employers' contribution on the ICB's behalf to the NHS Pension which equated to £1,942k (23-24 £1,167k).

Both of these values together, representing a rate of 23.7% of pensionable pay (an increase from 1 April 2024 from the previous rate of 20.6%), are recognised in these accounts and included in the pension note 3.1.1 totalling £4,888k (2023:24: £3,894k). The associated funding for the additional 9.4% employers' contribution is also included.

The value included in note 3.1 varies from the total employers' contribution largely as a result of net recharges of £53k to other organisations. The scheme's actuary reviews employer contributions, usually every four years and based on HMT Valuation Directions, following a full scheme valuation. The latest review used data from 31 March 2016 and was published on the Government website.

3.3 Average number of people employed

	2024-25			2023-24		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**361.04**	**31.26**	**392.30**	**345.61**	**40.14**	**385.75**

There were no ill health retirements.

3.4 Exit packages agreed in the financial year

	Compulsory redundancies		Other agreed departures		Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	-	-	-	-
£10,001 to £25,000	-	-	-	-	-	-
£25,001 to £50,000	1	48,967	-	-	1	48,967
£50,001 to £100,000	1	94,487	1	80,299	2	174,786
£100,001 to £150,000	1	109,660	-	-	1	109,660
£150,001 to £200,000	-	-	-	-	-	-
Total	**3**	**253,114**	**1**	**80,299**	**4**	**333,413**

	2023-24 Compulsory redundancies		2023-24 Other agreed departures		2023-24 Total	
	Number	£	Number	£	Number	£
Less than £10,000	2	11,521	-	-	-	11,521
£10,001 to £25,000	1	20,000	1	15,251	-	35,251
£25,001 to £50,000	-	-	3	104,615	3	104,615
£50,001 to £100,000	-	-	2	151,040	2	151,040
£100,001 to £150,000	-	-	4	528,812	4	528,812
£150,001 to £200,000	-	-	1	151,235	1	151,235
Total	**3**	**31,521**	**11**	**950,953**	**10**	**982,474**

Analysis of Other Agreed Departures

	2024-25 Other agreed departures		2023-24 Other agreed departures	
	Number	£	Number	£
Voluntary redundancies including early retirement contractual costs	1	80,299	10	924,499
Contractual payments in lieu of notice	-	-	1	26,454
Total	**1**	**80,299**	**11**	**950,953**

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the Agenda for Change and the provisions set out in Section 16 of the NHS Terms and Conditions of Service Handbook.Redundancy payments have been subject to and met all HMRC and NHSE approval requirements.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

The Remuneration Report includes the disclosure of exit payments payable to individuals named in that Report.

4. Operating expenses

	2024-25 Total £'000	2023-24 Total £'000
Purchase of goods and services		
Services from other ICBs and NHS England	6,358	10,516
Services from foundation trusts	1,047,329	971,122
Services from other NHS trusts	16,524	15,448
Services from Other WGA bodies	1	-
Purchase of healthcare from non-NHS bodies	233,486	226,370
General Dental services and personal dental services	45,503	40,337
Prescribing costs	121,184	115,975
Pharmaceutical services	22,011	20,492
General Ophthalmic services	7,392	6,000
GPMS/APMS and PCTMS	152,308	142,085
Supplies and services – clinical	1,015	782
Supplies and services – general	559	885
Consultancy services	500	287
Establishment	4,718	3,649
Transport	2	-
Premises	7,563	4,241
Audit fees	207	201
Other non statutory audit expenditure		
· Internal audit services	62	114
· Other services	16	14
Other professional fees	639	181
Legal fees	155	224
Education, training and conferences	283	114
Total Purchase of goods and services	**1,667,815**	**1,559,037**
Depreciation and impairment charges		
Depreciation	781	778
Total Depreciation and impairment charges	**781**	**778**
Provision expense		
Provisions	(1,889)	1,958
Total Provision expense	**(1,889)**	**1,958**
Other Operating Expenditure		
Chair and Non Executive Members	102	171
Expected credit loss on receivables	1,370	158
Other expenditure	3	266
Total Other Operating Expenditure	**1,475**	**595**
Total operating expenditure	**1,668,182**	**1,562,368**

	2024-25 Exclusive of VAT £'000s	2023-24 Exclusive of VAT £'000s
Fees payable to the ICB's auditor for the audit of the ICB's annual accounts	173	168
Fees payable to the ICB's auditor for other assurance services:		
Mental Heath Investment Standard Compliance Review	12	12

To note, the ICB is not able to recover VAT on the audit fee for the ICB's annual accounts, and the amount shown in the accounts is VAT inclusive is £207k (2023-24 : £201k) and for the Mental Heath Investment Standard Compliance Review £15k (2023-24 :£14k)

The ICB is required to disclose the limit of its external auditors liability. The contract signed states that the liability of KPMG, its members, partners and staff (whether in contract, negligence, or otherwise) shall in no circumstances exceed £1m, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

5 Better Payment Practice Code

Measure of compliance	**2024-25 Number**	**2024-25 £'000**	2023-24 Number	2023-24 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	24,822	327,182	26,642	298,455
Total Non-NHS Trade Invoices paid within target	23,787	314,859	25,548	286,713
Percentage of Non-NHS Trade invoices paid within target	**95.83%**	**96.23%**	**95.89%**	**96.07%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	1,434	1,126,449	1,432	1,051,942
Total NHS Trade Invoices Paid within target	1,393	1,124,869	1,353	1,048,573
Percentage of NHS Trade Invoices paid within target	**97.14%**	**99.86%**	**94.48%**	**99.68%**

The Better payment practice code requires the ICB to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

6. Finance costs

	2024-25	2023-24
	£'000	£'000
6.1 Finance Interest		
Interest on lease liabilities	105	57
Total finance costs	**105**	**57**

6.2 Finance income

	2024-25	2023-24
	£'000	£'000
Interest Other	(21)	(18)
Total finance income	**(21)**	**(18)**

*Interest Other relates to Finance lease receivables interest.

7.Property, plant and equipment

2024-25	**Information technology £'000**
Cost or valuation at 01 April 2024	762
Additions purchased	106
Cost/Valuation at 31 March 2025	**868**
Depreciation 01 April 2024	762
Depreciation at 31 March 2025	**762**
Net Book Value at 31 March 2025	**106**
Total at 31 March 2025	**106**

*Additions relate to IT equipment aquired in March 2025

2023-24	**Information technology £'000**
Cost/Valuation at 01 April 2023	762
Cost/Valuation at 31 March 2024	**762**
Depreciation 01 April 2023	749
Charged during the year	13
Depreciation at 31 March 2024	**762**
Net Book Value at 31 March 2024	**-**

7.1 Cost or valuation of fully depreciated assets

The cost or valuation of fully depreciated assets still in use was as follows:

	2024-25	2023-24
	£'000	£'000
*Buildings excluding dwellings	-	79
Information technology	762	762
Total	**762**	**841**

*The right of use Asset for Surrey Heath House expired 30th April 2024

8 Leases

8.1 Right-of-use assets

	2024-25 £'000	2023-24 £'000
	Buildings excluding dwellings £'000	Buildings excluding dwellings £'000
Cost or valuation at 01 April 2024	5,953	4,214
Additions	-	1,739
Cost/Valuation at 31 March 2025	**5,953**	**5,953**
Charged during the year	781	765
Depreciation at 31 March 2025	**2,432**	**1,651**
Net Book Value at 31 March 2025	**3,521**	**4,302**
NBV by counterparty		
Leased from DHSC	1,654	2,482
Leased from Non-Departmental Public Bodies	1,867	1,820
Net Book Value at 31 March 2025	**3,521**	**4,302**

NHS Frimley ICB's Right Of Use assets (ROA) include two properties owned and managed by NHS Property Services (NHSPS) and one property, Sandhurst Group Practice managed by Assura Aspire UK Ltd.

IFRS 16 - Right of use Assets.

1) Under IFRS 16 the ICB has a sublease in the headlease with Ringmead medical practice for GP practices as such the ROA was derecognised in the balance sheet for the sub lease term of 5 years.

2) The terms of the sublease surrender the ICBs right of use to the occupant for the period of the sublease, which is 5 years. Therefore, the ICB has derecognised its right of use for the same period.

8 Leases cont'd

8.2 Lease liabilities

2024-25	**2024-25**	2023-24
	£'000	£'000
Lease liabilities at 01 April 2024	(4,991)	(3,350)
Additions purchased	-	(2,538)
Interest expense relating to lease liabilities	(105)	(57)
Repayment of lease liabilities (including interest)	1,009	954
Lease liabilities at 31 March 2025	**(4,087)**	**(4,991)**

8.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	2024-25	**Of which: leased from DHSC group bodies**	**Leased externally**	2023-24	Of which: leased from DHSC group bodies	Leased externally
	£'000	**£000**		£'000	£000	£000
Within one year	(1,009)	(848)	(161)	(944)	-	(117)
Between one and five years	(1,706)	(1,060)	(646)	(2,104)	(827)	(426)
After five years	(2,624)	-	(2,624)	(1,943)	(1,678)	(1,943)
Balance at 31 March 2025	**(5,339)**	**(1,908)**	**(3,432)**	**(4,991)**	**(2,505)**	**(2,486)**

	2024-25		**2023-24**
Balance by counterparty	**£'000**		£'000
Leased from DHSC	(1,908)		(2,505)
Leased from other group bodies	(3,432)		(2,486)
Balance as at 31 March 2025	**(5,339)**		**(4,991)**

8 Leases cont'd

8.4 Amounts recognised in Statement of Comprehensive Net Expenditure

2024-25	**2024-25**	**2023-24**
	£'000	£'000
Depreciation expense on right-of-use assets	781	765
Interest expense on lease liabilities	105	57

	2024-25	**2023-24**
	£'000	£'000
Total cash outflow on leases under IFRS 16	1,009	954

9 Trade and other receivables	Current 2024-25 £'000	Non Current 2024-25 £'000	Current 2023-24 £'000	Non Current 2023-24 £'000
NHS receivables: Revenue	2,524	-	4,287	-
NHS prepayments	3		-	
NHS accrued income	1,184	-	1,758	-
Non-NHS and Other WGA receivables: Revenue	2,223	-	2,172	-
Non-NHS and Other WGA prepayments	3,141	-	742	-
Non-NHS and Other WGA accrued income	2,859	-	2,704	-
Expected credit loss allowance-receivables	(1,529)	-	(159)	-
VAT	151	-	242	-
*Finance lease receivables	147	409	141	556
Other receivables and accruals	31	-	252	-
Total Trade & other receivables	**10,734**	**409**	**12,416**	**556**
Total current and non current	**11,143**		**12,972**	

*Finance lease receivable relate to a sublease in the headlease for Ringmead Medical Practice.
*Expected credit loss allowance-receivables increased as a result of unpaid invoices greater than 1 year.

9.1 Receivables past their due date but not impaired

	2024-25 DHSC Group Bodies £'000	2024-25 Non DHSC Group Bodies £'000	2023-24 DHSC Group Bodies £'000	2023-24 Non DHSC Group Bodies £'000
By up to three months	8	837	1,229	1,040
By three to six months	-	-	54	175
By more than six months	-	43	77	551
Total	**8**	**880**	**1,360**	**1,766**

9.2 Loss allowance on asset classes

	2024-25 Trade and other receivables - Non DHSC Group Bodies £'000
Balance at 01 April 2024	(160)
Lifetime expected credit losses on trade and other receivables-Stage 2	(1,370)
Total	**(1,530)**

	2023-24 Trade and other receivables - Non DHSC Group Bodies £'000
Balance at 01 April 2023	(2)
Lifetime expected credit losses on trade and other receivables-Stage 2	(158)
Total	**(160)**

10 Cash and cash equivalents

	2024-25	2023-24
	£'000	£'000
Balance at 01 April 2024	(399)	(330)
Net change in year	1,046	(69)
Balance at 31 March 2025	**647**	**(399)**
Made up of:		
Bank overdraft: Government Banking Service	-	(399)
Balance at 31 March 2025	**647**	**(399)**

No cash is held on behalf of patients.

In 2023-24 a "technical' bank overdraft in the ICB's cash book at the 31 March 2024, though the bank account itself was not overdrawn. This is an annual occurance which can arise due to the timing of payments made by the ICB to meet national and regional payment deadlines.

11 Trade and other payables	**Current 2024-25 £'000**	Current 2023-24 £'000
NHS payables: Revenue	4,513	3,978
NHS accruals	15,767	12,509
Non-NHS and Other WGA payables: Revenue	17,735	16,426
Non-NHS and Other WGA accruals	34,733	38,399
Non-NHS and Other WGA deferred income	532	503
Social security costs	310	323
Tax	349	328
Other payables and accruals	40,127	42,125
Total Trade & Other Payables	**114,066**	**114,591**
Total current and non-current	**114,066**	**114,591**

Other payables include £455k outstanding pension contributions at 31 March 2025.(23-24 £452k), this is an annual occurrence due to the timing of the payments made in arrears to NHS BSA.

12 Borrowings	Current 2024-25 £'000	Current 2023-24 £'000
Bank overdrafts:		
· Government banking service	-	399
Private finance initiative liabilities:		
Total Borrowings	**-**	**399**
Total current and non-current	**-**	**399**

In 2023-24 a "technical' bank overdraft in the ICB's cash book at the 31 March 2024, though the bank account itself was not overdrawn. This is an annual occurance which can arise due to the timing of payments made by the ICB to meet national and regional payment deadlines.

13 Finance lease receivables	Present value of minimum lease payments	Present value of minimum lease payments
	Buildings 2024-25 £'000	Buildings 2023-24 £'000
Within one year	(147)	(141)
Between one and five years	(409)	(556)
After five years	-	-
Present value minimum lease payments	**(556)**	**(697)**
Total net investment in finance leases recognised in the statement of financial position	**(556)**	**(697)**
Included in:		
Current finance lease receivables	(147)	(141)
Non-current finance lease receivables	(409)	(556)

Under IFRS 16 the ICB has a sublease in the headlease with Ringmead medical practice for GP practices resulting in a Finance lease receivable in the balance sheet for the sub lease term of 5 years. Finance Lease income for 24-25, - £180k, (23-24 £103k)

Lease receivables by counterparty		
Leased to Non-Departmental Public Bodies	(556)	(697)

14 Provisions

	Current 2024-25 £'000	Non-current 2024-25 £'000	Current 2023-24 £'000	Non-current 2023-24 £'000
Redundancy	18	-	2,247	-
Legal claims	-	3	-	11
Continuing care	610	362	959	553
Other	164	-	-	-
Total	**792**	**365**	**3,206**	**564**
Total current and non-current	**1,157**		**3,770**	

	Redundancy £'000	Legal Claims £'000	Continuing Care £'000	Other £'000	Total £'000
Balance at 01 April 2024	**2,247**	**11**	**1,512**	**-**	**3,770**
					-
Arising during the year	-	-	1,156	164	**1,320**
Utilised during the year	(333)	-	(392)	-	**(725)**
Reversed unused	(1,896)	(8)	(1,304)	-	**(3,208)**
Balance at 31 March 2025	**18**	**3**	**972**	**164**	**1,157**
Expected timing of cash flows:					
Within one year	18	-	610	164	**792**
Between one and five years	-	3	362	0	**364**
Balance at 31 March 2025	**18**	**3**	**972**	**164**	**1,157**

Continuing Care provision relates to amounts set aside at 31 March 2025 for appeals against previous ICB decisions of non-eligibility for Continuing Care funding.

Legal Claims reflect our liability to third party scheme(LTPS) which NHS Resolution provide estimates and employment tribunal claims whose timings are based on current assumptions from the Trust Legal department.

The ICB released its unused redundancy provision from 2023-24.

Other Provisions relate to a ongoing legal challenge of £80k and a equipment dilapidations provsion of £84k.

15 Contingencies

	2024-25 £'000	2023-24 £'000
Contingent liabilities		
Legal Claims	316	-
Net value of contingent liabilities	**316**	**-**

16 Commitments

16.1 Other financial commitments

The NHS integrated care board has entered into non-cancellable contracts (which are not leases, private finance initiative contracts or other service concession arrangements) which expire as follows:

	2024-25 £'000	2023-24 £'000
In not more than one year	7,920	6,498
In more than one year but not more than five years	13,628	2,934
In more than five years	23	111
Total	**21,571**	**9,543**

17 Financial instruments

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS integrated care board is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS integrated care board has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS integrated care board in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS integrated care board standing financial instructions and policies agreed by the Board. Treasury activity is subject to review by the NHS integrated care board and internal auditors.

17.1.1 Currency risk

The NHS integrated care board is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS integrated care board has no overseas operations and therefore has low exposure to currency rate fluctuations.

17.1.2 Interest rate risk

The NHS integrated care board borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The NHS integrated care board therefore has low exposure to interest rate fluctuations.Currenty the ICB has no capital borrowings.

17.1.3 Credit risk

Because the majority of the NHS integrated care board revenue comes parliamentary funding, NHS integrated care board has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

17.1.4 Liquidity risk

NHS integrated care board is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS integrated care board draws down cash to cover expenditure, as the need arises. The NHS integrated care board is not, therefore, exposed to significant liquidity risks.

17.1.5 Financial Instruments

As the cash requirements of NHS integrated care board are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS integrated care board's expected purchase and usage requirements and NHS integrated care board is therefore exposed to little credit, liquidity or market risk.

17 Financial instruments cont'd

17.2 Financial assets

	Financial Assets measured at amortised cost 2024-25 £'000	Financial Assets measured at amortised cost 2023-24 £'000
Trade and other receivables with NHSE bodies	2,940	4,832
Trade and other receivables with other DHSC group bodies	1,020	1,483
Trade and other receivables with external bodies	4,860	5,135
Cash and cash equivalents	647	-
Total	**9,467**	**11,450**

17.3 Financial liabilities

	Financial Liabilities measured at amortised cost	Financial Liabilities measured at amortised cost
Loans with external bodies	-	399
Trade and other payables with NHSE bodies	4,240	3,708
Trade and other payables with other DHSC group bodies	19,263	14,128
Trade and other payables with external bodies	89,373	100,591
Private Finance Initiative and finance lease obligations	4,087	4,991
Total	**116,963**	**123,817**

18 Joint arrangements - interests in joint operations

ICBs should disclose information in relation to joint arangements in line with the requirements in IFRS 12 - Disclosure of interests in other entities.

The ICB has a pooled budget arrangement with the following Local Authorities (LA) Royal Borough of Windsor and Maidenhead (RBWM), Slough Borough Council (SBC), Bracknell Forest Borough Council (BFBC), Hampshire County Council (HCC) and Surrey County Council (SCC) for the Better Care Fund (BCF). The Pool is hosted by the Councils. Under the arrangement funds are pooled under Section 75 of the NHS Act 2006 for joint commissioning arrangements.

18.1 Interests in joint operations

			Amounts recognised in Entities books ONLY 2024-25				Amounts recognised in Entities books ONLY 2023-24			
Name of arrangement	**Parties to the arrangement**	**Description of principal activities**	**Assets**	**Liabilities**	**Income**	**Expenditure**	**Assets**	**Liabilities**	**Income**	**Expenditure**
			£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
BCF Pooled budget arrangement with the Royal Borough of Windsor and Maidenhead	NHS Frimley CCG and the Royal Borough of Windsor and Maidenhead	Commissioning of Health and Social care	-	212	-	12,722	-	1,480	-	11,542
BCF Pooled budget arrangement with Bracknell Forest Borough Council	NHS Frimley CCG and Bracknell Forest Borough Council	Commissioning of Health and Social care	-	116	-	9,808	-	1,510	-	8,814
BCF Pooled budget arrangement with Slough Borough Council	NHS Frimley CCG and Slough Borough Council	Commissioning of Health and Social care	-	300	-	13,081	-	560	-	11,712
BCF Pooled budget arrangement with Surrey County Council	Surrey County Council and NHS Frimley CCG	Commissioning of Health and Social care	-	691	-	13,455	-	343	-	12,070
BCF Pooled budget arrangement with Hampshire County Council	Hampshire County Council and NHS Frimley CCG	Commissioning of Health and Social care	-	-	-	14,580	-	1,029	-	13,055

There are two further pooled budgets for Equipment Services across Hampshire and Berkshire, held in partnership with Hampshire County Council and West Berkshire Council, respectively. These budgets are fully funded from the Better Care Fund pooled budgets disclosed above.

19 Related party transactions

Details of related party transactions with individuals are as follows:

	2024-25 Payments to Related Party £'000	2024-25 Receipts from Related Party £'000	2024-25 Amounts owed to Related Party £'000	2024-25 Amounts due from Related Party £'000	2023-24 Payments to Related Party £'000	2023-24 Receipts from Related Party £'000	2023-24 Amounts owed to Related Party £'000	2023-24 Amounts due from Related Party £'000
Frimley Health NHS Foundation Trust - (Lance McCarthy from 15 Oct 2024, Caroline Hutton 1 April -14 Oct 24 and Neil Dardis to 31 March 2024) - NHS Provider Partner Member from Frimley Health FT), (Prash Patel - Clinical role)	713,840	361	-	62	657,013	3	-	-
NHS Confederation - (Fiona Edwards - Chief Executive)	24	-	18	-	27	-	-	-
Rushmoor Borough Council - (Karen Edwards - Local Authority Partner Member from Rushmoor Borough Council)	319	-	-	-	486	-	-	-
Age Uk Berkshire - (Paul Farmer - Non-Executive Member)	34	-	-	-	12	-	-	-
Berkshire Healthcare NHS Foundation Trust - (Alex Gild - NHS Provider Partner Member from Berkshire Healthcare FT)	127,424	-	-	-	120,146	-	-	-
Farnham Road Practice - (Lalitha Iyer - Chief Medical Officer)	4,788	-	-	-	3,580	-	54	-
Berkshire Primary Care Ltd - (Dr Prash Patel - Primary Care Partner Member)	938	-	54	-	989	-	22	-
Ascot Primary Care Network - (Dr Prash Patel - Primary Care Partner Member)	1,261	-	-	-	1,477	-	-	-
Bracknell Forest Council - (Grainne Siggins - Bracknell Forest Council)	11,072	8,398	2,279	1,181	6,781	-	2,239	-
Guys & St Thomas Hospital NHS Foundation Trust - (Dr Priya Singh - Frimley ICB Chair)	-	-	-	-	268	-	-	-
Claremont And Holyport Practice - (Dr Huw Thomas - Clinical Lead Royal Borough of Windor & Maidenhead)	2,487	-	-	-	2,483	-	9	-
East Berkshire Out of Hours - (Dr Huw Thomas- Clinical Lead Royal Borough of Windor & Maidenhead)	13,050	-	-	-	12,720	-	1,566	-
Royal Borough Of Windsor & Maidenhead - (Dr Huw Thomas - Clinical Lead Royal Borough of Windor & Maidenhead)	9,001	-	-	-	5,594	-	1,927	-
Surrey County Council - (Rachael Wardell - Local Authority Partner Member from Surrey County Council)	7,859	1,182	74	-	7,705	188	195	188
Surrey & Borders Partnership NHS Foundation Trust - (Graham Wareham - NHS Provider Partner Member)	53,629	-	43	-	48,083	-	105	-
Magnolia House Surgery (Dr Prash Patel - Primary Care Partner Member)	1,165	-	-	-	1,227	-	6	-
Solutions for Health - (Dr Lalitha Iyer-Chief Medical Officer)	106	14	-	-	101	15	-	-
NHS Buckingshire Oxfordshire and Berkshire West ICB - (from 19 September 2024 : Dr Priya Singh - Chair of Frimley ICB)	15,006	1,531	42	-	-	-	-	-

GP practices within the area have joined other professionals in the ICB in order to plan, design and pay for services. Under these arrangements some services are designed to be delivered in a primary care setting. This involves paying GP practices for the delivery of these services. A GP is also paid by the ICB for taking a lead role on clinical services.

The Department of Health and Social Care is regarded as a related party. During the year the ICB has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. These entities are: NHS Frimley Health Foundation Trust, Berkishire Healthcare NHS Foundation Trust and Surrey and Borders NHS Foundation Trust. In addition, the ICB has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Royal Borough of Windsor and Maidenhead, Hampshire County Council, Bracknell Forest Council, Slough Borough Council and Surrey County Council in respect of joint commissioning arrangements.

20 Events after the end of the reporting period

ICB disclosure on events after the reporting period

On 13 March 2025 the government announced NHS England and the Department for Health and Social Care will increasingly merge functions, ultimately leading to NHS England being fully integrated into the Department. The legal status of ICBs is currently unchanged but they have been tasked with significant reductions in their cost base. Discussions are ongoing on the impact of these and the impact of staffing reductions, together with the costs and approvals of any exit arrangements. ICBs are currently being asked to implement any plans during quarter 3 of the 2025/26 financial year.

Transition work continues to progress rapidly across NHS Frimley and NHS Buckinghamshire, Oxfordshire and Berkshire West (BOB), as well as more broadly across the South East region. The focus remains on determining the optimal size and structure of Integrated Care Boards (ICBs), with the emerging preferred approach being to establish four ICBs across the South East, replacing the current six.

This model aims to ensure that:
Each ICB serves a population of no less than one million.
Each local authority is aligned with a single ICB to support effective devolution and integration.

To support this direction, the Joint Transition Executive is leading the development of a new ICB covering the Thames Valley, which will combine the current BOB population with the Berkshire East population currently served by NHS Frimley. Simultaneously, Frimley colleagues are engaging with partners in Hampshire and Isle of Wight (HIOW) and the Surrey systems to ensure alignment with their respective devolution plans. These discussions are vital to creating a resilient, efficient, and locally responsive ICB model.

A joint proposition for the new ICB has been submitted to NHS England South East for review. This submission reflects collaborative work to ensure strategic alignment with neighbouring ICBs and regional objectives.

NHS England South East will test and challenge the joint plan, with final proposals expected to be submitted for Ministerial approval by the end of June. A joint ICB Board workshop took place on 10 June to support organisational design and begin shaping the future structure.
Both Frimley and BOB ICBs are committed to forming a new strategic commissioning ICB by April 2026, the timeline is subject to the appropriate national processes and approvals.The new entity will align with the Model ICB Blueprint, operating efficiently within the £18.76 per head allocation, with functions aligned to strategic commissioning aims.

21 Financial performance targets

NHS Integrated Care Board have a number of financial duties under the NHS Act 2006 (as amended).
NHS Integrated Care Board performance against those duties was as follows:

	2024-25 Target £'000	**2024-25 Performance £'000**	**2024-25 Surplus/(Deficit) £'000**	**2024-25 Target Met**	**2023-24** Target £'000	**2023-24** Performance £'000	**2023-24** Surplus/(Deficit) £'000	**2023-24** Target Met
Expenditure not to exceed income	1,699,755	1,699,728	27	Y	1,576,735	1,591,460	(14,725)	N
Capital resource use does not exceed the amount specified in Directions	106	106	-	Y	1,739	1,738	1	Y
Revenue resource use does not exceed the amount specified in Directions	1,679,256	1,679,229	27	Y	1,556,875	1,571,600	(14,725)	N
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	Y	-	-	-	Y
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	Y	-	-	-	Y
Revenue administration resource use does not exceed the amount specified in Directions	15,821	15,714	107	Y	20,736	19,675	1,061	Y

The Revenue Resource Allocation Directions for the period 1 April 2024 to 31 March 2025 are based on 'in year' funding rather than a cumulative position. Therefore, the table above shows the ICB's financial performance against its 'in year allocation' for 1 April 2024 to 31 March 2025.

22 Losses and special payments

Losses

The total number of NHS integrated care board losses and special payments cases, and their total value, was as follows:

	Total Number of Cases 2024-25 Number	**Total Value of Cases 2024-25 £'000**	Total Number of Cases 2023-24 Number	Total Value of Cases 2023-24 £'000
Book Keeping Losses	1	3	5	13
Total	**1**	**3**	**5**	**13**